

PROTOCOL

BETWEEN

THE GOVERNMENT OF THE PEOPLES REPUBLIC OF ANGOLA.

SOUTH WEST AFRICA PEOPLES ORGANISATION

AND THE OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES

RELATING TO THE REPATRIATION OF NAMIBIAN REFUGEES IN ANGOLA

The Government of Angola, SWAPO and the UNHCR met in Luanda between 7 and 14 March to deliberate on various legal, technical and administrative issues pertaining to and to finalize procedure and plans for the implementation of the Operation for the Voluntary Repatriation of Namibians, in accordance with the UN Security Council Resolution 435 of 1978.

The PRA, SWAPO and UNHCR hereby agree on the annexes 1; 2, 3 to this Protocol and hereby solemnly express their willingness to promote voluntary repatriation of Namibian refugees and reaffirm their commitment to effect successfully their repatriation to Namibia under safe and secure conditions.

The parties to the Protocol hereby agree that henceforth any provision or recommendation relating to the Namibian repatriation process as contained in the annexes referred to above that is found to be inconsistent with the provisions of Resolution 435/78 shall be considered as null and void to the extent of the inconsistency.

The three parties agree that any dispute relating to the interpretation of this Protocol will be resolved by the parties through informal and friendly consultations involving all the three parties.

The Protocol shall enter into effect from the date of signature by all parties concerned.

This Protocol is worded in Portuguese and English languages.

Signed in Luanda on 14 March 1989.

FOR THE GOVERNMENT
OF THE PEOPLES
REPUBLIC OF ANGOLA

FOR SOUTH WEST AFRICA
PEOPLES ORGANISATION

FOR UNITED NATIONS
HIGH COMMISSIONER
FOR REFUGEES

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SUMMARY CONCLUSIONS OF THE DELIBERATIONS OF THE JURIOICAL WORKING GROUP1. Repatriation as UNHCR's Primary Responsibility

The Government of the Peoples' Republic of Angola and SWAPO fully accept that it is the primary responsibility of UNHCR, under the provision both of its Statute and of S.C. Resolution 435 of 1978 to effect the voluntary repatriation of Namibia refugees who are presently enjoying asylum in Angola.

2. - Respect for National Sovereignty

UNHCR on its part, undertakes to fully respect the sovereignty and independence of Angola and to take into account fully its national security interests in the carrying out of the repatriation exercise.

Security of Repatriants

UNHCR undertakes to effect the repatriation process under conditions of complete voluntariness safety and dignity and, in particular, that there will be no risk to returnees of arrest, detention, intimidation or imprisonment. UNHCR further undertakes to ensure that returnees will in principle be permitted to proceed to the final destination of their own choice.

4. UNHCR access to Refugee sites and settlements

The Government of Angola and SWAPO affirm without any reservation to the principle of granting free and unhindered access for UNHCR to Namibia refugee sites and settlements.

5. Establishment of UNHCR Sub-offices

The Government of Angola agrees to the establishment by UNHCR of sub-offices in or near refugee sites and settlements, and specifically at Juta and Lubango.

6. Facilitation of movement of UNHCR staff

The Government of the Peoples' Republic of Angola undertakes to facilitate the movement of UNHCR staff to and from refugee sites, transit centres and departure points.

7. Blanket travel authorization for UNHCR staff

The Government of Angola committes itself to the insurance of appropriated instructions to the department concerned with a view to granting blanket travel authorization to UNHCR staff wishing to go into and from Namibia

P.T
K.M.L.

8. Repatriation of non-SWAPO affiliates

It is agreed by the parties that UNHCR has an obligation to effect the voluntary repatriation of all Namibians irrespective of their political affiliation. To this end, the modalities governing the voluntary repatriation of non-SWAPO affiliated refugees are to be formulated on the basis of bilateral consultations between the Government of Angola and UNHCR.

9. Non-returning refugees

The Government of the People's Republic of Angola and SWAPO undertake to provide any available information in order to enable UNHCR, if necessary, to attest as to the voluntary nature of decisions made by Namibian refugees who elect to remain in Angola and not to return to Namibia as is required under Res. 435.

10. Means of transport

UNHCR acknowledges the offer made by the Government of Angola to provide the entire air and road transport means needed for the repatriation exercise and, in the event this is not possible, that consideration then be given to means of transport supplied from other frontline States. The two parties agree that while ultimately the final selection of transport carriers will be made in accordance with pertinent rules and procedures of the United Nations, the security concerns of the repatriants shall be fully taken into account.

11. Registration and the completion of Voluntary Repatriation Form

The Government of Angola and SWAPO agree without any qualification, that in order to conform to established procedures and to satisfy the conditions governing the repatriation of Namibia refugees under S.C. Resolution 435/78, the registration exercise shall be undertaken under the sole responsibility and the supervision of UNHCR. The three parties to this understanding further agree that it is imperative to maintain close co-operation and collaboration in order to complete successfully, and on a timely basis, a registration process. In particular, the Government of Angola and SWAPO undertake to provide all necessary support to UNHCR in the carrying out of the registration exercise.

12. Preservation of Family Unity

The three parties fully agree, in accordance with the fundamental principle of preserving family unity, that there is a need for the establishment of appropriate mechanism to ensure that repatriants who have become separated from their families, particularly unaccompanied minors, could be allowed to reunite with their families. It is also agreed by the three parties that UNHCR will assist in the effecting of family unification in countries of asylum for those refugee families which wish to repatriate as units. In addition it has been agreed that an appropriate addendum to the agreed standard registration form will provide for the inclusion of the address of the repatriants' next of kin, to facilitate going and family reunification.

13. Public Information

The need for public information to be provided by UNHCR, in appropriate form and language, regarding the terms and conditions that pertain to the repatriation process and to the situation as it evolves in Namibia, is fully recognised. In this regard UNHCR will also seek to facilitate the visit to and return to Namibia of refugee representatives prior to the commencement of the repatriation exercise.

14. Repatriation of vulnerable groups

It is agreed by the three parties that vulnerable groups, including the physically and mentally handicapped, the sick, the elderly and unaccompanied minors will be among the last to be repatriated once provision for their social security in Namibia can be assured.

15. Facilitation of Transit Movement and Exit of Repatriants

The Angolan Government undertakes to facilitate the transfer by UNHCR of refugees wishing to repatriate from their present locations to transit and exit points and for their subsequent departure from the country to Namibia. The Government therefore undertakes to facilitate the expeditious clearance of immigration, customs and health formalities, prior to the departure of refugees.

16. Repatriation of Individual and Communal Property

The Angolan Government agrees that refugees may be allowed to repatriate their property free of any duties, taxes and restrictions. SWAPO, for its part, undertakes to provide well in advance a full and detailed inventory list to both the Government and UNHCR of the communal property to be repatriated, and that to be left in situ.

17. Waiver of royalties and other taxes

The Government of Angola acknowledges the need to waive royalties, landing and handling fees and fuel and agrees to waive taxes and duties relating to goods and means of transports entering the country to be utilised in connection with the repatriation operation.

18. Facilitation of clearances and handling of goods

The Government of Angola undertakes to ensure priority berthing of vessels and expeditious clearance and handling of all goods both in airports, and ports required for use in the repatriation operation.

19. Provision of Educational Assistance

UNHCR agrees to provide adequate temporary educational facilities for primary school going age i.e. between 6 and 10, and in its

TRANSPORT AND LOGISTICS

1. BASIC PRINCIPLES:

The three parties agree in principle that repatriation of all persons in Zambia will be carried out by air, following movement by road from Nyango to Mongu or from the other parts of Zambia to Lusaka.

2.

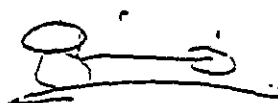
The following points on transport and logistics are hereby agreed upon by the Government of the Republic of Zambia, SWAPO, and UNHCR:

a. Air Transport from Zambia: In view of the UNHCR commitment to fund the operation, it is recognized that adherence to UNHCR financial rules and regulations for competitive bidding regarding contracts, will be applied. UNHCR and the Government agree to finalize the flight plan for the repatriation exercise following completion of registration of candidates for repatriation. It is understood that departures by air will be from Mongu airport and Lusaka International Airport and that staff in charge of these operations will have access to such areas of airports as required by the exercise of their functions. GRZ will facilitate immigration, customs and health clearances at Mongu Airport and Lusaka International Airport.

b. Air Transport from Locations Outside Zambia: UNHCR and SWAPO take note of the presence of a number of SWAPO members residing outside Zambia, and agree to co-ordinate transport for their repatriation. Appropriate account will be taken of such matters as family reunification, education of children, and transport of personal property.

c. Road Transport: UNHCR will ensure road transport with its own means.

d. Property: The three parties acknowledge the need to transport SWAPO personal and communal property from Zambia to Namibia, and agree that, for communal property, modalities of movement will be finalized following receipt of lists to be submitted by SWAPO. For accompanied and unaccompanied belongings, it is agreed that durable cardboard boxes would be used, with volume and weight subject to further detailed discussions. UNHCR agrees to provide to refugees, upon arrival in Namibia, the necessary basic bedding and cooking materials, and that SWAPO will therefore not include these items among property to be transported.



e. Transit Centres: The three parties affirm the need to establish transit centres to facilitate the movement in phases of the repatriation operation. It is acknowledged that further discussions will be required with the Government and with SWAPO on the exact locations of sites, at Mongu and Lusaka.

f. Security : The Government agrees to assure the security of all convoy movements, and of all staff involved in the repatriation operation.

g. Communications: The Government of the Republic of Zambia undertakes to provide to UNECR the necessary authorizations for all communications equipment and networks required to facilitate the repatriation operation in the country.

HEALTH

DESCRIPTION OF PROCEDURE

Medical activities will be organised in two stages:

Stage 1: predeparture public health measures (SWAPO settlements)

Stage 2: health care in transit centres.

The understanding between GRZ, SWAPO and UNECR is that SWAPO will provide adequate medical personnel and GRZ will provide adequate supervisory and technical assistance along the lines indicated below.

STAGE 1: PREVENTIVE ACTIVITIES AT NYANGO AND SWAPO SITES IN LUSAKA

OBJECTIVES

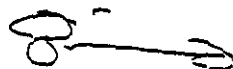
- 1) IMMUNIZE every refugee against yellow fever.
- 2) IMMUNIZE all children until 15 years against measles
- 3) PROVIDE all children under 15 years with deworming stat. treatment as well as Vitamin A protection
- 4) ALL cases requiring special medical attention will be given due personal attention
- 5) PROVIDE every refugee with an individual internationally recognised vaccination certificate for YF and a record of any additional preventive measure taken. Action to be taken by GRZ, Ministry of Health (Certificate booklets will be supplied by UNECR).

MEDICAL CARE PROVIDED TO THE REFUGEES

An integrated PHC system is organised for the refugee population by SWAPO. This system is able to execute the proposed measures without additional medical personnel if UNECR provides the necessary vaccines, drugs and materials.

PROPOSED PROCEDURE

At least 99% of the population needs the required YF vaccination. The additional mass public health measures (see objectives) do not increase that much the logistic effort if done in an orderly way. They will, on the other hand, eliminate the risk of a measles outbreak, and decrease some foreseeable nuisance during and after the repatriation period.



The preventive measures should be initiated as soon as possible so that most of the refugees would have a satisfactory vaccination state at the time of the HCR registration. Family heads presenting themselves at the HCR registration without valid vaccination certificates for the family members who they want to register will be requested to come back on appointment to have these family members vaccinated and the new vaccination state registered.

The vaccination team should consist of:

- 2 persons in charge of YF (one to prepare, one to inject)
- 1 person in charge of Measles
- 1 person in charge of Mebendazole and Vit A
- 1 person in charge of filling in the booklet
- 1 person in charge of the vaccine stock on the spot.

This SWAPO team has to be supervised by a governmental medical officer for the legal signature and stamp on the vaccination certificate. (Att. 1)

The vaccination teams should precede the registration teams and apply the same systematic approach of the population. Each transit centre should also have the capability of these procedures to take care of eventual drop outs.

TRANSPORT TO THE TRANSIT CENTRES

Target groups were identified for special assistance during repatriation. These groups are:

- Handicapped
- Wounded and acutely ill
- Chronically ill
- Highly pregnant.

The "patients" will be provided with their medical records from the beginning of their departure to Namibia

The target groups mentioned above will be separated from the "healthy" population. They will be transferred to the transit centres at the end of the operation.

One special convoy could be organised at the end for the above mentioned target groups. Additional medical manpower could be needed at that time. Precise numbers are needed from SWAPO to plan these special convoys well in advance.

If this separation is done and the preventive measures applied in time, we do not expect major medical problems during travel and in transit.

Two handwritten signatures are present at the bottom right of the page. The first signature is a stylized, cursive name that appears to be 'G. S.'. The second signature is a more complex, cursive name that appears to be 'M. J.'.

STAGE 2: CURATIVE CARE IN TRANSIT

Arrangements for curative treatment in transit will be made at Mongu Provincial Hospital and UTH Lusaka and medicaments provided by UNECR.

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ATTACHEMENT 1

RECOMMENDATIONS FOR VACCINATION TEAMS YELLOW FEVER

1) The Yellow Fever vaccine is a life attenuated vaccine which does not resist to room temperature. The vaccines provided to the teams have to be stored at temperature below +4C. To prepare the vaccine, add the quantity of solvent indicated by the manufacturer to each vial of dried vaccine. Avoid dusty surrounding and work sterile.

The vaccine must be used during the hour after having being prepared. Unused vaccine (one hour after preparation) will be destroyed.

Adults and children will be immunized with 0,5 ml vaccine subcutaneous. The vaccinators will change seringue and needle for each person.

3) Indications and contra-indications

a) Infants

Infants younger than 9 months will not be immunised

b) General contra-indications

As for all live vaccines: acute febrile illnesses, zona, chronic respiratory cardiac or renal diseases and diabetes.

c) Allergies

Allergic patients (asthma, urticaria) will only be immunised after an intradermic test of 0,1 ml of vaccine. If the site of injection swells rapidly (oedema) with irregular extension in different directions, further injection of the vaccine should be stopped. If there is no reaction or only a minimal one, the remaining 0,4 ml will be injected. This sensitivity test has to be performed by a Medical Officer having the necessary tools (adrenaline) to cope with an anaphylactic reaction.

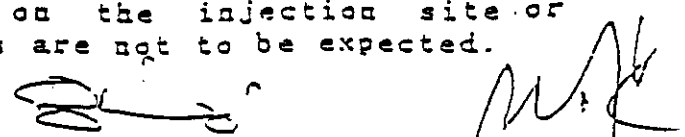
d) No live vaccine should be given to women during the first three months of pregnancy.

4) Complications

The vaccine is normally well tolerated.

a) Minimal postvaccinal reactions

On day 6 after vaccination 5% of the vaccinated persons will have a slight fever with headache and/or backpain which will get better in a couple of days. Local swelling on the injection site or swollen regional lymphnodes are not to be expected.



b) Allergic reactions

Rash, erythema multiforme, urticaria, Quinck oedema and asthma can occur (1 case for 1 million vaccinations). These allergies will occur to persons with a well-known history of allergy (specifically towards eggs).

5) It is WHO policy that Yellow Fever should be considered for incorporation in routine EPI activities in any country falling in the endemic-epidemic African belt. Therefore it is safe to give Yellow Fever vaccine with measles vaccine at the same time.

TIME SCHEDULE FOR MEDICAL ACTIVITIES

(27th March - 3rd April)

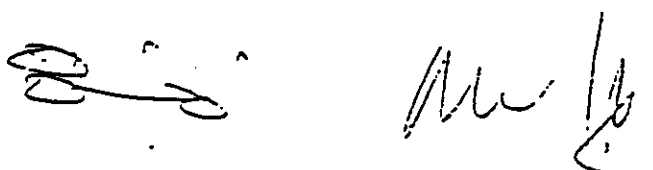
The vaccinator/public health teams should be ready to start their activities at the same time as the HCR registration. Starting time: 27th of March. Depending on the performance of the team the population should be vaccinated in maximum 2 weeks.

In addition to their curative task, the SWAPO/GRZ medical teams will have to vaccinate the drop-outs of the vaccination campaign organised during the HCR registration. So that all refugees carrying in Namibia will satisfy the vaccination requirements.



HEALTH PROCUREMENT NEEDS TO BE MET THROUGH UNHCR

1. VACCINES: - yellow fever: 7,000 doses (1 yoph. + aqua dist.)
- measles: 5,000 doses
 2. PREVENTIVE DRUGS: - mebendazole (100 mg): 2 tab x 7,000
- Vitamin A (100,000 IV): 100,000 x 7,000
 3. Emergency vaccination kits (quantity: 2)
 - 1 ml syringes (quantity: 7,000)
 - SC needles fitting these syringes (quantity: 7,000)
 - mixing syringes + needles
 - a) if YF vacc. delivered in 50 doses vials: 50 ml syringes + needles (quantity 140)
 - b) if YF vacc. delivered in 100 doses vials: 50 ml syringes + needles (quantity 100)
 5. International certificate of YF vaccination (quantity: 7,000)
 6. Plastic protection envelopes
 - a) 15 x 10 cm (quantity: 7,000) for international vaccination card or booklet
 - b) A4 format envelopes (quantity: 1,500) for protection of medical records of individual patients
 7. Indelible pens (quantity: 10) to put names on the plastic envelopes
- Items 1 - 7 must be in Lusaka by 20 March in order to adhere to timetable. If 7 000 Y.F. are not immediately available at least 3,500 should arrive in time in order to commence soonest.
8. Emergency health kits (must have in Lusaka by April 15 in order to adhere to timetable)
 - a) material (quantity: 2)
 - b) drugs (quantity: 1)
10,000 people for 3 months' supply should be divided in 2 packages to cover the need of the population during their stay in the transit centres.



Annex 3

ATTACHEMENT 3

FOOD AID IN TRANSIT

UNHCR with the assistance of the WFP will cater for the food needs of the repatriants in transit.

Temporary kitchens will be set up at the transit centres. Details will be worked out between UNHCR, WFP and SWAPO in Lusaka.

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