

READY: GLOBAL READINESS FOR MAJOR DISEASE OUTBREAK RESPONSE

SOLO-PLAY SIMULATION GUIDE

THIS GUIDE IS DESIGNED TO SUPPORT LEARNERS WHO ARE INDIVIDUALLY PLAYING THE OUTBREAK READY! SIMULATION OUTSIDE OF A STRUCTURED FACILITATION SESSION.



This guide is meant to provide learners with opportunities to reflect on key decisions made and lessons learned throughout the simulation. It is recommended for learners to reference the guide upon the completion of module 1 (turns 1-3) for a mid-simulation debrief and later upon the completion of module 2 (turns 4-7). Learners can also choose to utilize the guide upon completion of the full simulation. We do not recommend reading the questions below in advance of play.

LEARNING OBJECTIVES

DESCRIBE

Describe the key areas of operational readiness when preparing for an infectious disease outbreak in humanitarian settings and weigh how investments and trade-offs in operational readiness impact outbreak response outcomes.



Identify key stakeholders and coordination structures that are critical to outbreak response in humanitarian settings and weigh their impact on multi-sectoral outbreak response activities.



Explain the roles of various technical and cross-cutting sectors within infectious disease outbreak preparedness and response, and design activities that integrate multiple sectors' preparedness and response interventions in an outbreak.



Use epidemiological data, assessments, and community feedback to inform and develop Organizational adaptive management strategies and response plans for inclusive and ethical outbreak responses in humanitaria emergencies.

INTENDED AUDIENCE

The choices in the simulation and questions posed in the guide below assume participants already have knowledge and experience in humanitarian response. The intended audience for the simulation includes:

National and international non-governmental organizations (NGOs) responding to or planning to respond to outbreak scenarios in emergencies. NGO leaders and managers from operational and technical backgrounds working across all humanitarian sectors. NGO decision-makers responsible for overall strategy development for programmatic and operational response during an outbreak scenario.

PRIOR TO PLAY

In **Outbreak READY!**, you will take the role of an NGO team lead managing a multi-sectoral humanitarian program portfolio for a medium-sized, international NGO named **READY**. You have been in this position for 3 months. When you started at **READY**, you were given background documents to familiarize yourself with the organization and with the local context.

Please take a few minutes to familiarize yourself with these documents (Thisland Country Brief; Map of Thisland; READY Humanitarian Program Portfolio; READY Staff Organization Chart) which are made available here: https://www.ready-initiative.org/outbreak-digital-simulation.

Once you are ready to assume your role as Team Lead, you can access the simulation here: www. outbreakready.com. The simulation is structured in "turns" over the span of several months, and every "turn" simulates a day in the office. You will experience seven days in the life of a READY Team Lead as you progress through the simulation. Depending on your speed, the simulation may take up to 2 hours to complete.

POST-PLAY REFLECTION QUESTIONS READINESS MODULE (TURNS 1-3)

turn 1 week 1	 You were asked to choose between contacting the Ministry of Health official (Sonia) by telephone or by email. How can different forms of communication be used to gather information? What are the strengths and weaknesses of each? At the end of turn 1, you emailed recommendations to the READY Country Director (Afreen). What were your key considerations in the situational analysis and recommendation for external coordination provided to the Country Director?
turn 2 WEEK 3	 You were asked whether or not to move forward with the launch event for a livelihoods pilot program. While making programmatic adaptation decisions, how did you balance the need to be cautious with the need to maintain continuity with service delivery? At the end of turn 2, you had a senior management team meeting in which you discussed scenario planning based on the potential spread of the outbreak. What information did you prioritize in considering the necessary staff safety and operating procedures to implement?
turn 3 week 5	 The simulation provides the learner with a limited set of choices in regards to how frequently and with whom in the community the learner can engage with. What other ways might READY contribute to risk communication and community engagement (RCCE) at this point in the outbreak? As the Team Lead, you were given the opportunity to coordinate with other key stakeholders during this turn. How did your opportunities to coordinate with other actors inform the decisions you made? Who else would you have liked to have the opportunity to interact with and what types of issues would you have discussed? In this turn, the need to implement non-pharmaceutical interventions (NPIs) was discussed, even though it was early in the outbreak and before there were cases of HxNy in Thisland. What were your key considerations in deciding what NPIs and standard operating procedures (SOP) to implement?

POST-PLAY REFLECTION QUESTIONS RESPONSE MODULE (TURNS 4-7)

TURN 4	• Your Health Program Manager (Nia) reported that patient numbers for routine visits in the clinic were lower than usual. <i>Why might this be? Were you concerned?</i>
WEEK	• There was an increasing amount of epidemiological information being provided at this stage. <i>How did you assess the accuracy and reliability of the data you were receiving? What data did you see as most important?</i>
9	• In your email to the READY Country Director (Afreen) at the end of turn 4, you outlined some adaptations for READY's water, sanitation, and hygiene (WASH), health, nutrition and food security and livelihoods (FSL) programs. What were key considerations in making the program adaptations you suggested? Now having completed the simulation would you change any of these decisions?

turn 5 week 13	• During the health coordination group meeting, you raised concerns with the Ministry of Health official (Sonia) regarding restrictions to the movement of internally displaced persons (IDP). What other questions would you have liked to ask Sonia? How else would you have liked to have engaged in advocacy around this issue?
	• You had a READY conference call with regional senior management to discuss staff health and safety amidst the outbreak. <i>How did you prioritize staff safety during the response? What other actions would you have considered to address risks to staff?</i>
	 In your email to the READY Country Director (Afreen) at the end of turn 5, you made two recommendations for program expansion. What information did you use to guide READY program expansion? What information were you missing? Now having completed the simulation would you change any of these decisions?

TURN 6	 In turn 6, there is an increase in armed conflict in the northwest of Thisland that leads to additional displacement and tensions that lead to protests in many parts of the country. What were your key concerns in how the insecurity would affect READY's programming and operations?
WEEK	 In your email to the READY Country Director (Afreen) at the end of turn 6, you outlined responses to staff security concerns as well as the new influx of IDPs. What information did you use to guide READY program expansion? What were you missing?
	 What role did community engagement play when making decisionscaround adaptation and security measures? What helpful information did you get from the community? What information was lacking?

TURN 7	
WEEK	
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- You met with the Programs Manager (Lydia) from Thisland Relief, the MoH official (Sonia), and the IDP community leader (Ibrahim) to discuss the impacts of the outbreak on the community. *What other questions would you have liked to ask Lydia, Ibrahim, or Sonia that were not offered in the simulation?*
- In your meeting with the Regional Director (James) at the end of turn 7, you make recommendations on how READY should address the outbreak's secondary effects on health, nutrition, WASH, and FSL. *What did you prioritize? Why? Did you agree with James's feedback on your recommendations? Why or why not?*

FINAL REFLECTION QUESTIONS

These questions are meant to be applied to your specific context and experience:

In your context, what key information would you rely on to make operational readiness and program adaptation and expansion decisions throughout an outbreak response, and why? What information might be missing or unreliable?

Who are the key stakeholders and what are the coordination structures that you would engage with during an outbreak response in your context? How are you currently engaging with them and how could your coordination be strengthened?

What areas of operational readiness should you/your organization prioritize moving forward?

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The Johns Hopkins Center for Humanitarian Health led the development of **Outbreak READY!**, alongside Save the Children, UK-Med, the Johns Hopkins Center for Communication Programs, and other partners in the READY consortium. READY, led by Save the Children, is augmenting global capacity for non-governmental organizations to respond to large-scale infectious disease outbreaks. For more information, visit our website at http://www.ready-initiative.org.

Outbreak READY! was created in collaboration with the game development studio, &RANJ.











