The facilitator can introduce the below questions at appropriate times during the exercise or during a post-exercise discussion. Ideally, participants will raise many of these points as they work through the scenario.

One to three hours have been allocated for the case study, depending on the context and facilitator's discretion. The three injects may be issued as appropriate by the facilitator to develop the scenario and the discussion. Time will be tight.

Participants will need a map of Carana and familiarity with IPI's Carana "Light" scenario. Facilitators can make other assumptions regarding facts and tasks relevant to the scenario based on experience in missions or knowledge of the Carana scenario.

1 OBJECTIVES AND AUDIENCE

Objectives

Scenario-based exercises can help units train to handle potential situations effectively and efficiently. They allow trainees to think through problems and work out responses before challenges actually occur and can help them identify preventive measures that can preclude problems from arising. Scenario-based training also creates a dialogue platform for peers to develop and share alternative points of view and explore a range of perspectives and courses of actions.

The facilitator should highlight attributes of leadership and effective decision making, including the readiness, willingness, and ability to:

- Implement the mandate and exercise authority
- Assume responsibility and lead others
- Ensure robust performance by all under their authority and address bad performance or non-performance efficiently
- Coordinate with other UN components, including through a whole-of-mission approach to the protection of civilians
- Act with only the interests of the UN mandate in mind
- Act in accordance with a specific, measurable, achievable, risk-informed, and timely (SMART) strategic plan
- Consult with local communities and affected populations.

Target Audience

This module must be relevant to all aspects of a mission. The target audience is senior leaders at both the political and the operational levels, including:

- Special representatives of the secretary-general
- Deputy special representatives of the secretary-general
- Force commanders
- Police commissioners
- Key D2–P4-level staff (e.g., chiefs of staff, chiefs of joint operations centers, heads of sections, heads of regional offices, heads of sector-level offices, sector commanders, and directors/chiefs of mission support)

2 STAGES

Stage 1: Preparation

In the first stage, the facilitators become familiar with the training material, prepare role players, and brief the mentors and experts involved in the training. They also discuss with them the objectives of the training and ask each to articulate her or his understanding and expectations:

- What is the purpose of the training?
- What can be the added value of scenario-based training?
- What are the expectations related to the training and to this scenario-based format?
- What are the roles and objectives of role players/mentors?

Stage 2: Familiarization

In the second stage, the facilitators orient the training audience on the general situation, the current situation, the rules of engagement, and the discussion questions/task at hand. The facilitators discuss the general situation and the current "crisis" with the training audience and make sure the training audience has a shared understanding of the mandate and rules of engagement. This discussion is a first learning opportunity, whereby each participant clarifies her or his vision of the mission. The facilitator can ask the following questions to ensure a common understanding:

- What is the overall situation in Carana?
- Who are the main actors who are/should be involved, and what are the main stakes?
- What is the mandate and authority of each major actor: the United Nations Assistance Mission in Carana (UNAC), government forces, and Continent Regional Coalition Assistance Mission to Carana (CRCAC)?
- What UN principles are relevant to UNAC? This includes independence, impartiality, and exclusively international character.
- What aspects of a protection of civilians (POC) mandate are relevant to this scenario? This mandate includes not only refraining from harming civilians (doing no harm and minimizing or avoiding collateral damage) but also actively and proactively protecting them from physical violence or threats of violence by other actors, including government forces, rebels or insurgents, terrorists, and criminals.

- What are the relevant UN policies, including the zero tolerance policy for sexual exploitation and abuse, UN Human Rights Screening Policy, and UN Human Rights Due Diligence Policy?
- What are the roles of each player within the scenario?
- What are UNAC's priorities with regards to the Caranese government?

Stage 3: Training

Either the training audience breaks into small groups to work through the situation or, depending on the size of the group (e.g., if under ten participants), discusses the unfolding of the scenario as a group.

As a group, participants should adopt the perspectives of the members of the Mission Leadership Team (MLT), which would include special representatives of the secretary-general (SRSGs), deputy SRSGs (DSRSGs), force commanders, police commissioners, and key D2–P4-level staff.

Ideally, the groups should be mixed in terms of professional profiles and affiliated institutions to facilitate a discussion with input from different perspectives. Each group should be assigned a mentor.

The exercise has four phases: the first three are related to the scenario's unfolding, while the final phase presents an opportunity to reflect on the exercise as a whole. To replicate the pressure of addressing real crises, groups are given a set amount of time for each of the first three phases: 30 minutes for in-group discussion followed by a 15-minute plenary session among all participants. In the plenary discussion, each group should take 2 minutes to report on the main points of their in-group discussions, which will be followed by 5 minutes of feedback from the mentors.

During the in-group discussions, the role of the mentors is to provide input as to how the host state would think about and react to the different issues, stakes, and challenges participants are considering. Mentors should guide the discussions as necessary, making sure that the participants raise and discuss key issues. Participants should be encouraged to think, plan, and manage alternate points of view and identify and deal with unexpected perspectives.

- The **first phase** sets the scene for why the MLT has been gathered, gives an overview of the task, and explains context. At this time, the facilitator should hand out the first part of the scenario for participants to read so they can familiarize themselves with the situation. In this first phase, participants should identify how the information they have been presented with matters for the implementation of the mission's mandate. They should identify UNAC's priorities and articulate them as they relate to the host state and other actors in the field. The mentor can refer to the questions in the next section to fuel the discussion or channel it toward this phase's objectives. Following a 30-minute discussion, the groups reconvene in plenary session. Each group gives a 2-minute report on their main points of discussions followed by 5 minutes of feedback from the mentors. This plenary discussion should last 15 minutes.

- The **second phase** focuses on issues related to supporting or acting alongside the host state in the mission's response to the Ebola crisis. Throughout the discussions, the mentor should be able to hint to the participants how the host state might perceive and react to the points raised during their discussion. Injects are then introduced and participants are granted an additional 15 minutes to discuss their impact. The mentor can refer to the questions in the next section to guide the discussion toward this phase's objectives. Each group will have 10–15 minutes to discuss this second phase. Groups then reconvene for another plenary session. Each group gives a 2-minute report on their main points of discussions followed by 5 minutes of feedback from the mentors. This plenary discussion should last 15 minutes.

- The **third phase** reflects on (1) how the population's perception of the crisis and of the various responses from the mission, the host state, and international actors can be manipulated; and (2) the effects of the population's perception on the mission's relationship with the host government. Groups will be given 10–15 minutes to discuss the narrative handed to them. The injects will then be introduced, and discussion time will be extended by 15 minutes. The mentor can refer to the questions in the next section to fuel the discussion or channel it toward this phase's objectives. Following a 30-minute discussion, groups should reconvene for another plenary session. As in the preceding two phases, each group gives a 2-minute report on their main points of discussions followed by 5 minutes of feedback from the mentors. This plenary discussion should last 15 minutes.

- The **last phase** is a longer debriefing; the facilitator should plan to take 30 minutes for a discussion among all groups/participants. This discussion should cover the scenario, lessons learned, best and worst practices, expected and unexpected challenges faced, what is needed to better address these situations, and how to prepare for crisis realities in the field. The notes below can be used to support this discussion.

Stage 4: After-Action Review

The after-action review should be divided into two steps:

1. Self and team assessment as role players
2. Training and scenario assessment

The facilitator should ask the training audience to recap the objectives of the training and to highlight both the expected and unexpected experiences and outcomes of the training. The facilitator should then ask each participant to rate and assess the most difficult challenges encountered in this specific crisis.

Part 1: Self and Team Assessment as Role Players

- What was the objective of this training?
- What role did you play?

- What were the expected and unexpected development outcomes during the training?
- What were the key considerations that affected your decision making? How did you rank your priorities when taking action?
- What were the tradeoffs and stakes in each of your decisions?
- What can you identify as best and worst practices? If you were to do the training again, what would you do differently?

Part 2: Assessing the Training and the Scenario

- What were the main strengths and weaknesses of the scenario and training?
- Discuss the content and process of the scenario and injects.
- Discuss the quality of guidance throughout the event.
- What are the major takeaways and lessons learned from this training?

Points to Remember

- The training audience should identify best and worst practices as they pertain to the participants' own work.
- Participants should note key considerations and rank priorities that affect decision making and actions taken.
- The facilitator should focus on clarifying the tradeoffs linked to decisions and actions taken by the participants.
- "So what…?" and "What if…?" should be the two underlying sets of questions as the scenario unfolds.
- Timing, sequence, pace, and consequences have implications for the success of the scenario. The facilitator should inquire about the implications of each of these as well as the immediate and short- and long-term consequences of each decision.
- Participants should adopt a gender perspective throughout the scenario, meaning that when considering questions and injects, they should be mindful of the fact that gender perceptions and identities will always influence the way peace and security events take place and are understood and processed by those involved.

3 KEY CONSIDERATIONS

Definition and interpretation of the mandate: The Ebola outbreak is a public health crisis, yet it has potential impacts on the implementation of the mandate.

- What are the issues likely to arise from this outbreak?
- How is the outbreak likely to impact the objectives and means of the mission, namely with regards to human rights, protection of civilians (POC), and humanitarian assistance?

Coordination with the host state, the World Health Organization (WHO), the UN Office for the Coordination of Humanitarian Affairs (OCHA), and the UN country team (UNCT): The

host government is responsible for coordinating the national response within its borders. The country office of the WHO is responsible for coordinating international support to the national operational plan, including crisis and risk communications. Health clusters can be created with the UN resident coordinator and OCHA. The UNCT—through the UN resident coordinator—is responsible for coordinating interagency support to states with widespread transmission. This may include requesting activation, where the resident coordinator deems appropriate, of the necessary clusters to coordinate support to specific sectors.

- Who are the key actors to be involved in the discussion among and decision by senior leadership?
- How can UNAC balance its response to efficiently support the host government, WHO, OCHA, and UNCT?
- How can UNAC best coordinate its overall, multi-sectoral support to the host state?

Balance between consent, impartiality, and non-use of force in time of crisis: Peacekeeping missions are dependent on the consent of host states. Therefore, they should plan and implement their actions in line with the host government's interests and priorities. At the same time, they should factor in the interests of communities that may be targeted by either state or non-state forces.

- How can UNAC best assist the government without appearing to side with or against the government's militarized action?
- How can UNAC avoid being instrumentalized by the host state or its opponents by providing them a perception of legitimacy or resources that enable them to undertake actions they would otherwise be unable to?

Efficiency and dependency: On the one hand, an efficient response on the part of UNAC could quickly prevent the spread of disease. On the other hand, this event can be an opportunity to foster trust in government institutions and reduce its dependence on UNAC structures. However, decreasing dependency would take more time than the UN responding efficiently itself.

- How can UNAC balance an efficient response to the outbreak while empowering national and local leaders and communities to take action and manage multiple stakeholders?

Trust and control: Trust and control can be difficult to balance when coordinating responses to the outbreak. The response to Ebola, in terms of actions and resources deployed, could be an opportunity for the government to rebuild the population's trust, but it could also amplify existing discrimination against certain groups and areas or enable new discriminatory action. The government's challengers, such as the Mouvement Patriotique de Carana (MPC), could also perceive the response by the government and the UN as an opportunity to delegitimize state institutions and the international response.

- How can UNAC best use this outbreak as an opportunity to fulfill its mandate in the country and facilitate a governmental response that promotes coordination and cooperation between opposing groups?

Access vs. protection: Access to the population is key, but it can also contribute to the spread of the disease.

- What role can UNAC play in accessing the population and providing resources and medical assistance, all while protecting its own staff and assisting the government?

Short-term vs. long-term responses: In times of crisis, short-term rapid-reaction measures need to be put in place while taking into account their long-term implications. Responses involve phases of recognition, early mobilization, emergency reaction, and support to strengthen the health system. Each of these phases has an impact on the implementation of the mission's mandate as well as on the management of its personnel.

- How should UNAC manage the impact of the crisis on the mission itself and on its own internal responses (e.g., communication with mission personnel or threats by a troop-contributing country to withdraw its personnel)?
- What measures should the mission take to protect the health, security, and safety of its own personnel while continuing to function as effectively as possible?

4   DEBRIEFING CONSIDERATIONS

This section includes key questions the facilitator can pose to the participants and some key points to ensure participants raise. We have not provided answers to the questions here and encourage the facilitator to use this as a guide to the session but to adapt it as needed.

REFLECTING ON PHASE ONE: INTERPRETING THE MANDATE, CLARIFYING OBJECTIVES, SETTING PRIORITIES

The objective of the first phase is to set the context and help the training audience clarify roles, objectives, and priorities. Below are discussion themes and questions for the training audience related to various points in the scenario.

Interpreting the mandate and conducting forward-looking assessments:

UNAC does not have a specific mandate to stop the spread of the disease and is not equipped to quell a major biological outbreak. Yet, as a public health crisis, the Ebola outbreak presents challenges for the implementation of the mission's mandate.

- How can the MLT be forward-looking and identify issues related to its relationship with the host state likely to be triggered by this outbreak?

- Within UNAC, what is the impact of this outbreak on the interpretation of the mission's mandate (and, more specifically, on the provision of humanitarian assistance and the protection of civilians)?

Coordinating with other UN agencies, humanitarian actors, and the government:

- Which other actors in the field should be involved in planning the response to the crisis? With whom can UNAC coordinate actions and decisions?

- How can senior leadership better coordinate with other UN agencies?

- To what extent should the mandate language be interpreted as saying that UNAC'S mission is to play a *facilitating*—rather than a direct—humanitarian assistance role? To what extent does civilian protection include an explicit requirement to deliver medical aid or other forms of humanitarian assistance?

- To what extent should UNAC play a more direct role in delivering medical aid during the EVD outbreak?

- To what extent can UNAC assist in making sure that the principles of neutrality and impartiality of humanitarian aid provision are respected?

- How can UNAC effectively coordinate between its peacekeepers, who have primary responsibility for the mission's political and security objectives, and the humanitarian agencies leading the humanitarian response?

- To what extent should UNAC agree on a plan of action with the government before the Security Council's first meeting on the Ebola outbreak?

Looking at the situation from the perspective of the host state:

- How can UNAC best support the government in protecting the population against Ebola?

- How can UNAC foster trust in government entities, given concerns that the mission has about the same capacity as the government of Carana to respond to the crisis?

- What is at stake with the timing of UNAC's reaction to the crisis? What are the tradeoffs of a too-early (preventive) vs. too-late intervention vis-à-vis the host government?

- What opportunities and challenges does this crisis represent for the host state government as well as its opponents?

- Under what conditions can the UN provide support to host-state actions?

- How are the host state and its political opponents likely to respond to this crisis?

- Should UNAC use its influence to reinforce the legitimacy and authority of the state's security forces? If so, how?

- What are the implications of the government's declaration of a state of emergency for UNAC's human rights mandate?

- What are potential debates that might arise among UN senior leadership on the mandate design and objectives? What impact might these debates (and their results) have on the host government?

- What impact might the timing of the international response have on the local population's perception of the mission? How could political opposition groups in each region leverage these perceptions?

REFLECTING ON PHASE TWO: ISSUES IN SUPPORTING THE HOST STATE WHEN RESPONDING TO A PUBLIC HEALTH CRISIS

The objective of the second phase of the scenario is to reflect on issues related to supporting and acting alongside the host state when responding to the Ebola crisis.

Managing troop-contributing countries (TCCs) and host-government requests:

- What does the kidnapping reveal about the government's control over its territory?

- What are the stakes of the outbreak for the TCCs in terms of the potential impact on their national caveats?

- How can senior leadership respond to TCCs' concerns over the safety and security of their personnel?

- How can the MLT best address the potential impact of Ebola on its own troops without alarming the TCCs?

- How should UN personnel in Carana be educated about the appropriate preventive measures to minimize the risk of contracting Ebola?

- How should the mission deal with the public when Ebola emerges in areas where UNAC units are stationed? What are the tradeoffs of closing UNAC facilities to public access?

- What are the issues involved in UNAC donating vehicles, providing medical training to local health workers, and publicly communicating on Ebola prevention via UNAC radio and community outreach?

- What are the tradeoffs in playing an active role in treating Ebola patients (other than UNAC's own personnel) and (despite its role providing security) explicitly distancing itself from involvement in the government of Carana's security

operations related to disease containment? What are the implications of isolating the district of Galasi?

- What could be the effects of returning mission personnel to their barracks once EVD emerged?

- Given its mandate, what role should UNAC play in providing security to allow humanitarian aid agencies to provide more direct forms of medical assistance?

Injects and examples of discussion points:

Two French physicians working for Opération Intrépide are kidnapped near Corma.

Meanwhile, in the areas held by both the MPC and the Combattants Indépendants du Sud Carana (CISC), rebels have reinforced their positions. Katasi is suspected to be arming rebels in the west of Carana while blocking people from crossing the border.

- Government control over territory
- Reaction of TCCs
- Reaction of member states

On August 15th, two peacekeepers and five UNICEF personnel (two national and three international) die from EVD and cholera near Folsa. Several troop-contributing countries (TCCs) express concern for the safety of their personnel, and an important TCC announces on August 23rd that it is withdrawing its 200 troops from the mission.

Claims are circulating that a coordinated and organized group is allegedly poisoning water wells in various parts of Carana. The joint operations center (JOC) receives several reports of extortion and excessive use of force by security forces responding to the EVD crisis, notably during the enforcement of quarantines. During clashes between security forces and angry residents protesting the quarantine in Galasi, a 15-year-old girl is shot and later dies; four other residents are severely wounded.

- Impact on TCCs
- Reaction of UN agencies
- Coordination mechanisms
- Impact on host-state capacity

Jane Doe, Amnesty International's senior crisis response adviser, reports "Caranese government troops killed men from the Tatsi ethnic group, destroyed and pillaged property, and committed rape against civilians."

The joint mission analysis center (JMAC) receives information that police and soldiers maintaining quarantines in Carana have been accused of soliciting bribes from people trying to leave quarantined areas.

- Interpretation of UNAC's mandate
- Impact on UNAC's relationship with the host state

Inject 4

Two UN consultants are caught taking bribes to rig contracts worth $60 million to supply life-saving drugs to Carana's health minister. These consultants would be paid by the pharmaceutical company Endeavourpharma in return for their help in winning lucrative contracts in UN bids.

- **I**mpact on the relationship between the host state and UNAC
- Impact on the population's perception of the UN
- Impact on the host state's perception of the UN
- Impact on the host state's perception of population
- Impact on the activities of UNAC

Inject 5

The Caranese government declines to issue visas for senior US, British, and French diplomats attempting to conduct a fact-finding mission in Carana's western region.

- Impact on UNAC's relationship with the host state
- Impact on TCCs
- Impact on the perceptions of the population

Inject 6

The government of Carana refuses to let UN peacekeepers investigate allegations of mass rape in a village in the western Hanno region, saying it is skeptical of the motives behind the visit.

Deterioration in health and food security is accompanied by unrest in Corma. One international healthcare worker tells Human Rights Watch, "We've already had security incidents, and the possibilities for unrest are many—as patients are turned away from health facilities; as food, water, and chlorine are distributed; as workers remove bodies and set up mortuaries—all of these scenarios point to the growing risk of disorder and need for professional crowd control."

The media has reported that fear of EVD has prompted attacks on health workers near Akkabar, where an angry crowd attacked a treatment center. In the east of Galasi, four individuals attack staff from the World Food Programme, accusing the UN of bringing EVD to the city. People in Corma—protesting the spraying of a market with disinfectant, which they believed was actually the EVD virus—riot, causing injuries to over 50 people, including members of the security forces.

The government of Carana requests UNAC peacekeepers to deploy alongside the Caranese military force to help administer EVD treatment in both Akkabar and Corma.

- Host state control of the territory

The objective of the third phase of the scenario is to reflect on how the population's perception of both the crisis and the responses of the mission, the host state, and international actors affect the relationship to the host state.

Dealing with public communication and social media:

- What role does UNAC's public communications infrastructure—which, before the Ebola outbreak, assisted with logistics such as the direct delivery of medical services to local populations in the mission area—play in its daily work and maintenance of the "public face" of the mission?

- How might the crisis reveal the extent to which the Caranese population—particularly in the outer provinces—are dependent on UNAC's presence in the country?

- What are the challenges for UNAC in helping move essential logistical equipment and personnel from the Carana National Police and medical staff to the outer provinces?

- Given that roads are impassable and cannot sustain major logistical movements during the rainy season, what are in-country commercial alternatives to UNAC's military engineering units to keep critical supply lines open?

- How can the UN address the shortcomings of the national medical system?

- To what extent could UNAC's response foster an overreliance on the mission to facilitate Caranese medical staff's access to the outer provinces or overreliance on UNAC itself to provide medical assistance to Caranese citizens?

- How can UNAC's communications strategy support the national government's response?

- How should UNAC plan its medical outreach activities (in terms of labor and equipment) once the Ebola outbreak had begun?

- How should the mission leadership deal with the possibility that UNAC's presence in local communities creates the potential for peacekeepers to be "vectors" of disease—spreading infection through the spaces where they work?

- In addition to the obvious public health impact, what other possible damaging effects of the Ebola outbreak should mission leadership anticipate?

- What are the stakes and tradeoffs involved in UNAC assisting with security (a task that would on the face of it seem to explicitly fit within the "facilitating humanitarian access" provisions of the mission's mandate), given the nature of some of the Caranese government's own responses?

- What are the tradeoffs involved in responses becoming increasingly militarized over time? What are the stakes in intervening in quarantined districts in Galasi? To what extent can intervention by the mission culminate in clashes between the public and the security services?

- How can the mission address the fact that the EVD epidemic has "unmasked persisting deep public suspicion and mistrust of the state, laying bare the limits of post-conflict reconstruction to transform state-society relations"?

- How can UNAC avoid exacerbating social exclusion, attending to knowledge that "quarantines, aggressive policing, closed borders, and other restrictions on people's movements hark back to military controls deployed during the region's long wars, thereby further eroding trust and confidence in public authorities"?

- How can UNAC coordinate its strategy with Carana's police and security institutions?

- How can UNAC best partner with host-government institutions to treat Ebola in a way that respects traditional customs and mitigates the potential for violent backlash from civilians?

- What are the gender dimensions of the outbreak? How can UNAC assist the Caranese government in addressing them?

Injects and examples of discussion points:

Inject 7

Social media conveys messages that groups in Galasi were poisoning communal wells to artificially increase the EVD death toll. The JOC receives information that a mob has severely beaten a man it suspects has poisoned a local well.

In an interview for a local paper, the national police spokesperson denies that well poisonings are taking place and blames community members for throwing stones at officers. The Carana National Police discloses that it is investigating four people in connection with poisoning of water wells. The spokesperson tells UN police (UNPOL) that the individuals were captured at different locations in Faron, Maui, and Folsa communities.

The Carana Broadcasting Corporation, which originally broadcast the story about the alleged well poisoning in Faron, backs away from its first report and reposts that several investigations into alleged well poisonings are ongoing in Folsa. The man who was beaten has reportedly confessed that at least 250 men had been trained and dispersed across the country.

According to the spokesperson for the Carana National Police, "It is unlikely that communities across the country would simultaneously make up 'false and misleading' stories about people poisoning wells." Local journalists reporting on this story still consider these allegations unclear. However, with the number of reports and evidence increasing, they begin to inquire about possible police interests that might have incentivized a cover-up.

- Coordination of public information
- Impact on TCCs
- Impact on the perceptions of the host state

Inject 8

Facebook and Twitter posts are shared among the Caranese population on the need to refuse treatment that is administered by the army. In these social media posts, treatments are portrayed as being part of a government-led genocide against the southern Tatsi population. Vaccines are said to inject the disease instead of curing it. This rumor is echoed in the media in the port city of Eres; there, the disease is called "Eresbola," and it is reported that the government-injected disease is a strategy to depopulate the eastern region because it is the power base of the political opposition. In Galasi and Maroni, media report that the virus is a government ruse to bring in international donations.

- Impact on host-state capacity
- Impact on UNAC's activities
- Coordination between the host state, UNAC, and UN agencies

Inject 9

On October 1st, the US Centers for Disease Control (CDC) publicly releases projected end-of-year EVD cases in Carana.

Anti-government violence has also flared up in the southern region of Akkabar, and UNICEF has released a report saying, "Without urgent humanitarian assistance, child fatalities in the Akkabar region could skyrocket."

- Coordination of public information
- Impact on TCCs
- Impact on the perceptions of the host state

The radio signals of Radio France Internationale and UN radio have been interrupted in Galasi. Some observers have accused the Caranese authorities of deliberate sabotage.

The Caranese minister of telecommunications, information, and communication technologies acknowledges that he is informed of the problem and says he can assure that the government's regulatory body for telecommunications is working on a solution. To many observers, the interruption of the two radio signals is an act of censorship on the part of Caranese authorities.

- Impact on UNAC's relationship with host state

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