**Remote Crisis Management Exercise**

**Facilitator Briefing**

**Purpose:** The purpose of this exercise is to simulate the remote management by a NGO field team (Healthy Communities) of a crisis. The crisis is a kidnap/killing by a criminal gang. Please note that this simulation is built on the assumption that the players (the participants or trainees) will management the scenario from a *remote* or *field* crisis management team (FCMT). The assumption is that international or senior management staff in a country office or HQ are not able to enter the country because of the security situation (for example, Syria in 2014). Thus, the field team will have to manage the one-the-ground, day-to-day elements of the crisis, but are not empowered to make management decisions like a Crisis Management Team (CMT)

**Methodology:**

The exercise is a simulation of an organisational crisis that develops in layers over a period of time.

The scenario will be applied over the course of a half-day to the participant group (the FCMT) who, in the scenario, are the Healthy Communities field team. The exercise is punctuated by a series of serials (paper-based interjections) and injects (in-person interventions) which will require action and communication from the FCMT. The methodology is a paper-based methodology that will be tightly controlled by the facilitation team. Such a methodology enables key lessons to be identified efficiently and provides an effective exercise control mechanism.

The Healthy Communities field team will have access to a simulated, paper-based email/comms system. Interaction with the ‘simulated’ world is through:

1. Serials (see ‘injects’ folder): pre-prepared communications of various sorts (usually emails) that will be delivered to the field team at particular times to move the simulation forward.
2. Injects (see ‘injects’ folder): face-to-face interactions with the Field Groups. There are five injects overall. For the first four injects, a member of the facilitation team will role-play the inject with one of the four Field Groups. The other groups will watch but not engage. The interaction that occurs in the inject will then become shared information across the four Field Groups, as if each Group had indeed experience their own live meeting
3. Paper-based communications written by the Facilitation Team to the Field Group. The primary job of the Facilitation Team is to drive the simulation forward through various communications to the HC FCMT. be to respond to these emails and move the simulation forward. Facilitators may send communications to the HC FCMT from anyone they want, giving them information (true information or false information), making requests of them, etc., all with the view to steer the them towards any number of learning objectives and simulation key points (see ‘Facilitation Considerations’ for a list of potential topic and learning areas).
4. Paper-based communications written by the the Field Group to anyone they want to communicate with. The HC FCMT can contact anyone they need to interact with. The primary job of the facilitation team will be to respond to these emails and move the simulation forward. But this will be their only method of communication.

**Please note**: only communications that have passed through the Facilitation Team can be considered to be part of the scenario! For example, when a dead body is discovered near the abandoned car, the FCMT cannot simply send a volunteer or another staff member to confirm the identity of the person. They must contact whomever that volunteer or staff member may be through the formal paper-based communication system and the Facilitation Team will them decide how to move that interaction forward.

The Field Teams will be provided with a foundation scenario (see below) upon which various layers will then be placed, leading to the development of a crisis. These layers will be injected by the Facilitation Team at pre-determined times. It in important that the Facilitation Team be fully apprised of the content of the pre-written injects so that the Team can move the FCMT in the same direction.

The exercise will then grow according to the actions of the players and the formal (pre-written) and informal communications and injects from the Facilitation Team and will continue for a sufficient period to allow the situation to fully develop and test the player’s skills, judgements and abilities.

It is advised that the exercise have an Exercise Director will can provide overall direction and will always be available for questions of direction and tone.

In the preparation for the simulation, the highlighted areas in the briefings, injects and serial will need to be completed to accurately reflect that geography of the FCMT’s situation. A completed example for Syria is included in the ‘extra resources’ section of the simulation materials.

**The Facilitation Pack**

The facilitation pack includes the following items:

* Facilitators Briefing (this document): outlines the overall structures of the simulation, the Healthy Communities organisational profile and the Healthy Communities Security Risk Assessment. **Printing: one copy per facilitator**
* Organisational Profile: the Healthy Communities organisational profile and the Healthy Communities Security Risk Assessment. **Printing: one copy for everyone.**
* Participant CME briefing: PowerPoint presentation for introducing the simulation purpose, methodology, rules and basic scenario information. **Printing: none required unless you would prefer that your participants have their own copy**
* Injects folder*:*
	+ Injects: Four numbered instructions that explain the face-to-face injections that will occur during the simulation. **Printing: two copies, one for the exercise director and one for the actors/facilitators who will carry out the injection.**
	+ Serials: Numbered, pre-written communications that will be delivered at pre-determined times to the Field Team in order to move the simulation forward. **Printing: one collected set for the exercise director and at least one set to be given to the Field Team at the appropriate times**
* CME Timetable: The master sheet that outlines all of the actions regarding the injects and serials. The timetable outlines the times for each (intended and actual), the responsible person, the content and the required materials. **Printing: one copy per facilitator**
* Logsheet: Tracking sheet for facilitators to document key communications, information and decisions that have been taken. It’s meant to be an organising document, helping facilitators track what’s happened, when, to whom, key decisions that have been made, etc. **Printing: several sheets for each facilitator**
* Facilitation considerations: a reasonably comprehensive list of the various issues and learning points that a facilitator may want to consider when initiating or responding to communications with the Field Team. These considerations are meant to stimulate possible scenarios that are based on the key learning points in this training. **Printing: one copy per facilitator**
* Facilitator debrief notes: During the debrief, this document could guide the conversation, outlining key learning points, considerations to be discussed, best practice tips, etc. The content of the notes come from the course pilot that was run in Antakya, Turkey with a number of NGO partners working in Syria. Thus, there may be other areas to consider in your working environment that may not be appropriate or may be missing. **Printing: one copy per facilitator**
* Extra resources: These are the original CME materials for the pilot course that was run in Turkey. The materials contain all of the place and city names. **Printing: none required**