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READY:
GLOBAL READINESS FOR
MAJOR DISEASE OUTBREAK RESPONSE

OutbreakREADY!

A Digital Readiness and Response Simulation

FACILITATION MANUAL FOR VIRTUAL EVENTS

www.outbreakready.com

ACKNOWLEDGMENTS

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Outbreak READY! and this corresponding facilitation manual were made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the READY Initiative and do not necessarily reflect the views of USAID or the United States Government.

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.

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

For more information, visit our website at **http://www.ready-initiative.org.**

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SUPPORTING MATERIALS

This manual is designed to provide guidance for the virtual facilitation of an **Outbreak READY!** *simulation event. Specifically, it supports facilitators in preparing for and delivering a virtual* half-day workshop consisting of independent or team play of **Outbreak READY!** *A Digital Readiness and Response Simulation* followed by a facilitated group discussion. For guidance on *in-person facilitation,* please refer to the **Outbreak READY!** ***Facilitation Manual for In-Person Events*** which can be found here: **https://www.ready-initiative.org/outbreak-digital-simulation.**

OVERVIEW

PURPOSE

The purpose of Outbreak READY! is to strengthen the readiness of non-governmental organizations (NGOs) to respond to large-scale infectious disease outbreaks in humanitarian contexts. Through a unique, digital interpretation of an outbreak simulation, READY brings the complex nature of a humanitarian outbreak response to life utilizing a computer-based serious game that allows participants to test and refine their readiness skills and knowledge.

LEARNING OBJECTIVES

Upon completing the digital simulation and facilitated discussion, participants will be able to:

1 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.

2 IDENTIFY

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.

3 EXPLAIN

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.

4 ASSESS

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 humanitarian emergencies.

INTENDED AUDIENCE

The choices in the simulation and questions posed in the discussion portion of the simulation workshop assume participants already have knowledge and experience in humanitarian response. The intended audience for this workshop 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.

TIPS FOR PREPARATION AND FACILITATION

As facilitator(s), you should take the necessary time to prepare so the workshop runs smoothly. This includes preparing yourselves, participants, materials and handouts, and your chosen platform for virtual facilitation (e.g., Zoom, Microsoft Teams, WebEx, etc.).

How you present the simulation is important for setting expectations; please see **Annex 1** for suggested language to prepare participants. By using this suggested language, you can appropriately set expectations without sharing too much information about the scenario!

PREPARATION CHECKLIST

1. Preparing yourself: what you need to know

- ☐ Ensure you have played through the simulation at least once, available here: **www.outbreakready.com**.
- ☐ Familiarize yourself with the Agenda and Step-By-Step Facilitation Guide for the full workshop and prepare for any necessary adaptations. **See Annex 2 for guidance on adapting the workshop's format or agenda.**
- ☐ Prepare to facilitate the simulation portion live and in-character (playing a role as if you were a part of the simulation). Please note the following considerations:
  - The full event should take a half-day.
  - The simulation is run on a web-based platform. Participants and venue will need an internet connection to take part in the simulation.
  - Each participant will need their own computer.
- ☐ **It is strongly encouraged that you have at least two facilitators for this event** to handle technical issues, questions, and small group discussion. For larger groups, additional facilitators may be needed to allow for one facilitator per small discussion group.
- ☐ As facilitator(s), you should prepare to play the role of Logistics Officer(s). **After introductions, you will need to shift to your "Logistics Officer" character and continue playing that role until all participants have completed the simulation.**
- ☐ **It is strongly encouraged that you have at least two facilitators for this event** to handle technical issues, questions, and small group discussion. For larger groups, additional facilitators may be needed to allow for one facilitator per small discussion group.
- ☐ As facilitator(s), you should prepare to play the role of Logistics Officer(s). **After introductions, you will need to shift to your "Logistics Officer" character and continue playing that role until all participants have completed the simulation.**
- ☐ As the simulation takes approximately 2.5 hours to play, facilitator(s) will need to maintain a high level of energy and engagement to maintain the in-character setting of the overall experience.
- ☐ The simulation is intended to be an immersive experience; therefore, we recommend asking participants to put away their phones and to not do other activities on their computer.
- ☐ The simulation is divided into two modules: Module 1 (readiness) and Module 2 (response). The modules are divided into *seven total game turns:* three turns in module 1 and four turns in module 2. Estimated play time is approximately 2.5 hours (including breaks and debrief time).
- ☐ **Detailed estimated timing by "turn" can be found in the Step-by-Step Facilitation Guide for Module one and Module two on page 7. However, it is important to note that participant play time will vary due to reading speeds, level of computer literacy, and language proficiency.**
- ☐ "Turns" are not frequently referenced in the game; **please refer to weeks in the simulation as a reference to a point in time.**
- ☐ If a participant needs to take a break – or if you as a facilitator need to pause the simulation for any reason – going to the "coffee corner" in the simulation will stop the clock.

- ☐ All participants will receive a "Real-Time Review" once they have completed the simulation. This detailed report gives feedback on the actions and decisions made during the simulation. Real-Time Reviews **will be solely for participants' own records and will not form part of the group discussion, although some topics may overlap.** The Real-Time Review can be downloaded, printed, or emailed so it can be read in more detail after the event.
- ☐ All participants will be invited to take 5 minutes to complete a brief feedback survey with a link provided at the end of the simulation.
- ☐ Familiarize yourself with the Simulation Decision Matrix **(see Annex 6)** to prepare for discussion with participants who have made different choices in the simulation with different outcomes. This document is for facilitators only - **please do not share the Simulation Decision Matrix with participants.**
- ☐ Mark the start time for each activity of the workshop and plan to check the time at regular intervals.
- ☐ Familiarize yourself with participants in advance, including their organizations, professional background, level of experience, and any accessibility needs.

2. Preparing participants

- ☐ Once participants are confirmed, follow-up with an email or communication that sets out expectations about their participation. Suggested language for this communication is provided in **Annex 1** and can be adapted for your event. This communication should include Background Documents **(see Annex 3).**
- ☐ In this email, you should also provide detailed instructions on finding the venue if it is a space that is unfamiliar to participants and what they will need to bring with them to the workshop.

3. Preparing necessary materials and virtual platform features

- ☐ Familiarize yourself with your chosen virtual platform (e.g., Zoom, Microsoft Teams, WebEx, etc.) and its features. It may be necessary to complete a technical run-through before the event with your co-facilitator(s).
- ☐ Review "materials/features needed" listed under each section of the Step-By-Step Facilitation Guide in this manual, adapting as needed. A consolidated list of materials and virtual platform features needed for the workshop is also provided in **Annex 3.**
- ☐ Prepare a separate breakout room for technical support called the "Logistics Office".

STEP-BY-STEP FACILITATION GUIDE

AGENDA FOR HALF-DAY WORKSHOP (FOR FACILITATORS)*

OVERVIEW	DURATION	TOPIC/ACTIVITY	TIME
PART ONE 3 HRS SIMULATION EXERCISE	25 MIN	**WELCOME & INTRODUCTION** • INTRODUCTIONS • AGENDA • TECH SETUP & TROUBLESHOOTING	00:00 - 00:25
	65 MIN	**SIMULATION MODULE 1** • INTRODUCING THISLAND • SELF-PACED SIMULATION • MID-SIMULATION DEBRIEF	00:25 - 01:30
	10 MIN	**BREAK**	01:30 - 01:40
	80 MIN	**SIMULATION MODULE 2** • SELF-PACED SIMULATION • SURVEY**	01:40 - 03:00
	10 MIN	**BREAK**	03:00 - 03:10
PART TWO 1 HR 30M FACILITATED DISCUSSION	15 MIN	**INTRODUCTION** ! AGENDA ! POST-SIMULATION DEBRIEF	03:10 - 03:25
	40 MIN	**SMALL GROUP REFLECTIONS** • OPERATIONAL READINESS • ADAPTATION • EXPANSION • SECONDARY EFFECTS	03:25 - 04:05
	20 MIN	**PLENARY DISCUSSION** • LESSONS LEARNED	04:05 - 04:25
	15 MIN	**CLOSING** • ACTION STEPS • RESOURCES FOR OPERATIONAL READINESS	04:25 - 04:40

**Please see Annex 2 for guidance if this agenda will need to be adapted for your event.*
***Link is included at the end of simulation for participants to complete a survey.*

Participants should be asked ahead of time to review the Background Documents **(See Annex 3)** prior to the day of the workshop.

PART I: SIMULATION EXERCISE 3 HOURS

WELCOME AND INTRODUCTION

25 MIN

By the end of this session, participants should:

- ☐ Be familiar with other participants and facilitator(s).
- ☐ Understand the format, agenda, and expectations of the workshop.

Materials Needed

- ☐ High-level agenda of workshop for participants.
- ☐ A "raise hand" feature.
- ☐ A chat box feature.
- ☐ OPTIONAL: Background Documents Quiz **(See Annex 5)**.
- ☐ OPTIONAL: Polling feature for administering the quiz OR prepared slides

INTRODUCTIONS

10 MIN

As facilitator(s), introduce yourself by name and affiliation (i.e., institution or organization), and briefly share your relevant experience.

Begin a round of introductions among participants by asking them to briefly share:

- ☐ Their **names.**
- ☐ **Affiliations** (or role within their organization if participants are from the same NGO).
- ☐ A **simple icebreaker** of your choice. For example:
  What interested you in this workshop?
  What is one interesting fact (or "boring" fact) your colleagues don't know about you?
  What is your favorite breakfast food (or "comfort food")?

Try to keep introductions brief (no more than 10 min total), especially with larger groups.

In case of limited time, this activity can be made more efficient by asking participants to introduce themselves in the chat box.

AGENDA

02 MIN

Briefly review the agenda for the day with participants. The agenda should be general to avoid sharing too much about the simulation.

Sample Agenda

00:00 – 00:25 – Introductions

00:25 – 03:00 – Simulation (with break at 01:30)

03:00 – 03:10 – Break

03:10 – 04:40 – Facilitated Discussion

***Note:** Although there are two designated breaks, participants may take short breaks during the simulation if needed or if they have finished early.*

OPTIONAL QUIZ BACKGROUND DOCUMENTS

03 MIN

SCRIPT

Everyone should have received a copy of the Background Documents for today's simulation, including the Thisland Country Brief, Map of Thisland, READY Humanitarian Program Portfolio, and READY Staff Organization Chart. These are critical for your role as Team Lead in the simulation. If you have not read through these already, they can be found in the simulation in your "File Explorer". We will explain this in more detail in a few minutes.

First, we will go through a brief quiz together as a group to ensure you are ready to assume your new roles. If you are not sure of the correct answer, please provide your best guess.

*Now that you are ready to assume your role as Team Lead, we will open the simulation individually in separate windows using the link **www.outbreakready.com.***

Note: You may use a polling feature to monitor engagement/response rate. If this is not a feature of your chosen virtual platform, you may instead display the questions (see Annex 5) using slides on a shared screen and ask participants to type their answer into the chat box.

TECH SETUP & TROUBLESHOOTING

10 MIN

Share the link to all participants in the chat function.

- Please note that the simulation may take time to load, depending on internet speed and the number of participants accessing the simulation at the same time.
- If there are any concerns about internet speed, share the link via email prior to the online session and ask participants to load the simulation before they join.

Please click the link that was entered into the chat box: **www.outbreakready.com.**

*Once you reach the opening screen [pictured below], **please do not press start.** We will share further instructions before we begin.*

At this point, **troubleshooting should be done with the whole group in the main room**; please reserve breakout rooms for technical issues that arise after the simulation has started. This way, you can ensure all participants are able to begin the simulation at the same time.

Troubleshooting guidance:

- ☐ Ensure they have the right URL.
- ☐ Ensure they are opening the URL on a supported browser: the sim is supported on Google Chrome, Firefox, Microsoft Edge, and Safari.
- ☐ Ensure most updated version of browser is being used: the sim is supported on the latest and one-before the latest versions of Google Chrome, Firefox, Microsoft Edge, and Safari.
- ☐ Try opening the simulation in an "incognito" window.
- ☐ The initial splash screen [pictured above] may take time to load, depending on internet speed. If participants are able to see this screen, then they have access and must wait for the progress bar to load before clicking start.

Throughout the simulation, you will need one facilitator to monitor questions and raised hands in the main room (READY sub-office in the city of Murelle), and one that is available for the breakout room (Logistics Office).

- *Before we begin, please make sure that your computer is charging or has enough battery to support approximately 2.5 hours of use.*
- *Throughout the simulation you will be presented with a series of choices. The goal is not to identify the "right" or "wrong" choice, but rather to reflect on what might be the **most appropriate response** given the context.*
- *There may be other options that are not offered in the scenario – for the purposes of this exercise, assume that these are the only options available to you.*
- *This simulation is structured in "turns" and every turn simulates a day in the office – because there are limited hours in the day, you will have a limited amount of time for each turn. You will experience seven workdays in the scenario across the span of several months. Once the workday is over, you will enter "overtime." If this happens, please be sure not to fall too far behind the rest of the group.*
- *We will provide prompts throughout the simulation to help the group keep pace together, so please do not mute your computer! You are able to mute sounds in the simulation by clicking the mute button in the top right-hand corner.*
- *The simulation is very fast paced. You will receive a lot of information, and you will not be able to read all of the information provided. You will need to quickly skim some of the documents.*
- *Please do not exit the webpage or press the back button until the full simulation is completed. If you are forced out of the simulation due to technical issues, you can reload the simulation using the same link, but you will go back to the beginning of the turn you exited from. This means that you may have to re-do some of your decisions*
- *If you have technical issues at any point, please type your question into the chat box and we will help you. If you need one-on-one support, we will invite you to a breakout room we are calling the "Logistics Office" so we can better help you.*
- *Once most of you have finished your work for Week 5, we will stop for a brief discussion and break. To show us that you have finished your work for Week 5, we will ask you to "raise" your hand.*

At this point, **demonstrate how to use your virtual platform's "raise hand" feature and ask all participants to do so as well.** Please remind them to "lower" their hands so they do not remain raised. Check for any remaining questions.

- *What questions do you have?*
- *If there are no additional questions, we will transition into the roles that we will be playing throughout the simulation. You (the participants) will all be playing Team Leads, and we (the facilitators) will be playing Logistics Officers.*

SIMULATION MODULE 1

65 MIN

By the end of this session, participants should have:

- ☐ Finished turns 1-3 of the simulation.
- ☐ Considered how investments and trade-offs in operational readiness may impact outbreak response outcomes.

Materials/Features Needed

- ☐ Any clothing items, clipboard, documents, or a virtual background that help indicate you are the Logistics Officer.
- ☐ A breakout room for the "Logistics Office" where participants can go for technical support.
- ☐ A "raise hand" feature.

At this point, at least one of the facilitators should **visually shift into their "Logistics Officer" character** using any of the following visual cues (as allowed by your chosen virtual platform):

- ☐ **A character uniform or clothing items.**
- ☐ **An edited name that reads "Logistics Officer".**
- ☐ **A virtual background.**

INTRODUCING THISLAND

05 MIN

SCRIPT

*Good morning/afternoon Team Lead. My name is **[your name]**, and I am the READY Logistics Officer. This is **[name of co-facilitator],** and they are the Logistics Assistant.*
We will be supporting you in the READY sub-office in the city of Murelle.

You are the Team Lead at the READY sub-office in Murelle in the country of Thisland. You started this position only 3 months ago. When you started, you were given background documents to familiarize yourself with the organization and with the local context. If you have not reviewed the briefing materials, I recommend reading first the Country Brief, READY Program Portfolio, and the READY staff organizational chart in your File Explorer.

We will have a scheduled team meeting at the end of Week 5, once most of you have finished your work.

SELF-PACED SIMULATION

50 MIN

If you have not already done so, **open a breakout room labeled the "Logistics Office" for one-on-one support during the simulation and after Module 1 for a mid-simulation debrief.**

Monitor playtime for Module 1, **announcing to participants both verbally and in the chat box** when Week 3 (their second "turn") and Week 5 (their third "turn") are expected to begin:

MODULE ONE	WEEK OF SIMULATION	ESTIMATED TIME TO COMPLETE
TURN ONE	WEEK ONE	16 MINUTES
TURN TWO	WEEK THREE	16 MINUTES
TURN THREE	WEEK FIVE	16 MINUTES
TOTAL TIME FOR MODULE ONE		48 MINUTES

For example, after the first 16 minutes have passed, **say out loud and type into the chat box:**

At this point, you will likely be finished with or almost finished with Week 1 (your first "turn").

Once there are about 5 minutes left for Week 5 (their third "turn"), **give participants the following reminder both verbally and in the chat box:**

Please raise your hand with the "raise hand" feature after you have finished sending the email to the READY Country Director at the end of Week 5. We will begin our team meeting once most of you have reached this point.

MID-SIMULATION DEBRIEF:
MEETING AT THE LOGISTICS OFFICE

10 MIN

Playing the role of your READY Logistics Officer character, welcome participants to the meeting and begin a group discussion.

- *Welcome to the READY team meeting!*
- *We have had to change the agenda for today's meeting to discuss operational readiness in case the outbreak reaches Thisland.*
  - *What steps did you take to prepare for the outbreak?*
  - *What readiness actions did you prioritize?*
  - *How did you make these decisions?*
  - *Why did you prioritize what you did?*
  - *What resources were helpful to you to make your decisions?*
- *Thank you all for sharing this valuable information. We will have to monitor this situation very closely and prepare accordingly.*
- *We will now take a 10-minute break. After 10 minutes, please come back to the READY sub-office in Murelle, and we will provide you with further instructions.*

BREAK

SIMULATION MODULE 2

80 MIN

By the end of this session, participants should have:

- ☐ Completed the simulation (through turn 7) in preparation for the facilitated discussion.
- ☐ Received their "Real Time Review" feedback and saved it for later reference.
- ☐ Completed the Simulation Survey.

Materials/Features Needed

- ☐ Any clothing items, clipboard, documents, or a "virtual background" that helps indicate you are the Logistics Officer.
- ☐ A breakout room labeled the "Logistics Office".
- ☐ A "raise hand" feature.

SELF-PACED SIMULATION

50 MIN

- *Welcome back, Team Lead. The READY team is anxious to get back to work. It is now week 9 of the outbreak, and READY is hard at work managing programming with the ongoing HxNy outbreak.*
- *We will check in periodically; if you have a question, please let us know, and if you need one-on-one assistance, one of us will invite you back to the Logistics Office to help you.*
- *After your meeting with the Regional Director at the end of Week 31, you will receive a detailed report which offers critical feedback. Please save this for your records.*
- *Follow the link provided at the end of the simulation to complete a brief survey.*
- *Once you have reviewed your feedback and completed the survey, please raise your hand to signal that you have finished your work and keep it raised.*

Monitor playtime for Module 2, **announcing to participants both verbally and in the chat box** when Week 13 (their fifth "turn"), and Week 21 (their sixth "turn"), and Week 31 (their seventh "turn") are expected to begin:

MODULE TWO	WEEK OF SIMULATION	ESTIMATED TIME TO COMPLETE
TURN FOUR	WEEK NINE	16 MINUTES
TURN FIVE	WEEK THIRTEEN	16 MINUTES
TURN SIX	WEEK TWENTY-ONE	16 MINUTES
TURN SEVEN	WEEK THIRTY-ONE	16 MINUTES
REAL TIME REVIEW		6 MINUTES DO NOT ANNOUNCE
SURVEY		3 MINUTES DO NOT ANNOUNCE
TOTAL TIME FOR MODULE TWO		80 MINUTES

For example, after the first 16 minutes have passed, **say out loud and type into the chat box:**

- *At this point, you should be finished with or almost finished with Week 9 (your fourth "turn") and moving onto Week 13.*

Once the 16 minutes have elapsed for Week 31 (their final "turn"), **give participants the following reminders out loud and in the chat box:**

- *You will likely be finished with your work at about this time. After your meeting with the Regional Director at the end of Week 31, you will receive an evaluation called a Real Time Review.*
- *This is for your reference only. You may download, print, or email the Real Time Review, so you can read it later in more detail.*
- *Please use the remaining time to complete the online survey found on the final acknowledgment screen of the simulation if you have not already done so.*
- *When you have completed the survey,* ***please raise your hand to signal that you have finished and keep it raised.***

Once the allotted time has elapsed (or all participants have finished), announce to participants that they have successfully completed the simulation and thank them for engaging in the exercise.

- *This marks the end of our time for the simulation. Thank you for engaging with your role in the scenario so fully! If you are curious about how you did, please refer to your Real Time Review feedback. You are more than welcome to replay the simulation at another time to see the outcomes of alternate decisions.*
- *If you have not already done so, please complete the online survey with the link provided to you on the final acknowledgment screen.*
- *We will now take a 10-minute break before beginning a facilitated discussion.*

BREAK

10 MIN

PART 2: FACILITATED DISCUSSION 1 HR 30 MIN

INTRODUCTION

15 MIN

By the end of this session, participants will be able to:

- ☐ Understand the agenda for the facilitated discussion part of the workshop.
- ☐ Identify and normalize negative emotions that may result from an outbreak response.
- ☐ Understand the value of simulating stressful aspects of an outbreak response.

Materials/Features needed:

- ☐ A "chat box" feature.

AGENDA

05 MIN

Begin by welcoming participants back to the workshop. Share the agenda for Part two of the workshop:

Sample Agenda

03:10 – 03:25 – Introduction and Debrief
03:25 – 04:05 – Small Group Reflections
04:05 – 04:25 – Plenary (Large Group Discussion)
04:25 – 04:40 – Closing

POST-SIMULATION DEBRIEF

10 MIN

Ask participants to share what it felt like to complete this simulation. This can be done rapidly using the "chat box". For example:

- *If you could describe what this simulation felt like to you **in one word,** what word would that be?*

Typical responses may include "frustrating," "overwhelming," or "stressful." If time permits, **invite a few volunteers to un-mute and explain** their responses: For example:

- *What made it overwhelming?*
- *What aspects of the simulation were stressful to you?*

Acknowledge these feelings as normal responses and connect them to the purpose of the simulation exercise:

- *This simulation was designed to prepare you for the many stressors you would encounter in a real-world scenario.*

If time permits, **discuss additional stressors** that cannot be captured in this scenario (e.g., staff safety concerns, lack of mental preparation, exhaustion).

- *How is a real-world scenario different? What stressors could not be captured in this simulation?*

The following part of the discussion is intended to be out of character. Remove any clothing, articles, or "virtual backgrounds" that were part of your Logistics Officer/assistant character.

DISCUSSION SESSION

60 MIN

By the end of this session, participants will be able to:

- ☐ Describe the key areas of operational readiness when preparing for an infectious disease outbreak.
- ☐ Understand the importance of integrating epidemiological, assessment, and community feedback data to inform organizational adaptive management strategies and response plans for outbreak responses in humanitarian emergencies.
- ☐ 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.

Materials/Features Needed

- ☐ Breakout rooms for groups of 4-5 participants.
- ☐ File or link containing the handout for Small Group Discussion **(see Annex 7**). Your co-facilitator will need to share the file or a link to the file in the chat box.
- ☐ Printed Facilitator Small Group Discussion Handout **(Annex 8).**
- ☐ Feature that allows broadcasting messages to breakout rooms.

SMALL GROUP REFLECTIONS

40 MIN

You will need one facilitator per discussion group to guide reflections about significant decisions made within the simulation.

- *In a moment, you will be randomly assigned to a breakout room in groups of 4 or 5.*
- *We will be discussing in our small groups for the next 40 minutes. There are 4 decisions from the simulation which you will discuss for 10 minutes each.*

You or a co-facilitator will need to prepare the file or link containing the Handout for Small Group Discussion **(Annex 7).**

- *The decision options are provided in your handout for your reference; please find the link for that file in the chat box*
- *As you discuss please be considering your key "take-aways" or "lessons learned" on these topics. We will be discussing as a whole group later on.*

Randomly assign participants to their breakout rooms and assign one facilitator per group.

Tip: Refer to the Simulation Decision Matrix **(Annex 6)** to review the types of questions and decisions participants have made in the simulation.

GUIDANCE FOR SMALL GROUP FACILITATORS:

Read "Key Contextual Information" out loud from your facilitator's handout.

Ask prompting questions, such as:

- *What option did you choose? Why?*
- *Did anyone else choose a different option? Why?*
- *What options did you not select? Why?*

Ask the "Summary Questions" in your handout to facilitate further discussion. These questions are specific to the decision point being discussed.

Apply this scenario to participants' own work. For example:

- *Have you experienced any aspects of this decision in your own work and organization?*

While participants and group facilitators are in their breakout rooms, **at least one facilitator should remain in the main room to respond to technical difficulties and monitor time for each topic.**

TOPIC 1: OPERATIONAL READINESS

After 10 minutes, **broadcast a message to all groups** that they should start the next topic:

- *Please move on to Topic 2: Programmatic Adaptation.*

TOPIC 2: PROGRAMMATIC ADAPTATION

After 10 minutes, **broadcast a message to all groups** that they should start the next topic:

- *Please move on to Topic 3: Programmatic Expansion.*

TOPIC 3: PROGRAMMATIC EXPANSION

After 10 minutes, **broadcast a message to all groups** that they should start the next topic:

- *Please move on to Topic 4: Secondary Effects of the Outbreak.*

TOPIC 4: SECONDARY EFFECTS OF THE OUTBREAK

Give each breakout room a 1- to 2-minute warning to finish their discussion. For example:

- *2-minute warning: please wrap up your discussion and identify your main "takeaways" or "lessons learned." We will be closing breakout rooms at that time.*

Once time has run out for the final topic, close the breakout rooms so that participants are automatically brought back into the main room for a discussion with the whole group.

PLENARY: LARGE GROUP DISCUSSION

TOTAL 20 MIN

Ask for volunteers to share their main "takeaways" or "lessons learned" from the simulation. These can be by discussion topic, or they can be general lessons learned from the overall simulation experience. For example:

- *What are the main "takeaways" or "lessons learned" for yourself? For your organization?*
- *How would the decisions you made in Thisland change based on your context?*
- *What felt similar to/different from your context and experience?*

As you facilitate discussion, **direct the conversation to how these lessons apply** to participants' own organization and context. This will help prepare participants to think of what steps they or their organizations will need to take to enhance their operational readiness.

- *Thank you for sharing your experiences with us. We hope that you have been able to learn from each other during this time. For our final exercise, we will directly apply these lessons to identify the next steps for you or your organization.*

CLOSING

15 MIN

By the end of this session, participants will be able to:

- ☐ Identify at least one action step that can be taken to enhance their operational readiness.
- ☐ Identify resources for operational readiness.

Materials/Features needed:

- ☐ A "chat box" feature.

ACTION STEPS

10 MIN

For their final exercise, **ask participants to identify at least one action step:**

- *Take the next 2 minutes to think of and type into the chat box at least one "action step" you plan to take to enhance your operational readiness for an infectious disease outbreak. This can apply to yourself, your team, or your organization.*

Set a timer for 2 minutes. After 2 minutes have passed, **ask for a few volunteers to explain their answers**, as time allows. **Ask prompting questions**, such as:

- *What key operational and programmatic readiness actions could you and your organization take to be prepared for a large-scale outbreak in your context?*
- *What obstacles do you anticipate?*
- *How can you overcome these obstacles?*

RESOURCES

05 MIN

- *We know we couldn't possibly cover it all in the brief time we have together, so we encourage you to go over your Real Time Review and take some time to consider the implications of some of what you experienced today for your organization and your work in other contexts.*
- *You may also find resources for operational readiness, including checklists and technical guidance – available on the READY website:* ***www.ready-initiative.org.***
- *Thank you for sharing your insights with us and with each other during this workshop – we hope that you have been able to learn from the collective experience in this room!*

SUPPORTING MATERIALS

ANNEX 1

KEY INFORMATION TO PREPARE PARTICIPANTS

Please use this suggested language and information when communicating with or inviting participants to the workshop:

- ☐ Expect a fully immersive simulation in which you will be playing a leadership role and making decisions with your team.
- ☐ Participants need to block out 4-6 hours total.
- ☐ Every participant must have a personal computer/laptop to participate. Participation over a mobile device is not possible.
- ☐ Participants need to review the Background Documents **(see Annex 3)** prior to the event in order to assume their roles in the simulation.

ANNEX 2

OPTIONS FOR ADAPTING THE AGENDA OR FORMAT OF THE WORKSHOP

ADAPTING THE WORKSHOP AGENDA IN CASE OF TIME LIMITATIONS:

- **Option 1:** All participants complete the simulation ahead of time on their own. Part II of the half-day workshop can be adapted to host a 2-hour facilitated discussion after everyone has completed the simulation.

- **Option 2:** Split the half-day workshop into two separate days. Part I (Simulation Exercise) can be facilitated in 3 hours. Part II (Facilitated Discussion) can be done in around 2 hours.

- **Option 3:** Adapt the agenda by replacing the 10-minute break between Parts I and II with an extended lunch break.

ANNEX 3

BACKGROUND DOCUMENTS

ANNEX 3A

THISLAND COUNTRY BRIEF

ANNEX 3B

MAP OF THISLAND

ANNEX 3C

READY HUMANITARIAN PROGRAM PORTFOLIO

ANNEX 3D

READY STAFF ORGANIZATION CHART

READY

Thisland is a low-income developing country that has recently suffered from a period of violent conflict. A new government was formed five months ago and is struggling to establish legitimacy and rule of law throughout the country with limited resources and ongoing social and ethnic tensions. Government capacity is limited outside the capital and corruption remains a serious problem. The country's public health infrastructure is weak throughout the country.

General Information

Population: The current population of Thisland is estimated at 18 million. Life expectancy is 66.6 years, with an infant mortality rate of 41 per 1,000 live births. The country's Human Development Index value of 0.543 places it 160th in the world.

Some 10 million Thislanders live in the Eastern Province of the country, primarily along the southern coast, while 8 million live in the Western Province. Many of the Western Province Thislanders share an ethnic kinship with the adjoining country of Neighborland, of which Thisland once formed part. Some 38% of the population of Thisland live in urban areas. Myro is the capital and largest city (2 million people) located on the eastern coast. It is also Thisland's primary port.

During a recent conflict, an estimated 280,000 persons were displaced from the Western Province to the Eastern Province. Most are now residing in informal settlements or urban areas.

Economy: Thisland has a Gross Domestic Product of $3,567 per capita. Its primary exports are agricultural goods, although some natural resource extraction occurs in the western mountains. In part due to the recent conflict, unemployment is high, estimated at 12% of the labor force. Women, who form 40% of the labor force, have been most impacted by the rise in unemployment, and there are reports of increasing child labor in the informal economy. Approximately 70% of the population lives below the poverty line. Inflation is high throughout the country due to the ongoing instability.

History of the Current Conflict: Thirteen months ago, contentious elections saw the apparent victory of a presidential candidate from Western Province. Following accusations of fraud, fighting erupted between rival political parties. Severe clashes occurred between militias in the Western Province and national security forces. Some members of the security forces joined one side or another.
The conflict has decreased in the past five months, following mediation by the international community, and a new, power-sharing government has been established. However, a legacy of tensions between "Easterners" and "Westerners" remains, and the new government struggles to establish legitimacy, particularly in the Western Province. Throughout the country, considerable power remains in the hands of local politicians and security officials, which often disadvantages minority and marginalized communities. Fighting and insecurity still occurs in localized areas, mainly in the Western Province.

National Public Health Emergency Capacity: Thisland does not currently have a central national public health institution but relies on ad-hoc committees that are created for specific outbreak responses. Thisland has been working to achieve elimination status for measles. Bilateral partners are working with the Ministry of Health (MoH) to establish an Emergency Operations Center (EOC) and an Incident Management System after challenges faced with coordination of the COVID-19 pandemic. A Joint External Evaluation has not been conducted yet for Thisland. The MoH and its partners have been investing in a fledgling sentinel surveillance network for measles, polio, and cholera and have funds to establish an influenza network in the coming months. Thisland depends on a regional reference laboratory for the identification of novel pathogens and is in the early stages of augmenting the capacity of a central lab to be able to identify, confirm, and sequence specimens for notifiable diseases.

Humanitarian Situation

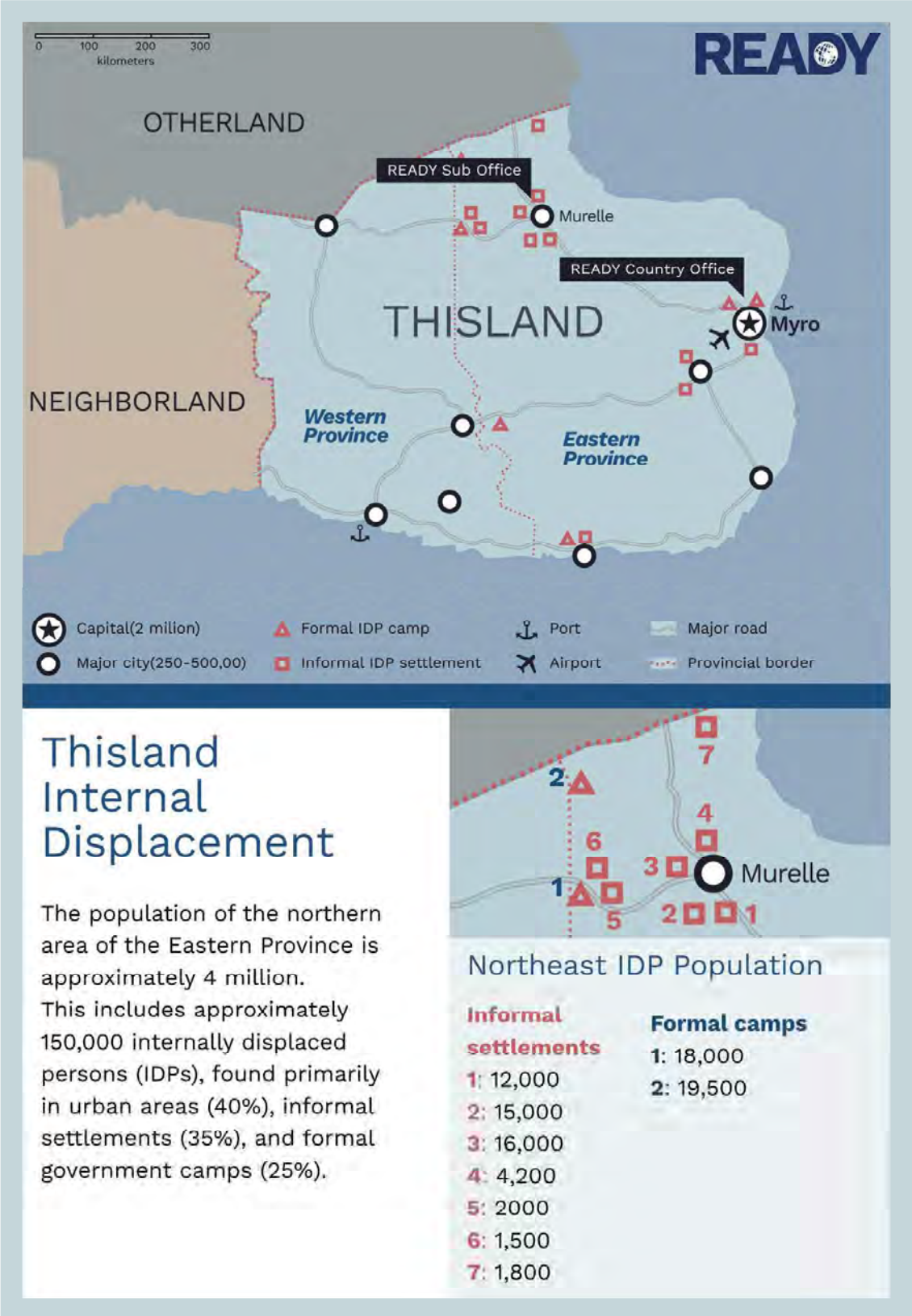
Overview: During the recent conflict, an estimated 280,000 persons were displaced from the northwest of the country to the northeast (150,000 people) and southeast (130,000 people). Across Thisland, internally displaced persons (IDPs) are located primarily in urban areas (40%), informal settlements (35%), and formal camps (25%). There are seven informal IDP settlements and two formal IDP camps in the northeast of the country, and 60,000 IDPs displaced within the city of Murelle. Tensions are increasing between the host community and IDPs, as it is unlikely the IDPs will be able to return to their home communities soon due to the

READY

sporadic and ongoing conflict in the northwest. There is a high percentage of female and child-headed households in the displaced population.

Security: Security in major towns and cities and along the country's primary highways is adequate, except in the northwest. However, continued political tensions and the widespread availability of firearms suggest that any future eruption of political violence could rapidly escalate.

B. MAP OF THISLAND



READY

READY Humanitarian Program Portfolio

READY NGO Overview

- READY is an international humanitarian relief and development non-government organization (NGO) working in rapid-onset disasters and conflict settings, ongoing complex humanitarian crises and long-term development contexts in 14 countries.
- Programmatic focus areas include health and nutrition, food security and livelihoods (FSL), cash and voucher assistance (CVA), and water, sanitation, and hygiene (WASH).
- Community engagement and protection are mainstreamed throughout programs.
- READY's annual global budget is $182 million USD with 3,500 staff worldwide.

Thisland Country Office Profile

- READY's country office in Thisland is located in the capital of Myro.
  - Program areas: long-term economic development and recovery activities, including vocational training and small business loans targeting young adults.
  - Myro office: Twelve staff including the Country Director and development program staff (see organizational chart in file explorer).
- As a result of the election conflict and the influx of internally displaced persons (IDPs) from the Western to the Eastern Province, READY established a suboffice in the city of Murelle to engage in humanitarian response programming.
  - Murelle office: Thirty-five staff, including a Team Lead and operational and programmatic staff (see organizational chart in file explorer).
  - Program areas: health and nutrition, FSL, and WASH sectors with funding from major international government donors and private foundations.
  - Cross-cutting areas: protection and communication and community engagement.
- The annual country budget is $20 million USD, with $17.5 million allocated for the humanitarian response programs.

READY

Humanitarian Program Portfolio

- READY humanitarian programs operate in three informal IDP settlements north of Murelle (populations 16,000, 15,000, and 12,000) and within the urban area, where approximately 60,000 IDPs are displaced.
- In total, READY's current humanitarian programs target 9,000 IDP households and 3,600 households from the host community.

Health and Nutrition

Total program participants: 12,600 households/63,000 individuals

Goal: prevent mortality and morbidity (including disability) in affected populations (IDP and host communities) while contributing to the overall wellbeing of the community.

- READY supports four Ministry of Health (MoH) primary health care (PHC) facilities: one in the urban area of Murelle which serves 20,000 people from both the IDP and host community populations and three in informal IDP settlements that serve a total population of 43,000 IDPs.
  - The MoH provides the clinic buildings and oversees the collection and management of data on health service utilization.
  - READY provides the budgetary support to cover the salaries of the PHC staff.
- PHC facilities services include:
  - Antenatal and postnatal care, deliveries, basic emergency obstetric care, and pediatric care; five-bed capacity for delivery services;
  - Health promotion, community engagement, and preventive services through community health workers (CHWs); the CHWs are managed through READY's national NGO partner, Thisland Relief;
  - Integrated management of neonatal and childhood illnesses, sexual and reproductive health, mental health and psycho-social support (MHPSS), and general communicable and non-communicable diseases;
  - Infant and Young Child Feeding (IYCF) programs;
  - Detection and out-patient treatment of acute malnutrition and anemia for children 6-59 months and pregnant and lactating women;
  - Referral for complicated malnourished cases to in-patient clinic;
  - Limited testing capacity for measles, dengue, and priority sexually transmitted infections.
- READY has a signed agreement with the district hospital to ensure continuum of care for emergency cases. A referral pathway has been established.
- READY is a core member of the national and sub-national Health Coordination

Group under the leadership of the MoH.

- With NGO partners and national authorities, READY has contributed to the district's multi-sectoral integrated action plan for better health outcomes. READY's health and nutrition program manager is a core member of this working group.
- Community engagement is integrated into READY's response planning, capacity building, and standard operating procedures and guidelines. This not only ensures the communities are consistently informed and motivated to take preventative actions, but also increases community acceptance of the response, builds trust, and addresses the community's questions, concerns, needs, and feedback. This is critical for contact tracing/surveillance activities, activities related to isolation/quarantine and treatment centers, case management, and other sector-specific responses such as WASH, child protection, nutrition, and FSL.

Food Security and Livelihoods

Total program participants: 9,130 households/45,650 individuals

Goal: Deliver life-saving assistance to IDPs through the provision of unconditional food assistance targeting IDPs and Cash for Work (CfW) targeting IDPs and host community

- Unconditional food assistance using cash-based modality:
  - Utilizes established financial service providers (mobile money agents, banks, or vendors);
  - Enables families to access the minimum nutritional requirement while also reducing exposure to further risks;
  - Targets 6,000 female or child-headed households.
- Cash for Work program:
  - Projects include digging hand-dug wells, latrine upkeep and maintenance, and serving as water point attendants, contributing to improved hygiene and sanitation;
  - Supports 3,000 households, 30% of which are in the host community;
  - Implementation managed in collaboration with Thisland Relief, a national NGO partner.
- READY is piloting a livelihoods project targeting 130 IDPs and vulnerable households in the host community. Households are provided with goats and livestock rearing training.

READY

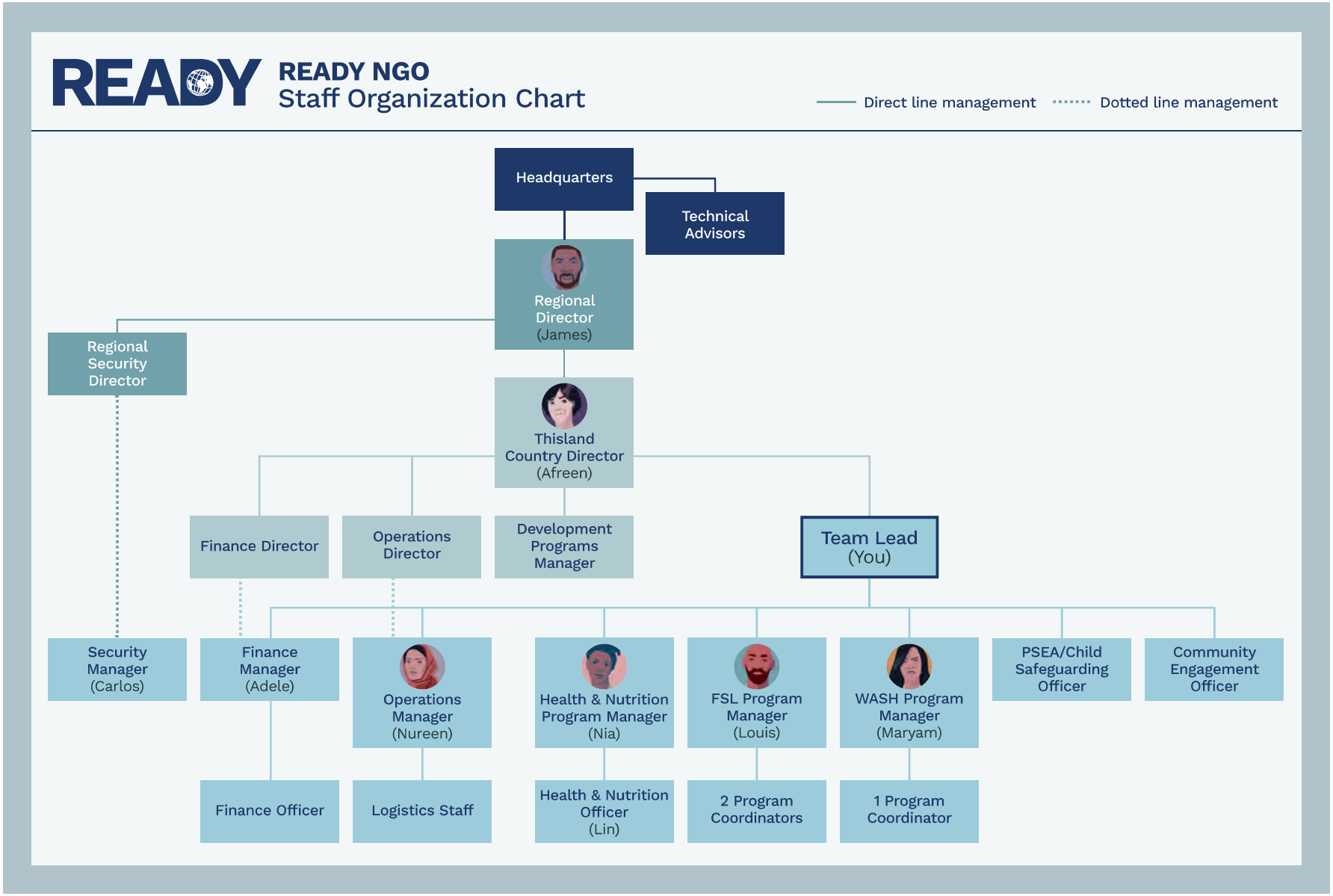
Water, Sanitation and Hygiene

Total program participants: 2,000 households/10,000 individuals

Goal: Reduce water related illness through the provision of adequate water supply, sanitation, and the promotion of safe hygiene practices. As water quality at the household level is essential for health and nutrition outcomes in emergencies, activities are designed with a nutrition related outcome focus utilizing a market-based approach.

- Prioritizes the IDPs and host communities in three informal IDP settlements and Murelle.
- Focus on access to safe drinking water through increasing the number of hand-dug wells and the rehabilitation of six existing deep boreholes. Household water storage and treatment products are being incentivized with Cash and Voucher Assistance (CVA).
- Community mobilizers conduct hygiene campaigns and control the water quality at the point of use.

D. READY STAFF ORGANIZATION CHART



ANNEX 4

MATERIALS AND VIRTUAL FEATURES NEEDED TO FACILITATE

The following materials and virtual platform features will be needed in order to facilitate a virtual Outbreak READY! simulation event as it is outlined in this manual. Please ensure your chosen virtual platform can accommodate these features and familiarize yourself with how they function:

Materials needed:

- ☐ Prepared agenda with estimated times
- ☐ Any clothing items or props (clipboard, documents, etc.) for the "Logistics Officer" character(s)
- ☐ File or link to the file containing the Handout for Small Group Discussion **(Annex 7)**
- ☐ Printed Facilitator Handouts for Small Group Discussion **(Annex 8)**

Virtual platform features required:

- ☐ Breakout rooms (with the ability to broadcast messages to all rooms)
- ☐ A "raise hand" feature
- ☐ A "chat box" feature

OPTIONAL:

- ☐ Polling feature for Background Documents Quiz **(Annex 5)**
- ☐ Customized slides outlining the agenda or activity instructions

ANNEX 5

BACKGROUND QUIZ

FOR POLLING PARTICIPANTS

Q1: How would you describe the political climate of Thisland?

- ☐ **a** Stable. All conflict has ceased since recent elections and the new government is widely celebrated for eliminating corruption.
- ☐ **b** Unstable. Tensions remain, corruption is rampant, and the new government is limited in its capacity and perceived legitimacy.
- ☐ **c** Active conflict. There is no recognized government and fighting has escalated to the point of civil war.

Q2: What is the relationship between Thisland and Neighborland?

- ☐ **a** The two countries have a shared border, history, and ethnic and cultural ties.
- ☐ **b** These countries are largely isolated from each other due to natural barriers.
- ☐ **c** Neighborland does not exist.

Q3: Where is Murelle located?

- ☐ **a** long the eastern coast.
- ☐ **b** In the northeast of the country.
- ☐ **c** In the Western Province.

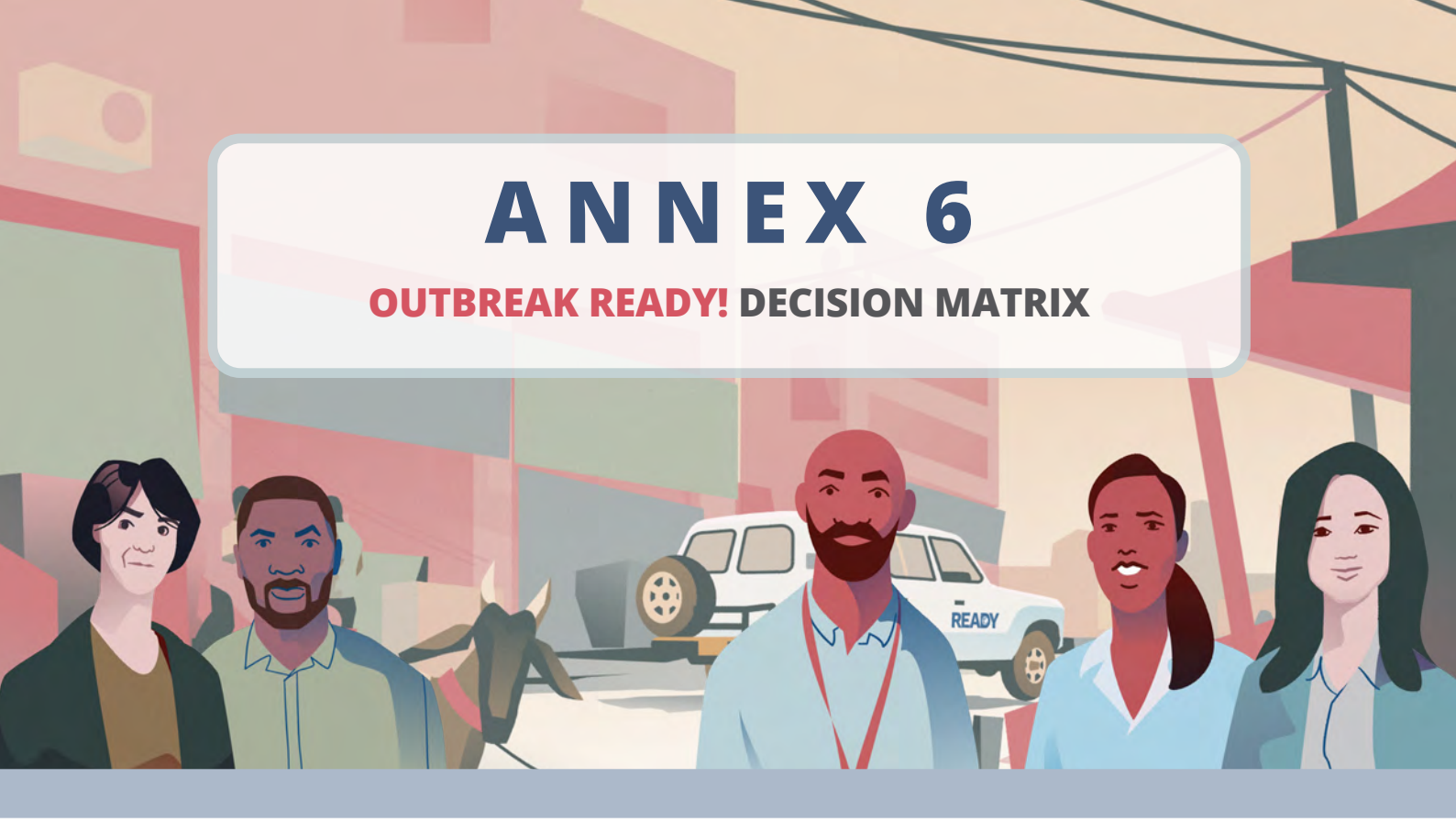
Q4: Approximately how many Thislanders were internally displaced during the recent conflict?

- ☐ **a** 280,000 total; 150,000 northeast and 130,000 southeast.
- ☐ **b** 60,000 to the southern coast.
- ☐ **c** 130,000 to the Western Province.

Q5: What is the primary reason that READY established a suboffice in the city of Murelle?

- ☐ **a** A substantial increase in funding and donations.
- ☐ **b** Security concerns in the capital of Myro.
- ☐ **c** A large influx of internally displaced persons in Murelle's urban area as well as several informal settlements surrounding the city.

Answer key: Q1: B Q2: A Q3: B Q4: A Q5: C



ANNEX 6

OUTBREAK READY! DECISION MATRIX

TURN 1 WEEK 1	**Key Contextual Information** • There has been no significant violence in Murelle or the surrounding area since the new government was formed five months ago. • The situation for internally displaced people (IDPs) remains of concern due to limited resources and poor living conditions. • The ongoing insecurity in the Western Province makes it unlikely that IDPs will be able to return home any time soon. • There are rumors of a possible disease outbreak of an influenza-like illness in the neighboring country of Neighborland. • The READY Country Director asks the Team Lead to provide a situational analysis by the end of day addressing the possibility of the outbreak spreading to Thisland.					
No.	**Interaction**	**Decision**	**Options**	**Key Information**	**Consequence**	**Rationale**
1.1	Dialogue with READY Health PM (PM) (Nia) – Part 1	Should the Team Lead (TL) email or telephone the Ministry of Health (MoH) official (Sonia) to ask for information on the possible outbreak in Neighborland?	Option A: I have not heard anything. I will send Sonia an email. **Option B: I have not heard anything. I will give Sonia a call.** Option C: I have not heard anything. Let us see what they say at the next Health Coordination Group meeting.		If the TL sends the MoH official an email, they receive the government's standard National Response Plan. If the TL calls the MoH official, they receive additional information on the broader context, which she is not prepared to put in writing.	The outbreak proves to be a politically sensitive issue in Thisland. Calling is not always the right approach, as it can be more demanding of the MoH official's attention but may be a better means of obtaining urgent or sensitive information.
1.2	Dialogue with READY Health PM (Nia) – Part 2	Does the TL agree for the Health Program Officer to attend the health coordination meeting without the Health PM?	Option A: That is fine – glad we will be represented. **Option B: Sorry, I know you are busy, but I would prefer it if you went, so we are up to date with what is going on and you get first-hand information.**		If the TL sends the Health PM to the meeting, they receive a more detailed and useful report via text message (turn 1) and email (turn 2).	Encouraging junior personnel to take on more responsibility is an important means of supporting the professional growth of staff. In this case, however, the potential outbreak in Neighborland is a significant enough concern that READY would want to be represented by a more senior staff member.
1.3	Dialogue with READY Health PM (Nia) – Part 3	Has the TL reviewed the readiness plan and can it be circulated to the READY staff?	**Option A: Not yet, I am planning to look at it this afternoon.** Option B: Yes, I have reviewed. Please go ahead and circulate to all staff. Option C: I have looked at it briefly, but I would like for you to review and update before circulating to all staff.	Chat message from Operations Manager (Nureen) at start of Turn 1	If the TL requests for the Health PM to update the readiness plan, the TL receives an updated readiness plan in turn 3 that outlines key steps that should be taken to prepare for an outbreak of a highly infectious, airborne pathogen transmitted through respiratory droplets.	The TL receives a readiness plan that is generic and outdated. Based on the outbreak rumors they are hearing, the TL should prioritize reviewing the readiness plan when it is received and also should take the important step to update the readiness plan before circulating to all staff.

1.4	Dialogue with Thisland Relief, national NGO partner organization (Lydia)	Does the TL raise the issue of the possible outbreak with Lydia?	**Option A: Yes** Option B: No		If the TL asks the Thisland Relief representative for information on the outbreak, she will text updates in turns 2 & 3 about the government's outbreak response and the concerns of IDP community leaders.	Asking the Thisland Relief representative what she knows about the outbreak will encourage her to share information in the weeks ahead. This proves very helpful in gathering and triangulating information. The exchange of information between stakeholders is especially important in the early stages of an outbreak, during which there is often conflicting and unverified information.
1.5	Email to READY Country Director (Afreen) – Part 1	What should READY's internal posture be?	**Option A: We will need guidance from headquarters and the Health Technical Advisor regarding how to prepare considering what is currently known about the outbreak. We should review existing plans, procedures, and assess stockpiles. A key issue is whether there will be readiness funding available.** Option B: I think this could be significant. We need to implement policies to prevent the potential spread based on what we know of the pathogen thus far. I suggest mandating mask-wearing and shifting non-essential staff to remote working. I also think we should limit travel between sites. Option C: It is too early to react with significant operational changes at this time, as the rumors are vague and unconfirmed. We need to continue to coordinate with other NGOs, the MoH, and our national partner organization. Please also let me know what you are hearing in the capital.	• Email and text message from READY Country Director in Neighborland • Conversations with READY's Health PM, MoH official, and Thisland Relief representative	The Country Director will respond via email at the beginning of turn 2 giving the TL feedback on the choices made.	The worst option presented to the player is to disregard the potential risk of the outbreak (Option C), as the limited information presented to the TL necessitates that key preparedness and readiness actions should be taken at this time. Conversely, the player is presented with the option to implement NPIs and to shift ways of working too far in advance of the outbreak (Option B). With no reported cases in the country and little information on the pathogen, it is premature to start mandating mask-wearing and shifting to remote working (which could hamper operational effectiveness). Option A is the correct choice in the simulation: there are minor costs associated with checking PPE stockpiles, reviewing plans and procedures, and seeking further technical advice, thereby helping to ensure that READY is prepared to respond should the outbreak spread into Thisland.
1.6	Email to READY Country	What should READY's	**Option A: We should consult closely with the MoH and Health Coordination Group. It is important**		The Country Director will respond via email at the beginning of turn 2	In the simulation, the best option presented to the player is to consult with the MoH and the Health

	Director (Afreen) – Part 2	external posture be?	**to understand what others are hearing and how they are preparing.** Option B: We should be proactive and send concept notes to our donors. I would like to set up a task force to coordinate the response in our area. We need to push stakeholders to do more to prepare, as I do not think their stance is appropriate. Option C: The situation in Neighborland is something to keep an eye on, but we do not want to be too outspoken before we know what is going on and alarm the MoH and our local partners unnecessarily.	• Interactive chat with READY Health PM • Group Email from Country Director	giving the TL feedback on the choices made.	Coordination Group in order to triangulate information and to coordinate on key readiness actions (Option A). Setting up a new, parallel coordination mechanism outside of the existing government-led structure (Option B) or not engaging other stakeholders about the outbreak to prevent spreading panic (Option C) are incorrect choices that inhibit the NGO's ability to develop response plans in coordination with other actors.

TURN 2 WEEK 3	**Key Contextual Information** • It has been two weeks since the Team Lead first heard reports of a possible disease outbreak in Neighborland. • In Thisland, the government has reassured the population that there is nothing to worry about – it is simply seasonal flu, and the government is already working to establish more robust influenza surveillance. • There are no confirmed cases in the country, but it is possible that the MoH is actively denying suspected cases in the country. • The Global Health Organization (GHO) confirms that the outbreak is a novel influenza sub-type, HxNy. • The Team Lead uses the afternoon staff meeting to discuss contingency planning, should the outbreak spread beyond Neighborland's borders.					
No.	**Interaction**	**Decision**	**Options**	**Key Information**	**Consequence**	**Rationale**
2.1	Interview with Daily Herald Journalist (Felix)	Does the TL move forward with the launch event for the new livelihoods project one month from now?	Option A: Sounds great! I am glad the community is excited. **Option B: Given the situation in Neighborland, I think we should consider modifying our plans.**		The topic will be discussed further during the senior management team meeting at the end of turn 2.	Risks can be mitigated for the actual distribution of livestock, but the launch event presents greater challenges, since it involves a large community gathering. Cancelling the event might be an overreaction considering the limited spread of the outbreak. However, it impossible to know what the situation will be one month from now so contingency planning and risk mitigation are the best responses.
2.2	Interview with Daily Herald Journalist (Felix)	Does the TL openly criticize the government's response to the outbreak or shift the topic back to READY's programs?	**Option A: Suggest he contact the MoH for comment and redirect the conversation to the work READY is doing with Thisland Relief.** Option B: TL states that off the record, they are following the situation closely. On the record, the TL changes the topic back to the FSL CfW programming. Option C: TL states that they are following the situation closely and are concerned. It is clear that officials in Thisland need to take the situation more seriously.	• Phone call with MoH official (if TL called her) • Feedback from the health coordination meeting from Health PM (if TL requested they attend the meeting) • Email from HQ Health Technical Advisor (Amina)	If Option C is selected, the READY Country Director will send a text message correcting the mistake. The MoH official will be angry at the TL for not communicating directly with her (turns 3 & 5), straining the relationship with the MoH.	Thisland is a conflict-affected country with complex national and local politics. Several sources have informed the TL that the rumored outbreak is politically sensitive (see Key Information). As a representative of READY, it is the TL's responsibility to foster a strong working relationship with Thisland's government. Being openly critical to a journalist will have negative implications on READY's work with the government. Broader advocacy should be done in line with the organization's policy and strategy and with the broader NGO community.
2.3	Senior Manage-ment Team	Staff safety and operating procedures	Option A: Staff should be made aware that there could be imported cases from Neighborland and they must seek medical attention if they feel sick. We	Neighborland GHO Report	If Option A is selected, the TL receives a text message from the Operations Manager	The GHO has confirmed in this turn that the outbreak is a respiratory illness, a novel influenza subtype. The GHO recommended mask and

	Staff Meeting - Part 1	to implement at present	will reassess protocols once we have confirmed cases in the country. Option B: Move non-essential office staff to remote working – we have had these SOPs in place since COVID-19. **Option C: Promote social distancing for meetings in and out of the office, reduce vehicle capacity, and require handwashing and masks.** Option D: Limit the number of people indoors, provide resources for stronger hand hygiene, introduce mask mandate in workplace, and require gloves.		about an early staff case of HxNy in turn 4. If Option B is selected, the TL receives a text message from the Operations Manager about operational challenges caused by shifting to remote work so early (turn 3).	handwashing but did not mention gloves. Last turn, READY staff were commenting at the coffee machine on how poor their internet access is at home, which should indicate that shifting to remote work would be operationally challenging. With the information the TL currently has on the pathogen, the best choice is Option C which calls for social distancing, hand washing, and masks. Requiring gloves (Option D) does not align with the GHO recommendations and may not be a good use of resources. Not taking any actions (Option A) or taking too extreme actions (Option B) are not aligned with the information the TL has been given.
2.4		Scenario planning for if there are HxNy cases in READY's area of operations	Option A: Pause programming and set up meetings with READY leadership, technical advisors, and HQ to determine the necessary strategy and risk threshold for the response. Option B: Continue programming but pause non-essential site visits. Option C: Look to the MoH and Health Coordination Group for guidance on how and when we should adjust programming. **Option D: Implement planned program adaptions based on the updated SOPs, start additional NPIs, and engage with community leaders.**	• Phone call with MoH official (if TL called her) • Chat message and email from Health PM with notes from health coordination meeting • READY staff updates in senior management team (SMT) meeting		Several sources indicated government response may be delayed due to political complications. While SOPs and adaptation plans should align with government policies, READY is responsible for prioritizing the safety of staff and program participants. The optimal choice is to implement planned program adaptions based on the updated SOPs, start additional NPIs, and engage with community leaders (Option D). An argument could be made for continuing programming but pausing non-essential site visits (Option B), but this overlooks the importance of discussing adaptations with program participants. Pausing all programming is premature (Option A) and would negatively affect the community. Coordinating program adaptation plans with the MoH and coordination groups is important, but READY should not depend solely on external

						sources to direct their planning (Option C).

TURN 3 WEEK 5	**Key Contextual Information** • In Neighborland, the number of reported deaths from the outbreak of HxNy continues to increase. • In Thisland, the government has yet to confirm any cases, despite growing rumors that the outbreak has reached the West of the country. • Politics and fear of renewed unrest at both the national and regional levels are likely a factor in the government's hesitancy to make an announcement regarding suspected cases. • The Thisland Health Coordination Group reports the first confirmed case of HxNy in Thisland; cases are primarily in the Western Province of the country. • The READY Country Director informs the Team Lead that there is money available for readiness priorities and requests that the TL provide readiness priorities for operations and programs by end of day.					
No.	**Interaction**	**Decision**	**Options**	**Key Information**	**Consequence**	**Rationale**
3.1	Dialogue with Thisland Relief, national NGO partner organization (Lydia)	Request for additional training for community health workers	Option A: Yes, these are key areas we should focus on. READY can support this. Option B: Perhaps we can discuss this at a later time – we have not yet confirmed our adaptation and expansion plans. **Option C: Good idea. I will check with Nia and let you know what support we may be able to provide.**		If Option A is selected, the Health PM communicates that this is a good area for READY to support but asks the TL to check with her before committing to health program expansions. If Option B is selected, the Health PM states this would have been a good effort to support and ask the TL to check with her before making health program plans. If Option C is selected, the Health PM confirms that this is a good effort to support and moves forward with coordinating the training. The TL hears positive feedback from Thisland Relief on how beneficial the training has been.	The training requested for community health workers is an appropriate activity that addresses a number of emerging challenges and strengthens risk communication and community engagement. In this case, it would be advised for the TL to check with the Health PM before moving forward, but this is an area that READY should support.
3.2	Meeting with Ministry of Health official (Sonia)	Support for contact tracing	Option A: These are key outbreak response activities, and we have been discussing our own preparedness and response plan. READY would be happy to support in our operational areas.	Government Health Coordination Meeting	If Option A is selected, the Health PM will send the TL a text message in turn 3 stating that READY does not have the funding or capacity to fill this gap. The MoH official will also send an email in turn 4 stating	The MoH official makes this request during a meeting, and the TL is lacking information as to whether READY has the capacity to fill this gap. Surveillance and contact tracing are essential parts of an infectious disease outbreak response, but it is important to determine whether READY has the capacity

			Option B: I agree these are important activities, but READY does not currently have the staffing or funding to support a program expansion. **Option C: Surveillance activities are important. Does this mean there are confirmed cases in the country? I will have to consult with my team to see what support we can provide.**		that READY's inability to fulfill the commitment has delayed the MoH's surveillance activities, requesting that in the future the TL not agree to an activity unless they are certain they can carry it out.	and funding for program expansion before agreeing to it. Additionally, if the TL has thoroughly read the MoH Response Plan, then they should be aware that contact-tracing is part of "Scenario B" of the government's response plan, which is triggered by confirmed cases. Only once the TL gets back to the office do they learn from the READY Operations Manager and the GHO that the there are confirmed cases in the capital.
3.3	Email to READY Country Director (Afreen) - Part 1	Select top two priorities for internal readiness funding	**Option A: Procure surgical face masks, hand sanitizer, soap, supplies for hand washing stations, buckets, and cleaning supplies** **Option B: Conduct remote training on IPC protocols for all sectors, develop community engagement strategy** Option C: Procure face shields, masks (N95), surgical gowns, and gloves for all staff Option D: Request health technical advisor to conduct a risk assessment and revise outbreak-specific SOPs and organizational policies Option E: Procure rapid influenza diagnostic tests (RIDTs) for clinic and staff	• Neighborland GHO Report (Turn 2) • Thisland Health Coordination Group Sit Rep • Updated Response Plan (if chosen)		GHO has provided the TL with important information on the disease and appropriate measures. If the TL had the Health PM update and revise the READY readiness plan, there is useful guidance there, too. Other PMs have also provided input. Masks, hand sanitizer, sanitation and cleaning supplies are vital for limiting infection risks for an influenza-like illness and should be top priorities. Masks may soon become scarce as demand increases. Staff training or refreshers on IPCs is relatively simple to do, and community engagement is essential to effective response. Face shields are likely not necessary unless you are doing case management. N95 respirators provide added protection, but large numbers of surgical masks are a larger priority. Gowns can be procured and relaundered if necessary. There is no time for a full, in-person risk assessment by a visiting health technical advisor given possible travel restrictions. More general risk assessment will be available from several sources. In the GHO report, the TL learns that RIDTs are not able to test specifically for an influenza subtype, and therefore, this would not be an effective way to test for HxNy.

3.4	Email to READY Country Director (Afreen) - Part 2	Procure-ment strategy?	Option A: Focusing on local procurement to support the local market and not take on the risk of international shipments being delayed as a result of the outbreak. Option B: Sourcing most of our supplies internationally, since the local market will be saturated by other NGOs and supply shortages will be likely in the coming days. **Option C: Wait for the results of the market assessment in three days, liaise with HQ logistics, government counterparts, and key stakeholders to identify potential local and regional vendors.**	Email from Operations Manager	If Options A or B are selected, the TL receives a text message from the Operations Manager in turn 4 detailing challenges to pursuing only a single strategy for procurement.	The correct strategy is to wait for the results of the market assessment as there are still no cases in Thisland, and READY operations is has already organized it. As the TL is aware that supply chain issues, particularly for PPE, will be an issue, the best approach is to pursue both local and international procurement options and to coordinate with the GHO and MoH to determine the best modality.

TURN 4 WEEK 9	**Key Contextual Information** • Four weeks have passed since the Global Health Organization declared a regional outbreak of the HxNy influenza. • The situation in Neighborland is deteriorating rapidly as both numbers of cases and deaths have dramatically increased. • In Thisland, the reported number of suspect cases has increased significantly, and the first deaths reported because of the virus. At present, cases have been detected primarily in the Western Province. However, case investigation from the Ministry of Health has recently detected cases in Murelle. • To contain the outbreak, the government recently began to implement public health measures, including media campaigns, an evening curfew, limits on "large gatherings," and movement restrictions for non-essential travel. • Movement restrictions and adjusted market hours have targeted IDP communities. • READY is in the process of making operational and programming adaptions based on the spread of HxNy to Murelle. • The READY Country Director requests the Team Lead to send recommendations by the end of day on how key sector specific program adaptations should be carried out based on the expected spread of cases.					
No.	**Interaction**	**Decision**	**Options**	**Key Information**	**Consequence**	**Rationale**
4.1	Meeting with Thisland Relief, national NGO partner organization (Lydia)	Impact of outbreak and public health restrictions on livelihoods.	**Option A: Cash assistance would provide recipients with resources and flexibility to meet emergency needs. Could we scale this up?** Option B: Should we try a new approach, such as direct support for farmers through agricultural inputs and training? Option C: Could we work with local vendors to provide in-kind food assistance?	• Interactive dialogue with Thisland Relief representative • Program update email from Operations Manager	If the TL asks the Thisland Relief representative for her opinion on scaling up cash assistance (Option A), then she responds that this is a good option, as market hours are still open and there are plenty of goods available in the local markets at this point.	The market has not yet been significantly affected by the outbreak, and basic food supplies and other items are still widely available for purchase. Markets are still open, but hours have been shortened as a public health measure. The TL is informed of the loss of livelihoods for households and the need for additional support to procure basic food supplies. Transitioning to cash is the correct response (Option A), in order to provide households with purchasing power and to limit gathering of cash for work program participants. Working with local vendors to provide in-kind assistance could be useful (Option C), although less flexible for program participants and more difficult to implement. Conditions are not appropriate for launching an agricultural training and inputs initiative (Option B), since it would take too long to have effects during the current crisis.
4.2	Email to READY Country Director (Afreen) - Part 1	Select one priority health program adaptation	**Option A: Establish separate triage in clinics for suspected cases, refer severe cases, and support patients and families to isolate mild/moderate cases at home**	• Program Update email from Operations Manager • Health Clinic Data Email from Health PM • Health Coordination Group Sit Rep (case management)	The TL receives feedback on selected adaptation in program update from the Operations	After hearing from senior staff, the TL decides on a series of program adaptations. In the health sector, modifying triage procedures or optimizing referral pathways are both good choices. There are not high numbers of cases in READY clinics yet, but given the case

			Option B: In coordination with the MoH, increase number of clinic hours to limit overcrowding in health facilities		Manager in turn 5.	numbers in Neighborland, it is wise to take basic precautions to ensure the safety of staff, patients, and the community.
			Option C: Coordinate with MoH to optimize referral pathways between PHCs and government hospitals and advocate for continuity of primary healthcare & WASH services			
4.3	Email to READY Country Director (Afreen) - Part 2	Select one priority nutrition program adaptation	**Option A: Train CHWs to teach mother/caregivers to identify SAM with MUAC tapes at home and emphasize breastfeeding as a safe option**	• Health Cluster Sit Rep where it is cited that breastfeeding carries a negligible risk of transmission • Program Update email from Operations Manager	The TL receives feedback on selected adaptation in program update from the Operations Manager in turn 5.	The TL is informed that breastfeeding is safe and carries a negligible risk of transmission. The Operations Manager's email with program updates also mentions engaging mothers and caretakers in early detection of malnutrition is important by promoting CHW engagement. Finally, READY has to adapt to government restrictions and NPIs, which include limiting group settings, especially as cases have already been detected in Murelle. The adaptations attempt to continue services and follow-up in safe ways.
			Option B: Reduce number of IYCF groups to limit the possibility of exposure and transmission			
			Option C: Reduce the frequency of follow-up for children with uncomplicated severe wasting by increasing the take-home ration of RUTF and other nutrition commodities			
4.4	Email to READY Country Director (Afreen) - Part 3	Select one priority WASH program adaptation	Option A: Shift cash and voucher assistance (CVA) to NFI distributions of household water storage and treatment products	Update from the WASH PM in the Senior Management Meeting	The TL receives feedback on selected adaptation in program update from the Operations Manager in turn 5.	Shifting the CVA to in-kind distributions of household water storage and treatment products are not a main priority because HxNy is not a water-borne disease (Option A); Options B and C are appropriate adaptations as it incorporates RCCE activities across activities and focuses adaptations on addressing transmission of a respiratory virus.
			Option B: Provide face masks and training for water-point attendants to conduct HxNy hygiene awareness campaigns and rumor monitoring;			

			shift to off-peak borehole repairs			
			Option C: Give hygiene kits with personal handwashing stations to CVA participants and conduct targeted hand and respiratory hygiene communication campaigns according to RCCE feedback			
4.5	Email to READY Country Director (Afreen) - Part 4	Select one priority FSL program adaptation	**Option A: Pause CfW and expand the unconditional food assistance using a cash- or voucher-based modality**	• Meeting with Thisland Relief • Update from the FSL PM in the Senior Management Meeting	The TL receives feedback on selected adaptation in program update from the Operations Manager in turn 5.	Thisland Relief recommends pausing the CfW program and shifting to a cash-based system (Option A), so this is a good option. In-kind assistance with local vendors could work too, although it could be more complicated and less flexible (Option C). Training and input support for agriculture would be a longer-term initiative - it will take too long before it benefits those in need, given the rapidly worsening situation (Option B).
			Option B: Promote small scale agricultural production through the provision of agricultural inputs and training			
			Option C: Work with local vendors to shift to in-kind food assistance to address market closures and shortages			

TURN 5 WEEK 13	**Key Contextual Information** • Four weeks have passed since the Team Lead enacted READY's program adaptations. • The outbreak has now spread from Neighborland to both Thisland and Otherland. Cases and deaths continue to increase across the region. • Donor response has been slow due to an initial focus on the outbreak in Neighborland, but in anticipation of this, the Team Lead has asked program managers to send emails with recommendations for program expansions. In the meantime, the Team Lead still has to manage the ongoing challenges that READY's current programs are facing. • The READY Country Director requests the Team Lead send multi-sectoral outbreak expansion plans in response to a donor call for concept notes.					
No.	**Interaction**	**Decision**	**Options**	**Key Information**	**Consequence**	**Rationale**
5.1	Health coordination meeting	Advocacy regarding IDP restrictions	**Option A: Yes, we are hearing concerns that IDPs, especially those in outlying areas, are having trouble accessing the government hospitals and sometimes markets.** Option B: We have had some feedback from the IDP community that movements outside of the settlements are being forcibly restricted, even with all the required documents. Option C: Can you tell us about how the rumored tensions at the national level are influencing the implementation of public health measures?	• Meeting with Health Coordination Group lead (Sara) • Interactive dialogues with Thisland Relief representative and IDP community leader	The MoH official responds to the TL's comment: If Option A is selected, the MoH official acknowledges that this is an issue and requests for partners to report issues so that the MoH can address their concerns. If Option B is selected, the MoH official angrily states that she does not appreciate the inappropriate accusation being leveled at the government. If Option C is selected, the MoH official states that she is not a politician and has nothing to offer further.	The Health Coordination Group lead requests for the TL to raise the issue of the government restrictions being more forcefully implemented against the IDP population and used to forcefully limit their movement of the IDP population, thereby creating issues for access to healthcare. The TL is aware that this is a politically sensitive issue in Thisland. The correct choice is for the TL to bring up the issue in a diplomatic way (Option A) which addresses the primary concern of the restrictions causing issues for access to healthcare without accusing the government of unfairly and forcefully limiting movement.
5.2	READY conference call - Part 1	Staff safety: response to staff outbreak	**Option A: Affected staff are in isolation, close contacts in quarantine, and we have temporarily reduced clinic hours and services in coordination with the MoH.** Option B: Affected staff are in isolation, close contacts in quarantine, and we will temporarily suspend services at the	• The TL may have been informed of a case of HxNy for one of the operations staff in turn 4 (conditional on not selecting the correct NPIs during end of turn decision in turn 2) • The TL will be informed of an outbreak of HxNy amongst clinic staff in	The TL gets immediate feedback from the READY Country Director highlighting the importance of maintaining health services and coordinating any shifts closely with the MoH.	Isolating staff is a must no matter what, so all three options reflect that. Completely closing down services is incorrect because the outbreak did not affect all of the staff. Suspending services sends a strong message to the community when they do seek health services that the location may not always be available to support them and would diminish trust. The optimal choice includes coordinating with the MOH because any shifts in health

			clinic due to staffing shortages. Option C: Affected staff are in isolation, close contacts are in quarantine, and we will reallocate staff from other clinics to cover the gaps.	turn 5 as the outbreak increases in the district.		services available, especially because of transmission and absences, is a key threshold for decision-making during an outbreak.
5.3	Email to READY Country Director (Afreen)	Select two recomm-endations for program expansion	**Option A: Expand CHW program with Thisland Relief to provide training, supervision, and logistical support to expand outreach; work with community stakeholders and to develop a community engagement strategy including community led action plans and mobilizers to combat the spread of HxNy** Option B: Take-over 5 existing PHCs to the North of Murelle; work with WASH to include IPC and environment health waste management in facilities **Option C: Expand WASH program to include IPC and environmental health waste management interventions to government health facilities**	• Recommended program adaptations have been discussed throughout the turn in interactive dialogues with the Health PM, Thisland Relief representative, and the government coordination meeting • Email updates from READY sectoral PMs with contextual information and program expansion considerations	The TL receives feedback on selected expansion plans in the program update from the Operations Manager in the next turn. READY receives donor funding to expand the CHW program (Option A) and WASH interventions (Option C) and also receives additional funding to expand the unconditional food assistance using a cash-based modality (Option D).	None of these choices are wrong, but some are better than others. The MoH and Thisland Relief have requested expansion of the CHW program, and the TL has received positive feedback on this program (Option A). Taking over 5 additional PHCs would be ambitious and might overtax READY's resources. The MoH official noted that there are access and logistical challenges, and it is unclear whether READY had the capacity to take on this expansion (Option B). The MoH also requested expansion of the WASH program, which the WASH PM strongly supported in the email she sent outlining response priorities (Option C). There is clearly a need for expanded FSL programming, as noted by READY's FSL PM and Thisland Relief, due to the loss of livelihood caused by the outbreak. There is no supply chain disruption for basic food items at this time, although it may become a problem if market disruption occurs. The reason the choice is suboptimal is that there is no data indicating malnutrition rates have increased (Option D). It has been hinted

			Option D: Expand number of households and reach of unconditional food assistance utilizing a cash-based modality; train additional community mobilizers to provide messaging at distribution points; Scale up acute malnutrition treatment capacity as children are likely to become more malnourished in a highly infectious disease context			in various turns that CHW expansion is a recommended program expansion.

TURN 6 WEEK 21	**Key Contextual Information** • Eight weeks have passed since the Team Lead made program expansion recommendations. • READY received funding for a significant outbreak response, including an expansion of the CHW program, WASH in health facilities, and unconditional cash food assistance. • While cases have peaked in Neighborland, the outbreak is getting worse in Thisland and Otherland. The regional HxNy outbreak is ongoing with cumulative case numbers reaching over 4,500,000 suspected and confirmed cases. • Testing is still very limited, and public health measures have become increasingly politicized, with both widespread concern at the severity of the outbreak and unhappiness with the government restrictions. • Tension has led to protests in many parts of the country, including Murelle. Armed conflict has recurred in the northwest, which has sparked additional internal displacement to the northeast. Tensions could lead to violence against the IDP community. • Supply chain has started to become an issue for basic food items. • The READY Country Director is meeting with the donor this week and has requested the Team Lead send her an email by the end of today with an update on how security challenges are affecting programs.					
No.	**Interaction**	**Decision**	**Options**	**Key Information**	**Consequence**	**Rationale**
6.1	Coordination meeting	MoH official (Sonia) asks for support for response to influx of IDPs	**Option A: READY can respond with hygiene kits for all newly displaced households. If the government can support with logistics, then we can move forward immediately.** Option B: READY can establish satellite PHCs in both of the camps but would require logistical support from the government. Option C: READY is eager to support. We are working on our response plans and will report back.	Program Update email from Operations Manager	If Option A is selected, then READY moves forward with distribution of hygiene kits with government support. If Option B is selected, then another partner indicates that they are already moving forward with plans to establish the clinics, and the MoH agrees they are better positioned to respond since they have existing clinics in the area. If Option C is selected, then the MoH states that a rapid response is the priority.	None of these are bad options. In the program sit rep, the WASH update details that READY has additional hygiene kits available for distribution (Option A). This is a clear, immediate way that READY can respond. A satellite PHC would be more challenging and might be overreaching and another organization is better positioned to respond (Option B). Delay for the TL to consult with the READY Country Director and broader team may be prudent, especially in consideration of the upsurge in violence, but makes READY appear unwilling to respond to the emergency in an agile way as the MoH is requesting (Option C).
6.2	Discussion with READY Operations Manager (Nureen)	How to respond to a possible transport-ation strike?	Option A: Depending on if there are closures, we will need to assess if it meets our threshold for suspending operations and evacuating expatriate personnel.			It would be a mistake to dismiss the risks here — even if there is violence only in other parts of the country currently, the local situation could rapidly deteriorate. However, it would

			Option B: Perhaps we should consider alternate supply chains that do not go through Myro – for example, across the border with Otherland? Could you think through options with Myro logistics? Option C: Okay, let us hold off on any major changes. I think with the shifts the government will likely make with leadership, this will all settle down soon.			be premature to suspend operations and evacuate if a transportation strike occurs. It may be best to explore alternative supply chains and routes. The Operations Manager has raised concerns over PPE supplies and the fuel situation. The TL should try to reduce PPE consumption (while remaining safe) and obtain extra fuel supplies while it is possible, even if prices are going up.
6.3	Email to READY Country Director (Afreen) - Part 1	Select one priority response to the new influx of IDPs	Option A: The security threshold is being assessed daily. Based on the likelihood of attacks against the IDPs, we have halted all program site visits to the IDP settlements and urban areas with a high concentration of IDPs. Considering that health facilities and healthcare workers have been attacked in the northwest of the country, the PHC hours have been reduced to address safety concerns and to allow all staff to get through checkpoints and home before dark. Option B: We are regularly reviewing the security situation and updating security protocols. Movement requests outside of the city have to be approved by the Security Manager, and all vehicles are equipped with radios and GPS devices when traveling outside of Murelle. Programs are continuing to operate.			The TL received formal information on the security situation from the READY security manager and other READY staff. The situation in Murelle is not especially dangerous yet, but it is much worse elsewhere in the country. The situation is volatile and could escalate quickly. During an outbreak, reducing clinic hours could lead to more morbidity and mortality if community members are not being triaged, or given information to isolate, or referred if the case is severe. A curfew is an effective measure to keep staff safe in this instance because attacks were reported to mostly be taking place in the night.

			Option C: We have increased our security threshold and are implementing a 19:00 to 07:00 curfew. We are also closing the office early to allow for national staff to travel home considering the additional travel times with checkpoints. All movement within and outside of Murelle has to be pre-approved by the security manager and the Team Lead until further notice.			
6.4	Email to READY Country Director (Afreen) - Part 2	Select one priority response to the new influx of IDPs	**Option A: Provide mobile medical units and support with HxNy surveillance. This is a strategic area for READY to expand into and would position us well for future response to additional displacement.** **Option B: Provide additional hygiene kits and a basic NFI kit to address the needs of newly displaced populations with top-ups for 3 months. Take advantage of the distribution to conduct NPI training and share the updated RCCE messaged for HxNy.** **Option C: Establish emergency WASH services in the two new IDP camps and clinics. This could be a key area for health and WASH integration without a lot of human resources to additional activities. We can also create hygiene and HxNy NPI materials to put around new health services locations for the newly displaced.** Option D: Expand to include two additional clinics in the new IDP camps to give us a foothold in this new geographical area.	Information on potential program expansions is included in: • Program Update email from Operations Manager • MoH Coordination Meeting	Turn 7 brief indicates which response options READY is moving forward with. If Options B or C are selected, the donor approves the program expansion. If Options A or D are selected, the donor does not approve program expansion plans as other actors are already moving forward with implementation of these activities	If the TL committed to providing READY's available stock of hygiene kits, the option to distribute additional hygiene and NFI kits appears and is an excellent one, as the government can support READY with logistics. Providing WASH support in the new camps is also an activity that READY can do in response to the MoH's identified priorities, and the WASH PM has indicated that READY has the capacity to scale up programming. Key information is given in the coordination conversation with the MoH. While mobile medical units are a priority for the MoH, another NGO is better placed to action this, and this would be a resource heavy new initiative for READY to establish. Similarly, with the satellite clinics expansion, another actor has already committed to do this. The MoH has agreed to work bilaterally with both of these partners to move forward their health response.

TRN 7 WEEK 31	**Key Contextual Information** • It has been ten weeks since the increased insecurity and the peak of HxNy cases in Thisland. • Case numbers remain high across the country, and with no vaccine available, the READY team must think strategically about what they have been able to learn and how to adapt and brace for a potential second wave. With cases decreasing for the time being, the READY team feels the pressure easing on the health team as well as logistics. • A new, effective anti-viral treatment for HxNy has been introduced. The treatment is not yet widely available in Thisland, but slowly supplies are increasing across facilities in the country. The treatment signals the possibility of an option that allows for homecare, and maybe even the possibility of reinstating services that had to be paused with more space at health facilities. • This, coupled with the appointment of a popular, new national health minister, has muted protests across the country. Nevertheless, the situation remains very serious. • The donor has responded to the Team Leads earlier requests for funding to respond to the influx of IDPs caused by recent instability. • The READY Regional Director visits the team in Murelle to discuss the secondary effects of the outbreak and implications for programs moving forward.				
No.	**Interaction**	**Decision**	**Options**	**Key Information**	**Rationale**
7.1	Meeting with Lydia (Thisland Relief) and Ibrahim (IDP community leader)	Discussion of challenges for the IDP community	Option A: Can you tell me about the issues related to maternal and child health? Option B: Can you tell me about the challenges with immunization? Option C: Can you tell me about your concerns regarding family planning?		This is an opportunity for the TL to gather information based on what they identify as the most pressing issues to discuss further. There is no correct answer.
7.2	Meeting with Ministry of Health (Sonia) - Part 1	Update on READY programs	**Option A: I am still concerned that because of the outbreak many people are not accessing clinics. It has affected routine immunizations and decreased antenatal and postnatal visits.** Option B: I believe that more needs to be done to reach IDPs in outlying areas, for example, near the border with the Western Province. Option C: We need to do more about the effects of the HxNy outbreak on employment and family income.	• READY Clinic Data Email and file • Interactive dialogue with Thisland Relief representative and IDP Community Leader	This is an opportunity for the TL to gather information. The most appropriate topic to raise is Option A, as it is the primary issue facing the clinics that READY manages with the MoH. Option B is also important, but as READY cannot immediately offer assistance, it is not the best use of time with the MoH Official to raise this issue. Option C does tie in with information given earlier in the turn, but the MoH is clearly not the right audience to raise this.
7.3	Meeting with Ministry of Health (Sonia) - Part 2	How is READY working to address the issues of the impact of the outbreak on mothers and children?	**Option A: We are working with Thisland Relief to develop community outreach messaging to encourage women and mothers to come to the clinics for health visits.** **Option B: Nutrition is reporting challenges with adapting programs. We need to work together with**	• Conversation with Thisland Relief representative • READY Clinic Data Email and File	There is already data provided in the clinic numbers and the conversation with the MoH, so additional assessments are not necessary. Waiting and hoping that people will return to the clinic at pre-outbreak levels is too passive given the severe impact of the outbreak and the likely secondary effects that have been discussed throughout the Turn. Coordination beyond what READY can

			other NGOs to better meet maternal and child needs. Option C: We are also concerned and are doing a full assessment to more clearly outlined to see how to further adapt our programming. Option D: With cases decreasing, we will see maternal and child health clinic visits increase again back to pre-HxNy levels. We will continue offering the right services and outreach.		achieve alone is key to tackling challenges in programming.
7.4	Meeting with Ministry of Health (Sonia) - Part 3	Could READY support the MoH in meeting national routine immunizat-ion targets?	Option A: Our clinics are still overwhelmed with HxNy cases and currently do not have the additional staff to conduct vaccination campaigns in the settlements. **Option B: We have spoken with Thisland Relief about this issue and will work with them to deliver targeted vaccination campaigns in the IDP settlements.** Option C: We will work with the RCCE working group on community messaging around vaccines and ensure sufficient vaccination stockpiles in our clinics.	Conversation with Thisland Relief representative	There are several issues the TL can raise with the MoH official here, none of which are bad choices. She shares the concerns the TL heard earlier that day about both maternal health care and family planning. Her concerns about basic immunization are very important, and it would be a mistake to dismiss them and solely focus on HxNy. The TL should have learned by now not to lecture the national NGO partner staff about government response or try to draw her into political discussions. Asking her views on READY's response or cooperation more broadly could provide useful insight annd guidance.
7.5	Meeting with Regional Director (James) - Part 1	Situational analysis	Option A: The situation is getting worse, regardless of what others say. We could be on the verge of a second wave and possibly major violence if that occurs. **Option B: Hopefully cases will continue to decline, and we continue to find PPE. However, I am worried about the secondary effects of the outbreak.** Option C: Things are getting better, and we have played an important role in the response. I am really proud of the team.	Several sources inform the TL that the outbreak is having secondary effects on the community: • Briefing • Thisland Health Coordination Group SitRep • Global Health Organization Regional Outbreak Report	Option A is wrong because the threat of violence is within the realm of possibility but contradicts messaging from the security manager and staff for now. The TL is aware from the briefing and the updates from PMs throughout the turn that the number of HxNy cases are decreasing and the tension and conflict has deescalated; however, the overall case number is still very high. There is also the risk of a second wave if the new, anti-viral treatment does not quickly become more widely available. Option C is true but does not directly answer the Regional Director's question and misses an important opportunity to deliver the message the TL has been given from community

			Option D: The situation is improving. I think we should engage donors and consider further expansion.		members and other READY staff. Option D is partly true but ignores recent events, as well as the fact that the TL made recommendations and decisions regarding expansion. Option B is the optimal response as the TL should be indicating that there is still significant risk and challenges in Thisland, but it is also important to analyze the secondary effects of the outbreak and how READY should address these issues. This is in line with what staff and the community have told the TL.
7.6	Meeting with Regional Director (James) - Part 2	Priorities and secondary effects for Health	**Option A: We need to address health care access, especially for women and children, by expanding our RCCE work with Thisland Relief. We need to ensure integration among all sectors for better health outcomes.** Option B: It is clear we need to expand our programming to support more PHCs and to provide a fuller range of in-patient health care so that we are ready for the next epidemic. **Option C: We need to expand our health program to include child protection activities at the community level and integrate this with our other WASH, FSL, and nutrition programs.** Option D: We need to do more health policy advocacy and put more pressure on the government.	• Conversation with MoH • Conversation with Thisland Relief representative and Community Leader • READY Clinic Data Email • Email from Health PM outlines the key sectoral challenges that need to be addressed. • Thisland Health Coordination Group sit rep • GHO regional report	Options A and C are the optimal responses as the primary health concern following the outbreak is the decline in access to routine healthcare and MHPSS activities to address community mental health challenges could be integrated into existing PHC services. These were shared by several characters. Option B, while ambitious, ignores the real operational and staffing challenges READY has with current programming. Option D would be a more appropriate option further down the pandemic trajectory. Throughout the outbreak, the government has offered support, engaged in coordination, provided useful information, and put in place NPIs. Considering the background information given, this does not seem like a current key area of focus of READY. It is not clear what the NGO's scope of influence is, nor staffing at the capital to carry this out.
7.7	Meeting with Regional Director (James) - Part 3	Priorities and secondary effects for FSL	Option A: The cost of food commodities has increased due to market disruptions. We should consider changing to in-kind food assistance. This could help mitigate the increase in price of food. Option B: To help address healthcare access issues, READY should provide cash to cover 1 year of insurance for health services. We could work with the health team to develop and integrate this.	• Email from FSL PM outlines the key sectoral challenges that need to be addressed • Interactive dialogue with IDP community leader and Thisland Relief representative	Option A: Market disruptions have affected access to basic food supplies, and therefore, READY's cash-based modality of food assistance should be reassessed. However, the TL should consider the option of working with vendors to establish a voucher program, if possible, to avoid the shift to general food distribution. A change in modality would require a more purposeful market analysis and coordination around the change. Option B: There has been no indication that healthcare access due to monetary constraints is an issue for staff or the broader community, and this

			Option C: We should resume livelihood activities and expand the livestock program immediately. READY must address the disruption to livelihoods and lack of income sources. Option D: We need to continue to provide cash, it is the most flexible resource for IDPs. Our advocacy campaign is working, insecurity is subsiding and in the coming months the markets will correct themselves.		conversation is the first time it is brought up, so this option is incorrect. Option C: This is the most accurate answer because the inputs were already available for this activity, and the sense is that insecurity is subsiding and allowing for regular activities to resume in Myro. Livestock can also make households more resilient to future market shocks. Option D: This answer is suboptimal because there are market disruptions in supply chain that have not fully corrected given the insecurity. Market availability of food items and goods are outside of READY's sphere of control, so to wait would mean not responding to immediate needs.
7.8	Meeting with Regional Director (James) - Part 4	Priorities and secondary effects for Nutrition	Option A: We should resume the mother-to-mother support groups as soon as possible. This would be a good opportunity to link the training for community detection of malnutrition cases. **Option B: Based on information we have collected we should engage in an exclusive breastfeeding communication campaign to encourage breastfeeding as a means of protecting infants against HxNy and diarrheal diseases.** **Option C: We are seeing some concerning indications that malnutrition increased during the outbreak. We should do a rapid nutritional assessment and consider safely expanding the program.**	• Email from Health PM outlines the key sectoral challenges that need to be addressed • Thisland Health Coordination Group sit rep • GHO regional report	Option A: Given that HxNy case numbers are still high (90k+ weekly cases), it is premature to encourage group gatherings like Mother-to-Mother support groups at this stage with no change. Option B: The GHO briefing and program updates detail that breastfeeding is safe despite HxNy. Rumor monitoring indicates that mothers are unwilling to breastfeed due to concerns about transmitting the disease to children. This would be an important issue to address, especially with reduced attendance to the clinic. Option C: While there are some early indications that malnutrition rates are increasing, data is limited; further information would be needed before launching a well-designed and informed response.
7.9	Meeting with Regional Director (James) - Part 5	Priorities and secondary effects for WASH	**Option A: Due to the fact that water supply is a significant issue, especially in the IDP settlements, we should focus on supporting water infrastructure maintenance and the construction of additional boreholes.** Option B: We should focus on access to clean water in IDP camps by engaging in direct safe and controlled distribution of water to	Email from the WASH PM (Maryam) outlines key sectoral challenges	Option A: This is a resumption of READY's pre-outbreak WASH activities and would address immediate issues caused by the outbreak related to the provision and maintenance of water and sewage infrastructure. READY would already have procured many of the parts and have the staff, making this a feasible programming recommendation. Option B: Water trucking is not sustainable and is an interim emergency stop gap measure. Longer

			households and institutions via water trucking to address shortages.		term solutions should be considered to address issues with water supply. Option C: Supply side WASH initiatives require time, infrastructure improvements, and sustained investment. Given the immediate household needs, READY should focus on more household level interventions. Advocacy for supply side interventions can be a longer-term aim.
			Option C: We should quickly assess the market to determine the feasibility of a market-based approach to support water and sanitation suppliers through cash grants to reactivate their services.		
			Option D: We should focus on providing support through cash and voucher assistance to support and re-establish household income and purchasing power to help households access WASH services and commodities.		

ANNEX 8

HANDOUT FOR SMALL GROUP DISCUSSION

HANDOUT FOR SMALL GROUP DISCUSSION

TOPIC 1: OPERATIONAL READINESS

TURN 3

EMAIL TO READY COUNTRY DIRECTOR (AFREEN)

SELECT TOP TWO PRIORITIES FOR **INTERNAL READINESS FUNDING**

OPTION A: Procure surgical face masks, hand sanitizer, soap, supplies for hand washing stations, buckets, and cleaning supplies.

OPTION B: Conduct remote training on IPC protocols for all sectors, develop community engagement strategy.

OPTION C: Procure face shields, masks (N95), surgical gowns, and gloves for all staff.

OPTION D: Request health technical advisor to conduct a risk assessment and revise outbreak-specific SOPs and organizational policies.

OPTION E: Procure rapid influenza diagnostic tests for clinic and staff.

TOPIC 2: PROGRAMMATIC ADAPTATION

TURN 4

EMAIL TO READY COUNTRY DIRECTOR (AFREEN)

SELECT ONE PRIORITY **HEALTH** PROGRAM ADAPTATION

OPTION A: Establish separate triage in clinics for suspected cases, refer severe cases, and support patients and families to isolate mild/moderate cases at home.

OPTION B: In coordination with the MoH, increase number of clinic hours to limit overcrowding in health facilities.

OPTION C: Coordinate with MoH to optimize referral pathways between PHCs and government hospitals and advocate for continuity of primary healthcare & WASH services.

SELECT ONE PRIORITY **NUTRITION** PROGRAM ADAPTATION

OPTION A: Train CHWs to teach mother/caregivers to identify SAM with MUAC tapes at home and emphasize breastfeeding as a safe option.

OPTION B: Reduce number of IYCF groups to limit the possibility of exposure and transmission.

OPTION C: Reduce the frequency of follow-up for children with uncomplicated severe wasting by increasing the take-home ration of RUTF and other nutrition commodities.

SELECT ONE PRIORITY **WASH** PROGRAM ADAPTATION

OPTION A: Shift cash and voucher assistance (CVA) to NFI distributions of household water storage and treatment products.

OPTION B: Provide face masks and training for water-point attendants to conduct HxNy hygiene awareness campaigns and rumor monitoring; shift to off-peak borehole repairs.

OPTION C: Give hygiene kits with personal handwashing stations to CVA participants and conduct targeted hand and respiratory hygiene communication campaigns according to RCCE feedback.

SELECT ONE PRIORITY **FSL** PROGRAM ADAPTATION

OPTION A: Pause CfW and expand the unconditional food assistance using a cash- or voucher-based modality.

OPTION B: Promote small scale agricultural production through the provision of agricultural inputs and training.

OPTION C: Work with local vendors to shift to in-kind food assistance to address market closures and shortages.

TOPIC 3: PROGRAMMATIC EXPANSION

TURN 5

EMAIL TO READY COUNTRY DIRECTOR (AFREEN)

SELECT TWO RECOMMENDA-TIONS FOR **PROGRAM EXPANSION:**

OPTION A: Expand CHW program with Thisland Relief to provide training, supervision, and logistical support to expand outreach; work with community stakeholders and to develop a community engagement strategy including community led action plans and mobilizers to combat the spread of HxNy.

OPTION B: Take-over 5 existing PHCs to the North of Murelle; work with WASH to include PC and environment health waste management in facilities.

OPTION C: Expand WASH program to include IPC and environmental health waste management interventions to government health facilities.

OPTION D: Expand number of households and reach of unconditional food assistance utilizing a cash-based modality; train additional community mobilizers to provide messaging at distribution points; Scale up acute malnutrition treatment capacity as children are likely to become more malnourished in a highly infectious disease context.

TOPIC 4: SECONDARY EFFECTS OF THE OUTBREAK

TURN 7

MEETING WITH REGIONAL DIRECTOR (JAMES)

PRIORITIES AND SECONDARY EFFECTS FOR **HEALTH:**

OPTION A: We need to address health care access, especially for women and children, by expanding our RCCE work with Thisland Relief. We need to ensure integration among all sectors for better health outcomes.

OPTION B: It is clear we need to expand our programming to support more PHCs and to provide a fuller range of in-patient health care so that we are ready for the next epidemic.

OPTION C: We need to expand our health program to include child protection activities at the community level and integrate this with our other WASH, FSL, and nutrition programs.

OPTION D: We need to do more health policy advocacy and put more pressure on the government.

PRIORITIES AND SECONDARY EFFECTS FOR **FSL:**

OPTION A: The cost of food commodities has increased due to market disruptions. We should consider changing to in-kind food assistance. This could help mitigate the increase in price of food.

OPTION B: To help address healthcare access issues, READY should provide cash to cover 1 year of insurance for health services. We could work with the health team to develop and integrate this.

OPTION C: As soon as it is possible to gather safely, we should resume livelihood activities and expand the livestock program. It is key for READY to address the disruption to livelihoods and lack of income sources.

OPTION D: We should work with local vendors to pre-position supplies and have flexible framework agreements with financial service providers in place to position ourselves to respond quickly to subsequent outbreaks.

PRIORITIES AND SECONDARY EFFECTS FOR **NUTRITION:**

OPTION A: We should resume the mother-to-mother support groups as soon as possible. This would be a good opportunity to link the training for community detection of malnutrition cases.

OPTION B: Based on information we have collected, we should engage in an exclusive breastfeeding communication campaign to encourage breastfeeding as a means of protecting infants against HxNy and diarrheal diseases.

OPTION C: We are seeing some concerning indications that malnutrition increased during the outbreak. We should do a rapid nutritional assessment and consider safely expanding the program.

PRIORITIES AND SECONDARY EFFECTS FOR **WASH:**

OPTION A: Due to the fact that water supply is a significant issue, especially in the IDP settlements, we should focus on supporting water infrastructure maintenance and the construction of additional boreholes.

OPTION B: We should focus on access to clean water in IDP camps by engaging in direct safe and controlled distribution of water to households and institutions via water trucking to address shortages.

OPTION C: We should quickly assess the market to determine the feasibility of a market-based approach to support water and sanitation suppliers through cash grants to reactivate their services.

OPTION D: We should focus on providing support through cash and voucher assistance to support and re-establish household income and purchasing power to help households access WASH services and commodities.

ANNEX 9

FACILITATOR HANDOUT FOR SMALL GROUP DISCUSSION

FACILITATOR HANDOUT FOR SMALL GROUP DISCUSSION

INSTRUCTIONS:

Read "Key Contextual Information" out loud to help participants remember the decision being discussed.

Ask prompting questions, such as:

- *What option did you choose? Why?*
- *Did anyone else choose a different option? Why?*
- *What options did you not select? Why?*

Ask the "Summary Questions" below each decision for further discussion.

Apply this scenario to participants' own work. For example:

- *Have you experienced any aspects of this decision in your own work and organization?*

TOPIC 1: OPERATIONAL READINESS

Key Contextual Information:

- In Neighborland, the number of reported deaths from the outbreak of HxNy continues to increase.
- In Thisland, the government has yet to confirm any cases, despite growing rumors that the outbreak has reached the west of the country.
- Politics and fear of renewed unrest at both the national and regional levels are likely a factor in the government's hesitancy to make an announcement regarding suspected cases.
- The Thisland Health Coordination Group reports the first confirmed case of HxNy in Thisland; cases are primarily in the Western Province of the country.
- The READY Country Director informs the Team Lead (TL) that there is money available for readiness priorities and requests that the TL provide readiness priorities for operations and programs by end of day.

TURN 3

EMAIL TO READY COUNTRY DIRECTOR (AFREEN)

SELECT TOP TWO PRIORITIES FOR **INTERNAL READINESS FUNDING**

OPTION A: Procure surgical face masks, hand sanitizer, soap, supplies for hand washing stations, buckets, and cleaning supplies.

OPTION B: Conduct remote training on IPC protocols for all sectors, develop community engagement strategy.

OPTION C: Procure face shields, masks (N95), surgical gowns, and gloves for all staff.

OPTION D: Request health technical advisor to conduct a risk assessment and revise outbreak-specific SOPs and organizational policies.

OPTION E: Procure rapid influenza diagnostic tests for clinic and staff.

RATIONALE:

OPTIONS A AND B: OPTIMAL – *GHO has provided the TL with important information on the disease and appropriate measures. If the TL had the Health PM update and revised the READY readiness plan, there is useful guidance there, too. Other PMs have also provided input. Masks, hand sanitizer, sanitation and cleaning supplies are vital for limiting infection risks for an influenza-like illness and should be top priorities. Masks may soon become scarce as demand increases. Staff training or refreshers on IPCs is relatively simple to do, and community engagement is essential to effective response.*

OPTION C: SUBOPTIMAL – *Face shields are likely not necessary unless you're doing case management. N95 respirators provide added protection, but large numbers of surgical masks are a larger priority. Gowns can be procured and relaundered if necessary.*

OPTION D: SUBOPTIMAL – *There isn't time for a full risk in-person assessment by a visiting health technical advisor given possible travel restrictions. More general risk assessment will be available from several sources.*

OPTION E: SUBOPTIMAL – *In the GHO report, the TL learns that RIDTs are not able to test specifically for an influenza subtype, and therefore, this would not be an effective way to test for HxNy.*

Summary Questions:

- Describe the key areas of operational readiness when preparing for an infectious disease outbreak in your humanitarian context.
- What steps have you/your organization taken and what additional steps do you/your organization need to take?

TOPIC 2: PROGRAMMATIC ADAPTATION

Key Contextual Information:

- Four weeks have passed since the Global Health Organization declared a regional outbreak of the HxNy influenza.
- The situation in Neighborland is deteriorating rapidly as both numbers of cases and deaths have dramatically increased.
- In Thisland, the reported number of suspect cases has increased significantly, and the first deaths have been reported because of the virus. At present, cases have been detected primarily in the Western Province. However, case investigation from the MoH has recently detected cases in Murelle.
- To contain the outbreak, the government recently began to implement public Health measures, including media campaigns, an evening curfew, limits on "large gatherings," and movement restrictions for non-essential travel.
- Movement restrictions and adjusted market hours have targeted IDP communities.
- READY is in the process of making operational and programming adaptations based on the spread of HxNy to Murelle.
- The READY Country Director requests the TL to send recommendations by the end of day on how key sector specific program adaptations should be carried out based on the expected spread of cases.

TURN 4

EMAIL TO READY COUNTRY DIRECTOR (AFREEN)

SELECT ONE PRIORITY **HEALTH** PROGRAM ADAPTATION

OPTION A: Establish separate triage in clinics for suspected cases, refer severe cases, and support patients and families to isolate mild/moderate cases at home.

OPTION B: In coordination with the MoH, increase number of clinic hours to limit overcrowding in health facilities.

OPTION C: Coordinate with MoH to optimize referral pathways between PHCs and government hospitals and advocate for continuity of primary healthcare & WASH services.

RATIONALE:

OPTIONS A AND C: OPTIMAL – ***After hearing from senior staff, the TL decides on a series of program adaptations. In the health sector, modifying triage procedures or optimizing referral pathways are both good choices. There are not high numbers of cases in READY clinics yet, but given the case numbers in Neighborland, it is wise to take basic precautions to ensure the safety of staff, patients and the community.***

OPTION B: SUBOPTIMAL – *Increasing clinic hours puts additional strain on staff, and the TL has been informed by the Health PM that clinic staff are overstretched.*

SELECT ONE PRIORITY **NUTRITION** PROGRAM ADAPTATION:

OPTION A: Train CHWs to teach mother/caregivers to identify SAM with MUAC tapes at home and emphasize breastfeeding as a safe option.

OPTION B: Reduce number of IYCF groups to limit the possibility of exposure and transmission.

OPTION C: Reduce the frequency of follow-up for children with uncomplicated severe wasting by increasing the take-home ration of RUTF and other nutrition commodities.

RATIONALE:

OPTIONS A AND C: OPTIMAL – ***The TL is informed that breastfeeding is safe and carries a negligible risk of transmission. The Operations Manager's email with program updates also mentions engaging mothers and caretakers in early detection of malnutrition is important by promoting CHW engagement. Finally, READY has to adapt to government restrictions and NPIs, which include limiting group settings, especially as cases have already been detected in Murelle. The adaptations attempt to continue services, and follow-up in safe ways.***

OPTION B: SUBOPTIMAL – *Scaling back services should be avoided. Other options should be explored before resorting to a reduction in key services.*

SELECT ONE PRIORITY **WASH** PROGRAM ADAPTATION

OPTION A: Shift cash and voucher assistance (CVA) to NFI distributions of household water storage and treatment products

OPTION B: Provide face masks and training for water-point attendants to conduct HxNy hygiene awareness campaigns and rumor monitoring; shift to off-peak borehole repairs.

OPTION C: Give hygiene kits with personal handwashing stations to CVA participants and conduct targeted hand and respiratory hygiene communication campaigns according to RCCE feedback.

RATIONALE:

OPTIONS B AND C: OPTIMAL – ***Both are appropriate adaptations as they incorporate RCCE activities within the WASH response and focus adaptations on addressing transmission of a respiratory virus.***

OPTION A: SUBOPTIMAL – *Shifting the CVA to in-kind distributions of household water storage and treatment products are not a main priority because HxNy is not a water-borne disease.*

SELECT ONE PRIORITY **FSL** PROGRAM ADAPTATION:

OPTION A: Pause CfW and expand the unconditional food assistance using a cash- or voucher-based modality.

OPTION B: Promote small scale agricultural production through the provision of agricultural inputs and training.

OPTION C: Work with local vendors to shift to in-kind food assistance to address market closures and shortages.

RATIONALE:

OPTION A: OPTIMAL – ***In the meeting with Thisland Relief, it is recommended pausing the CfW program and shifting to a cash-based system, so this is a good option. In-kind assistance with local vendors could work too, although it could be more complicated and less flexible. Training and input support for agriculture would be a longer-term initiative - it will take too long before it benefits those in need, given the rapidly worsening situation.***

OPTIONS B AND C: SUBOPTIMAL – *Agricultural inputs will take time to come to fruition. In an acute crisis, it is not the most timely option. In-kind food assistance may further detract from the local market and would require distributions that may be high-risk due to the outbreak.*

Summary Questions:

- What specific information did you use to guide READY program adaptations and from what sources did you receive this information?
- What experience do you/your organization have in adapting programming in response to an outbreak?

TOPIC 3: PROGRAMMATIC EXPANSION

Key Contextual Information:

- Four weeks have passed since the TL enacted READY's program adaptations.
- The outbreak has now spread from Neighborland to both Thisland and Otherland. Cases and deaths continue to increase across the region.
- Donor response has been slow due to an initial focus on the outbreak in Neighborland, but in anticipation of this, the TL has asked program managers to send emails with recommendations for program expansions. In the meantime, the TL still has to manage the ongoing challenges that READY's current programs are facing.
- The READY Country Director requests the TL send multi-sectoral outbreak expansion plans in response to a donor call for concept notes

TURN 5

EMAIL TO READY COUNTRY DIRECTOR (AFREEN)

SELECT TWO RECOMMENDATIONS FOR **PROGRAM EXPANSION:**

OPTION A: Expand CHW program with Thisland Relief to provide training, supervision, and logistical support to expand outreach; work with community stakeholders and to develop a community engagement strategy including community led action plans and mobilizers to combat the spread of HxNy.

OPTION B: Take-over 5 existing PHCs to the North of Murelle; work with WASH to include IPC and environment health waste management in facilities.

OPTION C: Expand WASH program to include IPC and environmental health waste management interventions to government health facilities.

OPTION D: Expand number of households and reach of unconditional food assistance utilizing a cash-based modality; train additional community mobilizers to provide messaging at distribution points; Scale up acute malnutrition treatment capacity as children are likely to become more malnourished in a highly infectious disease context.

RATIONALE:

OPTION A: OPTIMAL – ***The MoH and Thisland Relief have requested expansion of the CHW program, and the TL has received positive feedback on this program.***

OPTION C: OPTIMAL – ***The MoH also requested expansion of the WASH program, which the WASH PM strongly supported in the email she sent outlining response priorities.***

OPTION B: SUBOPTIMAL – *Taking over 5 additional PHCs would be ambitious and might overtax READY's resources. The MoH Official noted that there are access and logistical challenges, and it is unclear whether READY had the capacity to take on this expansion.*

OPTION D: SUBOPTIMAL – *There is clearly a need for expanded FSL programming, as noted by READY's FSL PM and Thisland Relief, due to the loss of livelihood caused by the outbreak. There is no supply chain disruption for basic food items at this time, although it may become a problem if market disruption occurs. The reason the choice is suboptimal is that there is not yet data indicating malnutrition rates have increased.*

Summary Questions:

- What information did you use to guide READY program expansion and from what sources did you receive this information?
- What additional information/data would you have liked to receive that could have better informed your program expansion decisions?
- What are some of the challenges you have faced with program expansion during an outbreak response?

TOPIC 4: SECONDARY EFFECTS OF THE OUTBREAK

Key Contextual Information:

- It has been ten weeks since the increased insecurity and the peak of HxNy cases in Thisland.
- Case numbers remain high across the country, and with no vaccine available, the READY team has to think strategically about what they have been able to learn and how to adapt and brace for a potential second wave. With cases decreasing for the time being, the READY team feels the pressure easing on the health team as well as logistics.
- A new, effective anti-viral treatment for HxNy has been introduced. The treatment is not yet widely available in Thisland, but slowly supplies are increasing across facilities in the country. The treatment signals the possibility of an option that allows for homecare, and maybe even the possibility of reinstating services that had to be paused with more space at health facilities.
- This, coupled with the appointment of a popular, new national health minister, has muted protests across the country. Nevertheless, the situation remains very serious.
- The donor has responded to the Team Leads earlier requests for funding to respond to the influx of IDPs caused by recent instability.
- The READY Regional Director visits the team in Murelle to discuss the secondary effects of the outbreak and implications for programs moving forward.

TURN 7

MEETING WITH REGIONAL DIRECTOR (JAMES)

PRIORITIES AND SECONDARY EFFECTS FOR **HEALTH:**

OPTION A: We need to address health care access, especially for women and children, by expanding our RCCE work with Thisland Relief. We need to ensure integration among all sectors for better health outcomes.

OPTION B: It is clear we need to expand our programming to support more PHCs and to provide a fuller range of in-patient health care so that we are ready for the next epidemic.

OPTION C: We need to expand our health program to include child protection activities at the community level and integrate this with our other WASH, FSL, and nutrition programs.

OPTION D: We need to do more health policy advocacy and put more pressure on the government.

RATIONALE:

OPTIONS A AND C: OPTIMAL – ***The primary health concern following the outbreak is the decline in access to routine healthcare and MHPSS activities to address community mental health challenges could be integrated into existing PHC services. These were shared by several characters.***

OPTIONS B AND D: SUBOPTIMAL – *Option B, while ambitious, ignores the real operational and staffing challenges READY has with current programming. Option D would be a more appropriate option further down the pandemic trajectory. Throughout the outbreak the government has offered support, engaged in coordination, provided useful information, and put in place NPIs. Given the background information given, this does not seem like a current key area of focus of READY. It is not clear what the NGO's scope of influence is, nor staffing at the capital to carry this out.*

PRIORITIES AND SECONDARY EFFECTS FOR **FSL:**

OPTION A: The cost of food commodities has increased due to market disruptions. We should consider changing to in-kind food assistance. This could help mitigate the increase in price of food.

OPTION B: To help address healthcare access issues, READY should provide cash to cover 1 year of insurance for health services. We could work with the health team to develop and integrate this.

OPTION C: As soon as it is possible to gather safely, we should resume livelihood activities and expand the livestock program. It is key for READY to address the disruption to livelihoods and lack of income sources.

OPTION D: We should work with local vendors to pre-position supplies and have flexible framework agreements with financial service providers in place to position ourselves to respond quickly to subsequent outbreaks.

RATIONALE:

OPTION C: OPTIMAL – ***This is the most accurate answer because the inputs were already available for this activity, and the sense is that insecurity is subsiding and allowing for regular activities to resume in Myro. Livestock can also make households more resilient to future market shocks.***

OPTION A: SUBOPTIMAL – *Market disruptions have affected access to basic food supplies, and therefore, READY's cash-based modality of food assistance should be reassessed. However, the TL should consider the option of working with vendors to establish a voucher program, if possible, to avoid the shift to general food distribution. A change in modality would require a more purposeful market analysis and coordination around the change.*

OPTION B: SUBOPTIMAL – *There's been no indication that healthcare access due to monetary constraints is an issue for staff or the broader community, and this conversation is the first time it is brought up, so this option is incorrect.*

OPTION D: SUBOPTIMAL – *This answer is suboptimal because there are market disruptions in the supply chain that have not fully corrected given the insecurity. Market availability of food items and goods are outside of READY's sphere of control, so waiting would mean not responding to immediate needs.*

PRIORITIES AND SECONDARY EFFECTS FOR **NUTRITION:**

OPTION A: We should resume the mother-to-mother support groups as soon as possible. This would be a good opportunity to link the training for community detection of malnutrition cases.

OPTION B: Based on information we have collected, we should engage in an exclusive breastfeeding communication campaign to encourage breastfeeding as a means of protecting infants against HxNy and diarrheal diseases.

OPTION C: We are seeing some concerning indications that malnutrition increased during the outbreak. We should do a rapid nutritional assessment and consider safely expanding the program.

RATIONALE:

OPTION B: OPTIMAL – ***The GHO briefing and program updates detail that breastfeeding is safe despite HxNy. Rumor monitoring indicates that mothers are unwilling to breastfeed due to concerns about transmitting the disease to children. This would be an important issue to address, especially with reduced attendance at the clinic.***

OPTION C: OPTIMAL – ***For malnutrition, while there are some early indications that malnutrition rates are increasing, data is limited; further information would be needed before launching a well-designed and informed response.***

OPTION A: SUBOPTIMAL – *Given that HxNy case numbers are still high (90k+ weekly cases), it is premature to encourage group gatherings like Mother-to-Mother support groups at this stage.*

PRIORITIES AND SECONDARY EFFECTS FOR **WASH:**

OPTION A: Due to the fact that water supply is a significant issue, especially in the IDP settlements, we should focus on supporting water infrastructure maintenance and the construction of additional boreholes.

OPTION B: We should focus on access to clean water in IDP camps by engaging in direct safe and controlled distribution of water to households and institutions via water trucking to address shortages.

OPTION C: We should quickly assess the market to determine the feasibility of a market-based approach to support water and sanitation suppliers through cash grants to reactivate their services.

OPTION D: We should focus on providing support through cash and voucher assistance to support and re-establish household income and purchasing power to help households access WASH services and commodities.

RATIONALE:

OPTION A: OPTIMAL – ***This is a resumption of READY's pre-outbreak WASH activities and would address immediate issues caused by the outbreak related to the provision and maintenance of water and sewage infrastructure. READY would already have procured many of the parts and have the staff, making this a feasible programming recommendation.***

OPTION D: OPTIMAL – ***The issue of loss of income for members of the IDP and host-communities has been continually referenced in considering the secondary effects of the outbreak. Providing cash and voucher assistance allows the household to have control over purchasing the WASH commodities that they need.***

OPTION B: SUBOPTIMAL – *Water trucking is not sustainable and is an interim emergency stop gap measure. Longer term solutions should be considered to address issues with the water supply.*

OPTION C: SUBOPTIMAL – *Supply side WASH initiatives require time, infrastructure improvements and sustained investment. Given the immediate household needs, READY should focus on more household level interventions. Advocacy for supply side interventions can be a longer-term aim.*

Summary Questions:

- What did you prioritize in the recommendations you made to the Regional Director? Why? What else could have been prioritized? Did you agree with his feedback?
- What other secondary impacts of an outbreak have you experienced in a humanitarian context, and how were you able to address them with programming/coordination/advocacy?