Facilitator Guide
Emergency Simulation Training
Intended Audience for Simulation Training

- This simulation is designed to benefit a range of participants from the landscape of stakeholders involved in emergency supply chain and the broader landscape of emergency response, which include international partners, national and regional SC government officials, officials from the Ministry of Health, and private sector partners.
- Participants should be contacted for the training well in advance of the training date proposed to ensure good attendance. The location of the training should also be secured in advance.
- Participants contacted should be sent an electronic copy of the Response Quick Guide and the Participant Workbook to read in advance of the workshop. This “pre-read” will ensure a common foundation to the topic of Emergency Supply Chain components and protocols during the workshop.
- This training could be repeated annually to ensure that new individuals who join the ESC team learn the skills needed to respond effectively to a disease outbreak. Participants who completed the training should be recorded in the Training Attendance Tracker.

Learning Objectives

1. **Practice decision-making during an unfolding emergency**, including understanding and applying protocols for emergency response and using response tools and job aids.
2. **Understand and apply best practices on communication and coordination** between stakeholders (e.g., partner organizations, MoH officials).
3. **Understand types of disease outbreaks** (i.e., localized, regional, global) from a One Health perspective and their respective implications on emergency supply chain management for country-level actors.

Program Agenda

**Note on agenda:** The below table presents each component of the program with the time and materials required to complete it. The total time required for the full program is 1.5 days. However, the sections of the training are designed to be modular, so countries can use portions of the training as needed to fit their timing needs.

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Materials</th>
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<tbody>
<tr>
<td>90 Minutes</td>
<td><strong>Introduction to Emergency Supply Chain</strong></td>
<td>- Participant Workbook</td>
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<td></td>
<td><strong>Management &amp; Best Practices</strong></td>
<td>- Disease job aids</td>
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<td></td>
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<td>- Response Quick Guide</td>
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<td>Duration</td>
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<tr>
<td>15 Minutes</td>
<td>Coffee/Tea Break</td>
<td>Flipchart, Pen/pencils</td>
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<tr>
<td>15 Minutes</td>
<td>Introduction to Simulations</td>
<td>Role cards</td>
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<td></td>
<td></td>
<td>Case scenario, Written injects, Disease job aids, Response Quick Guide, Flipchart, Pen/pencils</td>
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<tr>
<td>15 Minutes</td>
<td>Coffee/Tea Break</td>
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<tr>
<td>135 Minutes</td>
<td>Scenario B: Outbreak in Refugee Camp</td>
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<td>15 Minutes</td>
<td>Coffee/Tea Break</td>
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<td>135 Minutes</td>
<td>Scenario C: Global Influenza Pandemic</td>
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<td>15 Minutes</td>
<td>Coffee/Tea Break</td>
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<td>60 Minutes</td>
<td>Final Debrief</td>
<td>Participant Workbook, 4 Flipcharts, Pen/pencils</td>
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**Elements of Simulation Materials to be Customized In-Country**

1. **Country names and references in simulation handouts (e.g., scenario cards, injects).** The simulation handouts referenced in this document have been customized for use in Cameroon. To that end, they include country-specific references such as locations (e.g., regions, cities, towns), and infrastructure (highways, the country CMS, a large hospital). A thorough reading of these materials prior to their administration is required so that these can be replaced for a workshop in a different country.

2. **Organizational chart.** The organizational chart on p. 11 of this document and p. 4 of the Participant Workbook has two points of customization to be executed on prior to administering
this training. The first is the overall structure outlining the division of roles and responsibilities, which should be adapted to the local context (e.g., space for international partners). The second is the space for names and contact information which should be filled out using the names of workshop participants.

3. **Moderator customization on speaker notes.** Pages 6-9 of this document contain an introduction to the nine components of ESC preparedness. In the Detailed Facilitator Notes of this section, space has been provided for the facilitator to supplement the definition and best practices of each component with country-specific notes and examples. It is recommended that the facilitator compile these notes prior to teaching the workshop so that s/he may draw on them while presenting.

### Supplies List

Below please find a checklist of all the supplies required to run this simulation training, along with a method of calculating the quantity based on the number of participants attending.

**List of supplies:**

*Note: where the quantity of the item is independent of the number of participants, it is written in this list. Where the quantity depends on the number of participants, reference the “How to calculate quantity” section just below.*

- ✓ 1 Facilitator Guide
- ✓ Participant Workbook
- ✓ Disease Job Aids
- ✓ Response Quick Guide
- ✓ Role cards
- ✓ Simulation hand-outs (including injects and case scenarios)
- ✓ Action Plan template
- ✓ Sample Guidelines for Scenarios A, B, and C
- ✓ 4 Flipcharts
- ✓ Pens/Pencils

**How to calculate quantity:**

1. Identify the number of workshop participants (here called X).
2. There should be X+1 Participant Workbooks, Response Quick Guides, Disease Job Aids, and Pens/Pencils (including one for you, the facilitator, to have)
3. Divide X by 5. If X is not divisible by 5, round down (e.g. 12 / 5 would = 2). This will be the number of teams that will independently go through the simulation exercises. This number is the number of sets of role cards and sample guidelines you need as well as sets of all the simulation hand-outs, because each team will get one of each.
4. To calculate the number of Action Plan templates to bring to the training, multiply the number of teams by 19. (This is because an Action Plan template is required to write each
action plan, and over the course of the three simulated scenarios 19 action plans will be written.)

Capturing Insights from Workshop

- Throughout the training, there are prompts in this guide to keep a running list of insights about what worked well, what could be improved, and specific notes around country and historical context.
- Record these insights in the Training Actions Tracker (which is included as part of the tools and templates from the Playbook). These insights should be consulted in future iterations of this training as materials are refreshed for future use.

Introduction:

ESC Management and Best Practices

Format: Plenary Discussion; Small Group Discussion

Timing: Total: 90 Minutes

Learning objectives: 5 minutes; ESC Components: 30 minutes; Protocols for outbreak response: 20 minutes; Org chart intro: 15 minutes; Communication + coordination best practices: 10 minutes; Types of outbreaks: 10 minutes

Equipment and Materials:
- Participant Workbook
- Disease Job Aids
- Response Quick Guide
- Flipchart
- Pen/pencils

Detailed Facilitator Notes

Present learning objectives, on p. 2 of Facilitator Guide

- Introduce yourself
- Walk through each learning objective
- Explain that the coming simulations will provide an opportunity to accomplish Learning Objective #1: practicing decision-making during an unfolding emergency
- Explain that the next 75 minutes will provide an opportunity to begin tackling Learning Objective #2: understanding and applying best practices on communication and coordination and Learning Objective #3: understanding types of disease outbreaks
- Mention that these Learning Objectives will come up later on in the workshop and to keep them top of mind
Instruct participants to flip to page 3 in the Participant Workbook, where the above visual is printed.

Walk them through the three categories of ESC Management: people and processes, commodity planning, and transport and logistics. Explain that people and processes are the structures that enable the ESC to function, that commodity planning involves identifying which commodities ESC is responsible for and how it will handle them, and transport and logistics involves understanding how commodities will get to the front lines.

For each of the nine components, explain the component and the related best practice(s):

### Governance and Org Structure:

**Definition:** Pre-defining who is responsible for developing and maintaining the ESC so that during an emergency, coordination is streamlined and plans are executed efficiently and without leadership voids.

**Best Practice:** (1) designate a clear chain of command with a qualified ESC lead and (2) identify all relevant partners who could be mobilized in an emergency response.

**Space for moderator on country-specific notes and/or examples:**
Financing:

**Definition:** identifying funding amounts required for emergency preparedness and response, the source of these funds, and procedures to access and disburse them.

**Best Practice:** (1) maintain a preparedness ESC budget and a response reserve fund and (2) develop expedited processes and protocols on fund release ahead of the outbreak.

**Space for moderator on country-specific notes and/or examples:**

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Triggers:

**Definition:** establishing thresholds that “trigger” the activation of the ESC.

**Best Practice:** pre-define trigger criteria which will activate ESC protocols for external triggers, linking to external emergency evaluation systems, and internal triggers.

**Space for moderator on country-specific notes and/or examples:**

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- **Pause here and summarize the People and Process module as “the structures that enable the ESC to function”**
- **Define the module’s output as “clear governance and processes to run the ESC”**
• *Ask the room for questions on the above definitions, best practices, and country-specific examples*

**Commodity forecasting:**

**Definition:** identifying types and specifications of commodities required to combat an outbreak and calculating the quantities necessary of each to deliver care in an emergency.

**Best Practice:** (1) use hazard assessment to focus commodity list, (2) specify commodities down to individual item (SKU) level, (3) perform quantity calculations in consultation with experts.

Space for moderator on country-specific notes and/or examples:

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**Procurement and sourcing:**

**Definition:** obtaining essential commodities from both local and international suppliers in preparation for an emergency response.

**Best Practice:** (1) identify sources of supplies (including local suppliers, regional stockpiles and international sources), (2) secure contracts with sources, and (3) establish procurement procedures by which countries will receive goods from these sources.

Space for moderator on country-specific notes and/or examples:

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**Stockpiling:**

**Definition:** having a critical quantity of essential commodities on hand nationally or earmarked regionally to enable effective emergency response before ESC can re-supply.
**Best Practice:** (1) earmark specific quantities of emergency commodities from regional stockpiles and (2) rotate commodities from national ESC stockpile through routine supply chain to prevent waste due to expiry.

**Space for moderator on country-specific notes and/or examples:**

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- Pause here and summarize the Commodity Planning module as “identifying which commodities the ESC is responsible for”
- Define the module’s output as “stockpiled commodities based on an up-to-date hazard assessment”
- Ask the room for questions on the above definitions, best practices, and country-specific examples

**Warehousing and storage:**

**Definition:** preparing storage infrastructure to manage inventory of essential commodities during an epidemic.

**Best Practice:** (1) assess owned government capacity to store essential commodities (taking into account cold chain considerations) and (2) create a plan through partnerships to fill gap between total required capacity and owned government capacity through temporary warehousing and permanent storage.

**Space for moderator on country-specific notes and/or examples:**

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**Transportation and waste management:**

**Definition:** determining how commodities will flow from stockpiles and storage facilities to service delivery points, and how waste will be safely disposed of from there.
Best Practice: (1) map transport routes and waste disposal facilities, (2) identify transport options, and (3) draft contracts with transport providers to be activated during an emergency.

Space for moderator on country-specific notes and/or examples:

Data visibility:
Definition: documenting tracking data of commodities to (1) enable re-supply and (2) meet donor requirements.

Best Practice: assess current inventory management system (if existing) and, where necessary, implement a new tracker that meets above criteria.

Space for moderator on country-specific notes and/or examples:

- Pause here and summarize the Transport and Logistics module as “determining how commodities will get to where they need to go”
- Define the module’s output as “storage and transportation arrangements in place to move commodities”
- Ask the room for questions on the above definitions, best practices, and country-specific examples

Plenary 20
Discussion Mins Present protocols for outbreak response, on p. 3 of Participant Workbook (and handed-out Reponse Quick Guide)
Instruct participants to flip to page 3 in the Participant Workbook, where the above visual is printed.

Explain that this visual comes from the back of the Disease Job Aid, one of the management tools created by USAID to assist in emergency preparedness and response and a part of the “Playbook in a Box” materials.

Draw attention to the two types of activities in emergency response: ongoing and immediate.

Explain that certain protocols, like holding an initial meeting with the EOC logistics function (Protocol #3) must happen immediately, whereas others, like ensuring ESC safety, are repeated through the emergency response.

Assign participants into 12 groups based on who they are sitting near. Instruct these groups to talk over the protocol amongst themselves for 5 minutes, and then to share back with the larger group in plenary.

Give the participants an opportunity to read through the Response Quick Guide for 10 minutes in small groups.

Plenary Discussion Minutes

Present organizational chart with stakeholders, on p. 4 of Participant Workbook
Instruct participants to flip to page 4 in the Participant Workbook, where the above visual is printed.

Emphasize the cross-organizational nature of successful ESC management (i.e. it takes stakeholders from all levels of government, private sector capacity and expertise, and international partners to effectively handle emergency response).

Facilitate introduction of each part of the organizational chart, beginning with National ESC Leadership and continuing through International Partners. For each part of the chart, have representatives of those organizations introduce themselves, what they do and what their role is in emergency response.

Present best practices in communication and coordination, on p. 5 of Participant Workbook.
Instruct participants to flip to page 5 in the Participant Workbook, where the above visual is printed.

Explain that ensuring effective ESC communication and coordination involves two steps: (1) laying a strong network of stakeholders pre-emergency and (2) using this network to coordinate during an emergency.

Reference that the left-hand column on the visual contains best practices for Step 1 and the right-hand column contains best practices for Step 2. Walk participants through each bullet.

Ask participants to add to this list by reflecting on their own experiences. Prompt them with questions like: “What has been done well relating to communication and coordination?” “What needs to change?”

Keep a running list of these best practices on a flip chart to incorporate them into these materials after training.

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Present types of outbreaks and potential implications, on p. 6 of Participant Workbook
Instruct participants to flip to page 6 in the Participant Workbook, where the above visual is printed.

Explain the characteristics of each type of outbreak, located on the “Description” column of the chart, and ask participants to name an example of each to ensure a common understanding of the different scales at which an outbreak can occur.

Walk the participants through the chart, discussing each supply chain management implication for each type of outbreak.

Conclude by noting that it is possible for the same outbreak to change scale, specifically for a localized or regional outbreak to become a widespread pandemic, especially if proper ESC preparedness and response measures are not effectively implemented.

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**Brief Introduction to Simulations**

**Format:** Plenary discussion

**Timing:** 15 Minutes

**Equipment and Materials:**
- Role cards

**Detailed Facilitator Notes**

- Explain that we are about to move into the Simulation portion of the training.
• Highlight that the simulation is not designed to test or evaluate individual participants. Explain instead that its purpose is to give participants the opportunity in a low-stakes environment to practice implementing what they know about ESC management in teams.

• Instruct teams to count off from 1-5. (If the number of participants in the room is not exactly divisible by 5, distribute the extra people over multiple teams.) Explain that there are 5 roles per team in the simulation and explain that if there are more than 5 people per group, two people will have to pair up and play one role. Have participants introduce themselves to their group. This introduction should include their name, their current “real life” role, and their involvement (if any) in the emergency supply chain.

• Hand out one of each laminated role card (see example below) to each team member such that people are playing roles different from their “real life” role. Explain that this will encourage them to experience a different perspective in emergency supply chain response coordination, one of the objectives of this training. Instruct each team member to spend a few minutes reading over their role and introducing themselves in character to their team.

• The 5 roles each team should have are ESC lead, procurement lead, transport and distribution lead, warehousing and storage lead, and international partner. Explain that all members of the team (except the international partner) report to the ESC Lead.

You are playing the ‘ESC Lead’ in this simulation. You were appointed six months ago by the Minister of Health because of your reputation as a good manager of people despite not having a medical background. You are hoping to build a team of technical experts to complement your government experience. While you welcome the responsibility to lead the ESC Team in preparation and response efforts, you know how hard it is to balance this work with your full-time role at the Ministry of Health. However, you know that if and when the time comes your job is to coordinate all aspects of the emergency supply chain and manage your ESC team.

• Go over the basic rules of the simulation: (1) use your knowledge of ESC management gained from this introduction and from the protocols to inform your decisions and (2) work as a team.

• If the team is stuck or needs additional help at any point, suggest that they use their playbook materials.
Scenario A

Format: Role Play; Plenary Discussion

Timing: Total: 135 Minutes

Initial situation: 15 minutes; Inject #1: 15 minutes; Inject #2: 15 minutes;
Inject #3: 15 minutes; Inject #4: 15 minutes; Review action plans: 15
minutes; Debrief: 45 minutes

Equipment and Materials:
- Case scenario
- Written injects
- Disease job aids
- Response Quick Guide
- Flipchart
- Pen/pencils

Detailed Facilitator Notes

Role Play 15 Minutes

Introduce Initial Situation to Teams

- Hand out the scenario card for Scenario A (below), one per team.
- Hand out one Action Plan template to each team (see below). Be
  sure to mention that teams are not required to take up the whole
  page.
Role Play 15 Minutes

- Explain to each team that their task is to develop an Action Plan based on the information found on their scenario card. Explain that the Action Plan should have the following characteristics:
  - Each team must complete each Action Plan within 15 minutes
  - Action Plan should contain a bulleted list of action items
  - Action Plan should be written in response to team-wide discussion immediately following the receipt of new information
  - Where applicable, each action item should reference which role is responsible for its execution.
  - Each action item should have the level of specificity of the following example: “Action: Create waste management plan in affected region. Owner: Transport and Distribution Lead.”

Action Plan Template

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner(s)</th>
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Administer Inject #1

- Review each team’s first Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.
• Give Procurement lead from each team a copy of Inject #1 (below).

Inject #1 – 10 Days Later (given 15 min into the simulation to the Procurement Lead)

From: Regional Stockpile Manager, Accra
To: Procurement Lead, Cameroon
Subject: Stockpiles on Key Commodities

Dear Procurement Lead - Cameroon,

In response to your inquiry, I’d like to inform you that our stockpiles are dwindling rapidly due to the recent spread of Ebola in Gabon. Unfortunately, we have had to dip into the stockpile earmarked for you as a result. Therefore, we project it may take up to 8 weeks to receive replenishment of the same commodities.

Please let me know if you have any questions.

Best,
Regional Stockpile Manager, Accra

• Inform team members that they must create another Action Plan in response to this new information, which will be collected in 15 minutes.

• Hand out another Action Plan template.

Role Play 15 Minutes

Administer Inject #2

• Review each team’s second Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.
• Announce to the room there is a news alert. Give each team a copy of Inject #2 (below).

Inject #2 (given 30 min into the simulation to all participants) – day 25

**Journal du Cameroun.com**

**BREAKING: Hemorrhagic fever death in Yaoundé, possible link to Ebola.**

Several hours ago, the Central Hospital of Yaoundé, Cameroon’s largest and best-respected hospital, confirmed that a patient died from a hemorrhagic fever with symptoms resembling Ebola. Hospital officials, however, have not confirmed whether or not the cause of death was the Ebola virus disease. When contacted for comment, officials from the Ministry of Health urged calm and resisted drawing any conclusions that the disease is in fact Ebola.

• Inform team members that they must create another Action Plan in response to this new information, which will be collected in 15 minutes.
• Hand out another Action Plan template.
• At some point during the team’s work, interrupt the group to say that the Minister of Health is calling the ESC lead for an urgent update. Put the ESC lead on the spot to give an update. In the role of Minister of Health, push the lead hard for what he/she is doing to respond.

**Administer Inject #3**

• Review each team’s third Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.
Announce to the room there is a news alert. Give each team a copy of Inject #3 (below).

Inform team members that they must create another Action Plan in response to this new information, which will be collected in 15 minutes.

Hand out another Action Plan template.

Administer Inject #4

Review each team’s fourth Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.
Announce to the room there is a news alert. Give each team a copy of Inject #4 (below).

Inform team members that they must create another Action Plan in response to this new information, which will be collected in 15 minutes.

Review each team’s fifth Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.
Review Action Plans – Break for Teams

- Collect all Action Plans from each team.
- While participants take this break, review each team’s Action Plans. You should have a total of 5 Action Plans per team.
- Compare each against the following sample guidelines, and, based on a holistic evaluation, assign Ending #1 or Ending #2 (see sample guidelines below)

Plenary
Discussion
45
Minutes
Debrief
Announce Endings (5 minutes):
• Read both case scenario endings (see below for text) to the large group, announcing which team had which ending:
  Ending #1: “Disease is contained”
  Ending #2: “Initial containment measures fail to prevent a widespread epidemic”
• Announce which teams received which endings.

**Group Work (25 minutes):**

• Instruct teams to note reflections on the first simulation as whole on p. 7 of the Participant Workbook.
• Distribute model set of actions to each team along with their 5 Action Plans.
• Instruct teams to review the model set of action items (on the sample guidelines) and to compare them against the action items they wrote.
• Instruct teams to discuss as a group what they did and did not do well.
• Instruct teams to synthesize key learnings/takeaways.
• During this group work, spend time with each team and engage team members in a conversation around other kinds of actions they might have considered in response to the information in the scenario, using the sample guidelines as a reference.

**Wrap-Up (15 minutes):**

• Instruct participants to take their seats in plenary
• Ask each participant to describe, in a word, how they felt doing the exercise (e.g., energized, stressed)
• Ask (at a minimum) one representative from each team to discuss takeaways from the small group. Record these on a flipchart to review after training.
Scenario B

Format: Role Play; Plenary Discussion

Timing: Total: 135 Minutes
   Initial situation: 15 minutes; Inject #1: 15 minutes; Inject #2: 15 minutes; Inject #3: 15 minutes; Inject #4: 15 minutes; Review action plans: 15 minutes; Debrief: 45 minutes

Equipment and Materials:
- Case scenario
- Written injects
- Disease job aids
- Response Quick Guide
- Flipchart
- Pen/pencils

Detailed Facilitator Notes

Role Play 15 Minutes

Introduce Initial Situation to Teams

- Hand out the scenario card for Scenario B (below), one per team.

Scenario B initial situation description (given to all participants) – day 0

**Situation**

The Minister of the Environment has just called the Ministry of Health to report the sudden death of at least 40 hippos in Bénoué National Park, one of Cameroon’s largest wildlife reserves. These hippos, according to Bénoué National Park’s Site Director, are believed to have all died in the last week, although the cause is unknown. While the Site Director suggested the deaths might be part of the population’s natural lifecycle, the Minister of the Environment raised the concern that the cause might be anthrax. Additionally, because anthrax is historically endemic to the region, she suggested the Minister of Health coordinate a vaccination campaign for people living near the National Park. In any case, she promised to report back once the park’s Site Director had the chance to work with the Veterinary Services team to determine the cause of death.

- Hand out one Action Plan template to each team (see below). Be sure to mention that teams are not required to take up the whole page.
• Explain to each team that their task is to develop an Action Plan based on the information found on their scenario card. Explain that the Action Plan should have the following characteristics:
  ✓ Each team must complete each Action Plan within 15 minutes
  ✓ Action Plan should contain a bulleted list of action items
  ✓ Action Plan should be written in response to team-wide discussion immediately following the receipt of new information
  ✓ Where applicable, each action item should reference which role is responsible for its execution.
  ✓ Each action item should have the level of specificity of the following example: “Action: Create waste management plan in affected region. Owner: Transport and Distribution Lead.”

Role Play 15 Minutes

Administer Inject #1

• Review each team’s first Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.
Role Play 15 Minutes

Administer Inject #2

- Review each team’s second Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.
• Give Procurement Lead from each team a copy of Inject #2A (below)

Inject #2A (given 30 min into the simulation to the Procurement Lead) – day 30

From: Central Medical Stores Inventory manager
To: Procurement Lead - Cameroon
Subject: Stock-out of protective footwear

Dear Procurement Lead – Cameroon,

In response to your inquiry, I regret to inform you that our national stockpile is indeed stocked out of protective footwear. Unfortunately, we had quite low levels of this commodity to begin with, never having restocked from the most recent anthrax outbreak several years ago due to an error in our logistics management data system. Compounding this is the fact that nearly all our remaining stock was distributed and used near Bénoué National Park per a direct order by the Ministry of Health, and we have virtually none left for those living in Garoua. We are trying to remedy the situation as quickly as possible but we project it may take up to 5 weeks to receive our next shipment from Dubai.

Best,
Central Medical Stores Inventory manager

• Give Transport and Distribution Lead from each team a copy of Inject #2B (below)
Inform team members that they must create another Action Plan in response to this new information, which will be collected in 15 minutes.

Hand out another Action Plan template.

Administer Inject #3

Review each team’s third Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.
• Announce to the room there is a news alert. Give each team a copy of Inject #3 (below)

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<thead>
<tr>
<th>Inject #3 (given 45 min into the simulation to all participants) – day 45</th>
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<tbody>
<tr>
<td><strong>BREAKING: 100 people infected and 40 dead due to anthrax in the North of Cameroon</strong></td>
</tr>
<tr>
<td>The Anthrax outbreak ravaging Cameroon’s national parks has intensified, affecting both animal and human populations and spreading to the neighboring German area. In addition to animal deaths, over 100 human cases have been reported, with 40 fatalities. It is believed that infected individuals acquired the infection from eating infected bushmeat. Park staff have requested access to personal protective equipment given the need to dispose of animal carcasses.</td>
</tr>
<tr>
<td><strong>Following confirmation of Cameroon anthrax epidemic, international response mobilized</strong></td>
</tr>
<tr>
<td>This morning at a press conference in Yaoundé’s Palais des Congrès, the World Health Organization and UNICEF, accompanied by other international aid organizations, publicly pledged support to Cameroon in its fight to contain the newly intensified anthrax outbreak. Cameroon’s Prime Minister expressed optimism that with the help of the international community his government could make better strides.</td>
</tr>
</tbody>
</table>

• Inform team members that they must create another Action Plan in response to this new information, which will be collected in 15 minutes.
• Hand out another Action Plan template.
• At some point during the team’s work, interrupt the group to say that the Minister of Health is calling the ESC lead for an urgent update. Put the ESC lead on the spot to give an update. In the role of Minister of Health, push the lead hard for what he/she is doing to respond

15 Minutes

• Administer Inject #4

• Review each team’s fourth Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.
• Give the Transport and Distribution Lead from each team a copy of Inject #4 (below)

**Inject #4 (given 60 min into the simulation to the Transport and Distbn Lead) – day 60**

| From: UNICEF Warehouse Director, Dubai |
| To: Transport and Distribution Lead - Cameroon |
| Subject: Problems at Cameroon Customs |

Dear Transport and Distribution Lead – Cameroon,

I would like to inform you that our anthrax response supplies have been stopped again by Cameroonian Customs, this time across all our shipments. They claim we are missing important documentation identifying ourselves as humanitarian actors and our commodities as humanitarian goods. They said that until proper documentation is processed and approved, our goods will remain at the border. Moreover, they informed us these goods will be taxed and charged a handling fee, which is at odds with what you told us in our standing agreement. Will you be paying these tariffs and fees, as well as the demurrage charges, while all this gets sorted out? If not resolved soon this situation will affect our ability to support the ongoing anthrax response.

Best,

UNICEF Warehouse Director, Dubai

• Inform team members that they must create another Action Plan in response to this new information, which will be collected in 15 minutes.

• Review each team’s fifth Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.
### Review Action Plans – Break for Teams

15 Minutes

- Collect all Action Plans from each team.
- While participants take this break, review each team’s Action Plans. You should have a total of 5 Action Plans per team.
- Compare each against the following sample guidelines, and, based on a holistic evaluation, assign Ending #1 or Ending #2 (see sample guidelines below)

### SCN8: Example list of actions to facilitate discussion

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Actions</th>
<th>Owner</th>
</tr>
</thead>
</table>
| Initial Scenario | - EEC lead to contact veterinary animal health experts from relevant government ministries (e.g. Ministry of Livestock) and identify any additional commodities necessary in regional or outbreak scenarios.  
- EEC lead to coordinate livestock animal care and veterinary function of EOC to be included in response plan.  
- WAFS lead to assess capacities for livestock diseases and update stock levels in livestock management system.  
- TBD and WAFS lead to move stocks from check posts to pre-positioning sites in the north.  
- Contact all regional and local individuals involved in EEC to communicate response plan. | EEC Lead |
| Inject 1 | - Procurement lead to identify commodities so procure based on urgence commodity list and international experts.  
- TBD lead to contact vendors to ensure expedited treatments of commodities and share protocols with remitted partners and suppliers.  
- TBD and WAFS lead to refine national response plans with identified transport contacts (e.g. third-party logistics, army) with capacity to access parts and the northern city of Garsua.  
- Procurement lead to conduct quantity forecast and contact suppliers for re-supply.  
- Inform international partners and neighboring countries that emergency response has officially been triggered. | PL/JP, TBD Lead |
| Inject 2 | - TBD and WAFS lead to refresh national response plans, focusing on alternative options such as air transport through partners and temporary warehousing.  
- Procurement lead to contact international partners, suppliers, and private sector to plug shortage of protective footware.  
- TBD lead to continue reweathering and implementing proper worker safety protocols for all EEC staff (e.g. those handing animal carcasses).  
- WAFS lead to update information management system with livestock stocks levels and adjust re-supply. | TBD/WHO |
| Inject 3 | - Send Personal Protective Equipment to partner staff.  
- Procurement lead to update forecast based on new ex-ante commodity list and add capacity to access parts and the northern city of Garsua.  
- TBD lead to conduct quantity forecast and contact suppliers for re-supply.  
- Inform international partners and neighboring countries that emergency response has officially been triggered.  
- Conduct ceased animal health risk assessment with international partners and Ministry of Agriculture and discuss supply chain imp.lications. | PL, ALL |
| Inject 4 | - TBD lead to contact customs authority to expedite handling of commodities by informing them of protocols put in place.  
- EEC lead to assess needs of customs to higher-level government officials.  
- Procurement lead to continue to contact suppliers and private sector partners to try to secure alternate sources of commodities (e.g. BoTens).  
- WAFS lead to update information management system with new suppliers and current stock levels of key commodities. | TBD, EEC Lead, PL |

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**Disease is contained**

**Initial containment measures fail to prevent a widespread epidemic**
Debrief

Announce Endings (5 minutes):

- Read both case scenario endings (see below for text) to the large group, announcing which team had which ending:
  Ending #1: “Disease is contained”
  Ending #2: “Initial containment measures fail to prevent a widespread epidemic”
- Announce which teams received which endings

Group Work (25 minutes):

- Instruct teams to note reflections on the first simulation as whole on p. 8 of the Participant Workbook.
- Distribute model set of actions to each team along with their 5 Action Plans.
- Instruct teams to review the model set of action items (on the sample guidelines) and to compare them against the action items they wrote.
- Instruct teams to discuss as a group what they did and did not do well.
- Instruct teams to synthesize key learnings/takeaways.
- During this group work, spend time with each team and engage team members in a conversation around other kinds of actions they might have considered in response to the information in the scenario, using the sample guidelines as a reference.

Wrap-Up (15 minutes):

- Instruct participants to take their seats in plenary
- Ask (at a minimum) one representative from each team to discuss takeaways from the small group. Record these on a flipchart to review after training.

Scenario C

Format: Role Play; Plenary Discussion

Timing: Total: 120 Minutes

Initial situation: 15 minutes; Inject #1: 15 minutes; Inject #2: 15 minutes; Inject #3: 15 minutes; Review action plans: 15 minutes; Debrief: 45 minutes
Equipment and Materials:
- Case scenario
- Written injects
- Disease job aids
- Response Quick Guide
- Flipchart
- Pen/pencils

Detailed Facilitator Notes

Role Play 15 Minutes

Introduce Initial Situation to Teams

- Hand out the scenario card for Scenario C (below), one per team.

![Scenario C initial situation description](image)

- Hand out one Action Plan template to each team (see below). Be sure to mention that teams are not required to take up the whole page.
• Explain to each team that their task is to develop an Action Plan based on the information found on their scenario card. Explain that the Action Plan should have the following characteristics:
  ✓ Each team must complete each Action Plan within 15 minutes
  ✓ Action Plan should contain a bulleted list of action items
  ✓ Action Plan should be written in response to team-wide discussion immediately following the receipt of new information
  ✓ Where applicable, each action item should reference which role is responsible for its execution.
  ✓ Each action item should have the level of specificity of the following example: “Action: Create waste management plan in affected region. Owner: Transport and Distribution Lead.”

**Administer Inject #1**

• Review each team’s first Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.
Announce to the room there is a news alert. Give each team a copy of Inject #1 (below).

**Inject #1 (given 15 min into the simulation to all participants) – day 7**

**H7N9 already deadliest flu outbreak in a decade**

The new death toll of the H7N9 avian influenza is now at 150,000, which is up from zero. Now, the number of cases has increased across East and Southeast Asia. In the last week, however, it has begun to claim victims in its second continent: Africa, with at least 10 confirmed deaths in South Africa. This new figure officially marks the outbreak as the deadliest of its kind in the last decade, considerably worse than the 2003 outbreak of the same disease. Yet public health experts warn that the worst is yet to come, describing the iteration of the virus as a “more highly pathogenic strain” with “much greater potential to cause severe illness.”

**BREAKING: Patient officially diagnosed with H7N9 influenza in Yaoundé**

Last night, a young man was diagnosed with H7N9 in the Central Hospital of Yaoundé, marking the first official instance of the disease in Cameroon. Country officials are in a state of alarm, but a source of panic has already hit some cities due to the stress of floods. In Patrick, the Ministry of Livestock is exploring a possible order for mandatory poultry cull.

Inform team members that they must create another Action Plan in response to this new information, which will be collected in 15 minutes.

Hand out another Action Plan template.

At some point during the team’s work, interrupt the group to say that the Minister of Health is calling the ESC lead for an urgent update. Put the ESC lead on the spot to give an update. In the role of Minister of Health, push the lead hard for what he/she is doing to respond.
Role Play 15 Minutes

- Review each team's second Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.

- Announce to the room there is a news alert. Give each team a copy of Inject #2 (below).

**Inject #2 (given 30 min into the simulation to all participants) – day 25**

**International partners offer rapid support to Cameroon despite spreading H7N9**

Despite new information that the virus has spread internationally, international partners such as the World Health Organization and UNICEF report limited capacity to support Cameroon, citing a more dire need for their resources in other areas around the globe. Cameroon's Minister of Health, in a statement expressed disappointment, pleading that without the proper international support, Cameroon would end up in the same situations as other countries.

**Hundreds of chicken farmers protest following government-initiated poultry cull after thousands of bird deaths**

Last week, Cameroon's poultry farmers demonstrated in front of the Ministry of Livestock in Yaoundé. They generated to publicly demand an end to the recently implemented poultry cull in response to the growing avian influenza epidemic in the country. The director of the National Poultry Complex in Yaoundé made a public announcement that his actions, as well as others, need support from the government to respond to the presence of sick birds; instead of what he describes as “turning to the national poultry sector,” which has already suffered from thousands of bird deaths and even more set backs.

Inform team members that they must create another Action Plan in response to this new information, which will be collected in 15 minutes.

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**SCENARIO C: Example list of actions to facilitate discussion**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make contact with international partners and national government officials</td>
<td>ALL</td>
</tr>
<tr>
<td>• Identify opportunity to prevent based on influenza community test and international reports</td>
<td>ALL</td>
</tr>
<tr>
<td>• PL &amp; International Partner to understand regional stock levels for local commodities and protocols to access them</td>
<td>ALL</td>
</tr>
<tr>
<td>• Identify potential sources of funding and protocols to access them for influenza response (country and internationally)</td>
<td>ALL</td>
</tr>
<tr>
<td>• EBC core team to communicate emergency response plan with national experts and key partners</td>
<td>ALL</td>
</tr>
</tbody>
</table>

**Inject #1**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>• EBC lists a series of stakeholders from organizational chart and contact with largest fragment of EBC to develop national response plan</td>
<td>EBC Lead</td>
</tr>
<tr>
<td>• VW&amp;L lead to use exemplar and update stock levels in information management system</td>
<td>VW&amp;L Lead</td>
</tr>
<tr>
<td>• VW&amp;L lead to contact and non-convincing doctory providers to ensure supply to capacity</td>
<td>VW&amp;L Lead</td>
</tr>
<tr>
<td>• Procurement lead to conduct forecast and current supply for re-entry</td>
<td>Procurement lead</td>
</tr>
<tr>
<td>• Activate agreements with identified transporters (e.g., third-party logistics, army)</td>
<td>EBC Lead</td>
</tr>
<tr>
<td>• Contact customers to ensure expedited treatment of commodities and share protocols with initialized partners</td>
<td>VW&amp;L Lead</td>
</tr>
<tr>
<td>• Create contact with international partners and neighboring country govt officials and determine regional implications of disease spreading on supply chain</td>
<td>EBC Lead</td>
</tr>
<tr>
<td>• Contact local and national health authorities and communicate regional response plan</td>
<td>EBC Lead</td>
</tr>
</tbody>
</table>

**Inject #2**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>• TFC and VW&amp;L lead to move stocks to pre-positioning sites, including commodities for the health referral center</td>
<td>TFC/VW&amp;L</td>
</tr>
<tr>
<td>• Procurement lead to refine forecast and receive supply for new stock</td>
<td>Procurement lead</td>
</tr>
<tr>
<td>• Procurement lead to contact suppliers and private sector partners to ensure short-term supplies of commodities</td>
<td>Procurement lead</td>
</tr>
<tr>
<td>• Release PPP for emergency calls (e.g., telemedicine, mobile)</td>
<td>VW&amp;L Lead</td>
</tr>
<tr>
<td>• Trade local and regional stock levels of &quot;indicator&quot; commodities (cereals)</td>
<td>TFC/VW&amp;L</td>
</tr>
<tr>
<td>• If necessary, VW&amp;L lead to set up temporary distribution on pre-identified sites of affected districts</td>
<td>TFC/VW&amp;L</td>
</tr>
<tr>
<td>• EBC lead to set up temporary EBC lead until EBC leadership arrives</td>
<td>EBC Lead</td>
</tr>
</tbody>
</table>

**Inject #3**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>• EBC team to designate temporary EBC lead until EBC leadership arrives</td>
<td>EBC Lead</td>
</tr>
<tr>
<td>• Temporary EBC lead to work with medical officers to designate priority use of commodities with damage and identify local manufacturing capacity for these commodities</td>
<td>EBC Lead</td>
</tr>
<tr>
<td>• Ensure proper tracking of local and regional stock levels of &quot;indicator&quot; commodities for re-entry</td>
<td>EBC Lead</td>
</tr>
</tbody>
</table>
• Hand out another Action Plan template.

**Role Play 15 Minutes**

**Administer Inject #3**

• Review each team’s third Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.

![Sample Guidelines](image)

**Announce to the room there is a news alert. Give each team a copy of Inject #3A (below).**

![Inject #3A](image)

**Announce to the room there is a news alert. Give each team a copy of Inject #3B (below).**
• Give the Procurement Lead from each team a copy of Inject #3C (below).

Inject #3C (given 45 min into the simulation to the Procurement Lead) – day 40

From: Mask Supplier, Inc.
To: Procurement Lead - Cameroon
Subject: Last Shipment of Masks

Dear Procurement Lead - Cameroon

We at Mask Supplier, Inc. regret to inform you that, as of this last shipment, we will no longer be able to allocate future production to you per our initial contract. We have been legally obligated by our country to prioritize supply for their needs. Thank you for your understanding, and apologies for any inconvenience this may cause.

Best,
Mask Supplier, Inc.

• Announce to the room there is a news alert. Give each team a copy of Inject #3D (below).

Inject #3D (given 45 min into the simulation to all participants) – day 40

From: Yaoundé Warehouse Director
To: ESC Team
Subject: Key commodities stocked out at CENAME

Dear ESC Team

Key commodities, including the masks we had been using, are stocked out at CENAME, the Central Medical Store. This comes as a great surprise because according to the Inventory Management Tracker, stock levels were sufficient to last until the shipment, scheduled to come in one week.

Upon further questioning, I learned that the proper stock levels had not been properly recorded in the Inventory Management Tracker, and the tool had not been properly maintained for some time. I am sorry for this terrible oversight. Please advise on how I should proceed.

Best,
Yaoundé Warehouse Director
Inform team members that they must create another Action Plan in response to this new information, which will be collected in 15 minutes.

Role Play 15 Minutes

Administer Closing Scenario

Review each team’s fourth Action Plan as a group in plenary. Use the example list of actions on the sample guidelines (below) for the initial scenario to facilitate discussion. Prompt participants to discuss why they chose the actions they did and discuss alternative action items on the guidelines.

Announce to the team there is a final closing scenario. Administer to the room. Read the scenario aloud and prompt teams to answer.
what they might have done differently in terms of preparedness to avoid this kind of an outcome.

**Scenario C closing (given to all participants)**

**Conclusion**

Six months later, the H7N9 global influenza epidemic is almost over. After 13 months of the pandemic raging its course through more than 15 countries, the numbers are staggering: the WHO estimates a total of 70 million human cases and 2 million deaths related to H7N9 across Asia and Sub-Saharan Africa. More than one million chickens were culled in Cameroon. Last week South Africa officially declared the end of the H7N9 influenza outbreak, following a similar announcement the month prior in Indonesia and Malaysia. Cameroon, with no reported cases of the disease for the past 5 weeks, is expected to follow suit in the coming month. With more than 20,000 deaths in Cameroon, H7N9 has surely made its mark, but thanks to the joint response activities of local health workers and international partners alike, the end is in sight.

**Review Action Plans – Break for Teams**

- Collect all action plans from each team.
- While participants take this break, review each team’s Action Plans. You should have a total of 4 Action Plans per team.
- Compare each against the following sample guidelines to holistically evaluate the team’s performance. Note that all groups will receive the same ending regardless of score.
Debrief

Announce Endings (5 minutes):

- Read case scenario ending (see below for text) to the large group.

  Ending: Six months later, the global flu epidemic is almost over. There were a total of 70 million cases and 2 million deaths, including more than 20,000 deaths in your country. Question: What changes do you make for your preparedness plan for the future?

Group Work (25 minutes):

- Instruct teams to note reflections on the first simulation as whole on p. 9 of the Participant Workbook.
- Distribute the model set of actions to each team along with their 4 Action Plans.
- Instruct teams to review the model set of action items (on the sample guidelines) and to compare them against the action items they wrote.
- Instruct teams to discuss as a group what they did and did not do well.
- Instruct teams to synthesize key learnings/takeaways.
- During this group work, spend time with each team and engage team members in a conversation around other kinds of actions they might have considered in response to the information in the scenario, using the sample guidelines as a reference.

Wrap-Up (15 minutes):

- Instruct participants to take their seats in plenary
- Ask (at a minimum) one representative from each team to discuss takeaways from the small group. Record these on a flipchart to review after training.
Final Debrief

**Format:** Small Group Discussion; Plenary Discussion

**Timing:**
- Total: 60 Minutes
- Individual work: 25 minutes; Plenary discussion: 35 minutes

**Equipment and Materials:**
- Participant Workbook
- 4 Flipcharts
- Pen/pencils

**Detailed Facilitator Notes**

**Individual work 25 Minutes**

**Individual Reflection (10 minutes):**
- Instruct participants to flip to the last two pages of their Participant Workbook, where they will find space to reflect on the simulations as whole and to write down feedback for their team members. (The Reflections and Feedback pages from the Participant Workbook are included below.)

---

**My Reflections**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Remind participants of the three learning objectives of the training:
Learning Objective #1: practicing decision-making during an unfolding emergency; Learning Objective #2: understanding and applying best practices on communication and coordination; Learning Objective #3: understanding types of disease outbreaks.

Encourage participants to reflect on where they thought they met these objectives, and where they felt they could use additional information.

Give participants 10 minutes to write these reflections and feedback notes.

Feedback in Teams (15 minutes):

- Instruct everybody to give one piece of positive and one piece of constructive feedback to each member of their team.
- While they are giving feedback, set up 4 flip charts in the four corners of the room in preparation for the “4 Corners” activity (see below).

4 Corners Activity Part I (15 minutes):

- Set up one flipchart in each corner of the room. These should be titled “What I enjoyed,” “What I found challenging,” “What I learned,” and “What I would do differently”.
- Have each participant write something on each of the flipcharts. Mention that these could be inspired from their reflections in their Participant Workbook but do not have to be.

4 Corners Activity Part II (10 minutes):

- Present synthesized observations from each of the 4 flipcharts, pausing after each to call on one or two participants to elaborate based on what they had written.

Wrap-Up (10 mins):
• Reiterate the three learning objectives a final time: Learning Objective #1: practicing decision-making during an unfolding emergency; Learning Objective #2: understanding and applying best practices on communication and coordination; Learning Objective #3: understanding types of disease outbreaks.

• Emphasize that preparedness does not end here at this training; it is important that participants share what they learned here to other members of their organization

• Encourage participants to build on the relationships they formed with one another to reinforce ongoing preparedness through improved stakeholder communication, and use each other as resources

• Remind participants of the references they will be taking with them: the disease job aids, the Response Quick Guide, and the Participant Workbook

• Mention that if any participant doesn’t know when the next ESC facilitation meeting is, they should contact you (the facilitator) and/or the ESC Lead