



After Action Review (AAR) Report

CARE International Niger
2011 Sahel Drought Response in Niger

Report prepared by Angela Rouse, CARE Standing Team Member
(Photo: Rodrigo Ordonez/CARE)

Niamey, September 6-7, 2012

1. Executive Summary

A deficit in agro-pastoral production in the 2011-2012 season has rendered 5.5 million people food insecure¹, and left 1.4 million in immediate need of food emergency relief². Provisional figures from the national nutrition survey (with SMART methods) of July 2012 reveal a global acute malnutrition rate in children 6-59 months of 14.8 percent nationwide. Out of eight regions in the country, four exceed the WHO emergency threshold of 15 percent³. The situation has been compounded by eroded coping mechanisms, rising food prices and consequences of the armed conflicts in neighbouring countries.

CARE International in Niger launched an emergency response to address both the food crisis and the influx of refugees. An After Action Review was conducted on September 6-7 2012 to identify key lessons and recommendation to improve CARE's emergency response capacity in the future. A two-day workshop was held in Niamey, Niger. Staff from CARE Niger, CARE USA and CARE Deutschland-Luxemburg participated, as well as 2 staff from partner organisations, and various others fed into the workshop in response to a questionnaire circulated ahead of the event. ECHO and UNICEF representatives made short appearances and many other partner staff who had been invited did not attend. Another notable absence was from the regional office. The workshop was facilitated by 2 CEG staff: Angela Rouse, ECB Manager and Alain Lapierre, Interim REC for WARMU.

The review examined the timeline of the response and its key activities, analysed the successes and challenges and explored the underlying issues and factors to these successes and challenges. The recommendations below were formulated so as to build the capacity of the CARE Niger country office for future responses and a plan was developed so as to bring action to the recommendations:

Leadership, decision-making, coordination

1. The recommendation is to engage the GoN so that they take responsibility at national, regional and sub-regional level in response to all types of emergency, including in response to population movements, and are able to coordinate effectively and engage all other actors. CARE should develop its approach strategically and promote a good enough approach to accountability as an integral part of this.
2. It is necessary for CARE Niger to continue to proactively monitor the situation in Niger and the region -particularly around vulnerability and early warning - and in order to do this dedicated staff would be required, with financing secured over the long-term for the position. The post would cover various aspects including emergency preparedness, building resilience, vulnerability and early warning monitoring and emergency response. This will also ensure that the EPP is maintained regularly and that action plans arising for example out of AARs, etc. will be followed up on. Given the chronic vulnerability of the region, the role CARE can play in the discussions around a global response and the respect and authority it has acquired through previous actions, a permanent Emergency/Resilience Coordinator position is highly justified. Additional funds would be required for probably half of the cost of the position.
3. Lobbying of donors to fund chronic, slow-onset emergencies at national and global level is important, using for example opportunities such as ECHO's partner consultation for 2013 as entry points. This should be a component of the resilience strategy (see recommendation 8), rather than the ultimate goal of the resilience strategy.
4. Continue to engage in coordination mechanisms and replicate the joint needs assessment when relevant.
5. In order for CARE leadership to be able to fully promote the commitments made in the HAF additional resourcing is required, either from unrestricted funds or by lobbying for donors to accept accountability lines in budgets.

Increasing resilience, programme quality

6. CARE Niger needs to develop a more appropriate approach for the identification of beneficiaries by taking into account the Household Economic Analysis (HEA) to revise the approach for the context here. HEA isn't well adapted to pastoral areas and whilst there is some limited evidence for that it is

¹ GoN EWS Vulnerability update, May 2012 – figures vary, e.g. 6.4mio cited in the revised CAP appeal, 5.4mio in the Government of Niger, Vulnerability survey (Nov 2011)

² Revised CAP appeal

³ UNICEF Niger Monthly Humanitarian Situation Report - 27 August 2012

not documented – recommendation is to document what has been learned in terms of strengths and weaknesses of HEA to feed into advocacy with the donor.

7. A key recommendation arising from discussions is the need for an advocacy strategy around resilience, specifically for advocacy to donors to fund more resilience programmes. This advocacy should be based on a body of evidence of CARE's experience at community level (where more effort needs to be made to involve communities), of resilience programmes and climate change adaptation programmes. What has been learned in terms of strengths and weaknesses of the HEA methodology should also be documented to feed into advocacy with the donor to push back on the non-adapted HEA tool that donors are imposing. Any strategy also needs to take into account our partners and government actors.
8. Monitoring and evaluation should be reviewed so as to promote further the collection of evidence required, looking to more long-standing programmes such as CARE's Women's Empowerment Programme (since 1983).
9. Identify what forums exist within CI and determine whether there are any opportunities for CARE Niger to engage to further CI's work on emergency, resilience, rehabilitation and development.
10. CARE should reaffirm its role as a leader on the resilience debate and continue its work with for example the University of Niamey and others on action research, as well as seize the opportunity to take action on the suggestions arising out of the resilience conference on World Humanitarian Day.

Programme support

11. It is suggested that all new CARE Niger staff are familiarised with CARE's humanitarian mandate, the HAF, and CARE's emergency protocols (CARE Emergency Toolkit and Pocketbook) to promote good understanding of our commitments, approaches and protocols. It is recommended that programme and programme support teams take joint responsibility in ensuring this and that it is built into orientation schedules. Current staff would also benefit from reinforcement of capacity around accountability, and this could be the basis of some common activities between P and PS for team building. Ensuring responsibilities in each job description that support CARE's humanitarian mandate, as well as including this in the AOPs, will also reinforce this point.
12. Programme support staff numbers should grow in proportion to the emergency response to ensure adequate support. Whilst in the current funding environment it is unlikely that support staff would be able to be covered at 100% for emergency response, a more acceptable approach is perhaps to identify focal points in the different support departments for the emergency. This would likely be more experienced, more senior staff members who are familiar CARE, emergency response and CARE's emergency protocols. This will remain a challenge, however, given the low number of PS staff and challenge to fund these positions, and should be examined further as part of the EPP update process.
13. Programme support and programme staff should both be held accountable for the respect of our commitments.
14. As the roster system worked well, this approach should be maintained roster and the roster itself kept up-to-date.
15. The salary and grading review should be finalised as soon as possible or key timelines at least be shared so as to manage staff expectations.

Communications and advocacy

16. More formal communication, visibility and advocacy - embedded in a clearly articulated emergency communication strategy and resourced - would help to raise the profile of CARE Niger and communicate out the strengths and experience that we have for greater impact. This strategy should be aligned with other key CARE approaches and strategies such as the programme approach, Vision2020 and the new CI Emergency Strategy 2012-2020 and it is important that investment is made in building relationships with local media journalists in the long-term. The opportunity to document a case study on CARE Niger's role in Banibangou is still viable to feed into any advocacy work. Any strategy should also consider partners and government actors.
17. As part of the strategy development a review of what resourcing would be required to build a strong communication capacity would be useful.

Details of photo on covering page

Clockwise from left: Maka Ali, 80. Her granddaughter Maria, 10. Maka's hands hold sorghum at her home in Saran Maradi, Niger. (Photo: Rodrigo Ordonez/CARE)

Maka Ali has been a widow for twenty years. She has eight children and about twenty grandchildren. She has experienced the loss of six children, four of them at an early age. "I was alone taking care of them, so I cannot say their deaths weren't related to lack of food," Maka recalls. Nobody in her family can work, so she receives a cash transfer from CARE. "When I receive the payment, I buy sorghum and maize," Maka explains. "Before this support, I couldn't; I was eating leaves."

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2. Background

2.1 A Compounded Crisis

2.1.1 Sahel Drought

Approximately 18 million people are facing a food and nutrition crisis in West Africa's Sahel region due to a combination of drought, poor accessibility to food, high grain prices, environmental degradation and displacement due to conflict. From that number, 1.1 million children under the age of five are at risk for acute malnutrition, according to the UN Children's Fund (UNICEF). The Sahel region has some of the highest food insecurity levels and malnutrition rates in the world even in non-crisis periods. One child in five in the Sahel dies before the age of five - malnutrition is an associated cause of more than 30% of these deaths. A reduction in food and fodder production, high food prices and little time to recover from the drought in 2009/2010, are further exacerbating the situation and have left people with limited coping mechanisms.

In Niger, this situation has rendered 5.5 million people food insecure⁴, and left 1.4 million in immediate need of food emergency relief⁵. Provisional figures from the national nutrition survey (with SMART methods) of July 2012 reveal a global acute malnutrition rate in children 6-59 months of 14.8 percent nationwide. Out of eight regions in the country, four exceed the WHO emergency threshold of 15 percent⁶.

The rainy season is now well underway and giving hope for good harvests in the coming months. Fresh grazing land for livestock is starting to alleviate food insecurity among herders and nomads. However, the excess of rainfalls is also a threat due to flooding and limitation of access to many areas, and WFP has announced that it will be necessary to continue aid provision over the next months as humanitarian assistance will be the main means of survival for many.

2.1.2 Influx of refugees and returnees from Mali, floods, cholera and locust threat

The food and nutrition crisis in Niger has been compounded by various other emergencies and threats in the region. **The Mali crisis**, which has resulted in an influx of refugees and returnees into Niger since late January, has not only necessitated an emergency response in itself, but has also heightened the vulnerability of local populations and triggered additional needs in a complex context of displacement. The number of people displaced as registered by UNHCR as of July 31, 2012 was 75,973. Even with the regional outlook for a good growing season, the political instability in Mali is a continuing source of concern with regard to the impact on cereal and rice production, market performance, humanitarian access, and food security⁷, particularly in the northern part of the country. The closure of the Nigeria border due to the *Boko Haram*⁷ movement in February impacted Niger as commodity prices increased. Niger continues to feel the impact of the insecurity in Nigeria with pastoralists currently moving across the border into the safer pastoral areas in Niger, putting great pressure on limited resources.

The high levels of rainfall in July and August has resulted in **flooding** across the country, with the most serious consequences felt in Niamey, where the banks of the River Niger swelled and washed away homes and livestock. Over 30 deaths were reported. The Government of Niger and local partners are managing the response. There have also been 3,423 cases of **cholera** and 71 deaths reported to date by the national health services⁸, with the majority of cases in Tabarabarey refugee camp in Tillabéry. The WASH Cluster and MSF-Switzerland are responding to contain this outbreak.

An additional threat to Niger has been of **locust** swarms and an emergency plan was established and is being implemented by the *Centre national de lutte anti-acradien*⁹ to protect areas from locust attack.

⁴ GoN EWS Vulnerability update, May 2012 – figures vary, e.g. 6.4mio cited in the revised CAP appeal, 5.4mio in the Government of Niger, Vulnerability survey (Nov 2011)

⁵ Revised CAP appeal

⁶ UNICEF Niger Monthly Humanitarian Situation Report - 27 August 2012

⁷ A violent jihadist militant organisation based in the northeast of Nigeria

⁸ Current as of CARE Sitrep 9, August 20th, 2012

⁹ National anti-locust centre

2.1.3 CARE Niger's response

Food crisis response

The overall objective of CARE's emergency response is to increase the resilience of men and women by ensuring an effective and efficient response to food insecurity by taking into account the reduction of gender inequalities in the regions of Diffa, Tahoua and Maradi (as well as Zinder and Tillabéry if gaps are identified). CARE Niger participated in WFP cash-for-work (CFW) mitigation activities in December/January with an initial target of 6,009 households in Tahoua, Maradi and Zinder. At this time CARE also started up a community-based malnutrition programme and trained 52 nurses on prevention and management of malnutrition at the community level. Over the course of the response CARE has carried out cash transfer programmes, food, seed and NFI distributions, WASH activities, put in place security stocks, supported agriculture and the community-level early warning systems. In Zinder, Diffa and Banibangou CARE implemented directly, whilst in other areas worked with local NGOs.

Population movement response

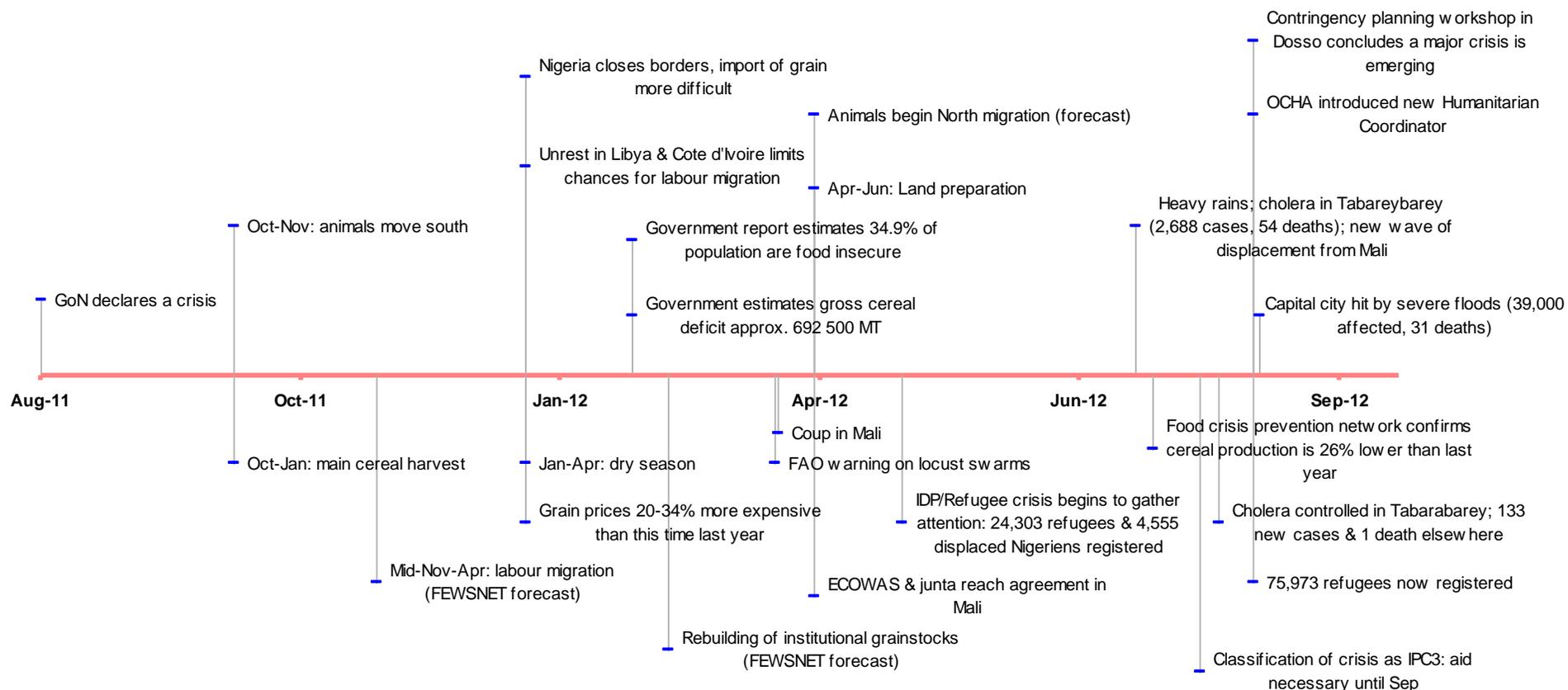
In response to the population movement, CARE Niger has supported refugees and returnees with food assistance, including cereal, oil and beans. CARE has also rehabilitated 13 water points, established 13 water point management committees; constructed 22 latrines and 16 toilets; and conducted WASH sensitisations. In addition CARE has also distributed hygiene kits (comprising soap, water containers, water bottles, mosquito nets and water purification tablets), hygiene kits for women, NFI kits (comprising blankets and plastic sheeting), and cooking kits (comprising cooking pots, utensils, cups and a kettle).

Whilst CARE Niger monitored closely the flooding, cholera and locust situation, no response was taken as other actors were responding adequately.

2.2 Key Events

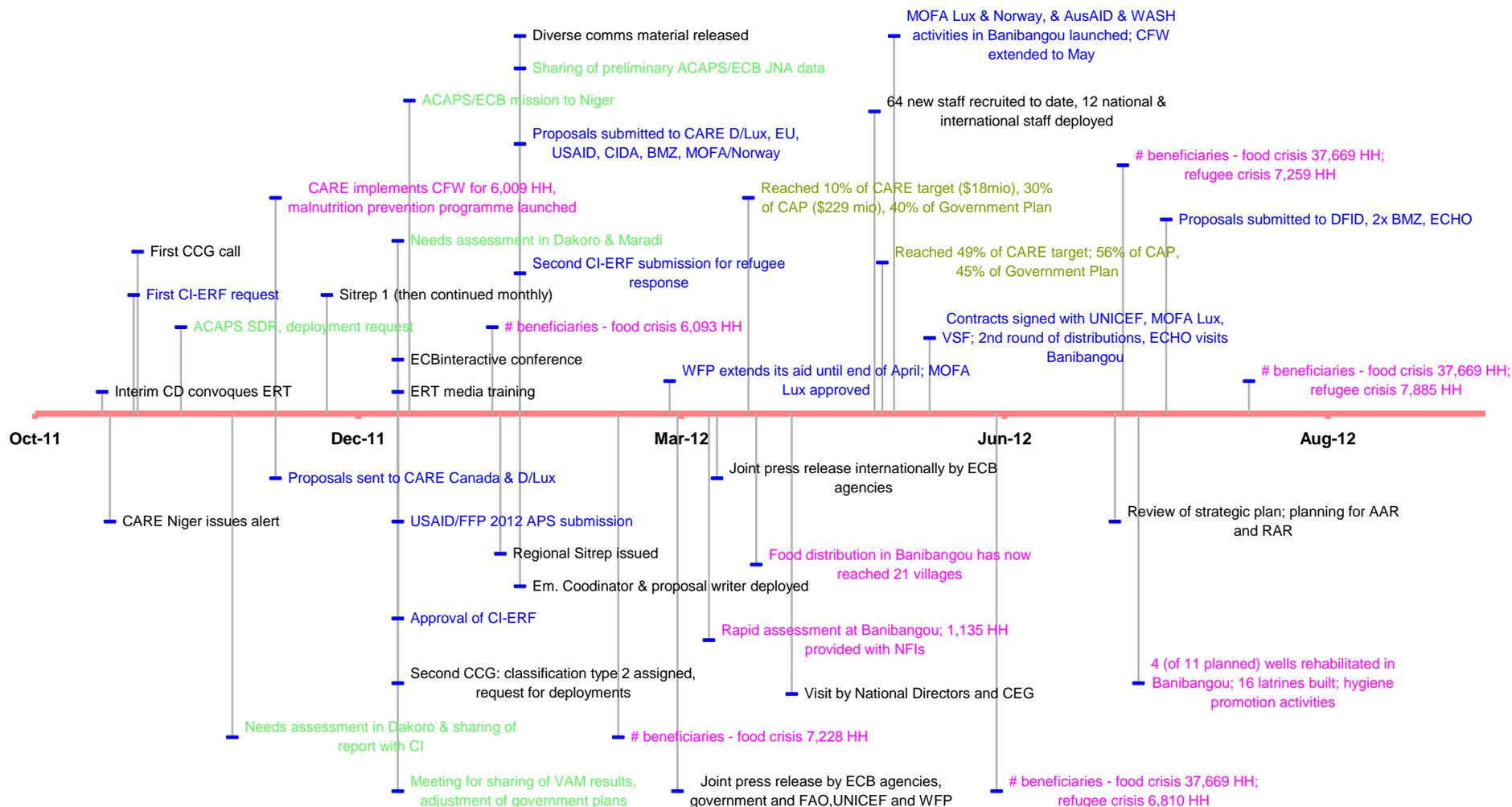
2.2.1 Key External Events

Key External Events - Food Security Crisis in Niger, 2011-2012



2.2.2 Key Internal Events

Key Internal Events - Food Security Crisis in Niger, 2011-2012



2.3 CARE International Niger’s Humanitarian Response at a Glance

Overall objective of response: Contribute to reducing the vulnerability of populations in ensuring an effective and efficient response to food insecurity, taking into account the reduction of gender inequalities in the regions of Diffa (departments Maine, Diffa and Nguigmi), Tahoua (Tahoua, Illela , Bouza and Konni), Maradi (Dakono) and possibly in Tera in Tillabéry region (if the gaps are confirmed).

Targeted beneficiaries:

CARE has chosen to intervene in pastoral areas, those of Diffa and Tahoua in particular. The program will also cover the areas of Dakoro. CARE’s impact group includes:

- women aged between 15 and 49
- girls between 6 and 14 years of age
- children of 6 and 5 years of age.

Key sector objectives:

1. Reduce the malnutrition rate of children aged between 6 to 59 months and women above 15
2. Mitigate the effects of the food deficit for women in agro-pastoral and pastoral areas
3. Maintain school attendance for children in pastoral areas and for girls in agricultural areas



3. After Action Review

3.1 Objective

CARE International's (CI) current policy to conduct an After Action Review (AAR) 3 to 4 months after declaration of all Type 2 emergencies illustrates CARE's commitment to continually improve its performance. The process is embedded in CARE's Humanitarian Accountability Framework.

AARs focus on performance, which enables those involved in the response to reflect on what happened and why as well as to document best practices, successes, challenges, and recommendations for what needs to change to sustain organisational strengths and improve on weaknesses in CARE's emergency response programs. The purpose of an AAR is therefore to capture and learn from lessons identified during these discussions so that improvements can be made in CARE's operational procedures, structures and policies.

The AAR workshop will be preceded by a review of performance against CARE's Humanitarian Accountability Framework to help promote learning and accountability throughout CARE International.

The specific objectives of the 2012 CARE Niger AAR were:

1. To assess performance of CARE Niger response to the Sahel Drought Crisis against planned activities/interventions, so as to identify achievements and issues addressed to date, areas of collaboration and relationship management and the effectiveness of communications.
2. To identify strengths, weaknesses, opportunities and challenges and to make action-oriented recommendations to enhance CARE Niger future emergency preparedness planning and response.
3. To ensure that lessons learned and specific recommendations inform future planning both in country and internationally.

In addition, the results of this AAR will be used to feed into a regional reflection workshop, following similar exercises in Mali and Chad.

3.2 Methodology

An AAR is typically scheduled within 3-4 months of a major (Type 2) emergency. Due to the slow onset nature of this particular emergency and unavailability of Standing Team members for deployment, the process was delayed and the workshop took place on 6-7 September, 2012.

3.2.1 Preparation for the After Action Review

CARE Niger's National Emergency Coordinator¹⁰ served as focal point to prepare the AAR and RAR processes and was supported by the ACD/Programmes¹¹ and the 4 CARE Niger regional emergency coordinators¹² from the regions of Diffa, Zinder/Maradi, Tahoua and Niamey/Tillabéry. The general preparation of the activities was finalised at the last Emergency Response Team meeting held in Zinder from 23 - 25th August 2012. The Zinder meeting left the responsibility to the National Emergency Coordinator to complete the detailed preparation with two facilitators from CARE's Quality and Accountability Standing Team and the CARE Niger M&E, Learning and Impact Measurement Coordinator.

Emergency response documentation, such as situation reports, emergency strategy, proposals and previous AAR reports and other relevant information, were reviewed. Since slow onset emergencies generally extend over a

¹⁰ Soumana Fatouma Zara

¹¹ Djimarao Aboubacar

¹² Respectively Salé Ali, Laminou M. Salé, Boureima Adamou and Omar

long period, several hours were invested to identify the key external and internal events characterising the crisis since the government had issued its alert in August 2011 in order to facilitate this session of the workshop.

All AAR invitees (extending from CARE staff, to partners, donors and government) as well as emergency directors of CI Members and the Operations Coordinator of CEG were contacted prior to the workshop with a questionnaire and asked to reflect on the key events of the crisis, the main accomplishments and challenges of the response, and recommendations for improving future emergency response. They were also asked to assess the application of the HAF. One of the CARE International (CI) members attending was asked to represent the members and present a summary of their input. The CARE Emergency Group (CEG) prepared the draft CARE Niger Performance Metrics for this particular response and shared it with the facilitators for completion following the RAR/AAR process. This will be circulated upon finalisation.

A Rapid Accountability Review (RAR) was conducted by the interim REC, co-facilitated by the lead AAR facilitator, in the lead up to the AAR, to assess the performance of the emergency response against CARE's Humanitarian Accountability Framework (HAF). During this review the facilitators, supported by a team of national staff members, met with various stakeholders, including the communities, local and international non-governmental organisations, government officials, and UN agencies to obtain first-hand, external feedback on the emergency response. The initial findings of the RAR were presented during the AAR workshop. Please consult the RAR report for full details.

3.2.2 Workshop

The 2-day AAR workshop had 22 participants from CARE Niger, CARE USA, CARE Deutschland-Luxemburg, and 2 partner organisations: ISCV Tattalin Rayawa and ADL Antenne d'Elléla. ECHO and UNICEF representatives were also in attendance of some sessions. The list of participants is attached in the annexes.

The workshop started with introductory and scene-setting presentation and comprised 4 different working sessions (although due to timing sessions 2 and 3 were combined):

1. Scene setting to bring all participants on the same page:
 - a. Presentation of CARE Niger's response and preliminary analysis from feedback to the questionnaire;
 - b. Presentation of the CARE Humanitarian Accountability Framework (HAF). This was key for workshop participants to understand the role of the AAR and of the HAF in assessing the response efforts.
 - a. A timeline of key internal and external event was created by the participants (based on preliminary work by the facilitators) and reviewed in plenary.
2. Identification of strengths and weaknesses of the emergency response, as well as the underlying drivers. Prior to that session, feedback from CI members and the initial findings of the RAR were presented.
3. Identification of the key lessons learned during this emergency response.
4. Generation of key recommendations for how to replicate good practice or address key gaps in order to improve future emergency response. Since lessons learned from previous After Action Reviews show that extensive lists of recommendations are often not effectively absorbed by the organisation, the "5 Whys"¹³ methodology was adapted to promote thorough analysis of key issues and key success factors. Groups were organised according to themes that had arisen from the questionnaire feedback and were confirmed in the discussions taking place earlier in the workshop.
5. Action planning, with clearly defined action points, responsibilities and deadlines in order to address critical issues identified during the workshop.

¹³ http://en.wikipedia.org/wiki/5_Whys

Participants were divided into groups based on themes pre-determined by the facilitators in consultation with senior management. The themes addressed were:

1. **Leadership, decision-making, coordination**
2. **Increasing resilience, programme quality**
3. **Programme support**
4. **Communications and advocacy**

Themes were treated separately during the sessions on strengths and weaknesses, lessons learned, recommendations and action planning, but group rotations and plenary discussions allowed participants to feed into each theme.

3.3 Key Successes

The emergency response was judged by participants to be successful overall. Participants perceived the response as much improved in terms of respect of commitments in the HAF and humanitarian principles, as compared to responses in 2010 and 2005. Staff members are more familiar with the HAF and emergency protocols, there was stronger support from CI, and positive effects of the ECB Project collaboration are felt. At community level complaints mechanisms have been put in place and there is appreciation of CARE's transparency.

Key successes and lessons learned are presented by themes below. Please also refer to the annexed Rapid Accountability Review report for successes in relation to accountability commitments.

3.3.1 Leadership, decision-making, coordination

The leadership of CARE at Banibangou and the response to the refugee influx in the area was highlighted as a key success and an example of CARE Niger's commitment to the humanitarian imperative principle. Through advocacy and discussion with UN and GoN CARE raised the profile of the situation there and responded in the areas hardest to reach where no others were present. CARE Niger was initially able to provide NFIs to 1,135 households, and distribute food to 21 villages. CARE also provided sanitary infrastructure and hygiene promotion. A total of 7,885 households have been reached to date for the refugee crisis¹⁴. The lesson learned here is that CARE was very proactive in the monitoring of the situation and advocating for response. The discussion highlighted that it is necessary to ensure staff are dedicated to the monitoring of vulnerability and early warning.

The country office found it relatively easy to raise funds for the Banibangou response – quickly securing a 200,000 euro CI-ERF allocation followed in July by ECHO¹⁵ and WFP¹⁶, and in August CARE Luxemburg, the French Embassy and BMZ¹⁷ – due to the rapid onset nature, although this also served as a reminder of how difficult it is to raise funds for onset crises (see challenges, below). Comparing the initial CI-ERF allocation it is apparent that the allocation is disproportionate to the number of people affected: the food crisis raised a 35,000 euro allocation, whereas the refugee crisis 200,000 euro. Looking at the totals raised to date for the responses, the food crisis raised a total of \$11.4mio, whereas the refugee crisis \$2.3mio. Per capita, in relation to the number of people affected, this equates to roughly \$2.07 for the food crisis and \$30.27 for the refugee crisis.

As a response to the clusters not being integrated or harmonised and an apparent lack of coherent framework for the work of the clusters an *inter-cluster* body is being put in place at national level this year, so as to liaise across the different clusters and link up clusters around certain activities or initiatives, and the final terms of reference for the *Inter-Cluster* were presented at the last Humanitarian Country Team (HCT) meeting. This will lead to some

¹⁴ CARE Niger, Emergency Situation Report # 9 (August 20, 2012)

¹⁵ \$479,500 for water and NFIs

¹⁶ \$100,293 + 1,135 MT in-kind for targeted food distribution, followed by a cost extension the following month

¹⁷ Totalling \$1,428,311

improvements in coordination, such as for example a joint evaluation between the WASH and food security cluster.

The CARE Niger emergency strategy was updated in August 2011, following the GoN's declaration of a food crisis and then again in December. The government assumed a strong role in the management of the food crisis, reinforcing its national body and ensuring good presence in the UN and donor systems. CARE's emergency response was framed within the GoN's response strategy and therefore was complementary to their efforts. Even though the refugee crisis in Banibangou, which erupted in March, was not part of the emergency response plan, CARE Niger was nevertheless able to respond quickly to the crisis. Although CARE Niger monitored the flooding, the GoN with local partners has been able to respond and CARE has not intervened.

In October, FEWS-NET published information which indicated that the situation was not as severe as the GoN anticipated. However, many agencies were alarmed as they felt that FEWS-NET had not got its information right particularly as their methodology doesn't take into account the individual household level and the extent to which household coping mechanisms have been eroded. A request was made for an ACAPS/ECB¹⁸ deployment to conduct a joint needs assessment¹⁹ which took place in January, with the results published in March. It was generally felt that this was a very useful assessment which provided evidence to the debate and strong background to press releases at national and international level. It also served to bring the ECB agencies together much closer and promote strong coordination amongst them and with UNICEF and WFP.

Various high profile meetings and visits took place, which served to raise the profile of the emergency and discussions on resilience. In February the senior leaders of the UN, USAID, EU, ECOWAS and WFP met in Rome and discussed the situation. This was followed by various events in May/June, including a visit to Niger by the WFP director, the Sahel Working Group preparing the ground for a visit by the President of Niger to London and his release of a *communiqué de presse*, a visit by Under-Secretary of State for International Development, Stephen O'Brien to Niger and debate with CARE, Oxfam, Save and ACF on resilience, and a similar visit/debate by the Norwegian Agency for Development Cooperation visiting Niger with the Minister of International Development. The CARE national directors' and CI Humanitarian Director's visit in was appreciated. Another high profile visit took place in August, when Food for Peace, USAID and OFDA delegation visited and again discussions took place resilience, this time more specifically around the definition of resilience. These high profile discussions and visits brought a recognition that something different must be done and toppled the discussion on slow onset, bringing attention to long-term resilience building.

There is interest and commitment to principles of accountability in the CO. An accountability review was conducted in December, a review of a complaints mechanism in Konni in January and various trainings over the course of the year, including recently in August. There has been strong buy in to the Rapid Accountability Review and After Action Review processes, with the idea originally of including ECB agency staff for peer review for the former process²⁰, and the invitation of numerous implementing partners, as well as government, peers and donor representatives to the latter.

3.3.2 Increasing resilience, programme quality

CARE Niger is recognised as a major actor in the food security sector in our operational areas, particularly in the pastoral zones. In Zinder, for example, it was estimated²¹ that CARE's implements 12% to 15% of WFP's food distribution portfolio in the area. CARE Niger has been working with e.g. University of Niamey and others on research, but whilst CARE Niger is doing the work there is a feeling that others are benefiting from our work to feed into their research and advocacy, and that CARE could reaffirms its leadership in the resilience debate by being more prominent in advocacy and publication of research, as it once had been.

CARE Niger's emergency response strategy is built on 25 months with the purpose of being able to build resilience. The response over the last 8 months has focused on mitigation and emergency relief and has been

¹⁸ The Assessment Capacities Project (ACAPS) is currently collaborating with the Emergency Capacity Building Project to improve the assessment of needs in complex emergencies and crises. Amongst other things, ACAPS provides technical support to in-country needs assessments.

¹⁹ The ECB agencies of the Niger consortium (CARE, CRS, WV, Plan, Mercy Corps, Oxfam and Save) took part in this, as well as representatives from relevant GoN technical departments.

²⁰ Due to unavailability of staff from other agencies this finally was an internal process

²¹ Interview with WFP conducted as part of the RAR

appropriate, both in terms of geographical area and in choice of intervention sector²². The next phase (5 months) will see a continuation of relief and transition to early recovery. The third phase (12 months) of the response will continue to address early recovery, as well as building resilience. There is a need to reinforce community level involvement to promote resilience – this is extremely important – and a body of evidence needs to be expanded on this topic (evidence is currently being gathered in an action research within the CARE's Women's Empowerment Programme).

Some consideration has been given in the response to gender – using disaggregated data, spending 30% of the budget in Banibangou to provide hygiene kits to women; latrines also took into account needs of women

On Humanitarian Day this year a panel discussion, in which the ECB field facilitator on behalf of the ECB agencies took part, took place around the resilience theme and one suggestion coming out of this was to increase the dialogue, conferences, etc. on the topic. Taking a lead here would be an opportunity for CARE Niger to share its experience and retain prominence in the resilience discussion.

3.3.3 Programme support

The programme support function is currently represented on CARE Niger's Emergency Response Team, which it hasn't always been in previous years. As part of the scale-up, the CO recruited a total of 64 (of 73 planned²³) national staff, and deployed 8 (of 10 planned) national and 5 (of 6 planned) international staff, and hired further temporary staff to support for example distributions. The roster approach was cited as a good practice and success regarding human resources. The CO used a staff roster in order to quickly and efficiently recruit staff, as well as redeploy existing staff. This fast-track recruitment worked well overall, although there was conflicting opinion on the speed of the process – some felt it should have been quicker as CARE has to compete with peer agencies for a limited pool of highly qualified staff. The support received through the roster for emergency deployments to the CO's response efforts was perceived to be highly beneficial, even if though not all requests were fully satisfied (see e.g. 3.4.4) or as timely as would have liked (e.g. postponement of RAR/AAR due to unavailability of roster members). The latter was also confirmed by the CI Members' perspectives.

Other programme support (PS) departments did not arise in the discussions. In debrief with the Emergency Coordinator it was commented that this was because there were no major issues²⁴. It was felt that generally staff had adhered to policies and procedures and this would be confirmed in any eventual audits. Several internal audit visits had already been implemented throughout the operations; one was particularly instrumental in the preparation of the ECHO project.

3.3.4 Communications and advocacy

Advocacy for interventions at Banibangou was successful: CARE was able to attract funding and was thus a big player in discussions with UNHCR and others. The needs were high and there were few actors responding. See 3.3.1 for further details.

3.4 Key Challenges

While a number of factors were highlighted as strengths and contributed to successes, several areas for improvement and lessons learned were identified by AAR participants. Please also refer to the annexed Rapid Accountability Review report for challenges in relation to accountability commitments.

²² See Rapid Accountability Review (which included a food security sector review component) for further details

²³ As at May 2012

²⁴ It should be noted that there was limited engagement from the PS in the workshop - only 1 staff participated throughout and a second joined for the afternoon of the second day. This is due to the fact that only 20% of CARE Niger staff fall under the programme support department, so proportionately would be a much smaller number anyway compared to programme staff, but the workshop also fell at a time when programme support staff were exceedingly busy.

3.4.1 Leadership, decision-making, coordination

As already noted above, it has been relatively easy to raise funds for response to the rapid onset refugee crisis, however attracting funding for the food crisis has been much more challenging, and even hampered by FEWS-NET's contrary diagnosis of the situation. A very significant difference in this year's response to the food crisis (as compared to 2010 and 2005) is the prominent role of the government, which had issued early on a request for assistance. The UN also responded much earlier than previously and was better as a result. Again comparing to previous responses, funding has increased overall for our response, yet a second significant difference was noted: it has been much harder for CARE to access funds, as much more funding goes to the UN, whereas in 2009 more went to NGOs. There also appears to be donor fatigue after the HOA crisis and the recurrence of the crisis in the Sahel. Discussions will keep returning to the issue of resilience and what CARE Niger is doing to build this. Whilst there is a good rapport with ECHO²⁵, there was a suggestion that the relationship between CARE Niger and OFDA could be strengthened at the CO level.

The consultation with CI Members and CEG confirmed the funding challenge. Whilst CARE Niger was reactive when funding opportunities arose and coordination between different parts of the federation had been good, there was a lack of interest by governments and the public. CARE Australia, for example, was the first agency there to launch an appeal for the Sahel region, but raised little funds. In Austria and the UK, for example, it was apparent that Niger was not a priority country for funding.

Being stuck between long-term and emergency funding also hampers fundraising for resilience, although it was encouraging that the ECHO representative shared that ECHO has been debating this issue much more internally. ECHO has focused very much on emergency response this year, but is now looking further at resilience and as a commitment to this has put in place a staff member for resilience. Given that ECHO only took to cash transfer programming 3 years ago there is a positive outlook for further changes in their approach. Meetings on the approach for 2013 have not yet taken place, so would be an opportunity for CARE to bring up these big issues in consultation meetings.

While CARE Niger was proactive in communicating about the crisis with CI, the response to the food crisis was perceived by CI Members as initially being somewhat slow to start up, perhaps partly due to the slow onset nature, partly to funding constraints. A participant noted that we can only serve as many beneficiaries as the funding allows us.

In Baniangou - the response to the refugee influx - there was possibly some duplication of response efforts in some zone as the regional sub-offices of the government body responsible were not coordinating effectively, with meetings frequently cancelled without notice. The Government of Niger (GoN) didn't assume their full responsibility in this response which exposes their main weakness: putting co-ordination and planning into concrete, efficient action. As a result at regional level, whilst agency staff know that they should coordinate, they do not. Rather than by-passing the coordination system, however, it is important to develop a strategy to engage the regional sub-offices effectively and to promote *good enough*²⁶ accountability.

In order to reaffirm its leadership and experience of working particularly in the pastoral regions, CARE Niger should increase its financing for resilience projects and continue its follow-up of all projects for learning on the theme of resilience as there may be important planned or unplanned outcomes that can be learned from each one. Australia, Norway and Germany currently finance longer term interventions, but it is expected that main players in emergency funding, like USAID and ECHO, may soon follow suit given the recent discussions.

In terms of leadership on CARE's Humanitarian Accountability Framework, the willingness is there – as evidenced by various trainings and reviews conducted over the last year, but a challenge remains the resourcing. Resources for the implementation of the HAF commitments are limited and donors do not want to finance this. Donors are increasingly austere, particularly around support costs that are not directly associated with programme delivery, and there are examples of opposition to accountability costs. WFP, for example, recently asked CARE Niger to remove its accountability line from a budget, although in the end CARE succeeded in maintaining it. CARE Australia has been very good at negotiating with donors on accountability. Activities such

²⁵ ECHO regularly calls CARE Niger into meetings with UNHCR and gave CARE Niger priority in their non-malnutrition approach.

²⁶ This refers to the Good Enough Guide, where *good enough* refers to the minimum in terms of accountability practices that would be required in an emergency, that could be built on over time.

as audits are accepted but training, reviews and so - which are articulated in the HAF - are rejected and this is becoming increasingly a barrier²⁷. Currently accountability is often thrown into the M&E budget line as donors accept audits and evaluations to a degree, but separating out the lines would ensure accountability is financed. It was suggested that a key role of a permanent coordination position for resilience and emergency response (see recommendation 2 below) would be to provide leadership on the HAF, support its implementation and lobby with donors. The CO is also prepared to step up its efforts in engaging donors on the topic.

The CARE Niger - CARE Mali CARE, which aimed to promote coordination between the two countries, didn't succeed well as the COs involved were too busy with their own internal responses to be able to fully commit to the forum.

3.4.2 Increasing resilience, programme quality

In the sector review conducted as part of the RAR, it was noted that CARE's response could have been more appropriate in some instances, for example where cash was used in the response when people would have preferred food. It was stated that where CARE is an implementing partner for WFP there are limited possibilities to associate communities to determine the aid that will be given, however CARE should ensure needs are correctly analysed and where necessary there is push back on the donor to ensure communities are supported in an effective way. Gender analysis appears to be largely limited to sex and age disaggregated data and there is scope for technical knowledge, for example on Sphere standards, to be strengthened²⁸.

Participants of the AAR workshop noted that a key challenge under food security programming regards the identification of beneficiaries. A more appropriate approach for this is needed. Donors²⁹ are currently imposing the Household Economic Analysis approach, but this isn't well adapted to pastoral areas – one of our key areas of intervention. We have experience and some limited evidence for why it isn't well adapted but this is not documented so as to be able to feed into advocacy discussions with the donor. Ideally CARE Niger would revise its identification approach by integrating some elements of the HEA.

An emerging theme is the need to gather evidence for resilience so as to feed into the debate and position ourselves as leaders in the arena, but a lack of resources hampers a reinforcement of dedicated M&E staff, but there is evidence that can be collected for resilience from existing projects like MMD and others if the manpower was there to do so.

3.4.3 Programme support

Whilst the speed of recruitment was cited as a success of the response there were nevertheless some challenges noted around human resource mobilisation for the response. Not all staff members are aware of the emergency recruitment procedures to fast-track recruitment and this caused some delays in the start up of Banibangou. The PS teams could take the initiative to research and proactively share relevant tools (like the CET) and Niger CO procedures to all staff. Timely sharing is important. Participants also felt that staff orientation upon recruitment should be significantly stronger and include emergency response, the HAF, emergency protocols, etc., and that the HR team should be responsible for ensuring this happens.

Participants of the workshop were concerned that many of the programme support staff members have little or no knowledge of emergency response and the HAF, and they don't feel it is relevant to them. It was felt that the lack of participation at the recent accountability trainings, despite being invited, evidenced this. However, other staff felt it was not a lack of support for emergency response, but a workload issue - in particular in relation to Pamodzi and the recent significant reduction in support staff - does not allow for full participation.

Upon analysis of the issues it became apparent that perhaps at the base of some of these challenges is that staffing for PS doesn't always grow proportionate to the emergency. Most sub-offices only have one administrator who covers many of the programme support functions, even during emergency programming. In order to deal with the large number of recruitments (see 3.3.3) no HR personnel was dedicated just to this, nor were any additional programme support staff members recruited. As it is just a small team, the PS department,

²⁷ The AAR is an example – CARE Niger is having to pay for this with its own funds.

²⁸ See RAR report for further details.

²⁹ Notably WFP, UNICEF, UNICEF

notably the HR department, was exceedingly busy. This is partly constrained by budgets, as proposals don't make provisions for PS staff at 100%, just a percentage of existing staffs' time.

Another issue that was evidently a source of frustration for staff regards the recognition of what they felt was additional time and energy spent on emergencies, as an "addition to their normal work". The CO has been going through a review of the grading system and salary scales, which has been discussed amongst the senior team. Decisions have been taken but the policy has not been finalised³⁰, yet staff are eager to see this move forward to application. At least clarifying timelines to manage expectations could help to ease tension.

3.4.4 Communications and advocacy

CARE needs a more proactive approach in regards to communications, as the media are among the most important allies to the NGO community. In the period of January to April there was lots of media attention on Niger, particularly in the German, Luxembourg and Australian press, however, communication around CARE's emergency response was limited. CARE Niger doesn't have a specific communication unit or strategy, nor funding to enable this, and as a result didn't use local media or partners.

The visit by the CI Media and Communications Coordinator from 16 – 26 January 2012 prepared an interesting ground for further work, but there is a huge amount of work to be done. The support given by the RED deployment of a Regional Communications Coordinator (March – June) proved to be important for the CO, but it was also felt that there could have been more done in terms of meeting media demands. The coordinator was stretched over three countries, worked extremely long hours and still was not able satisfy demands and produce materials to the level that for example Oxfam or UNICEF do. In addition, his focus was on international media for fundraising, rather than within the mission here and communicating effectively on all the work CARE is doing here.

An additional challenge in terms of managing the media work was financial uncertainty and subsequently deployment duration for the Regional Communications Coordinator role, which was extended several times just a day or so before his previous contract ended. The CO appears to have many ideas for communication and media work, but this is not financed. For example, CARE Niger in the field is already doing a lot of things we are striving for in Vision2020, but is not able to communicate out on this. Participants felt that the Niger CO has a quiet profile that is not commensurate with the work that is done: "often we produce the experience but others capitalise on it as they have media and communications engines". Communicating, as a result of being very time-consuming, is expensive and no donor financing is available for this activity. If indeed it is felt that too little communication has come out, additional funding should be timely secured.

More formal communication, visibility and advocacy - embedded in a clearly articulated emergency communication strategy and resourced - would help to raise the profile of CARE Niger and communicate out the strengths and experience that we have for greater impact. This strategy should be aligned with other key CARE approaches and strategies such as the programme approach, Vision2020 and the new CI Emergency Strategy 2012-2020 and it is important that investment is made in building relationships with local media journalists in the long-term. The opportunity to document a case study on CARE Niger's role in Banibangou is still viable to feed into any advocacy work.

Whilst advocacy for the refugee situation came through as a key success, advocacy overall was identified as having no clear strategic direction and was therefore identified as a key area to review, develop and resource, with specific themes around financing of slow-onset emergencies and building resilience emerging as priorities. Prioritisation is important as the means available restrict our capacity. CARE is a member of the Humanitarian Country Team, the Restricted Group on Security Issues and the Coordination Platform for GoN and bilateral donors (as an observer), hence CARE is visible and present on important platforms. Hence opportunities for advocacy exist, which could be capitalised from through better, more strategic preparation.

³⁰ The projection of cost needs to be done so as to determine whether it is viable

3.5 Recommendations

Based on the successes and the challenges identified, as well as the analysis of the underlying issues and factors of success, the AAR participants articulated recommendations to improve future emergency response. These recommendations are presented here and have been translated into a subsequent action plan to ensure follow-up is taken based on the recommendations. Please also refer to the annexed Rapid Accountability Review report for recommendations in relation to accountability commitments.

3.5.1 Leadership, decision-making, coordination

1. The recommendation is to engage the GoN so that they take responsibility at national, regional and sub-regional level in response to all types of emergency, including in response to population movements, and are able to coordinate effectively and engage all other actors. CARE should develop its approach strategically and promote a *good enough* approach to accountability as an integral part of this.
2. It is necessary for CARE Niger to continue to proactively monitor the situation in Niger and the region - particularly around vulnerability and early warning - and in order to do this dedicated staff would be required, with financing secured over the long-term for the position. The post would cover various aspects including emergency preparedness, building resilience, vulnerability and early warning monitoring and emergency response. This will also ensure that the EPP is maintained regularly and that action plans arising for example out of AARs, etc. will be followed up on. Given the chronic vulnerability of the region, the role CARE can play in the discussions around a global response and the respect and authority it has acquired through previous actions, a *permanent* Emergency/Resilience Coordinator position is highly justified. Additional funds would be required for probably half of the cost of the position.
3. Lobbying of donors to fund chronic, slow-onset emergencies at national and global level is important, using for example opportunities such as ECHO's partner consultation for 2013 as entry points. This should be a component of the resilience strategy (see recommendation 8), rather than the ultimate goal of the resilience strategy.
4. Continue to engage in coordination mechanisms and replicate the joint needs assessment when relevant.
5. In order for CARE leadership to be able to fully promote the commitments made in the HAF additional resourcing is required, either from unrestricted funds or by lobbying for donors to accept accountability lines in budgets.

3.5.2 Increasing resilience, programme quality

6. CARE Niger needs to develop a more appropriate approach for the identification of beneficiaries by taking into account the Household Economic Analysis (HEA) to revise the approach for the context here. HEA isn't well adapted to pastoral areas and whilst there is some limited evidence for that it is not documented – recommendation is to document what has been learned in terms of strengths and weaknesses of HEA to feed into advocacy with the donor.
 7. A key recommendation arising from discussions is the need for an advocacy strategy around resilience, specifically for advocacy to donors to fund more resilience programmes. This advocacy should be based on a body of evidence of CARE's experience at community level (where more effort needs to be made to involve communities), of resilience programmes and climate change adaptation programmes. What has been learned in terms of strengths and weaknesses of the HEA methodology should also be documented to feed into advocacy with the donor to push back on the non-adapted HEA tool that donors are imposing. Any strategy also needs to take into account our partners and government actors.
 8. Monitoring and evaluation should be reviewed so as to promote further the collection of evidence required, looking to more long-standing programmes such as CARE's Women's Empowerment Programme (since 1983).
 9. Identify what forums exist within CI and determine whether there are any opportunities for CARE Niger to engage to further CI's work on emergency, resilience, rehabilitation and development.
-

10. CARE should reaffirm its role as a leader on the resilience debate and continue its work with for example the University of Niamey and others on action research³¹, as well as seize the opportunity to take action on the suggestions arising out of the resilience conference on World Humanitarian Day.

3.5.3 Programme support

11. It is suggested that all new CARE Niger staff are familiarised with CARE's humanitarian mandate, the HAF, and CARE's emergency protocols (CARE Emergency Toolkit and Pocketbook) to promote good understanding of our commitments, approaches and protocols. It is recommended that programme and programme support teams take joint responsibility in ensuring this and that it is built into orientation schedules. Current staff would also benefit from reinforcement of capacity around accountability, and this could be the basis of some common activities between P and PS for team building. Ensuring responsibilities in each job description that support CARE's humanitarian mandate, as well as including this in the AOPs, will also reinforce this point.
12. Programme support staff numbers should grow in proportion to the emergency response to ensure adequate support. Whilst in the current funding environment it is unlikely that support staff would be able to be covered at 100% for emergency response, a more acceptable approach is perhaps to identify focal points in the different support departments for the emergency. This would likely be more experienced, more senior staff members who are familiar CARE, emergency response and CARE's emergency protocols. This will remain a challenge, however, given the low number of PS staff and challenge to fund these positions³², and should be examined further as part of the EPP update process.
13. Programme support and programme staff should both be held accountable for the respect of our commitments.
14. As the roster system worked well, this approach should be maintained roster and the roster itself kept up-to-date.
15. The salary and grading review should be finalised as soon as possible, or key timelines at least be shared so as to manage staff expectations.

3.5.4 Communications and advocacy

16. More formal communication, visibility and advocacy - embedded in a clearly articulated emergency communication strategy and resourced - would help to raise the profile of CARE Niger and communicate out the strengths and experience that we have for greater impact. This strategy should be aligned with other key CARE approaches and strategies such as the programme approach, Vision2020 and the new CI Emergency Strategy 2012-2020 and it is important that investment is made in building relationships with local media journalists in the long-term. The opportunity to document a case study on CARE Niger's role in Banibangou is still viable to feed into any advocacy work. Any strategy should also consider partners and government actors.
17. As part of the strategy development a review of what resourcing would be required to build a strong communication capacity would be useful.

³¹ This is currently on-going but is unfunded.

³² The sub-offices have average of 2 support staff each. In Niamey it was possible during this response to fund an additional accountant although this was possible through CARE Austria rather than through a donor contract

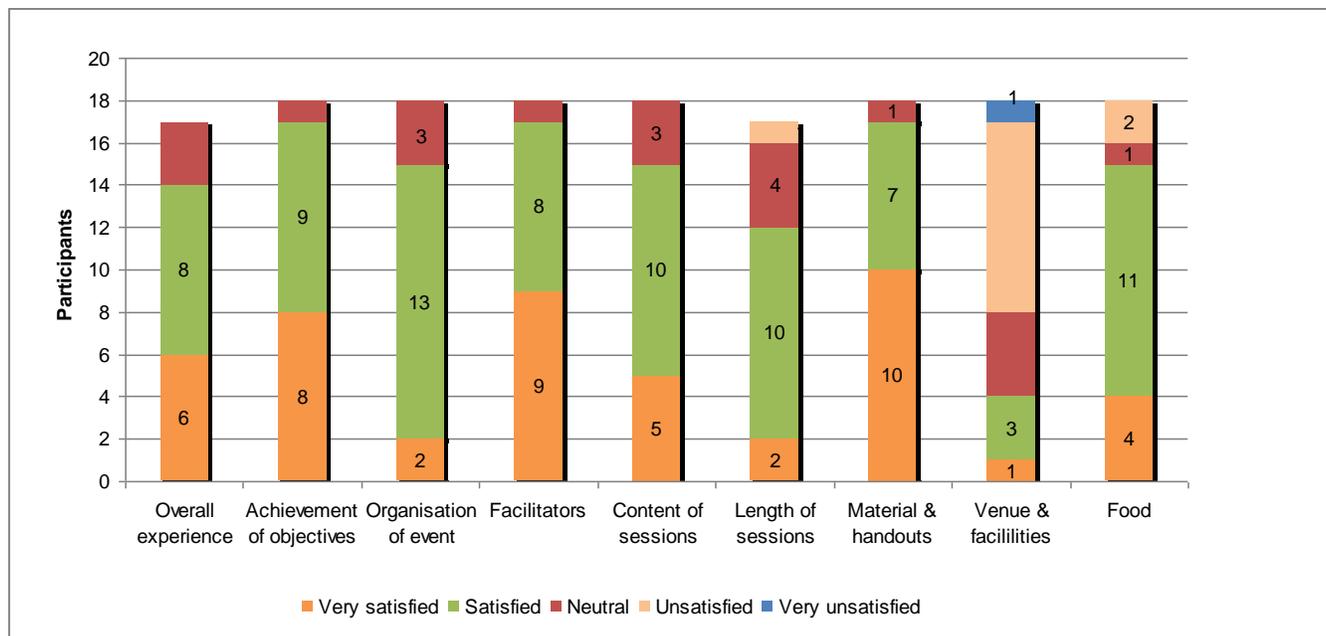
4.AAR Process Review

4.1 Participants' AAR Evaluation

The workshop was considered a success by the participants. Participants appreciated the self-reflection process and found it an interesting and motivating exercise. The general consensus was that the workshop objectives were met and the desired outcomes achieved. Most of the sessions were found useful, particularly the timeline session, but notable were also the sessions on the analysis of strengths and weaknesses, lessons learned, recommendations and the action planning. Participants also enjoyed the group work and the 5 Whys methodology which allowed a deep reflection on the underlying factors for success and failure. The venue was unpleasantly hot at times and as a result was rated poorly and - whilst most said all sessions were useful - some individuals found the HAF presentation, action planning and CI members' presentation unnecessary, due respectively to staff already being familiar with HAF, the action planning being CARE-centric (i.e. not relevant to the partner who made the comment) and due to the information that was shared being limited.

Over 80% of participants were satisfied or very satisfied with all aspects of the workshop, other than the length of session (71% satisfied or very satisfied) and venue/facilities (only 22%).

A summary of the results of participant evaluations is presented below.



In terms of improvements for future AARs, the following suggestions were made:

- Two respondents suggested an extension of the workshop to 3 or 4 days to allow enough time for substantial discussions and exchanges. However, it was also noted that some key programme and programme support staff, as well as many partners, were missing due to other pressing demands on their time which begs the question of whether an extension of duration would be feasible.
- Although a dozen or so partners were invited, only 2 long-standing partners attended, and representatives from ECHO and UNICEF also participated briefly in a session. Many of the participants were eager to have had the participation of more representatives from partners as well as the GoN, in particular the technical bodies involved in crisis management, so as to give an external perspective.
- Participants also expressed eagerness for the action plan to be followed up regularly.

- Participants also suggested the inclusion of a person from outside of CARE to participate in the field trips for the accountability review. Originally it had been planned this way, with staff from the peer ECB agencies participating, but finally this was not possible.
- A presentation from other actors and partners on their emergency response would have been useful, as well as a presentation from the programme support staff.
- Having the possibility to discuss more in depth and with communities and partners on the question of resilience.

4.2 Integration into AAR Process of Learning from Previous Reviews

A review was conducted of recent AARs to inform the process. The Kenya 2012 AAR recommended that more preparation work should be done prior to the workshop. All participants were therefore asked to complete a questionnaire ahead of the workshop to collect preliminary input to guide the sessions and to prepare participants for the sessions. Support was also requested from CEG and a CIUK intern to prepare a timeline that participants reviewed and added to during the timeline session. This enabled us to achieve the objective of participants viewing the response as a whole, but also for discussions to focus more on the highs and lows of the events, rather than piecing together what happened when. Another recommendation had been to analyse previous outcomes, recommendations, and follow-up of AARs for the CO and this was something the Emergency Coordinator and ACD reflected on and integrated into the ER presentation and discussions.

It is recommended that the AAR and RAR reports should be widely circulated amongst all staff at the various CARE Niger offices and sub-offices, beyond the SMT. A good practice is for bases or teams to meet and review the recommendations and actions and integrate follow-ups into their own workplans and activities.

5. Annexes

5.1 Annex 1: Agenda

[Double-click image to view agenda in pdf](#)

(NB. in case this function doesn't work on your computer, this file can also be found in the zip file package)

CARE Niger – Revue après action, le 6 et 7 septembre 2012
Agenda

Jour 1

Heure	Activité des participants	Intervenant
0800 - 0900	Mot d'accueil	John Jones
0900 - 0930	Introduction des participants et ateliers	Angela
0930 - 0945	Introduction de l'agenda et de la méthodologie de la revue	Angela
0945 - 1030	Présentation de la réponse et stratégie de réponse à l'urgence et l'adhésion des recommandations version de 2002 et 2005	Fabiana Zera et Simon
1030 - 1100	Session 1: Chronologie du séisme – qu'est ce qui s'est passé	Alan
1100 - 1130	Pause café	
1130 - 1200	Présentation du Cadre de Redevabilité Humanitaire de CARE et son mandat humanitaire	Fabiana Zera
1200 - 1230	Présentation des résultats de la revue rapide de redevabilité	Alan
1230 - 1300	Présentation par les membres CARE et leurs expériences de la réponse	Charlette et Dave
1300 - 1445	Pause de déjeuner	
1445 - 1600	Session 2: Appréhensions – qu'est-ce qui a marché bien, et pourquoi ? qu'est-ce qui n'a pas bien marché ? Comment ?	Angela
	<ul style="list-style-type: none"> Travaux en groupe. Thèmes spécifiques: <ul style="list-style-type: none"> Leadership, plan de dévouement, contribution Augmentation de résilience (qualité des programmes) Programme support Communications et plaidoyer 	
1600 - 1630	Pause café	
1630 - 1715	Présentation de la session 2 en plénière et discussion	Angela
1715 - 1730	Perte d'adhésion de la journée et clôture	Alan

5.2 Annex 2: Participants List

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LISTE DES PARTICIPANTS
REVIEW APRES ACTION
7 SEPTEMBRE AU 7 OCTOBRE 2012

N°	NOM ET PRENOM	STRUCTURE/Organisation	Statut de présence	REMERCIEMENT
1	Djiman Abdou	CARE / AD		
2	TRANKOUMI SICAL	CARE / CF		
3	CANONDE Lora	CARE ALGERIA		
4	DANIEL MARIAN	CARE USA		
5	John Alan	CARE / RCN		
6	John Alan	CARE / RCN		
7	Elhadji Abdou	CARE / ALGERIE		
8	John Alan	CARE / CY ALGERIE		
9	Youssef M. Sidi	EBP/EF		
10	Abdoul Mounir	ISCV/Institut Supérieur		
11	Elhadji Abdou	ANL/Association d'Alger		
12	Elhadji Abdou	CARE / CF (NICKET)		

ATELIER REVEU APRES ACTION

5.3 Annex 4: AAR Facilitators Terms of Reference

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5.4 Annex 5: Rapid Accountability Review (September 2012)

The final report was not available at time of writing and is therefore not annexed here, but will available shortly. Please contact CEG or Angela Rouse (rouse@careinternational.org) if you would like a copy.