INTRODUCTION

There are two main ways to play Outbreak READY 2!: Thisland in Crisis: individually (on their own) or as part of a larger group event. This guide is designed to support learners who are playing Outbreak READY 2! individually.

This resource is meant to guide learners as they play the simulation. It provides reflection questions for the learner to think about both during (Post-Chapter Reflection) and after (Post-Play Reflection) the simulation. It also includes answers to frequently asked questions and recommended time to spend on each chapter.

LEARNING OBJECTIVES

Outbreak READY 2! Thisland in Crisis provides learners an opportunity to test and apply the following skills:

1. **Applied epidemiology for clinical and public health response:** Implementing and coordinating a data-driven health response to an evolving infectious disease outbreak.

2. **Effective communication and community engagement:** Developing and implementing a RCCE strategy using a data-driven approach.

3. **Humanitarian Leadership:** Minimizing risks and vulnerabilities to crisis-affected people, staff, and partners throughout an outbreak response.

INTENDED AUDIENCE

While many humanitarians will benefit from Outbreak READY 2!: Thisland in Crisis, the simulation was specifically developed for the following team members from national and international non-governmental organizations (NGOs) preparing for or responding to outbreaks in humanitarian contexts:

- **Health Program Managers/Coordinators and Technical Advisors** responsible for both clinical and nonclinical health response activities
- **Staff with lead roles in Risk Communication and Community Engagement (RCCE)** (e.g., RCCE, social behavior change, and health promotion focal points)
- **Community Health Worker (CHW) Supervisors/Leads**
- **Health staff working as Child Safeguarding/Protection Focal Points**
PRIOR TO PLAY

What is my role in the simulation?
In Outbreak READY 2!: Thisland in Crisis, you will take the role of a Health Program Manager managing the health response for a medium-sized, international NGO named READY. You started this position a few months ago.

How is the simulation structured?
The simulation is structured in three Chapters and an Epilogue, which are further broken down into weeks. In each Chapter, you will have to gather information to make several Key Decisions about READY’s outbreak response.

Do I need to do anything before I start playing?
Please take a few minutes to familiarize yourself with background documents on the organization and local context (Thisland Country Brief; Map of Thisland; READY Humanitarian Program Portfolio; Profiles of Communities in the Eastern Province of Thisland) which are made available here: https://www.ready-initiative.org/outbreak-ready-simulations/outbreak-ready-2-thisland-in-crisis.
These documents provide important information including background on the ongoing conflict, challenges faced by the local communities, and the programs implemented by READY, the NGO you work for in the simulation. These documents will help you better understand the context and make it easier to play the simulation.

How long does the simulation take?
We recommend taking 3.5 hours to play the simulation. However, there is no strict timer that will force you along – the simulation is “player-led” which means that you as the player get to decide what actions you take when (and thus how long the simulation takes). Your progress is also saved at the end of each “week” within the simulation, so you can close the simulation and return at any time. This means that if you are unable to play all 3.5 hours at once, you can play in smaller blocks of time (e.g., 30-60 minutes at a time). However, it is recommended to play the entire simulation in one sitting (all 3.5 hours at once).

How do I play the simulation?
At the start of the simulation (after the introductory video), a “Tutorial” will guide you in how to play. You can return to the Tutorial at any time during the simulation by clicking the Tutorial icon at the stop of the screen. If you are “stuck” at any point during play (i.e., nothing is happening on your screen, and you don’t know where to click) there may be an action you have not taken yet. Have you...
- Read all of your emails?
- Opened all of the files?
- Read all of your chat messages on your phone?
- Spoken to all your READY colleagues?
- Visited every possible location on the map?
- Hint: Look for any icons that are in color (not in grey-scale) and/or that have a red asterisk icon next to it.

I’m ready to play! Where do I access the simulation?
Once you are ready to assume your role as Health Program Manager, you can access the simulation here: https://www.outbreakready-thislandincrisis.com/.
SIMULATION PLAY

Below is the amount of time we recommend you spend on each chapter, for a play time of 3.5 hours. This also includes reflection questions to think about at the end of each chapter and after completing the full simulation.

CHAPTER 1
Recommended play time: 45 minutes
Post-chapter reflection: 10 minutes
- How did you do on the Key Decisions? What could you have done differently?
- What challenges (if any) do you already foresee in this outbreak? What steps might READY and other partners (e.g., MoH, other NGOs) take to mitigate them?

CHAPTER 2
Recommended play time: 40 minutes
Post-chapter reflection: 10 minutes
- How did you do on the Key Decisions? What could you have done differently?
- What information did you learn from the community visits, and how did you use that information to adapt the RCCE strategy and CHW program?

CHAPTER 3
Recommended play time: 60 minutes
Post-chapter reflection: 10 minutes
- How did you do on the Key Decisions? What could you have done differently?
- There are many different types of data (e.g., epidemiological, RCCE, clinic). What were some of the data you used to make Key Decisions in Chapter 3? How did the data help you make those decisions? What additional types of data did you wish you had?

EPILOGUE
Recommended play time: 10 minutes
Post-epilogue reflection: 5 minutes
- How did your final outcome in the simulation compare to the best and worst possible outcome? What do you think you could have done differently for a better outcome?
Throughout the simulation, you engaged with many different types of actors. Who were the most important actors you engaged with, why were they important, and what did you learn from them? In your context, who would you prioritize coordinating with during an outbreak?

What are some factors that can bias, or influence, epidemiological data? For example, the initial Global Health Organization guidance said the Case Fatality Rate (CFR) of Enni Virus was 15%, but at the beginning of the outbreak, the CFR is significantly higher. Why might that be? What other examples can you think of in the simulation?

Maintaining essential services is critical in an outbreak, but it can be challenging. Can you think of a time when you had to balance priorities in an outbreak? Did you have to deprioritize any activities or services in order to take on the additional response activities? How did you go about making those difficult trade-offs?

Community engagement during an outbreak can be very challenging. Sometimes things do not go according to plan, or they have unintended consequences. Can you think of an example of a community engagement activity during an outbreak that went poorly? Why did it not go well, and what could have been done differently?

What key operational and programmatic readiness actions could you and your organization take to be prepared for a health response to a large-scale outbreak in your context?

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