

UNAMIR

OPERATIONAL PLANNING

21 OCT 1994 - 21 JUNE 1995

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TO: ANNAN, UNATIONS, NEW YORK

INFO: BARIL, UNATIONS, NEW YORK

KHAN, UNAMIR, KIGALI

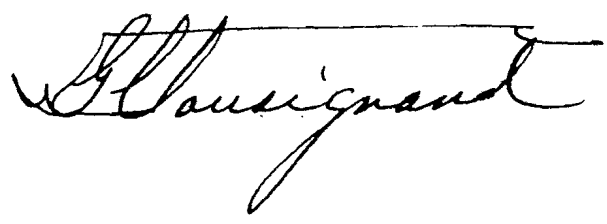
FROM: TOUSIGNANT, UNAMIR, KIGALI

DATE: 21 JUNE 1995

NUMBER: MIR

NO. OF PAGES: 3

**SUBJECT: PROPOSED UNAMIR FORCE STRUCTURE FOR THE REVISED
MANDATE**



Reference:

- A. Your Code Cable 1937 dated 9 June 1995
- B. Our Code Cable MIR 2174 dated 12 June 1995

1. Thank you for your comments at Reference A in response to my proposed force structure for UNAMIR (Reference B) under a revised mandate. There are however, a number of issues that still need to be finalised in view of your response.
 2. I am still unsure of which contingents have agreed to participate under the new mandate and concept of operations. From your response it is apparent that the Tunisian contingent will be withdrawn and that it is likely the Zambian battalion will be withdrawn because Zambia has been requested to provide a battalion to UNAVEM III. However, have Nigeria, Malawi, Mali, Senegal and Ethiopia been approached to contribute under the revised mandate? It is my understanding from this end that Ethiopia and Senegal may be unwilling to continue under the new mandate while Nigeria, Mali and Malawi may be happy to continue.
 3. Furthermore, Reference B did not propose a command and control structure placing sector one under Indian operational control and sectors 2, 3, 4 and 5 under Ghanian operational control. The span of command that you propose for the Ghanian battalion is unadvisable for battalion resources even if augmented by force level support. The unit currently does not have the administrative and logistics support nor the communications equipment to provide adequate command and control across such a large distance. Thus the need to deploy independent company groups which are self sufficient in medical, logistics, administration and communications and therefore with the structure as proposed in the organisational chart in Reference B. UNAMIR HQ will maintain operational control of all sectors.
 4. Your point that a Ghanian rifle company could be used to provide security for the tribunal is not accepted since the company must be able to administer itself. If this company is not part of the Indian battalion then due to the physical separation from the other Ghanian elements it would need to be independent and structured as such.
-

5. It is not feasible for the Ghanaian battalion to provide any more than two independent company groups without significant supplementation from Ghana in the form of medical and nursing officers, preventative health assistants, medical assistants and other support personnel since its current resources cannot be split into four sufficient elements. As you quite rightly point out in para 3.a. of Reference A it is preferable and easier to redeploy assets already in theatre than bring fresh ones in from Ghana or India providing existing elements have the proper organisation and structure. Having said this, I am more than happy to have two independent companies from Ghana as long as they have the necessary medical and support staff. These companies could provide the independent companies to man sector two and three or sector two and the Tribunal independent company. Finally, it should be remembered that each of these independent companies should be commanded by a LTCOL to provide an appropriate rank level when dealing with government officials, RPA or Gendarmerie as well as Milobs in the sectors.

6. It is anticipated that Tunbatt will commence their withdrawal in the last week in June or first week in July and Ethiobatt, if they withdraw, in the second or third week in July. Nibatt will require to conduct a reconnaissance for a provisional deployment and could rotate/withdraw those elements to take it down to 135 personnel on redeployment to sector 5 between the Tunbatt and Ethiobatt withdrawals. The rotation/withdrawal of the other contingents would work similarly.

7. As a result of your advice it is now possible to further refine my manning plan for the five sectors:

- a. Sector 1: Indbatt (includes the current two rifle coys, a third rifle coy which will be raised by rebadging the surplus Indian engineer and signals pers and a fourth rifle coy to be provided from India for the Tribunal) or alternatively from Ghana depending on manning of sector 3.
- b. Sector 2: One Ghanbatt company group.
- c. Sector 3: One Zambatt company group or alternatively Malicoy, Nibatt, Malawicoy or Ghanbatt (depending on the manning of sectors 4 and 5).
- d. Sector 4: One Ethiobatt company group or alternatively Malawicoy
- e. Sector 5: One Nibatt company group or alternatively from Malicoy or Malawicoy (may be located at Mutura vice Nyundo).

8. It may be possible to exploit some of the current INDBATT medical elements to a small extent in order to provide the Force Medical Company clinical personnel in the most economical manner. Currently INDBATT includes two lightly staffed RAPs (including two operating room assistants), one dental section, one health warrant officer and one laboratory assistant. It should be noted that the 100 man Medical Coy was developed with the assumption that INDBATT would retain the current medical and dental support arrangements. Accordingly, while INDBATT has 15 health services personnel, the majority of these personnel would still be required for Level One support to INDBATT.

9. With a commensurate reduction of the services provided to both INDBATT and other contingents, it may be possible to provide the Force Medical Coy RAP and Dental section from INDBATT. However, this would clearly represent dual tasking. The Dental section configured to support approximately 1000 personnel would be supporting more than twice that number, a significant proportion of which would be below standard dental level. The single INDBATT RAP remaining under command would be supporting a number of Indian

elements deployed to various locations within Kigali. This may be workable depending upon the capability of the Medical Coy itself to provide support to some of the Indian elements in Kigali.

10. Combining logistic support of the medical company with other elements would provide some economies but would cause inefficiencies as a number of the logistics support requirements are specific to health support units, notably medical technical support and catering for patients

11. There does not appear to be significant economies available through incorporating INDBATT medical elements into the medical company. Drawing the RAP and Dental section from INDBATT would leave UNAMIR with an overall deficiency in medical support. In summary, if India were to contribute the medical company, it would need to deploy appropriate clinical assets as outlined in our organisation chart attached to Reference B.

12. Regarding the Movement Control unit I would like to emphasise that these personnel must be fluent in English, be trained in all aspects of field movement (road, rail, sea, air & freight operations) and be capable of being deployed independently in small teams both within the theatre and to the sea points of departure.

13. Finally, I wish to emphasise that my advice provided to you at Reference B has not changed. If Tunisia, Ethiopia and Zambia are to withdraw from the mission they should be replaced with Nibatt, Malawicoy and Malicoy who have all the necessary medical and administrative support elements to draw down appropriately and provide an independent company group.

DRAFT from C3 Rans
2/6

OUTGOING CODE CABLE

TO: ANNAN, UNATIONS, NEW YORK

INFO: BARIL, UNATIONS, NEW YORK
KHAN, UNAMIR, KIGALI

FROM: TOUSIGNANT, UNAMIR, KIGALI

DATE: 20 JUNE 1995

NUMBER: MIR

NO. OF PAGES: 2

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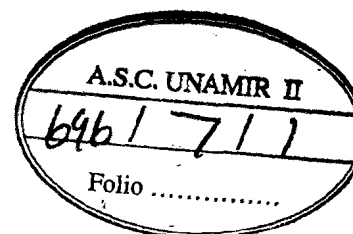
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AUSTRALIAN ARMY
Land Command Health Services

FACSIMILE COVER SHEET

Classification:	RESTRICTED	Message No:	/95
Precedence:	ROUTINE	Operator Initials/Date:	<i>AB</i> 1142. 10/5/95
Facsimile Address:	COL WARFE COMASC ASC UNAMIR RWANDA	Facsimile Originator:	LTCOL G.A. LAW SO1 HLTH OPS HLTH SVCS BR LHQ VICTORIA BARRACKS PADDINGTON NSW
Facsimile No:	0011 250 10000	Facsimile No:	(02) 3393556
Telephone No:	0011 250 10009	Telephone	(02) 3393148
Subject/Title:	DRAFT TERMS OF REFERENCE OST RWANDA		
Reference:	K94-01044	Date:	10 May 1995
Pages	Printed Name	Rank	Signature
7	G.A. LAW	LTCOL	<i>GA L</i>

Please pass to:

Attached is the first draft of the Terms of Reference for the Operational Study Team. I would appreciate any comments by 17 May 95.

RESTRICTED**TERMS OF REFERENCE****OPERATIONAL STUDY TEAM - RWANDA**

551968 Lieutenant Colonel G.A. Law

References:

- A. Land Headquarters OPORD 25/95 dated 05 May 95.
- B. LCAUST Directive No. xx/95 dated xx May 95.

INTRODUCTION

- 1. Pursuant to your appointment as Team Leader Operational Study Team Rwanda you are to submit a written report on the health service support lessons of Operation Tamar to me by 15 August 1995. If completion is delayed you are to submit a progress report on that date and every seven days thereafter until the report is completed. You are pay due cognisance to the lessons learnt by ASC I and ensure the key personnel of ASC I have the opportunity to comment on your report.

AIM

- 2. The aim of your study is 'to determine the health service support lessons of Operation Tamar.'

MAIN HEADINGS

- 3. Without limiting the scope of your report you are to address all headings as detailed in this Terms of Reference and make recommendations as appropriate.
- 4. Your report is an analytical study that must address the following six areas:
 - a. health operations,
 - b. health logistics,
 - c. health materiel,
 - d. health training,
 - e. clinical aspects of the operation, and
 - f. health doctrine.

*g. Health intelligence***RESTRICTED**

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SPECIFIC AREAS

5. Within the six main headings, and without limiting the scope of your report, you are to:

- a. Examine the United Nations health planning process and derive any lessons that may be applicable to future Australian health service support to United Nations peacekeeping operations.
- b. Examine the UNAMIR II health planning process and the resultant plans to determine any lessons applicable to future Australian health service support to United Nations operations.
- c. Determine the health support lessons of humanitarian aid in Rwanda that may be applicable to future operations. You must specifically address:
 - (1) preventive medicine support, *AME*
 - (2) primary health support, and *field optometrical support*
 - (3) hospital support.
- d. Examine the Australian command arrangements and determine any command and control lessons.
- e. Analyse the composition and structure of the Medical Company to validate the required function and establishment of each generic area.
- f. Assess the health logistic systems in place and recommend any changes to improve effectiveness and efficiency for future United Nations operations.
- g. Confirm the adequacy of current earmarked class eight stores for this and other missions.
- h. Assess the functionality of in-service health equipment and materiel used in Operation Tamar.
- i. Identify any class eight equipment deficiencies that reduced operational capability.
- j. Validate the adequacy of the direct administrative arrangements to support the Medical Company. In particular you are to examine:
 - (1) patient catering, *(5) patient catering*
 - (2) hospital laundry services,
 - (3) medical equipment maintenance, and
 - (4) pharmacy support.
- k. Identify the requirement for new technologies, such as:
 - (1) tele-medicine, *(4) LI.*
 - (2) tele-radiography, and *(5) ULTRASOUND*
 - (3) computerised tomography scanning.

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- l. Assess the adequacy of mission specific pre-deployment United Nations training and recommend any corrective action.
- m. Determine any individual training deficiencies of health service personnel and recommend corrective action. In particular you are to examine the adequacy of the:
 - (1) Direct Entry Officers' Course
 - (2) Regimental Officers' Basic Course;
 - (3) Regimental Officers' Advanced Course;
 - (4) Field Nursing Course
 - (5) Assistant Medical Course; and
 - (6) Advanced Assistant Medical Course.
- n. Confirm the requirement for the Early Management of Severe Trauma Course for Medical, Dental and Nursing Officers.
- o. Determine the requirement for continuing professional training for health services personnel.
- p. Determine any collective training deficiencies of health service personnel and recommend corrective action.
- q. Assess the suitability of Special Forces Patrol Medics for exclusive employment in health care roles.
- r. Assess the adequacy of health training and preparation of non health services personnel and recommend any corrective action.
- s. Assess the adequacy of the Combat First Aid Course and recommend any corrective action.
- t. Identify any failures in combined and joint health interoperability and recommend any necessary corrective action.
- u. Analyse the adequacy of stress management and psychological support to Australian personnel.
- v. Analyse the effectiveness of preventive and environmental health measures in the prevention of disease and injury to United Nations personnel.
- w. Evaluate the application of existing clinical protocols to confirm their continuing utility and recommend any necessary changes.
- x. Identify and collate any mission specific clinical protocols, and assess their utility for future United Nations and Australian operations.
- y. Identify the requirement for any additional clinical protocols.
- z. Identify, collate and validate the quality assurance measures, standards of care, and outcome measures for:

PVT MEDICINE

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- (1) primary health care services,
 - (2) inpatient health care services, and
 - (3) ancillary health care services.
- aa. Validate the utility of existing in-service health documentation.
- ab. Identify, collate and validate any health documentation developed within the mission.
- ac. Validate the utility of in-service reports, returns and statistics in the delivery of:
- (1) primary health care services,
 - (2) inpatient health care services, and
 - (3) ancillary health care services.
- ad. Identify, collate and validate any additional health reports and returns developed within the mission.
- ac. Determine the utility of relevant health policy documents with particular reference to:
- (1) Australian Defence Force Publication 53,
 - (2) Australian Defence Force Publication 703,
 - (3) Surgeon General Australian Defence Forces Health Policy Directives,
 - (4) Land Command Casualty Treatment Regimes (Draft Australian Defence Force Publication 709),
 - (5) Field Surgery Handbook,
 - (6) Australian Defence Force Publication 710,
 - (7) Australian Defence Force Publication 711, and
 - (8) Chapter Seven of the United Nations Operational Support Manual.
 - (9) HQ UNPMIR II SOPs.

FINAL REPORT

6. These Terms of Reference and Directive xx/95 should be attached to your report. Where appropriate the report should include:

- a. photographs,
- b. diagrams,
- c. charts,
- d. tables, and
- e. statements of key personnel involved in the mission.

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7. You are to submit your report to me by 15 August 1995. You may expect the final distribution of the report to include:

- a. Chief of the Defence Force,
- b. Vice Chief of the Defence Force,
- c. Chief of Naval Staff,
- d. Chief of the General Staff,
- e. Chief of the Air Staff,
- f. Maritime Commander Australia,
- g. Air Commander Australia,
- h. Assistant Chief of the Defence Force - Operations,
- i. Surgeon General Australian Defence Forces, and
- j. Headquarters United Nations New York.

ACKNOWLEDGMENT

8. You are to acknowledge receipt of this Terms of Reference.

P.M. ARNISON
Major General
Land Commander Australia

May 1995

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Distribution:

LTCOL G.A. Law

For Information:

Chief of the Defence Force
Vice Chief of the Defence Force
Chief of Naval Staff
Chief of the General Staff
Chief of the Air Staff
Maritime Commander Australia
Air Commander Australia
Assistant Chief of the Defence Force - Operations
Surgeon General Australian Defence Forces
Colonel Operations Land Headquarters
Colonel Administration Land Headquarters
Colonel Health Land Headquarters
MA to LCAUST
File

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CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. 696-7-1

Correspondence No. _____

To: FMO 23/12

Remarks/Action:

Med Ops

Med Log

FHO

Done

done.

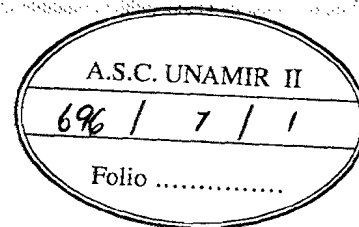
Do I need to fill out any forms?
Please get me inventory form.

WP
How many times do we have to fill
in this info??
addressed
separately

Please initial and date when action complete then pass quickly.



UNAMIR
Kigali, Rwanda



Nations Unies
Mission pour l'Assistance au Rwanda

United Nations
Assistance Mission to Rwanda

Le Représentant Spécial
du Secrétaire Général

The Special Representative
of the Secretary-General

MESSAGE FROM THE SRSG TO ALL PERSONNEL

RESTRICTED

UNITED NATIONS ASSISTANCE MISSION TO RWANDA

UNAMIR DESIGNATED OFFICIAL INFORMATION CIRCULAR

16 December 1994

CONFIDENTIAL

TO: *All United Nations Personnel in Rwanda*

FROM: *Shaharyar Khan,
Special Representative of the
Secretary-General*

*Shaharyar Khan
17.12.*

SUBJECT: **Security Plan**

1. *The Secretary-General has instructed that security arrangements for all United Nations personnel in Rwanda be coordinated by myself and by the UNDP Resident Representative, acting as my deputy, will coordinate UNDP and the other UN agencies personnel with appropriate coordination between the entities.*
2. *The Security Plan for Rwanda is currently being revised and, as part of the routine requirements of the Plan, information regarding the location of personnel and property must be submitted as indicated below.*
3. *In the event of internal disorder or hostilities, and depending on the level of disturbance, one of the following five Security Conditions will be declared and UN personnel will be notified regarding what precautions to take and how to conduct themselves:*

- (i) **Phase I - Precautionary**
(Movement should be limited to essential activities)
- (ii) **Phase II - Restricted Movement**
(All movement should be restricted)
- (iii) **Phase III - Relocation**
(Personnel and, to the extent possible, property should be relocated to concentration centres in anticipation of possible evacuation)
- (iv) **Phase IV - Programme Suspension**
(Regular operations cannot continue; all non-essential personnel will be evacuated)
- (v) **Phase V - Evacuation**
(All operations must be halted; all personnel will be evacuated)

Phases III - V are only applicable to personnel whom the UN is under obligation to repatriate, although some exceptions do exist.

4. Shortly, you will be notified of the appointment of a Zone Warden or Area Coordinator who will be primarily responsible for security in the geographic area in which you live. If you have any questions regarding the Security Plan, they may be directed to your Zone Warden or Area Coordinator.

Precautionary Measures

5. In the meantime, all personnel should take certain measures now, as routine precautions. Specifically, all international personnel should undertake the following preparations:
- (a) Prepare an inventory in quadruplicate of all furniture, valuables, household effects and automobiles (Proforma inventory blanks are attached to this circular) and, for military staff, send two copies to the Chief Military Personnel Officer; for civilian staff, send two copies of inventory to the Civilian Security and Safety Unit Amahoro Hotel, Agency staff send two copies to UNDP Field Security Officer. You should retain the remaining two copies. The Security and Safety Section and the UNDP Field Security Officer will maintain a data bank for purposes of the Security Plan. Every three months, you should send an updated inventory to the Security and Safety Unit;
 - (b) For military staff, advise the Chief Military Personnel Officer and your superior officer of the location of your residence; make sure to notify the relevant officials of your new address whenever you move. For civilian staff, advise the Personnel Section and your Chief of Division/Section/Unit of the location of your residence;

make sure to notify the relevant officials of your new address whenever you move. For agency staff, advise the UNDP Field Security Officer of the location of your residence, old or new. This data will be transmitted to the Security and Safety Unit Data Bank and to the UNDP Field Security Officer as required;

- (c) For all staff, advise the Security and Safety Unit and other relevant officials of any medical conditions which you may have which might affect your mobility or ability to comply with any security directives.*
- (d) Check regularly to see that identity cards, passports, Laissez-Passers and health certificates are in order;*
- (e) Check that at least one week's supplies of water and food are maintained in your residence;*
- (f) Check that reserves of gas supplies are maintained;*
- (g) Ensure that supplies of flashlights, candles, matches and contents of first-aid kits are maintained;*
- (h) Check that UN and privately owned vehicles, if any, are constantly refuelled and that spare wheels and tool kits are in order;*
- (i) Maintain reserve finances of at least US\$400 (e.g. in traveller's checks);*
- (j) Consider what arrangements will be made for care of household pets in case evacuation is ordered;*
- (k) Give consideration to selection of clothes, depending on the season, to be packed should an evacuation be ordered, the limit in weight to be 15 kgs per person.*

Family members, non-local domestic servants, visitors

- 6. As UNAMIR is a non-family mission, there is no direct obligation and thus, there are no special provisions for the evacuation of family members. Further, because it is anticipated that UNAMIR will continue functioning during periods of greater disruption than a family mission, it is anticipated that family members of UNAMIR staff who happen to be in Kigali despite instructions to the contrary will evacuate earlier than UNAMIR personnel. Thus it is recommended that family members in the Mission area leave the country as soon as Phase I is declared by commercial carrier before UNAMIR evacuates. In any event, any UNAMIR staff member with family in Rwanda should ensure that spouse's and children's locations are known at all times and that appropriate arrangements are made for their security. Exceptions and special arrangements will be made for dependents of agency staff, as the situation normalizes further.*
- 7. Similarly, non-local domestic servants employed by staff members and visitors, including dependents, are not covered under the Security Plan. These categories of individuals should*

be advised to leave the country during Phase I. Financial responsibility for their travel is solely that of the staff member involved. In any event, these categories of individuals should be advised to maintain valid passports, visas, health certificates and other documents required for travel outside the country.

Payment of allowances/compensation for loss or damage

8. *In the case of evacuation, allowances will be paid in the safe haven area or home country, to those eligible under the provisions of the Security Plan.*
9. *Compensation of internationally-recruited staff members for loss of, or damage to, personal effects, including household goods, attributable to service in connection with an emergency situation or a disaster will be payable in accordance with the relevant administrative instructions. In cases of hardship, appropriate advances may be made pending final settlement of a claim for compensation.*

Parting words

10. *Again, I remind you that it is essential to your own security that you fill in and submit the attached forms to the appropriate offices as indicated above to ensure that those responsible for the implementation of the Security Plan are able to locate you in case of an emergency.*
11. *Please retain this letter for reference and continue to update the appropriate offices within UNAMIR of any change of address or property inventory.*

ANNEX I

INFORMATION OR SECURITY PLAN LISTING

UNAMIR ID N° _____

NAME: _____
(Family name) (Other names)

NATIONALITY: _____
COUNTRY/CITY OR HOME LEAVE: _____

DUTY STATION WITH UNAMIR: _____
TELEPHONE: _____

RESIDENTIAL ADDRESS AT DUTY STATION: (state quarters, floor, entrance,
type of building; attach location sketch to main road)

HOME TELEPHONE: _____

FUNCTION/TITLE: _____

DATE OF ARRIVAL AT DUTY STATION: _____

UN LAISSEZ-PASSER N°.: _____ EXPIRY DATE: _____

NATIONAL PASSPORT N°.: _____ EXPIRY DATE: _____

PARENT ORGANIZATION: _____

LOCATION OF PARENT ORGANIZATION: _____

EXPIRATION DATE OF CONTRACT WITH PARENT ORGANIZATION: _____

* DEPENDENTS PRESENT AT DUTY STATION : YES _____ NO _____

* SPOUSE: _____

* CHILDREN/DOB/SCHOOL (attach additional info. on a separate sheet)

* It should be noted that the presence of these groups in the UNAMIR mission areas runs contrary to UNAMIR administrative circular #13/94. If these individuals are present in the UNAMIR mission area, they are the sole responsibility of the staff member. Under no circumstances will UNAMIR be held liable for their security and safety.

CIVILIAN STAFF MEMBERS: SUBMIT TO CHIEF CIVILIAN PERSONNEL OFFICE

CIVPOL STAFF MEMBERS: SUBMIT TO CHIEF, CIVPOL PERSONNEL OFFICE

MILITARY STAFF MEMBERS: SUBMIT TO CHIEF MILITARY PERSONNEL OFFICE

AGENCY STAFF: SUBMIT TO UNDP FIELD SECURITY OFFICER

ANNEX 2

INVENTORY OF PERSONAL EFFECTS OF FURNITURE, HOUSEHOLD
EFFECTS, AUTOMOBILES AND VALUABLES

Note: Please complete this form in the following order:

I. FURNITURE AND HOUSEHOLD EFFECTS IN:

- | | | | | | |
|----|---------------|----|---------------|----|-------------|
| A. | Living Room | E. | Bedroom No. 3 | I. | Laundry |
| B. | Dining Room | F. | Bedroom No. 4 | J. | Balcony |
| C. | Bedroom No. 1 | G. | Office | K. | Other rooms |
| D. | Bedroom No. 2 | H. | Kitchen | L. | Garage |

II. AUTOMOBILE(S)

III. VALUABLES

IV. CLOTHING

Name: _____

Functional Title: _____ Grade/Rank: _____

Address: _____ Date of Inventory: _____

DESCRIPTION OF ITEM	PLACE OF PURCHASE	DATE OF PURCHASE	PURCHASE COST**		ESTIMATED REPLACEMENT COST
			LOCAL	US \$	

* IT IS THE STAFF MEMBER'S RESPONSIBILITY TO ADVISE THE DESIGNATED OFFICIAL OF ANY CHANGES IN THE INFORMATION GIVEN.

** STATE ONLY IN CURRENCY ACQUIRED.

[illegible]

Page _____ of _____

[illegible]

**** State only in currency acquired.**

CIVILIAN STAFF MEMBERS: SUBMIT TO SECURITY AND SAFETY UNIT

CIVPOL STAFF MEMBERS: SUBMIT TO CIVPOL PERSONNEL OFFICE

MILITARY STAFF MEMBERS: SUBMIT TO CHIEF MILITARY PERSONNEL OFFICE

AGENCY STAFF: SUBMIT TO UNDP FIELD SECURITY OFFICER

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. 696-7-1

Correspondence No. _____

To: FMO

Remarks/Action:

Med Ops

27/10

Med Log

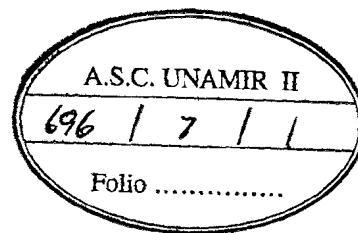
FHO

WR
Med Ops should do it but
what about Gerd approval!

Please initial and date when action complete then pass quickly.

Action/Comments

1. Keep in mind that this is a humanitarian task !!
 - a. FHO/AUSMED Advice req.
 - b. When can a team inspect?
 - c. What about using Nicay. Goodwill could be gained here !!

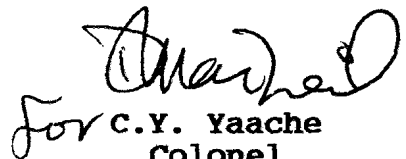


Kigali 25 Oct, 1994

AUSMED

REQUEST FOR MEDICAL ASSISTANCE SECTOR 1

1. UNAMIR Commander in Sector 1 recently held a meeting with the Prefect of BYUMBA where the Prefect reported an outbreak of Malaria, Amoebic Dysentery and Cholera in the communes of CYUNGO, KINYAMI and GITTI.
2. HAC requests that you effect liaison with Commander Sector 1 and provide support within your capabilities.


For C.Y. Yaache
Colonel
Chief Humanitarian Affairs
UNAMIR

UN RESTRICTED

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
U N A M I R

TO : HUM ASSISTANCE CELL

File Ref:oct089.HUM

FROM : SECTOR 1 HQ

DATE : 21 OCT 94

SUBJECT: REQUEST FOR MEDICAL ASSISTANCE FOR 3 COMMUNES IN BYUMBA PREFECTURE

1. There was an impromptu meeting between the MILOB Sector One Commander, Lt Col Purtscher, and the Prefect of Byumba, Col Lisinde, today 21 oct 1994. During the meeting, the Prefect complained of an alleged outbreak of Malaria; Amoebic dysentery and cholera in 3 Communes in Byumba Prefecture.

The areas are:

CYUNGO	Commune	(A 9321)
KINYAMI	Commune	(B 1418)
GITTI	Commune	(B 2303)

2. You are please requested to send as matter of urgency, a medical team to those areas mentioned to ascertain the authenticity of this claim.

3. You are also to carry out further medical assistance to the areas concerned.

4. Please treat as very urgent and important. Thanks for your usual co-operation.



W PURTSCHER
Lt Col
Sector Commander

DISTRIBUTION:
Info: MILOB GP HQ

UN RESTRICTED