

*Mohammad Zahidul Islam Khan***COVID-19 LIVED EXPERIENCE: A PEACEKEEPER'S ACCOUNT****ABSTRACT**

This paper unveils peacekeepers' lived experience under the COVID-19 pandemic baptized as the new 'second front' for the peacekeeping operations. By using an interpretative phenomenological method, the study finds that most peacekeepers situate themselves as a passive victim of the pandemic and a protagonist – confident to fight against the 'second front'. The 'stressful' and 'miserable' experiences endured by the peacekeepers co-exist with a feeling that 'there is nothing to get panicked about' and a perception that the threat is 'overhyped'. The pandemic has generated new concerns for the peacekeepers and magnified some pre-existing anxieties but did not replace them. Amid the usual dangers, concerns about the families at home, inability to express empathy towards fellow colleagues and fear of being buried in a foreign land has become more pronounced. By projection into, and engagement with the peacekeeper's personal world, the study provides an illuminating account of their lived experiences under COVID-19. It can be useful for different actors engaged in peacekeeping including commanders, managers and planners.

Keywords: Peacekeeping, Lived Experience, COVID-19, MINUSMA, Mali

1. Introduction

Nearly 82,000 peacekeepers are currently serving in 13 United Nations peacekeeping missions to foster peace and stability in fragile and conflict affected countries.¹ The personal world of these peacekeepers has been profoundly impacted, claiming several lives by the coronavirus pandemic, baptized as the 'second front' for the peacekeeping operations.² As of October 2020, the United Nations had recorded 1,450 cases of COVID-19 across all its field missions and eleven peacekeepers had died from the pandemic.³ The deaths of the first two peacekeepers from COVID-19

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¹ United Nations Peacekeeping, "Troop and Police Contributions", available at <https://peacekeeping.un.org/en/data-troop-and-police-contributions>, accessed on 16 December 2020.

² Atul Khare and Jean-Pierre Lacroix, "UN Peacekeepers Must Stay the Course", available at <https://www.un.org/en/coronavirus/un-peacekeepers-must-stay-course/>, accessed on 16 December 2020.

³ Proceedings of the ministerial-level virtual meeting on "UN Peacekeeping in the Time of COVID-19: A

occurred in the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA).⁴ Such tragic consequences have turned the invisible ‘second front’ as a real and present danger for the peacekeepers, who were otherwise prepared for facing the usual life-threatening risks in northern Mali.⁵ The new reality has not only compelled the field missions to reassess their activities but also profoundly impacted the peacekeepers’ lived experiences. However, the extant literature on peacekeeping in the COVID-19 era, though growing, remains focused on the policy issues related to economic and political impact of COVID-19, preventive measures, logistic and budgetary challenges and so on, demanding for a human centric account of the peacekeepers’ lived experience under the pandemic.⁶

This study unveils the lived experience of the peacekeepers using an interpretative phenomenological approach.⁷ The approach is theoretically rooted in phenomenology and hermeneutics. An interpretative phenomenological analysis emphasizes on the complementary requirement of giving a ‘voice’ to the concerns of the participants and contextualizing the understanding to ‘make sense’ of these claims and concerns. The study is premised on the view that the social world is meaningful and interpretive.⁸ The primary data of this study is from the peacekeepers serving in northern Mali under MINUSMA, where the author also served for thirteen months under the COVID-19 pandemic. The study offers insights into how a given person, in a given context, makes sense of her/his living experiences under a given phenomenon – i.e., the COVID-19 pandemic. Thus, the paper attempts to answer:

High-Level Dialogue on Challenges, Responses, and Lessons,” *International Peace Institute*, 07 October 2020, available at: <https://www.ipinst.org/2020/10/un-peace-ops-during-covid-19-high-level-dialogue#/>, accessed on 28 December 2020.

⁴ “UN announces first 2 deaths of UN peacekeepers from COVID-19”, *Associated Press*, 30 May 2020.

⁵ MINUSMA is regarded as the most challenging and deadliest ongoing mission. See Derek H. Flood, “Deadly Desert: Salafi-Jihadi Competition Heats Up in the Sahel”, available at <https://newafricadaily.com/deadly-desert-salafi-jihadi-competition-heats-sahel/>, accessed on 21 December 2020; Kevin Sieff, “The world’s most dangerous U.N. mission”, *The Washington Post*, 17 February 2017; Signe Cold-Ravnkilde, Peter Albrecht and Rikke Haugegaard, “Friction and Inequality among Peacekeepers in Mali”, *The RUSI Journal*, Vol. 162, Issue 2, 2017, pp.34-42.

⁶ Richard Gowan and Louise Riis Andersen, “Peacekeeping in the shadow of Covid-19 era”, available at <https://www.diis.dk/en/research/peacekeeping-in-the-shadow-of-covid-19-era/>, accessed on 12 February 2021; Adam Day and Charles T. Hunt, “Why COVID-19 Offers a Chance to Transform UN Peacekeeping” available at <https://ourworld.unu.edu/en/why-covid-19-offers-a-chance-to-transform-un-peacekeeping/>, accessed on 12 February 2021; “Impact of COVID-19 on UN Peacekeeping”, available at <https://peacekeeping.un.org/en/impact-of-covid-19-un-peacekeeping/>, accessed on 02 Mar 21.

⁷ Susann M Laverty, “Hermeneutic Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations,” *International Journal of Qualitative Methods*, Vol. 2, No. 3, 2003, pp. 21-35. Micheal Larkin, Simon Watts, Elizabeth Clifton, “Giving voice and making sense in interpretative phenomenological analysis”, *Qualitative Research in Psychology*, Vol. 3, 2008, pp. 102-120.

⁸ For an illuminating discussion on social world being ‘interpretive’ and ‘meaningful’ see Martin Hollis, *The Philosophy of Social Science An Introduction*, Cambridge: Cambridge University Press, 1995, pp. 202-224; Wilhelm Dilthey, *The Formation of the Historical World in the Human Sciences*, Princeton, NJ: Princeton University Press, Selected Works, Vol. 3, 2002, pp. 91-102.

how do peacekeepers, operating under COVID-19 pandemic in northern Mali, describe their lived experience? An evidence-based and systematic unpacking of the peacekeepers' personal world and reflection can be useful to design COVID-19 prevention, intervention and mitigation measures, for the safety of the peacekeepers as well as to preserve the fragile and hard-earned peace by the peacekeeping missions around the world.

The paper unfolds as follows. First, the phenomenological research stresses the need of '*being in the world*', to achieve higher level of reflection and understanding. Thus, the paper paints a picture of 'being in the COVID-19 world', with a focus on the peacekeepers serving in northern Mali. The details about the context help to connect the experience with the phenomenon to make sense of the primary data gathered for the research. Second, the paper outlines the methodology, study design, sampling and data collection process. Third, the key thematic issues, as derived from the primary data, is analyzed to describe the lived experiences of the peacekeepers. To capture lived experiences by employing phenomenological methodology requires self-knowledge on the part of the researcher as well as an openness to others. Thus, the author's lived experience in the same time and space, though *not* included in the data, has been useful in the analytical part of the paper to cultivate reflexivity. The paper is not an assessment or endorsement of the effectiveness of COVID-19 measures and protocols. The study is from a social science perspective and does not relate or substitute for professional medical advice, diagnosis or treatment.

2. The Context

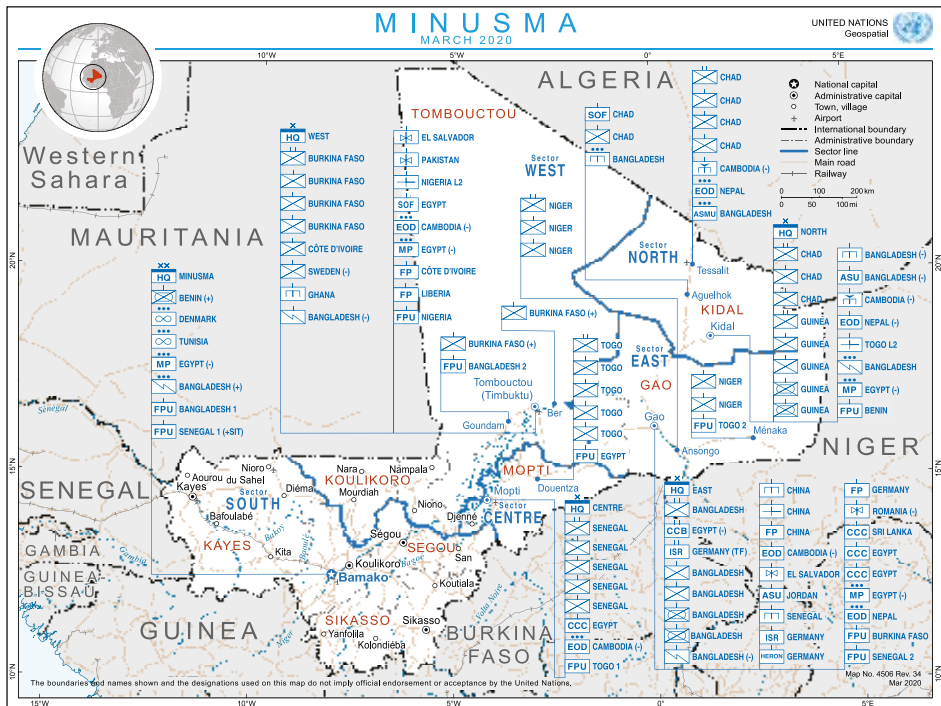
2.1 *Peacekeeping in Mali*

Peacekeeping in Mali is intense, exciting and noble, due to the extant instability, extreme environment and the price that the peacekeepers have to pay while confronting an obscurantist force to foster peace and stability - particularly in northern Mali. The instability in the Sahel in general and Mali, in particular, is linked to several factors including the hybrid Salafi and ethnic-nationalist Tuareg rebellion in northern Mali that resulted the French intervention in 2012 followed by the deployment of MINUSMA.⁹ The instability is also linked to the slow progress of implementing the Algiers Peace Accord. The security conditions in Mali have

⁹ For a recent report on Mali see, "Observations on the Implementation of the Agreement on Peace and Reconciliation in Mali, Resulting from the Algiers Process", *The Carter Centre*, December 2020. For a historical account of the conflict in Mali see Stephanie Pezard and Michael Shurkin, "Achieving Peace in Northern Mali; Past Agreements, Local Conflicts, and the Prospects for a Durable Settlement," *RAND Corporation*, 2015 and Yahia Zoubir, "Algeria and the Sahelian Imbroglio: Preventing War and Fighting Terrorism", *Al Jazeera Center for Studies*, 25 November 2012.

continued to deteriorate, and asymmetric threats are growing ever more complex. The persistent delays in restoration of the state authority, as well as the delay of the re-deployment of the Malian defence and security forces (MDSF) have played into the hands of armed and/or extremist groups who are positioning themselves as alternative providers of security and basic services and are reinforced by an inflow of foreign fighters.

Map 1: MINUSMA Deployment of Uniformed Personnel



Source: Available at <https://reliefweb.int/map/mali/mali-minusma-deployment-march-2020>, accessed on 20 December 2020.

Within these dynamics and deteriorating security situation, MINUSMA operates alongside national and international partners with different mandates (see Map 1 for MINUSMA deployment). Whilst the French Barkhane forces and G5-Sahel conduct offensive counterterrorism and the European Union mission focuses on MDSF capacity building, MINUSMA is mandated to support the implementation of the Peace Accord, support stabilization and restoration of the state authority and protection of civilians. MINUSMA has a population centric approach to security whilst Barkhane has a threat centric approach. Thus, the life of the peacekeepers in Mali is set in a multicultural environment, facing hostile threats such as, direct and indirect fire (IDF), land mines, Improvised Explosive Devices (IED), suicide

vehicle-borne and person-borne IEDs (SVIED and PBIED) and limited logistical and self-sustenance structures of the mission.

2.2 *Peacekeeping Under COVID-19*

The COVID-19 pandemic has set in a ‘new normal’ in peacekeeping. The uniformed personnel serving in the ‘deep-field’ missions braving the usual hardship and danger, are in the forefront of adapting to this new normal. Nowhere is this need for adaptation more pressing than in Mali. The peacekeepers face three broad challenges while battling the second front. First, the mission must remain undaunted by the pandemic and maintain the operational tempo to preserve the hard-earned peace and stability. The tasks of protecting civilians, supporting the political processes, and helping to build the state capacity must go on under this new normal. This requires addressing any potential capability gap besetting the force. The initial response has been to extend the Tour of Duty (TOD) of the troops and space out their rotation plan.¹⁰ These steps during the first wave of the pandemic, duly consented by the Troops Contributing Countries (TCCs), helped offsetting any potential capability gap. However, it also resulted the troops continuing serving beyond their TODs, testing their tenacity and endurance to the limit and affecting their morale – particularly for the TCCs who deploy their troops for one year.¹¹

Second, the mission needed to ensure that peacekeepers can continue their work without spreading the virus. This became particularly important in the context of Mali due to the political sensitivity attached to the issue by the host nation and local stakeholders. Addressing this challenge entailed practising strict COVID-19 preventive measures by peacekeepers in field missions. Several guidelines have been issued by the Mission leadership specifying the individual and collective responsibilities to prevent spreading the virus. The troops were issued with new tactics, techniques, and procedures (TTPs) to conduct operation under COVID-19, some of which were either impractical, while the others limited their ability to engage meaningfully with the local people. Monitoring the implementation of these protocols with similar vigour in a diverse and multicultural environment remains a challenge.

Third, keeping the peacekeepers safe from COVID-19 threat and ensure they receive the best possible care became a priority to maintain mission’s core capability

¹⁰ “Press briefing on COVID-19 response by UN Peacekeeping” 22 May 2020, available at <http://webtv.un.org/media/watch/press-briefing-on-covid-19-response-by-un-peacekeeping/6158654690001/>, accessed on 02 March 2021; see Rial Juan Alberto, “COVID-19: A new challenge for the UN for peacekeeping”, available at <http://cepei.org/en/documents/covid-19-a-new-challenge-for-the-un-for-peacekeeping/>, accessed on 25 December 2020; Khare and Pierre Lacroix, op. cit.

¹¹ Some TCCs deploy their troops for a duration of six months while the TOD for others is one year. The initial extension of TOD due to COVID-19 was for three months.

and troops' morale. It entailed building a range of new facilities and capabilities – in particular, COVID-19 testing and isolation centres and medical evacuation of critically ill patients. Overcoming the initial challenges, the mission remained pro-active and responsive to the need. Within months, adequate Personal Protective Equipment (PPE) were made available. However, establishing COVID-19 testing facilities and enhancing isolation and treatment capabilities in the sector level where the most troops are deployed remains a critical challenge. With meagre air assets, the capability for medical evacuation, particularly from northern Mali also proved challenging.

2.3 Peacekeeping and Life in Sector North, Mali

The nature of security situation in Sector North is different from the rest of Mali. The militias of two major Compliant Armed Groups (CAGs) of the 2015 Algiers Peace Accords – the Coordination of Azawad Movements (CMA)¹² and Plateforme,¹³ are operating in the Sector. The CAGs maintain several check points within the sector and have considerable freedom of movement. As a result, the urban population enjoys relative security. However, some parts of the sector are also the strongholds of Terrorist Armed Groups (TAGs) operating under the Jama'a Nusrat ul-Islam waal-Muslimin (JNIM) – an umbrella coalition of al-Qaeda-aligned groups such as Ansar-E-Dine, al-Qaeda in the Islamic Maghreb (AQIM), al-Mourabitoun, and Katibat Macina.¹⁴ They also enjoy some freedom of movement and often attack the international forces (IF). The near absence of MDSF and the state appointed civil servants deprives the region of basic services, administration and undertaking development work. This situation continues to despair the population, especially the youths, making them susceptible to be radicalized due to ideals or for basic needs. The peacekeepers monitor compliance with the Peace Agreement and the CAGs to avoid any uncontrolled regrouping of heavy militias. They also play a mediation role and regularly interposes itself between competing armed militias of the CAGs. The MINUSMA forces also maintain a strong relationship with the population, participating more directly to protect the civilians against the TAGs.

¹² The CMA is a coalition of Tuareg independence and Arab nationalist groups. It is composed of the Mouvement National pour la Libération de l'Azawad (MNL), the Haut Conseil pour l'Unité de l'Azawad (HCUA), and part of the Mouvement Arabe de l'Azawad (MAA-CMA).

¹³ The Plateforme comprises several groups that favour Malian state authority. It is composed of the Groupe d'Autodéfense Tuareg Imghad et Alliés (GATIA), the MAA-Plateforme, and the Coordination des Mouvements et Fronts Patriotiques de Résistance (CMFPR-1).

¹⁴ Andrew Lebovich, "Mapping Armed Groups in Mali and the Sahel", *European Council of Foreign Relations*, available at https://ecfr.eu/special/sahel_mapping/, accessed on 12 March 2021; Héni Nsaibia and Caleb Weiss, "The End of the Sahelian Anomaly: How the Global Conflict between the Islamic State and al-Qa`ida Finally Came to West Africa", *CTC Sentinel*, Vol. 13, Issue 7, pp. 1-14.

In sum, peacekeeping in northern Mali involves high expectations from MINUSMA by the local people. It also entails a highly unpredictable and complex security situation where the threat of IEDs, SVIED, PBEID and hostile fire remains high. Under the COVID-19 situation, the peacekeepers are required to maintain a delicate balance between the need of reducing their ‘footprint’ and maintaining the operational tempo for preserving the hard-earned peace and stability that exist in northern Mali.

All United Nations personnel serving in northern Mali live in three Camps at Kidal, Aguelhok and Tessalit. The Kidal Super Camp (KSC), located at the outskirts of Kidal city and some 1,540 km away from the capital Bamako, is the main United Nations facility in the sector. The camp is fortified with secured parameters, watchtowers and restricted/controlled access. Each camp is clustered into national compounds, controlled and maintained by a TCC to house their personnel. The accommodations are in bunker container or in pre-fabs. Maintaining proper social distancing within this accommodation is challenging.¹⁵ Almost all national compound has a level-I clinic to provide basic medical care to their personnel. The KSC also has limited central facilities for common use including a level II field hospital. Most social activities in the KSC takes place within the national compound. The central gathering to socialize within the KSC during the weekend/ holidays was suspended since the outbreak of COVID-19. The lived experience in the Sector is also influenced by the extreme hot and arid weather of northern Mali,¹⁶ occasional sand storms (Haboob), and the usual threats of venomous scorpion and snakes.

In sum, the peacekeepers operate in ‘controlled’ and ‘uncontrolled’ environment. A ‘controlled’ environment is the national compound while the ‘uncontrolled’ environment implies workplace outside their respective national compound. Due to COVID-19, a handful of staffs could work from their rooms in ‘controlled’ environment under the Alternate Working Arrangements (AWA) provision. Typical peacekeeping tasks like security patrolling, engagement with the local population, escorting convoys, supporting air operations at the aviation terminal and air movement section to handle the cargo and passenger movement etc relate to ‘uncontrolled’ environment where the peacekeepers are exposed to higher security and COVID-19 threats.

Be that as it may, the personal world of the peacekeepers serving in northern Mali is situated and sustained within a uniquely local context. Apart from the usual security and environmental challenges of peacekeeping in northern Mali, the nature

¹⁵ The troops practice a “head to toe” sleeping arrangements to offset this challenge.

¹⁶ During summer, temperature in Kidal reaches to 50 degree Celsius while the average temperature during winter (December – February) is around 25-30 degree Celsius.

of job, risk exposures and duration can also influence the lived experience under COVID-19. Thus, the structure and methodology used for this research should bear in mind the full range of the context – discussed next.

3. Methodology

3.1. Design and Sampling

The research employs an interpretative phenomenological approach¹⁷, widely used to document lived experience.¹⁸ The core elements of Heideggerian hermeneutical perspective is used to unveil the peacekeepers lived experience. According to Heidegger, a phenomenon can only be unveiled ontologically through *Dasein* - often translated as ‘being-there’ or ‘human reality’.¹⁹ The concept of *Dasein* implies the *situated meaning* of being of a *human* in the world.²⁰ The human being has a distinguished and privileged relationship to ‘being in the world’. *Dasein* is revealed by ‘projection into, and engagement with, a personal world’ as experienced, by illuminating personal details and seemingly trivial experiences. It requires uncovering and recollections of the everyday phenomena shaping our lived experiences that are covered in multiple layers of forgetfulness.²¹

A phenomenological inquiry requires cultivating reflexivity on the part of the researcher so that she/he can contemplate the horizons of significance, embodiment,

¹⁷ See Julie Frechette, Vasiliki Bitzas, Monique Aubry, Kelley Kilpatrick, Melanie Lavoie-Tremblay, “Capturing Lived Experience: Methodological Considerations for Interpretive Phenomenological Inquiry”, *International Journal of Qualitative Methods*, Vol 19, 2020, pp. 1-12; Thomas Groenewald, “A Phenomenological Research Design Illustrated”, *International Journal of Qualitative Methods*, Vol. 3, No. 1, 2004, pp. 42–55.

¹⁸ Ramon Z. Shaban, Shizar Nahidi, Cristina Sotomayor-Castillo, Cecilia Li, Nicole Gilroy, Matthew V.N. O’Sullivan, Tania C. Sorrell, Elizabeth White, Kate Hackett, Shopna Bag, “SARS-CoV-2 infection and COVID-19: The Lived Experience And Perceptions Of Patients In Isolation And Care In An Australian Healthcare Setting”, *American Journal of Infection Control*, Vol. 48, Issue 12, 2020, pp. 1445-1450; For a similar study in Malaysian context, see Shi Yin Chee, “COVID-19 Pandemic: The Lived Experiences of Older Adults in Aged Care Homes”, *Millennial Asia*, Vol. 11, Issue 3, 2020, pp. 299-317.

¹⁹ In German, “Da” means “there”. “Da-sein” expresses this idea: “being-there”, “being present”. Heidegger states: “there is Truth only in so far as *Dasein* is and as long as *Dasein* is.” Heidegger’s view is opposite to the Cartesian philosophy that holds that Truth resides in the cognitive domain; Herman Philipse, *Heidegger’s Philosophy of Being: A Critical Interpretation*, Princeton University Press, 1999, p. 24; Holly Skodol Wilson and Sally A. Hutchinson, “Triangulation Of Qualitative Methods: Heideggerian Hermeneutics and Grounded Theory”, *Qualitative Health Research*, Vol. 1, Issue 2, 1991, pp. 263-276.

²⁰ Laverty, op. cit, p. 24; Herman Philipse, op. cit.

²¹ For standards for reporting and interviews see Bridget C. O’Brien, Ilene B. Harris, Thomas J. Beckman, Darcy A. Reed, and David A. Cook, “Standards For Reporting Qualitative Research: A Synthesis Of Recommendations”, *Academic Medicine*, Vol. 89, Issue 9, 2014, pp. 1247-48; Allison Tong, Peter Sainsbury and Jonathan Craig, “Consolidated Criteria For Reporting Qualitative Research (Coreq): A 32-Item Checklist For Interviews And Focus Groups”, *International Journal for Quality in Health Care*, Vol. 19, No. 6, 2007, pp. 349-357.

and being-in-the-world. It is an iterative back-and-forth process from the ‘part’ to the ‘whole’ and other parts of the story. The new understandings are created through the bridging of the researcher’s and the participant’s horizons of significance. The researcher is required to engage in a ‘dialogue with the text’ – i.e., the primary data collected through interview or observation. Such dialogue in hermeneutical tradition aims to know: how does the participant situate herself/himself in the story and what does the story tell us about her/his lived experience? What do we now know or see that we did not expect or understand before?²²

The *sampling* in phenomenological inquiry is to be ‘purposeful’ and must include individuals with target phenomenon.²³ The primary objective is *not* generalizability but to *illuminate* the lived experience in as much depth as possible. The transferability of the new understandings depends on the illuminating “fusion of horizons” arrived through a dialogical approach by the researcher to go beyond the transcribed narratives.²⁴

The study is based on primary data collected from 31 peacekeepers from four countries serving in Sector North. The participants included military contingent members, staff officers and international civilian staffs serving in Kidal and Tessalit. The sample included peacekeepers serving in different level ranging from soldiers to commander. In the case of participants from Chadian and Egyptian contingent, the commanders were interviewed to obtain informed opinion.²⁵ Table 1 lists the gender, age, rank or status, location and country of the participants.

Table 1: Category of the Participants

Participant Number	Rank/Status	Gender	Age	Country	Location	Covid-19 Experience As
1 st	Major & Above	Male	31	Bangladesh	Kidal	Medic
2 nd	Sergeant & Below	Male	29	Bangladesh	Kidal	Symptomatic
3 rd	Sergeant & Below	Male	28	Bangladesh	Kidal	Symptomatic

²² The ‘dialogue with text’ is a hermeneutical tradition, highlighted by many including Hans-Georg Gadamer. For an illuminating discussion on this see Paul Regan, “Hans-Georg Gadamer’s philosophical hermeneutics: Concepts of reading, understanding and interpretation”, *Meta: research in hermeneutics, phenomenology, and practical philosophy*, Vol. 4, No. 2, 2012, pp. 288-89; H. G Gadamer, *Philosophical Hermeneutics*, translated and edited by D. E. Linge, Berkeley: University of California Press, 2004, p. 39; Beth L. Rodgers, *Developing nursing knowledge: Philosophical traditions and influences*, Lippincott Williams & Wilkins, 2005, pp.145–159; Frechette et al, *op. cit.*, p. 3.

²³ Frechette et al, *op. cit.*, p. 4.

²⁴ Fusion of horizon entails opening up of human potential for infinite dialogue to reason and to project understanding to fill any gap in shared understanding; Paul Regan, *op. cit.* p. 289.

²⁵ The Chadian and Egyptian contingent members speak in French and Arabic, as such, interviewing the commanders, who are fluent in English, facilitated to avoid the necessity of interpreter.

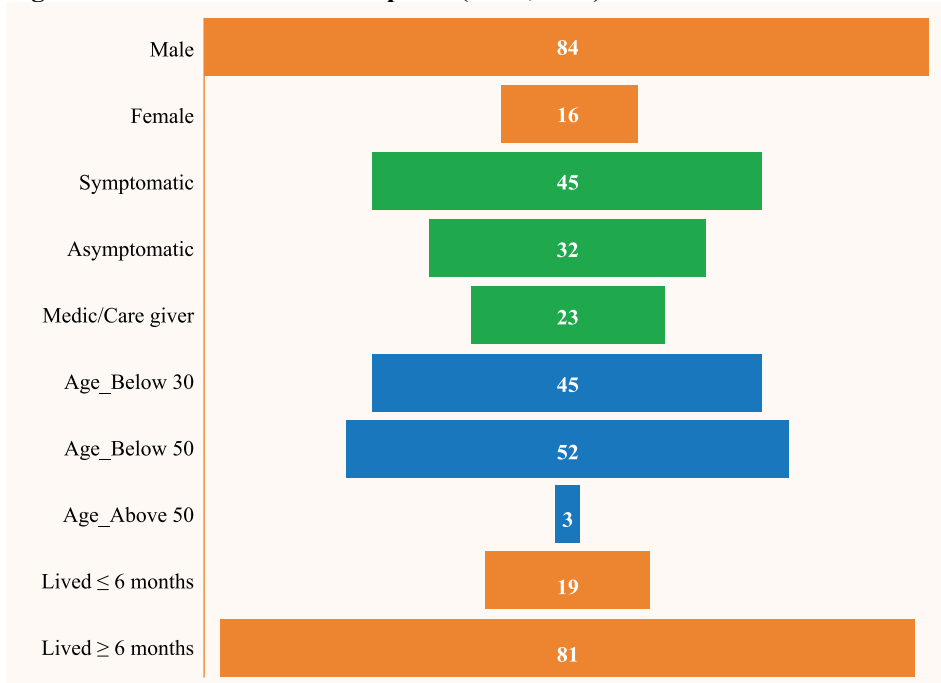
4 th	Major & Above	Male	30	Chad	Kidal	Asymptomatic
5 th	Below Major	Male	27	Nepal	Kidal	Medic
6 th	Sergeant & Below	Male	31	Bangladesh	Kidal	Symptomatic
7 th	Sergeant & Below	Male	39	Bangladesh	Tessalit	Symptomatic
8 th	Sergeant & Below	Male	29.5	Bangladesh	Tessalit	Symptomatic
9 th	Below Major	Male	28	Nepal	Kidal	Asymptomatic
10 th	Sergeant & Below	Male	29	Bangladesh	Kidal	Medic
11 th	Warrant Officer	Male	45	Bangladesh	Kidal	Symptomatic
12 th	Major & Above	Male	46	Bangladesh	Kidal	Symptomatic
13 th	Below Major	Female	26	Bangladesh	Kidal	Symptomatic
14 th	Below Major	Female	24	Bangladesh	Kidal	Symptomatic
15 th	Sergeant & Below	Male	36	Bangladesh	Kidal	Symptomatic
16 th	Civilian (Int'l)	Male	40	Bangladesh	Kidal	Asymptomatic
17 th	Warrant Officer	Male	43	Bangladesh	Kidal	Symptomatic
18 th	Below Major	Female	25	Bangladesh	Kidal	Asymptomatic
19 th	Major & Above	Female	29	Bangladesh	Kidal	Asymptomatic
20 th	Below Major	Male	29	Nepal	Kidal	Asymptomatic
21 st	Major & Above	Male	45	Bangladesh	Tessalit	Medic
22 nd	Major & Above	Male	29	Bangladesh	Tessalit	Asymptomatic
23 rd	Major & Above	Male	42	Bangladesh	Kidal	Medic
24 th	Civilian (Int'l)	Male	52	Kenya	Kidal	Symptomatic
25 th	Major & Above	Female	30	Bangladesh	Kidal	Medic
26 th	Sergeant & Below	Male	40	Bangladesh	Tessalit	Symptomatic
27 th	Sergeant & Below	Male	30	Bangladesh	Tessalit	Medic
28 th	Major & Above	Male	28	Nepal	Kidal	Asymptomatic
29 th	Major & Above	Male	37	Bangladesh	Tessalit	Symptomatic
30 th	Major & Above	Male	32	Bangladesh	Kidal	Asymptomatic
31 st	Below Major	Male	28	Egypt	Kidal	Asymptomatic

The experiences are categorized as symptomatic,²⁶ asymptomatic COVID-19 cases and as a medic or care giver. The data from the two later categories allows to account for the variations in experiences (if any). Figure 1 plots the distribution of participants in terms of their gender, age and experience. A great majority of the

²⁶ Owing to the rudimentary facilities in northern Mali, the suspected COVID-19 cases receive similar treatment and experience as confirmed cases including isolation/quarantine requirement. Hence, both are categorized as symptomatic. Only a few symptomatic cases were confirmed as COVID-19 patients.

participants had lived under COVID-19 for a duration of over six months. A higher number of symptomatic cases (i.e., target phenomenon) were interviewed fulfilling the methodological requirement. In sum, the methodological design and sample are robust and diverse to systematically capture the peacekeepers’ lived experiences that are contextually formed, influenced, and sustained.

Figure 1: Distribution of Participants (n=31, in%)



Source: Author’s compilation

3.2 Data Collection

Flexible semi-structured interviews were conducted in December 2020. Informed consent was obtained from each participant, with no complaints raised or reported and no participant’s withdrawal of consent. The participants were asked five open-ended questions: their sources of knowledge on COVID-19, the key changes in their life after the outbreak of the pandemic, experience of being a suspected or confirmed COVID-19 patient, their key concerns of facing the pandemic in a field mission and their experience during the treatment phase. The format allowed the participants to express and discovery of independent views.

The researcher's lived experience (though not included in the data), familiarity with the context and in-depth knowledge on peacekeeping under COVID-19 situation, helped to maintain trustworthiness, credibility and validity of the data. Reviewing the transcripts with the participants also ensured data accuracy and clarity. Additionally, a second person reviewed the accuracy and validity of the transferred textual data from the transcripts to excel sheets as quantitative data. In brief, the academic rigour was maintained during data collection and processing to facilitate systemic inquiry and analysis.

4. Discussion and Analysis

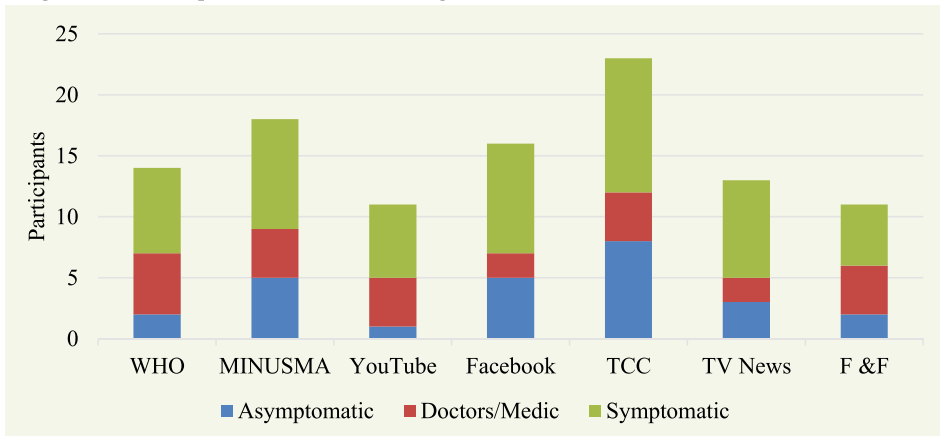
As eluded before, creating a new understanding in phenological research entails two key steps. First the preliminary analysis of the primary data helps to identify and link relationships and overlaps, identify trends, differences and key experiences. Second, a combined synthesis, achieved through the 'dialogue' with the narratives, helps to understand how did the peacekeeper *situated* herself / himself in the narrative and what does it say about her / his lived experience. Three generic themes tend to emerge and encapsulate the peacekeeper lived experience. These are: (i) the peacekeeper's knowledge on COVID-19, (ii) their life before and after the outbreak of the pandemic and (iii) their experience of facing the pandemic in a field mission. This section discusses these thematic issues by illustrating the broad commonalities observed in each theme followed by zooming into specific expressions to highlight the nuances. Finally, it analyses to situate the peacekeepers' experience within the larger whole in the context of northern Mali achieved through the 'fusion of horizons.'

4.1 Knowledge about COVID-19

Amidst the widespread misinformation about the pandemic, the source of knowledge formation on COVID-19 have become a key factor shaping a participant's knowledge and lived experience.²⁷ The increased susceptibility to misinformation can negatively affects people's perception and compliance with public health guidance. Thus, knowing the peacekeeper's sources of the information on COVID-19 is integral to the inquiry of lived experience. Figure 2 plots the sources used by the different categories of participants for knowledge formation on COVID-19.

²⁷ Jon Roozenbeek, Claudia R Schneider, Sarah Dryhurst, John Kerr, Alexandra L. J. Freeman, Gabriel Recchia, van der Bles Anne Marthe and van der Linden Sander, "Susceptibility to Misinformation about COVID-19 Around the World" *Royal Society Open Science*, Vol. 7, 14 October 2020, p. 01.

Figure 2: Peacekeeper's Sources for Knowledge on COVID-19



Source: Author’s compilation.

Most participants relied on the *organizational sources* to learn about the COVID-19 pandemic. These included the information provided by their respective TCCs, official United Nation or MINUSMA broadcasts and World Health Organization (WHO) sources. The dissemination of the information from official channels was top-down, such as through briefing or training lectures conducted by the medics or through direct messaging using official email accounts. The peacekeepers also relied on social media (Facebook and YouTube), TV news²⁸ and friend and family (F&F) sources to learn about the virus that shaped their understanding. The participants from different countries consistently mentioned the TCC’s official channel as a key source for their knowledge formation. For example, a Bangladeshi peacekeeper stated that he received specific guidelines including clinical management procedure of COVID-19 patients from his military. An Egyptian participant also reported that he received periodic “information and alerts” from his military leadership. A United Nations civilian staff interviewed, mentioned, “Television News, MINUSMA Broadcasts and Social Media” as his key source. The doctors and medics consistently cited having professional consultation with other doctors and using dedicated websites of WHO and Medscape to know more about sign, symptoms, treatment protocols of COVID-19 patients.

Several aspects of the knowledge formation on COVID-19 are worth noting. First, despite living in the ‘deep-field’, the peacekeepers had good access to and were provided with information by the organizational channel. The apparent ‘remoteness’

²⁸ The key TV News channels available to watch in northern Mali include BBC, CNN, France 24 and some regional (Arabic and African) broadcasters.

of northern Mali did not impede their digital connectivity with the outside world, hence they remained susceptible to misinformation. Despite such susceptibility, the peacekeepers showed a greater reliance on the curated information provided by the organizational source. The information possibly helped to prevent the proliferation of COVID-19-related misinformation in the social media echo chambers, prevalent amongst some population around the world.²⁹ Indeed, none of the participants expressed distrust or rejection of the preventive protocols such as the use of face masks, social distancing, frequent washing of hands etc. Second, the reliance on official sources, such as the WHO and TCC, tends to attest the trustworthiness and reliability of the COVID-19 clinical management protocols practiced by the medics in the field. This however needs to be viewed in the context that the doctors at the Sector level provided treatment to only the *mild* symptomatic patients. The moderate or severe patients were evacuated to hospitals in Bamako or Accra. The understanding about the risks and the acceptance of protocols also needs to be viewed in the context that most participant were uniformed personnel, habituated to follow orders and the study was conducted during the second wave (December 2020), hence they were much more informed about the pandemic.

4.2 *Life Before and After the Outbreak of COVID-19 Pandemic*

The data validates that the COVID-19 has set in a ‘new normal’. The peacekeepers defined this new normal, mostly in terms of do’s and don’ts. The preventive protocols such as wearing masks, social distancing, handwashing, using sanitizers etc. were the most cited *tangible changes* expressed by the participants. The ‘don’ts’ under the new normal included, not being able to shake hands with each other, organize social gathering for sports or cultural activities, attend the ‘happy hours’, availing leave, shopping and wearing their ‘best dresses’. Describing the differences in life before and after the outbreak of COVID-19, one female peacekeeper said: “for me the specific differences are the freedom of living has been changed, the movement, the dress code, the happiness everything changed.” These changes, in turn, triggered a pervasive sense of concern, anxiety, helplessness and fear cited by most peacekeepers. Figure 3 is a textual visualization of the tangible and intangible changes as expressed by the participants (the larger the text the higher the frequency of the word) regarding their life after the outbreak of the pandemic.

²⁹ There are significant cross-cultural differences about the reliability of COVID-19 misinformation and its impact on public health; See Roozenbeek, et.al, *op. cit.*, pp. 10-12.

Figure 3: Life After the Pandemic



Source: Author’s compilation from the survey data.

Most peacekeepers missed the normalcy of life and were apprehensive about life under the new normal. As one participant stated:

“Before the outbreak of COVID-19, I had a normal life including playing games, singing gossiping with friends. But after the outbreak of COVID-19, I had to think about it at every step of my life. I could not go outside of the camp or even could not mix with my colleagues freely. (3rd Participant)

They also described the life under COVI-19 as ‘unhappy’, ‘miserable’, ‘worrisome’, ‘scary’, ‘stressful’, and so on. The life under COVID also amplified a sense of fear, as one peacekeeper stated: *“During COVID-19 pandemic my life was unhappy and miserable. First time I become afraid and worried.”* (8th Participant). However, around 38 per cent participants also recognized that the pandemic had ushered in an opportunity for self-reflection and some *positivity* in life:

“This pandemic time has showed us, how helpless human being can be. It has taught us to make a halt or pause in life, reassess our activities and convince us that many unnecessary things we do in life is not at all worth it.” (22nd Participant)

The positive consequences of the new normal as described by some participants were, slower pace of life, more time to reconnect with their loved ones, working from home or their own accommodations, better hygiene practices and becoming more careful about personal health, avoiding harmful habits, and a greater reflection on the purpose of life, enabling them to be more attached to their faith.

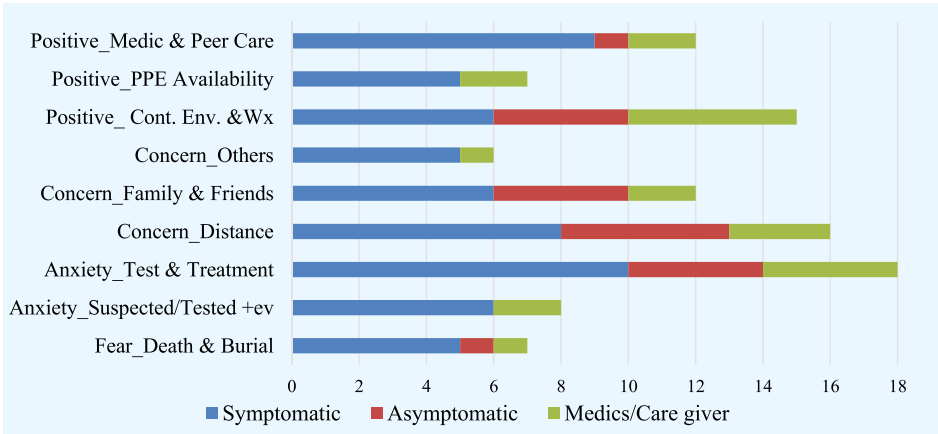
In sum, the ‘new normal’ exposed the peacekeepers to additional stress and anxieties which are consistent with the findings of other researchers.³⁰ The day-to-day changes endured by the peacekeepers due to COVID-19 were at the top of their description. While describing these changes, the participants preferred to situate themselves both as ‘victims’ and ‘protagonists’. As a victim, they viewed that the pandemic has affected their life, freedom of movement, ability to socialize and express camaraderie toward fellow colleagues. As a result, they lived experience under COVID-19 has been miserable, stressful, scary and so on. While as protagonists they viewed that the fear of COVID-19 did not transcend beyond the usual danger of peacekeeping; and the pandemic has given them the opportunity for self reflection, piety and more personal time. The shift in situating oneself as a ‘victim’ or as a ‘protagonist’ became much more distinct when the participants were asked to narrate their experience of facing the pandemic in a field mission of northern Mali – discussed next.

4.3 Facing the Pandemic in a Field Mission

This section unveils the lived experiences of the participants that are *specific* to the mission in northern Mali. It does so by identifying and analysing the dominant experiences of different categories of participants followed by focusing on specific narrative by individual participants to unveil the nuances. The peacekeepers’ experiences, linked to various factors, can be broadly classified as positive or negative. A summary of the positive and negative experiences of different categories of participants, as derived from the interview data, is shown in figure 4. The key concerns amongst the participants were: non-availability or inadequacy of COVID-19 testing and treatment facilities and the remoteness of northern Mali, fear of being tested positive and apprehensions about its consequences, including death and burial in a foreign land, and concern about their family and friends.

³⁰ Valeria Saladino, Davide Algeri and Vincenzo Auriemma, “The Psychological and Social Impact of Covid-19: New Perspectives of Well-Being”, *Frontiers in Psychology*, Vol. 11, October 2020, pp. 1-4; Lambert Zixin Lia and Senhu Wangb, “Prevalence and Predictors of General Psychiatric Disorders and Loneliness During Covid-19 in the United Kingdom”, *Psychiatry Research*, Vol. 291, 2020.

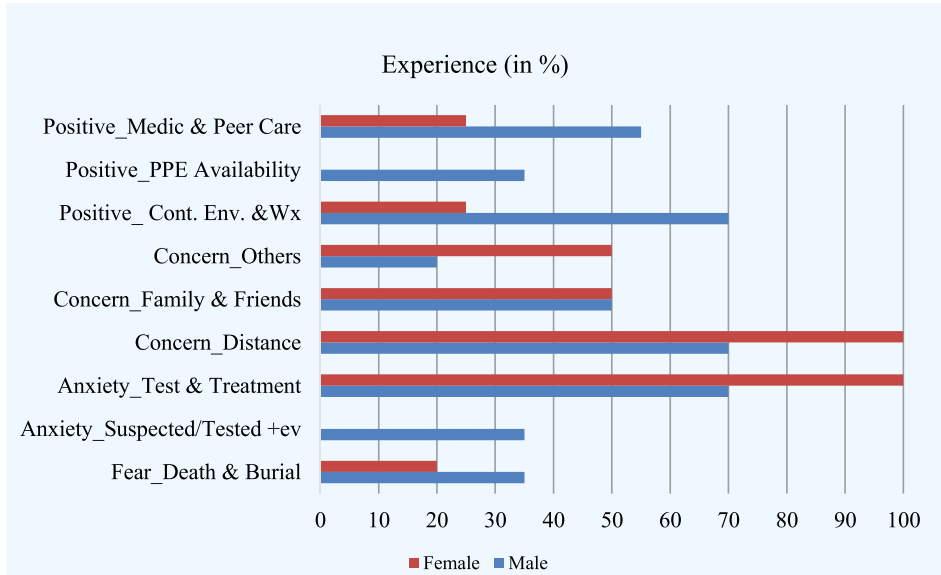
Figure 4: Distribution of the Sources of Positive & Negative Experience



Source: Author's compilation.

Paradoxically, the remoteness and the extremely hot weather condition of northern Mali was viewed as an advantage by some participants. The peacekeepers viewed the controlled environment of the UN camp, availability of PPE and care by the medics and peers as blessings, allowing them to remain safe. The distribution of the key concerns amongst various participants is fairly similar. The symptomatic, asymptomatic and medics – all expressed concern for being in a remote and challenging place and the associated fear of death in such a place. All four female participants (100 per cent) expressed concern about the non-availability of the test and treatment facilities while 70 per cent of the male participants expressed the same. Interestingly, none of female participants, including those who were symptomatic, expressed anxiety as suspected COVID-19 case, while only one out of five female participants (20 per cent) expressed fear of COVID-19 related death in a foreign land. See figure 5 for a gendered view of the positive and negative concerns. With these broad insights, we now delve into the nuances.

Figure 5: Gendered View of the Source of Positive & Negative



Source: Author’s compilation.

While narrating their lived experiences, the participants highlighted that “Kidal is in the middle of nowhere” and remained mindful of the prevailing security and environmental threats faced by the peacekeepers in northern Mali. Accordingly, they viewed the COVID-19 threat as an added concern. Elucidating his state of mind, on one symptomatic international civilian staff with the experience of serving in Kidal for over three years, succinctly stated:

“In the field mission like Kidal, it’s more challenging as the individual is dealing with multiple mind contests and thinking as in:

- Am I ok and are my family members back home ok, with the pandemic spreading fast in my country?
- When may be the next Kidal’s constant IED rockets’ attacks into our camp, and am I safe?” (24th Participant)

Attesting such reality, another male peacekeeper expressed that his “worst moment” was the IDF attack on KSC during his stay in the isolation room in the KSC.³¹ He recalled that the “rocket landed about 15-20 meters from my isolation

³¹ Stated by 6th participant. He was referring to the rocket attack on KSC on 30 November 2020. See, Tiemoko Diallo, “Islamists attack three French military bases in Mali”, *The Reuters*, 01 December 2020, available at <https://uk.reuters.com/article/uk-mali-security/islamists-attack-three-french-military-bases-in-mali-idUKKBN28A1RJ/>,

room” and that he had to rush to the nearby bunker within seconds for safety. Similar experiences highlighting the distance, remoteness and desert environment of Kidal were also cited as a source of “added stress of uncertainty” for the peacekeepers under the pandemic.

The apprehension of potential death in the mission area, though not new for the peacekeepers, were linked to the remoteness of northern Mali, magnified under COVID-19 situation. This was evident from the accounts of both symptomatic and asymptomatic participants:

“Very beginning of the pandemic, when aircraft flying was restricted all over the world, at that time I worried a lot thinking that my dead body may not be sent to my country if I die [here].” (3rd Participant)

Describing his experience, one civilian staff (16th Participant) living independently in a billet inside the KSC expressed that it was ‘very stressful’, ‘depressing’ and particularly ‘worrisome’ for him to realize that “airlift is the only way for medical evacuation” from Kidal.

Such feelings need to be viewed from a wider perspective. First, a majority of the participants were serving for prolonged period (11th month). They all experienced the first wave of the pandemic which allowed them to reflect on the consequences. Second, the concern about being buried in a ‘foreign land’ apparently originated from the knowledge of an initial case of COVID-19 related death. In July 2020, one Cambodian peacekeeper was laid to rest in a Christian cemetery in Bamako because of “COVID-related complications,” including the lack of international flights; and “because of a decision by Cambodian authorities and families to do so.”³² Thus, the feelings of helplessness, matured and magnified over time based on evidence, culminating into a rational assumption of being buried away from home.³³

Amidst such depressing and stressful depiction of life under COVID-19, a few participants also situated themselves as the ‘protagonists’, suggesting that their lived experience included positive aspects. They viewed that the fear of COVID-19 has been ‘overhyped’. One female participant who was diagnosed as a suspected COVID-19 case and recovered expressed:

accessed on 25 December 2020.

³² Clair MacDougall, “In Mali, the First Death of a UN Peacekeeper from Covid-19 Keeps His Family Guessing”, *The Pass Blue*, 27 July 2020; Also see, “UN announces first 2 deaths of UN peacekeepers from COVID-19,” *AP News*, May 30, 2020, available at <https://apnews.com/article/fc2d244592400fb16dabce2c26d1a82c/>, accessed on 28 December 2020.

³³ However, the current practice for all COVID-19 related death is, the Commander of the deceased is given an option to transport the human remains to the home country.

“My perception about being a suspected case is that the disease is very overhyped. I mean, yes, if you are already diagnosed with other severe physical issues, then it might be little difficult to overcome but otherwise, the symptoms are quite similar... the only thing I [was] worried about, the after-effect of being affected by COVID. I feel quite exhausted even after recovery but it’s fine.” (14th Participant).

The protagonists’ confidence, apparently originated from their knowledge that the fatality rate in COVID-19 related illness is very low, particularly for those with no comorbidity (15th Participant). However, the same participant also stated that, when his physical condition deteriorated on the second day at the hospital including respiratory distress, he was “scared, restless and stressed out” and started talking with his parents thinking that this was his last talking with them. Such narrative tells us that the peacekeepers experiences, when affected with the COVID-19 virus, fluctuates.

The difference in exposure risks due to the nature of work created different types of concern. Under the AWA provisions, some staffs were able to work from their rooms instead of offices to reduce exposure risk. The others – particularly the uniformed element, had to be physically present in their workstations to maintain business continuity and provide essential services including security. For example, a peacekeeper employed to support air operations highlighted how his nature of work influenced his lived experience:

“Because we [are] mainly deployed here for aviation support, we have to come in close contact with others from more than 20 different countries. We are not able to know their current physical condition, whether they [are] COVID-19 positive or not. Though we are wearing mask, gloves etc. but we have to handle luggage, go inside the aircraft or such type of job. This increases our risks of getting infected.” (7th Participant)

The concerns amongst the medics providing treatment and care to the suspected and confirmed cases were also palpable. They were concerned about increased exposure risk while battling the pandemic and observed that “any sorts of cold or cough is a panic to all” (1st Participant). The medics also felt that the pandemic, in the one hand had elevated the importance of their profession and on the other, constrained their ability to express their usual empathy towards a patient. As one doctor observed:

“We could not touch the patient and console them as we usually do... the most difficult part is to transmit the message that you are COVID positive as that raises many worries in patient’s head, the worry of being isolated, restricted and [the] worry of death.” (23rd Participant).

In contrast, the day-to-day challenges for a peacekeeper availing AWA included issues like arranging daily meals, supply of commodities during mandatory period of quarantine, uncertainty about availing leave etc.

Paradoxically, the remoteness of northern Mali, hot weather condition and being housed in a camp with controlled access were viewed as an advantage. Such feelings were endorsed by the doctor as well:

“...here [in northern Mali] the total population is less, so the chance of infection is less by default. As maximum [peacekeepers] are military personnel, so control of the environment and executing preventive measures are easier and effective. The weather is hot & less humid which also decreases the chance of infection. Interaction with local people, suspected/confirmed cases is less, which decreases the chance of infection. (1st Participant).

These insights into the similarities and variations of participant’s lived experiences need to be viewed in the context of *Dasein* – discussed next.

First, there is a wicked paradox in the peacekeepers lived experience under COVID-19. While most peacekeepers situate themselves as helpless victims of the pandemic, many tend to position themselves as protagonists. The ‘horrible’, ‘stressful’ and ‘miserable’ experiences endured by the peacekeepers, co-existed with a perception that the COVID-19 threat was ‘overhyped’ and a feeling that “there is nothing to get panicked about”, even when someone is tested positive. The instinct to fight the ‘second front’ or to relegate the threat as less fatal and the fear of death due COVID-19 co-existed. Such a condition testifies the resilience and adaptability of the peacekeepers without invalidating their desire to return to a normal life. It also highlights the necessity of curated information and knowledge on COVID-19 and the need for timely psychological care to empower and sensitize the protagonists to remain positive.

Second, the pandemic *magnified* some pre-existing anxieties but did not replace them. Amidst the usual concerns of security threats to personal safety, the concern about the friends and families became more pronounced who were also facing the pandemic at home. A sense of helplessness for not being there with the family members to support them, express empathy towards fellow colleagues, demonstrate comradeship and socialize defined their lived experience, and a potential risk of being buried in a foreign land from COVID-19 illness. These feelings co-existed with the usual anxiety of facing hostile actions by the TAGs that was present and real. Thus, the peacekeepers lived experience oscillated from being a ‘confident’ actor to a ‘scared’ patient, from an active agent of change to a ‘helpless’ victim of the pandemic. Third, the fluidity of the peacekeepers’ lived experience illustrates that the human experience

is multi-layered and deeply enmeshed in and formed by his or her place in time, history, and location. The study demonstrates the utility of *Dasein* – the ‘situated meaning of being’ and the privileged relationship enjoyed by the human for ‘being in the world.’ By projection into, and engagement with, seemingly trivial personal world of the peacekeepers deployed in northern Mali, the study provides an illuminating account of their lived experiences under COVID-19 pandemic.

5. Concluding Remarks

This study reveals that the peacekeepers’ lived experiences are deeply enmeshed in and formed by their specific context, environment and encounters. The pandemic magnified some pre-existing concerns of the peacekeepers but did not replace them. In the context of northern Mali, the study finds a wicked paradox in the peacekeepers’ lived experience under COVID-19. The participants situated themselves as passive victims of the phenomenon as well as protagonists – confident to fight the pandemic. Their lived experience is shaped by the ever-present danger of facing hostile actions and at the same time the need to maintain operational tempo under COVID-19, to deny the spoilers to exploit the health crisis and thereby maintain the hard-earned peace and stability. In sum, the study tends to suggest one universal image about human nature: a pandemic like crisis can amplify our strengths as protagonist (such as survival instinct, showing empathy, camaraderie) or weakness as a victim (worry, fearful, helpless). The challenge is to devise appropriate tools and practices that would allow mitigating the weaknesses while adding to our strengths to win over the ‘second front’.

The human account, as captured in this study, could be useful for different actors engaged in peacekeeping. Leading or managing a military unit or a United Nations service in the field is about shaping attitudes, cultures, creating awareness, and building a sense of community to overcome the challenges. The insights into the lived experience of the peacekeepers, as revealed by this study, could be useful for the commanders and managers in field missions to better comprehend and adapt to the challenges. The study provides practical clues to address the concerns and to reinforce the attitude required to maintain business continuity of the peacekeeping missions under the ‘new normal’. The study could also help the planners and staffs working at the TCC, Force and the United Nations headquarters to enrich their understanding about the effects of the COVID-19 in a field mission. Such an understanding could be helpful to devise actionable adaptation plans and policies, contributing to alleviate the negative concerns and reinforce the positive feelings.