United Nations Peacekeeping Capability Readiness System
Rapid Deployment Level

VANGUARD BRIGADE

Generic Statement of Unit Requirements for Level II Hospital + Aeromedical Evacuation Team (AMET) (67)

UCM Number: DPO-SUR-UNPCRS-Medical/Hospital - Level 2+/None/I-1

Department of Peace Operations
Office of Military Affairs

Approved by

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Military Adviser to the
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Drafted by: Military Planning Service
This Statement of Unit Requirements (SUR) details a generic employment concept, capabilities, standards, and tasks for the Level II Hospital and Aeromedical Evacuation Team (AMET) for the VANGUARD Brigade in accordance with the UN Peacekeeping Capability Readiness System (PCRS) guidelines. The SUR supplements the guidance provided in the Medical Support Manual for UN Field Missions. It should be read in conjunction with the military concept of operations (CONOPS) and any future revisions, which may detail additional and more specific requirements. However, as the deployment destination is unknown the SUR remains generic in nature. Any future changes in operational requirements, Troop Contributing Country (TCC) Guidelines or the Contingent-Owned Equipment (COE) Manual that change the capabilities or standards required, will be reflected as either an update or addendum to the SUR and may require a review of the memorandum of understanding (MOU).

The SUR describes the personnel, major equipment and self-sustainment requirements of the unit to be pledged in the Peacekeeping Capability Readiness System (PCRS) and will form the basis for the MOU. Variations proposed by the TCC may be considered during MOU negotiations against the ability of the TCC to provide the defined operational capabilities to the standards detailed. Any agreed operationally acceptable variations from the requirements of the SUR will be recorded and filed with this document and the MOU. If any discrepancy or disagreement in the interpretation of this document arises among the concerned parties, the interpretation by the Office of Military Affairs of the Department of Peace Operations (and the Uniformed Capabilities Support Division of the Department of Operational Support for the logistics elements) will take precedence.

In order to enhance the operational efficiency of the Force and of this unit and to abide with accountability to peacekeepers, the TCC is requested to comply with the specific requirements indicated in this SUR. Noncompliance at any stage will attract administrative actions that could trigger replacement of the TCC, if needed.

References:
C. Medical Support Manual for UN Field Missions, 2015.
J. Uniformed Gender Parity Strategy 2018, Department of Peace Operations.
M. Operational Readiness Preparation for Troop Contributing Countries in Peacekeeping Missions, December 2018.
Overview

<table>
<thead>
<tr>
<th>Strength</th>
<th>Outline Unit Structure</th>
<th>Deployment</th>
<th>Remarks</th>
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</table>
| 67       | • HQ
          • One (1) x Level II facility
          • One (1) x Aeromedical Evacuation Team (AMET)
          • One (1) x Gynaecology module
          • One (1) x Administrative (Admin) platoon | • According to Vanguard Brigade deployment.
          • The exact locations will be determined by the Force Commander. | • The Level II facility must be able to configure a minimum of two (2) forward medical teams capable of resuscitating and treating casualties onsite.
          • Provide one (1) forward surgery team within its logistic resources.
          • Provide Level 2 support to UN personnel of the mission i.e. dental, gynaecology and laboratory.
          • Capable to operate other enhancements i.e. physiotherapy / internal medicine as per the mission requirement. |

1. **BACKGROUND**

   a. **Mandate.** In its 2015 report, the High-Level Independent Panel on Peace Operations recommended the creation of a Vanguard Brigade to allow the UN to quickly insert a military capability into a new mission area or reinforce an existing mission. This recommendation was endorsed by the Secretary General, who directed the development of a UN Vanguard Capability concept. The UN Vanguard Capability is a brigade-sized integrated military and police force comprised of infantry units, formed police units, attack helicopters, enablers, and other support units. The total strength of the Vanguard capability is approximately 4000 troops and an appropriate number of Formed Police Units (FPUs). The UN Vanguard Capability has a nucleus based upon a permanent core command element.
b. **Peacekeeping Capability Readiness System.** The United Nations Peacekeeping Readiness System (PCRS) is a Strategic Force Generation tool used to manage commitments by Member States to provide military, police and enabling capabilities to UN peacekeeping operations. The aim of the PCRS is to achieve a greater degree of readiness and predictability for new-deployed units through a more sustained, efficient, and collaborative approach between UNHQ and the Member States. The PCRS should be the sole mechanism for the selection of a military or police unit for deployment.

c. **Levels of PCRS.** There are four (4) distinct levels of the PCRS. The highest readiness level is the Rapid Deployment Level (RDL). Troop and Police Contributing Countries (T/PCCs) that pledge units to the RDL remains under political commitment to be ready to deploy pledged capability under RDL within 60 days on request by the Secretary-General.

d. **Compensation for Maintaining Forces at RDL.** The UN General Assembly, based on the recommendation of the 2017 Contingent Owned Equipment (COE) Working Group, agree on financial compensation to cover a portion of the costs of maintaining standby forces at RDL, with those T/PCCs to be paid 25 percent of the maintenance component of set reimbursement rates for major equipment during the period these units are registered to the PCRS RDL\(^1\) &\(^2\).

e. **Mission Concept.** The UN Vanguard Brigade will set up the conditions to support the implementation of the Mission mandate that justify its deployment with special attention to, but not limited to:

   i. Creation of a safe a secure environment;
   
   ii. Protection of civilians and maintenance of stability;
   
   iii. Facilitation of humanitarian access; and
   
   iv. Protection of UN personnel and assets.

f. **Concept of Operation (CONOPS).** The UN Vanguard Brigade will rapidly deploy into the area of operation as the first step to establishing the capabilities of combat and enabling units. The UN Vanguard Brigade, when deploying for new start-up mission, is required to deploy its initial elements within 10 days of Security Council approval. The follow-on forces will deploy in phases from 30 to 90 days of the approval. To meet the mandated tasks, it will conduct mobile and flexible operations to expand security influence and achieve a more persistent presence that can be achieved from static positions. The UN Vanguard Brigade will act as a deterrence force against threats, build confidence among the local population and secure freedom of movement (FOM) within the assigned area of operations (AO).

g. **Area of Operations.** The area of operations (AO) of the mission will be as defined by a Security Council Resolution. The primary location of the unit will be determined in the strategic military concept of operations (CONOPS) of the mission. The UN Vanguard Brigade Force Commander (FC) may require the unit to be employed or redeployed on a temporary or permanent basis anywhere within the mission AO.

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1 UN General Assembly, Letter dated 8 February 2017 from the Chair of the 2017 COE Working Group to the Chair of the Fifth Committee, UN Doc. A/C.5/71/20, February 28, 2017.

h. **Environmental Factors.** The peculiarities of the environment that the unit will need to operate in, such as extremes of weather, distances or asymmetric threats will be characteristic to the AO.

i. **Threats.** Although it is not possible to define in advance, these are the most common threats the force could face in the AO:

   i. Terrorist attacks;

   ii. Criminal and illegal activities including by armed groups, if active in AO; and

   iii. Indiscriminate use of explosive ordnances and improvised explosive devices (IEDs).

2. **EXECUTION**

   a. **Unit Employment Concept.** As a mission enabling asset, the unit is to be prepared to provide second line health care (Level 2), emergency resuscitation and stabilisation, limb and lifesaving surgical interventions, basic dental care and casualty evacuation to the next level of medical care to all UN military, police, civilian and locally engaged staff personnel within the AO, depending on operational priorities and within its capabilities. The unit will be self-sustaining and have an AMET and gynaecology capability.

   b. **Capabilities.** The unit must have the following:

      i. Treatment capability - Triage, resuscitation and stabilisation capable of performing the following:

         1. 3-4 surgical operations per day.

         2. Hospitalisation: 10-20 sick or wounded patients at any one time.

         3. Up to seven (7) days of hospitalisation for each patient.

         4. Up to 40 outpatient consultations per day.

         5. Up to 15 gynaecological outpatient consultations per day.

         6. 5-10 dental consultations per day.

         7. 10 X-rays and 20 laboratory tests per day.

         8. Medical supplies for 90 days.


      ii. Life and limb-saving surgical interventions (Hemorrhage Control and Cranial decompression) including:

         1. Laparotomy.

         2. Thoracocentesis.

         3. Appendectomy.


         5. Fracture debridement and external fixation.

      iii. Anesthesia (general and regional).

      iv. Advanced life support and intensive care.
v. Treatment and observation of common medical conditions and infectious disease.

vi. Essential pharmaceutical support.

vii. Basic dental service.

viii. Blood group and cross matching.

ix. Leucocyte count.

x. Erythrocyte sedimentation rate etc.

xi. Gram staining.

xii. Blood film.

xiii. Urine analysis.

xiv. Troponin test for heart attack.

xv. Basic diagnostic radiography.

xvi. Hygiene control and prevention of disease.

xvii. Evacuation of casualties to level 3 and level 4 facilities.

xviii. Gynecology basic examination - Examine, diagnose and treat common diseases and injuries of the female reproductive system by surgical and conservative means including common gynecology emergencies.

xix. Telemedicine support.

xx. Equipment requirements:

   1. Standard operating theatre fixtures and equipment.
   2. Standard intensive care unit equipment.
   3. Essential laboratory and radiography equipment.
   4. Basic gynecology equipment.

xxi. Infrastructure requirements:

   1. Standard operating theatre fixtures and equipment.
   2. Standard intensive care unit equipment.
   3. Essential laboratory and radiography equipment.
   4. Basic gynaecology equipment.

xxii. Infrastructure requirement:

   1. Reception/administration.
   2. Three (3) x outpatient consultation rooms.
   3. One (1) x pharmacy.
   4. One (1) x radiography room.
   5. One (1) x laboratory.
   6. One (1) x dental treatment room.
(7) One (1) x dental X-ray room.
(8) One (1) x emergency/resuscitation/anesthesia/recovery room.
(9) One (1) x operating theatre.
(10) One (1) x sterilisation room.
(11) One (1) or Two (2) x 10-bed wards.
(12) One (1) x 4-bed intensive care unit.

xxiii. Forward Medical Team (FMT) - Provide a minimum of two (2) FMTs in accordance with Chapter 3, annex C, appendix 5 of Reference F.

xxiv. Forward Surgery Team - Should be capable to deploy up to one (1) self-sustained forward surgery team.

xxv. Aeromedical Evacuation Team (AMET). The Aeromedical Evacuation Team (AMET) must be trained and equipped to function on both rotary and fixed winged aircraft, and shall have its own equipment, qualified personnel for the task and supplies (including oxygen) for use in supporting patients during evacuation. All AMET designated equipment must be compact and applicable for use in confined ambulatory or aviation environments, in accordance with applicable global air ambulance practice and standards. Trained AMETs must be able to provide Level I care on site and return patients directly to higher-level medical facilities. The AMET must have the capacity to evacuate casualties (namely two (2) priority one (1) patients and four (4) priority two (2) patients simultaneously, for a transportation time of six (6) or more hours) 24-hours-per-day/7-days-per-week. The following capabilities and associated capability standards are required, but not limited to, for the team:

(1) Ability to evacuate casualties.
(2) Ability to stabilise and sustain a casualty during evacuation, which requires trained staff (e.g. paramedic) and dedicated equipment and supplies.
(3) Ability to report to the medical emergency coordinator during the evacuation process.
(4) Ability to support a hospital upon request.
(5) Ability to operate on both rotary and fixed-wing aircrafts.
(6) Ability to configure and equip in 30 minutes or less to provide in-flight medical care.

xxvi. Provide Level II medical support i.e. dental, laboratory, gynaecology to all uniformed personnel of Vanguard Brigade dependent on UN under self-sustainment category and also to the mission UN personnel.

xxvii. Provide Level I medical support to uniformed personnel and military unit dependent on UN for such support under self-sustainment.
c. **Tasks.** Tasks for the unit will include, but are not limited to, the following:
   i. Provide UN standard primary health care for all common illnesses and infectious diseases and gynecological support, to all personnel operating in the AO.
   ii. Provide Level II medical support to all units in the assigned AO.
   iii. Perform limb and lifesaving surgery such as laparotomy, appendicectomy, thoracentesis, wound exploration and debridement, fracture fixations and amputations.
   iv. Perform emergency resuscitation procedures such as maintenance of airway, breathing and circulation and advanced life support, intensive care (four (4) beds), hemorrhage control, treatment of shock, transfusion blood and blood products, and other life and limb saving emergency procedures.
   v. Administer vaccinations and other disease prophylaxis measures as required in the mission area.
   vi. Maintain a cold-chain capacity for items such as blood, blood products, vaccines, laboratory reagents and medications.
   vii. Provide incendiary capability for disposal of medical/contaminated waste products.
   viii. Have and maintain adequate medical supplies and consumables to be self-sufficient for 90 days, and the capability to re-supply Level I and Light Mobile Surgical Module units in the mission area, if required.
   ix. Depending on the operational priorities, the Level II hospital may be required to deploy an advanced medical capability prior to the deployment of the remainder of the Unit. It is essential that this advanced facility can function as a complete medical entity in terms of personnel and equipment. Light Mobile Surgical Module must be compatible.
   x. AMET primary task in the mission is to conduct CASEVAC/MEDEVAC. While it can be deployed to support a clinic or hospital in its routine clinical work or conduct emergency training, it must remain available for immediate CASEVAC/MEDEVAC tasking.

d. **Unit Organisation.** See Annex A.

e. **Major Equipment Requirements.** See Annex B.

f. **Self-Sustainment Requirements.** See Annex C.

g. **Training.** Individual and collective training will be conducted and assessed for all capabilities/components, according to the relevant military unit manual i.e., Medical Support Manual for UN Field Missions and United Nations Policy on Casualty Evacuation on the Field. In-mission training is also to be conducted regularly and should focus on developing and maintaining a full understanding of the mission mandate, SOPs and Rules.

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3 With equitable involvement and participation by deployed female personnel.
4 Physicians/General Practitioners, nurses in Level 2 hospital and medical officers and nurses in AMET must be certified in emergency medicine with Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), and Pre-Hospital Trauma Life Support (PHTLS) or equivalent training. The AMET medical officers AMET nurses and Paramedics must also be trained in aviation medicine and equipped to function on both rotary and fixed winged aircraft.
5 Training to enhance awareness on human rights (including UN HRDDP) and detention drill as per SOP.
of Engagement (ROE), including of freedom of action, limitations and requirements. Regular in-mission unit training should include, but not be limited to, liaison and engagement, base alarm and actions (when applicable), conduct and discipline including misconduct such as harassment, sexual harassment, discrimination and abuse of authority, gender sensitisation, responsiveness and integration in daily work, prevention of SEA, first aid training (including casualty communication and reporting, casualty transport and evacuation), weapons training/immediate action drills and live fire. Additionally, train to prepare units for their duties and against the threat of IEDs and explosive remnants of war (ERW), mine awareness training is to be included in all pre-deployment and induction training packages. Where practicable, live firing of individual and support weapons is to be included in the in-mission training planning.

h. **Evaluation.** The unit will be evaluated and assessed in accordance with the UN policies and guidelines on military performance evaluation, as per the schedule issued by the Force Commander.

i. **Environmental Considerations.** During everyday operations, minimise the burden on the environment by reducing the fossil footprint, harm to the environment and risk to the ecosystem. This should be based on an assessment of potential short and long-term consequences.

3. **ADMINISTRATIVE REQUIREMENTS**

a. **Administration and Discipline.** The UN will not tolerate any form of misconduct including but not limited to discrimination, mental, physical, verbal, or sexual harassment and/or abuse of authority. Administration and discipline are a national responsibility. To support this responsibility, all military personnel will undergo UN-required vetting; including certification by the Member State that the individual has been trained to be fully aware of what constitutes SEA, as well as other forms of misconduct such as harassment, including sexual harassment, discrimination and abuse of authority, and the importance of upholding the zero-tolerance policy against these forms of prohibited conduct. This certification must be made with the understanding that no individual with a past record of sexual exploitation and abuse or human rights violations will be allowed to serve the UN in any capacity. Member States are responsible for the repatriation, at their own expense, of any person found to have not met the Member State-provided certification. Additionally, the unit is to comply with general administrative policies issued by the Mission.

b. **National Investigation Officers** (NIO). Member States are required to provide NIO to investigate alleged misconduct by contingent members. The number required for this unit is one (1) in accordance with Annex D. The details must be confirmed during MOU negotiations. Gender-balanced appointments are encouraged.

c. **Ammunition Technical Officer** (ATO). In field missions, regular ammunition management is the responsibility of the TCC. It requires the deployment of at least one (1) ATO or a technical expert with each contingent as part of the unit. The ATO/technical expert must be qualified through a National Ammunition Technical Officer’s Course according to the International Ammunition Technical Guidelines (IATG) 01.90.

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6 CASEVAC drills and joint medical rehearsals should be conducted based on requirement stipulated in the Medical Support Manual for UN Field Missions and CASEVAC Policy.

7 Gender-balanced appointment/Focal Points are encouraged.
d. A Gender Focal Point (GFP) is to be appointed in the unit. While all members of the unit are responsible to integrate a gender perspective into their respective area of work, the GFP serves as key point of contact for the Mission Military Gender Adviser and to guide members of the unit in gender analysis, the integration of a gender perspective in their work, as well as the creation of an enabling and inclusive work environment.

e. A SEA Focal Point (SFP) must be appointed in the unit. The SFP serves as a key point of contact for SEA cases. The SFP is responsible for supporting the Unit Commander in implementing the UN Policies and guidance on SEA.

f. A Mental Health and Wellbeing Focal Point is to be appointed in the unit. The appointed person serves as a key point of contact to guide members of the unit to the Mission’s suitably qualified professionals on issues of wellbeing, and to provide the unit Commander with advice regarding the morale, health and spiritual wellbeing of the unit.

g. Language. The language used within the mission is English. Operational radio communications above unit level will be in English. It is desirable to have personnel with additional language skills in local language of the AO as applicable.

h. Verification and control. Major equipment and self-sustainment standards are defined to ensure that deployed operational capabilities meet mandated task requirements. In line with General Assembly decisions, verification and control procedures have been established to ensure that the terms of the RDL agreement between the UN and the troop contributor are met by both parties at the outset and throughout the period the RDL agreement is in effect. These standards are addressed in greater detail in Chapter 3 of COE Manual. Equipment availability, serviceability and standards will be checked and verified by a UN team both prior to the unit’s elevation to the RDL and periodically during the time the unit stays at the RDL. The UN may choose to undertake a Mission specific pre-deployment visit prior to the unit’s deployment to the mission technical clearance for medical personnel will be conducted prior to the deployment according to the DHMOSH SOP for Technical Review of Medical Personnel deployed to the UN Missions and Field Duty Stations.

4. LOGISTICS

a. Self-sustainment (see Annex C). Arrangements for logistic support are found in the COE Manual. The unit must be adequately equipped and self-sustained, with integral support and maintenance elements, for operations at permanent and temporary locations. A full description of the requirements and standards for all self-sustainment categories are contained in Chapter 3, Annex B (principles of verification and performance standards for minor equipment and consumables provided under self-sustainment) and in Chapter 3, Annex C (principles of verification and performance standards for medical support) of the COE Manual. The sustainment and equipment requirements for the contingent will be checked and certified by a UN team prior to the contingent’s elevation to the RDL and periodically during the time that the unit stays on RDL. Considerations to potentially varying requirements for female and male personnel should be given in the planned provisions (temporary and permanent).

b. The unit will provide self-sustainment for all its permanent operating base (POB). The unit will not be required to establish TOB.
c. Additional Requirements.

i. All equipment must be transportable either by MI-26 or C-130 aircraft.

ii. All containers, including, but not limited to, general storage, refrigeration, ammunition, medical and workshops are to be no larger than the International Organisation for Standardisation (ISO) standard twenty-foot (20ft) container, with a maximum loaded weight of 10 metric tonnes (and a valid container safety certificate).

iii. All minor equipment, spare parts and consumables are supplied by the TCC under wet lease arrangement.

iv. All vehicles, plants and equipment will be subject to inspection and payload confirmation testing by UN officials prior to deployment from home country locations to ensure mission compatibility and operability.

v. Diesel is the only type of ground fuel available in the mission area therefore, the unit must deploy only diesel fuelled vehicles, equipment, and machines, except for uncrewed aerial vehicles (UAVs).

vi. The TCC is required to provide electrical generation of 2.5 kilo-volt-ampere (kVA) per person through a mix of large generators to support the main camps and smaller generators to support small camp locations and temporary deployments. Generators must be deployed in pairs to ensure continuous availability and the overall requirement is 5 kVA per person. The TCC is to provide one synchronisation panel per base camp.

vii. Tentage and field ablution facilities (women and men) for short deployments (up to 30 days) are provided by the TCC. Details of tentage for short term deployments are found in Annex B. For new missions, tentage for initial six months is part of self-sustainment requirement at Annex C. The ratio of ablution facilities per person should be higher for women personnel.

viii. The UN will provide waste and sewage removal services through local contractors. However, due to the uncertainty and unreliability of such contractors, waste removal services can break down causing health and hygiene risks for the troops and local communities, with potentially long-term harm. Contingents may be asked during MOU negotiations to deploy one sewage truck per base camp with trained service personnel to operate the equipment.

ix. Ammunition. Unit ammunition must meet the requirements set out in the Ammunition Management Manual. The level for RDL is set at HIGH. Prior to the RDL verification visit, the TCCs are to provide manufacturer certificates and the ammunition list with details including the batch number, quantity, date of manufacture and the shelf life as provided by the manufacturer. Ammunition being deployed must have at least 50% of its shelf life remaining on the expected date of deployment. For ammunition storage, the unit must deploy ammunition magazine as per standards prescribed in the latest COE Manual.

x. Environmentally friendly equipment. The TCC is encouraged to deploy equipment which supports efforts to reduce the environmental footprint of its operations, including more energy efficient generators, renewable energy power generation and environmental enhancements to accommodate and conduct themselves in an environmentally conscious manner, as stated in the COE Manual.
The Unit is expected to comply with mission site energy plans, the requirements of the DOS environmental strategy, and fuel management policies where these are in place.³

5. COMMAND AND CONTROL

a. UN military units and personnel are under the Operational Control (OPCON) of the Force Commander. The Force Commander will deploy units as operationally required and designate command and control status in accordance with United Nations Policy “Authority, Command and Control in UN Peacekeeping Operations” (Ref G).

b. The unit falls under the tasking authority of the Director/Chief of Mission Support (DMS)⁹. The unit tasking priorities will be coordinated under the Mission Chief Medical Officer (CMO) and coordinated by Force Medical officer (FMO). The Unit Commander will determine how best to execute the tasking within the requested time frame.

c. The contributing Member State retains administrative control (ADMINCON) over non-operational administrative issues for deployed uniformed contingent personnel and units. ADMINCON over uniformed contingents and units is exercised by a senior national officer of a TCC deployed within a mission area. This authority is limited to administrative matters such as personnel management, supply and services and must not adversely influence the management and conduct of United Nations operations within the mission area.

d. Military personnel assigned to serve under UN OPCON shall not act on national caveats, direction or instructions that result in actions contrary to UN policies, non-compliance with any orders or instructions, or adversely affect implementation of the mission's mandate.

Annexes:
A. Unit organisation.
B. Major equipment requirements.
C. Self-sustainment requirements.
D. Guidance on NIO.

³ Manual on Policies and Procedures concerning the Reimbursement and Control of Contingent-Owned Equipment of Troop/Police Contributors Participating in Peacekeeping Missions, Chapter 8, annex A.
**UNIT ORGANISATION**

Level II hospital with AMET and Gynaecology modules  
(Strength – 67)

![Organisation Diagram]

<table>
<thead>
<tr>
<th>HQ (04)</th>
<th>Level 2 (33)</th>
<th>Gyn (02)</th>
<th>AMET (06)</th>
<th>Adm (20)</th>
</tr>
</thead>
</table>
| • 1x Commanding officer  
• 1x Senior medical officer  
• 1x Administrative officer  
• 1x Head Nurse | **Specialists**  
• 2x General surgeons  
• 1x Internist  
• 1x General physician  
• 1x Hygiene officer (or equivalent public health officer)  
**Anesthesiology**  
• 1x Anaesthesiologist  
• 1x Nurse anaesthesiologist (or equivalent)  
**Dental**  
• 1x dentist  
• 1x dental assistant  
• 1x dental technician  
**Critical/Intensive Care**  
• 2x critical/intensive care nurses  
• 12x nurses/ paramedics  
• 1x preoperative nurse  
• 1x charge nurse  
**Pharma**  
• 1x Pharmacist  
• 1x Pharmacist technician  
**X-ray/Radiography**  
• 1x X-ray technician (or equivalent)  
• 1x radiographer  
**Laboratory**  
• 1x laboratory technician  
• 2x lab technologists | • 1x gynecologist or Women Health [WH] specialist  
• 1x gynecology nurse | • 2x Medical officers  
• 4x Nurses/ paramedics  
• 1x gynecology nurse | General Support  
• 2x Medical records officer  
• 1x Hygiene officer  
• 1x Hygiene assistant  
• 1x Company sergeant major  
• 1x Company quartermaster sergeant major  
• 1x Radio operator  
• 2x Ambulance drivers  
• 1x Medical storeman  
**Maintenance**  
• 1x plant mechanic  
• 1x electrician  
• 1x electro-medical technician  
• 1x radio technician  
• 1x refrigeration and air conditioning mechanic  
• 1x driver mechanic  
• 1x vehicle mechanic  
**Adm: Support Service**  
• 1x Administrative clerk  
• 2x Cooks  
• 1x Sanitary duty staff  
• 2x Support staff |
# MAJOR EQUIPMENT REQUIREMENTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub Category</th>
<th>Description</th>
<th>Qty</th>
<th>Remarks</th>
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<tr>
<td>ACCOMMODATION EQUIPMENT</td>
<td>ACCOMMODATION EQUIPMENT</td>
<td>TENTS FOR DEPLOYABLE SQUAD (UP TO 10 PERSONS)</td>
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<td>Quick to assemble and disassemble for temporary deployment of FMTs and FST</td>
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<td>ACCOMMODATION EQUIPMENT</td>
<td>CONTAINERS</td>
<td>OTHER CONTAINERS</td>
<td>10</td>
<td>To be discussed during MOU</td>
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<td>CONTAINERS</td>
<td>REFRIGERATION/FREEZER/FOOD STORAGE CONTAINER</td>
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<td>For Water carriage</td>
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<td>LOGISTICS EQUIPMENT</td>
<td>LOGISTICS EQUIPMENT</td>
<td>FUEL STORAGE, 5,001 TO 10,000 LITRES</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ELECTRICAL</td>
<td>ELECTRICAL - GENERATORS - STATIONARY AND MOBILE</td>
<td>GENERATOR STATIONARY AND MOBILE 101-150 KVA</td>
<td>3</td>
<td>Collective capacity to generate 335 KVA in any combination. Main generators should have capacity of generating 2.5 Kilo</td>
</tr>
</tbody>
</table>

UNCLASSIFIED

Annex B

Gen. Birame Diop
DPO Military Adviser
approved on 31 July 2023
| ELECTRICAL | ELECTRICAL - GENERATORS - STATIONARY AND MOBILE | GENERATOR STATIONARY AND MOBILE 51-75 KVA | 1 | For deployment of FST |
| ELeCTRICAL | ELECTRICAL - GENERATORS - STATIONARY AND MOBILE | GENERATOR STATIONARY AND MOBILE 76-100 KVA | 2 | For hospital standby power |
| ENGINEERING EQUIPMENT | ENGINEERING EQUIPMENT | WATER TREATMENT PLANT, UP TO 2,000 LPH, STORAGE UP TO 5,000 | 1 |
| MEDICAL AND DENTAL | MEDICAL AND DENTAL EQUIPMENT | AERO-MEDICAL EVACUATION MODULE | 1 |
| MEDICAL AND DENTAL | MEDICAL AND DENTAL EQUIPMENT | LEVEL 2 HOSPITAL | 1 |
| MEDICAL AND DENTAL | MEDICAL AND DENTAL EQUIPMENT | LIGHT MOBILE SURGICAL MODULE | 1 | For FMT |
| MISCELLANEOUS EQUIPMENT | MISCELLANEOUS EQUIPMENT | ICE MAKING MACHINE (SPECIAL CASE) | 1 | The ME to be considered in the list on confirmation of the mission/ geographical area, discussed during MOU. |
SELF-SUSTAINMENT REQUIREMENTS

1. The following provides specific guidance regarding the unit’s self-sustainment. Detailed information is contained in the latest version of COE Manual.

### Apportionment of Responsibilities

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Category</th>
<th>Services By</th>
<th>Str</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATERING</td>
<td>GENERAL</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 2</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>HF</td>
<td>CC</td>
<td>50</td>
<td>See Annex C, 3b. HF will be determined on case-to-case basis and is set at 70-75% of unit strength.</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>TELEPHONE</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 3a. For internal communication within POB and to connect stationary sub-units.</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>VHF/UHF - FM</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 3c and d.</td>
</tr>
<tr>
<td>OFFICE</td>
<td>GENERAL</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 4</td>
</tr>
<tr>
<td>ELECTRICAL</td>
<td>GENERAL</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 5</td>
</tr>
<tr>
<td>MINOR ENGINEERING</td>
<td>GENERAL</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 6</td>
</tr>
<tr>
<td>EXPLOSIVE ORDNANCE DISPOSAL</td>
<td>GENERAL</td>
<td>UN</td>
<td>67</td>
<td>See Annex C, 7</td>
</tr>
<tr>
<td>LAUNDRY</td>
<td>GENERAL</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 8</td>
</tr>
<tr>
<td>CLEANING</td>
<td>GENERAL</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 9</td>
</tr>
<tr>
<td>TENTAGE</td>
<td>GENERAL</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 10</td>
</tr>
<tr>
<td>ACCOMMODATION</td>
<td>GENERAL</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 11</td>
</tr>
<tr>
<td>FIREFIGHTING</td>
<td>BASIC FIREFIGHTING</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 12</td>
</tr>
<tr>
<td>FIREFIGHTING</td>
<td>FIRE DETECTION AND ALARM</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 13</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>BUDDY FIRST AID (BFA)</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 20</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>COMMUNAL FIRST AID</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 20. Mandatory from 1 July 2022</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>LEVEL 1</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 19</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>LEVEL 2 (INCL. DENTAL AND LAB)</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 20. The unit will provide</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>LEVEL 3 (INCL. DENTAL AND LAB)</td>
<td>UN</td>
<td>67</td>
<td>See Annex C, 20.</td>
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<tr>
<td>Category</td>
<td>Description</td>
<td>Code</td>
<td>Quantity</td>
<td>Annex Reference</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------------</td>
<td>------</td>
<td>----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>LEVEL 2 &amp; 3 COMBINED (INCL. DENTAL &amp; LAB)</td>
<td>NA</td>
<td>0</td>
<td>See Annex C, 20.</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>HIGH-RISK AREAS (EPIDEMIOLOGICAL)</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 20.</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>BLOOD AND BLOOD PRODUCTS</td>
<td>UN</td>
<td>67</td>
<td>See Annex C, 20.</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>DENTAL ONLY</td>
<td>NA</td>
<td>0</td>
<td>See Annex C, 20. Included in the L2 module</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>GYNAECOLOGY</td>
<td>CC</td>
<td>7</td>
<td>See Annex C, 20. Based on 10% Uniformed Gender Parity Strategy Target 2018-2028 for 2023</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>LABORATORY ONLY</td>
<td>UN</td>
<td>67</td>
<td>See Annex C, 20. Included in the L2 module</td>
</tr>
<tr>
<td>OBSERVATION</td>
<td>GENERAL</td>
<td>NA</td>
<td>0</td>
<td>See Annex C, 14a. At least one set of binoculars per 10 operationally deployed personnel.</td>
</tr>
<tr>
<td>OBSERVATION</td>
<td>NIGHT OBSERVATION</td>
<td>NA</td>
<td>0</td>
<td>See Annex C, 14b. The minimum is at least one night vision device per 10 personnel and NVGs for all combatants/field-deployed personnel.</td>
</tr>
<tr>
<td>OBSERVATION</td>
<td>POSITIONING</td>
<td>NA</td>
<td>0</td>
<td>See Annex C, 14c. Two (2) GPS per platoon are required.</td>
</tr>
<tr>
<td>IDENTIFICATION</td>
<td>GENERAL</td>
<td>N/A</td>
<td>0</td>
<td>See Annex C, 15. Photographic equipment Discussed during MOU.</td>
</tr>
<tr>
<td>NBC PROTECTION</td>
<td>GENERAL</td>
<td>N/A</td>
<td>0</td>
<td>See Annex C, 16. (e.g. protective mask, coveralls, gloves, decontamination kits and injectors). Threat analysis will determine requirement for NBC protection.</td>
</tr>
<tr>
<td>FIELD DEFENCE STORES</td>
<td>GENERAL</td>
<td>UN</td>
<td>67</td>
<td>See Annex C, 17.</td>
</tr>
<tr>
<td>MISCELLANEOUS GENERAL STORES</td>
<td>BEDDING</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 18.</td>
</tr>
<tr>
<td>MISCELLANEOUS GENERAL STORES</td>
<td>FURNITURE</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 18.</td>
</tr>
<tr>
<td>MISCELLANEOUS GENERAL STORES</td>
<td>WELFARE</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 18.</td>
</tr>
<tr>
<td>MISCELLANEOUS GENERAL STORES</td>
<td>INTERNET ACCESS</td>
<td>CC</td>
<td>67</td>
<td>See Annex C, 18.</td>
</tr>
</tbody>
</table>
2. **Catering (11-13)**. The mission may be unable to initially provide cooking space. Therefore, the unit is to deploy with appropriate temporary cooking accommodation. The unit should deploy with a fully mobile kitchen (e.g. kitchen trailers) for initial deployment and for short term deployments from base camps. The Unit should bring environment friendly, electrically operated cooking hot plates.

3. **Communications (14)**. Equipment for communication with higher headquarters and other units will be provided by the UN. The unit is to provide mobile integral communications down to the section level and be able to communicate with the FHQ to perform its duties.
   a. **Telephone**. The unit is to provide, install and operate switchboard and telephone networks down to the sections within its AOR.
   b. **High Frequency (HF)**. HF communications are mandatory and must have a range of at least 250 kilometres. The unit HQ must install an HF base station and antennae with at least two sets of HF radios (primary and backup) operated by its own qualified personnel. The unit must provide the minimum HF radio communications to battalion and company commanders, deputy commanders, senior officers in HQ, platoon commanders and deputy platoon commanders. The unit must maintain its own operators, always capable of equipment operation.
   c. **VHF/UHF-FM**. This is the primary means of radio communication with sub-units in a tactical or mobile environment. VHF communication is mandatory and must have a range of up to 25-30 km. The unit must provide the minimum VHF/UHF-FM radio communications to company commander, deputy commander, senior officers in HQ, platoon commanders, deputy platoon and squad and team leaders. VHF air-band (air to ground) communications is required for casualty evacuation (CASEVAC).
   d. **Satellite Communication (SATCOM) and Integrated Communication (ICOM)**. The mission will provide the required SATCOM and ICOM to enable strategic communication with the Mission/Force/Sector HQ, as required.

4. **Office (15-18)**. The mission may be unable to initially provide office working space. Therefore, the unit is to deploy with appropriate temporary office accommodation. The unit is to deploy with all necessary office furniture, equipment and supplies including electronic data processing (computers) and reproduction (printers and photocopiers) capabilities.

5. **Electrical (19-22)**. Electrical self-sustainment includes decentralised electrical power from generators to ensure a stable power supply for small sub-units, a redundant emergency back up and the necessary electric harnesses, wiring, circuitry, and lighting sets.

6. **Minor Engineering (23-24)**. At a minimum, the unit must be self-sustained and able to accomplish the following non-exhaustive list of tasks:
   a. Non-Field defence construction;
   b. Limited construction of light structures;

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10 The applicable paragraph number of the COE Manual, Chapter 3, Annex B is in brackets following the category title.
c. Minor electrical repairs and replacements;
d. Minor repair to plumbing and water systems;
e. Maintenance of all necessary tools, supplies, and workshop equipment.

7. **Explosive Ordnance Disposal (EOD) Capability (25-30)**. UN will provide EOD support when required. Unit will not be reimbursed for this category.

8. **Laundry (31)**. The unit will provide sufficient laundry facilities for all military and personal clothing, including dry-cleaning of operationally required specialist clothing and a cleaning unit. Privacy considerations for drying of washed clothes must be taken into consideration in the facilities, by providing a dedicated drying space for women and men.

9. **Cleaning (32)**. The unit is to provide cleaning of facilities.

10. **Tentage (33-38)**. For new missions, the unit is to deploy with sufficient tentage, per the standards listed in the COE Manual, for all personnel, storage, offices, ablutions, cooking, dining and workshop for an initial six-month period. Any accommodation provided by the TCC for short or long deployment must be suitable for male and female personnel. This includes separate accommodation, and separated ablution facilities for women and men are encouraged.

11. **Accommodation (39-43)**.
   a. The mission will prepare green field sites under austere conditions at the deployment location. The unit is to deploy with sufficient tentage or temporary structures for all accommodation, storage, offices, ablutions, and workshops for an initial six-month period in new missions. Accommodation and ablution facilities are gender responsive and consider differing needs of women and men. If possible, the ratio of ablution facilities per person should be higher for female personnel.
   b. For new missions, the UN will provide UN standard field accommodation after an initial six-month period, until which time the unit is to use COE tentage.

12. **Basic Firefighting (44)**. The unit must have the capability to undertake basic firefighting in accordance with the International Fire Code in its own accommodations and working areas.

13. **Fire Detection and Alarm (45)**. The contingent must have automatic fire detection and alarm systems (e.g., smoke detectors and fire alarm systems) in accordance with the International Fire Code in all its accommodations, ablutions, office space, workshops, supply, catering and any other working areas.

14. **Observation (46-47)**. Not applicable for this unit.

15. **Identification (48)**. Not applicable for this unit.

16. **NBC Protection (49)**. Not applicable for this unit.

17. **Field Defence Stores (50-51)**. For new missions, the TCC may be required to provide the field defence capability for initial six months. The mission will provide field defence stores thereafter.

18. **Miscellaneous General Stores (52-53)**. The unit must be self-sustained in terms of bedding, furniture, welfare equipment and amenity requirements, including internet. Provisions for female sanitary products should also be made.
19. **Medical (20\textsuperscript{11}).**

a. Contingent personnel must be trained in basic immediate first aid (buddy aid). The unit must deploy with sufficient number of communal first aid kits to be able to place in vehicles and high-risk areas inside the camp which are susceptible to accidents (example kitchen, workshop, etc.).

b. The unit must deploy with required number of medical assistant and or first aid qualified personnel for staffing ambulances.

c. Level 1 and 2 facilities to be self-provided. Level 3 and 4 medical facilities to be determined. CASEVAC will normally be provided by UN ground ambulance through UNOE or COE resources. When required, contracted or military aircraft may be used to support CASEVAC where available and suitable. The DMS is empowered to authorise medical evacuations in the mission in consultation with the Chief Medical Officer (CMO). In-country and out-of-country evacuations will be arranged by the UN. While the ownership of the CASEVAC system is invested in a senior Mission leader – normally the DMS/CMS – authority to launch CASEVAC operations will be devolved to the lowest practical level without the need to seek permission from the ‘ownership level’.

d. Medical capabilities for High-Risk Areas (epidemiological) and gynaecology are to be provided by the TCC.

e. Buddy first aid: one complete kit must be carried by each contingent member to provide basic immediate first aid to a casualty for him- or herself or by the nearest person on site, at the point of injury. The UN requirement for the buddy first aid kit is set out in Chapter 3, annex C, appendix 1.

20. **Initial Provisioning**

a. **Water.** The unit must deploy with bottled water for a duration of up to 7 days. Within the first seven days the contingent is required to install its own water treatment plant (WTP) to produce bulk water from an UN-provided water source to meet its own drinking and bulk water needs. The minimum daily production and storage requirements are 80 liters per person per day. The unit should bring sufficient portable Jerricans to store and transport water for operations.

b. **Rations.** The contingent must deploy with rations for a duration of 14 days. The mission will provide rations thereafter. The contingent must have the capacity of establishing storage (reefer containers, freezer containers, etc.) for 14 days of frozen and seven (7) days of fresh rations and three (3) days’ worth of combat ration packs (CRP).

c. **Supply.** The unit is required to deploy with fully self-sufficient stocks of supply items and spare parts for maintenance of its major and minor equipment. The unit is to initially deploy with a minimum six (6) month stock level of spare parts, supplies and consumables. Resupply of consumables and spare parts is a national responsibility.

d. Inhospitable terrain, limited communication networks and unavailability of local market add to the problem of supporting and maintenance of the troops. It is advised that the unit deploy adequate spares and other self-sustainment materials to support and

\textsuperscript{11} The applicable paragraph number of the COE manual, Chapter 3, Annex C is in brackets following the category of title.
maintain troops upon deployment. Furthermore, the unit must be ready to support and maintain the troops with robust maintenance mechanism.

e. **Petroleum, Oil and Lubricants (POL).** The unit must deploy all vehicles with fuel-tanks half full; the mission will provide fuel after deployment. The unit must have the capacity to establish bulk storage (e.g., fuel trucks, bladders, storage tanks, and trailers equipped with fuel pumps and flow meters) for seven (7) days of diesel supply. The unit should also have the capacity to distribute diesel to vehicles and generators. Oil and lubricants will be provided by the mission.
GUIDANCE on National Investigation Officers (NIOs)

1. For units smaller than 150 personnel, the TCC is encouraged to:
   a. Include one NIO from its contingent, or;
   b. Share NIO services with another unit (of the same TCC) within the Mission, or;
   c. Share NIO services with another contingent (of the same TCC) within the region, or;
   d. Share NIO services from the National Support Element (NSE) of this TCC.

2. Where a person under investigation is a staff officer (status of contingent), the TCC is to decide if an NIO already within the mission can undertake the investigation (especially if the staff officer is of senior rank) or if an NIO is required to be deployed from the home location. Where it has been agreed during MOU negotiations that the NIO may be provided from the home location to the contingent, the NIO must be able to deploy to the mission to commence an investigation no later than seven days after notification of requirement.

3. It is recommended that NIOs be “dual-hatted” as personnel or legal officers\(^\text{12}\) to ensure that the deployment of NIOs is not at the expense of other required personnel capabilities within the contingent.

\(^{12}\) This is a national decision, but the mandated inclusion of an NIO will not be justification to seek an increase to the personnel cap of a contingent.