For **'new-line'** in text fields pres [ALT] and [ENTER] keys on keyboard (do not insert spaces to create line shift)
Please do not change the format of the form (including name of page) as this may prevent proper registration of project data.
For new proposals, please complete the tab for 'Project Document', 'Budget' and 'Locations'
Mandatory fields are marked with an asterisk*

CHF SOM

Project Document

1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	United Nations Department for Safety and Security
(B) Type of Organization*	☐ UN Agency ☐ International NGO ☐ Local NGO UN Agency
(C) Project Title* For standard allocations, please use the CAP title.	Providing mass casualty incident response with air lifting capacity

(D) CAP Project Code	SOM-11/CSS/40018	Not required for Emergency Reserve proposals outside of CAP
(E) CAP Project Ranking	High	Required for proposals during Standard Allocations
(F) CHF Funding Window*	Standard Allocation 2 (Feb 2011)	
(G) CAP Budget	2819750	Must be equal to total amount requested in current CAP
(H) Amount Request*	2216023.50	Equals total amount in budget, must not exceed CAP Budget
(I) Project Duration*	12 months	No longer than 6 months for proposals to the Emergency Reserve
(J) Primary Cluster*	Enabling Programmes	
(K) Secondary Cluster	Enabling Programmes	Only indicate a secondary cluster for multi-cluster projects

(L) Beneficiaries Direct project beneficiaries. Specify target population disaggregated by number, and gender. If desired more detailed information can be entered about types of beneficiaries. For information on population in HE and AFLC see FSNAU website (http://www.fsnau.org)		Men	Women	Total	
	Total beneficiaries	1960	1940	3900	
	Total beneficiaries include the following:				
	Staff (own or partner staff, authorities)	900	900	1800	
	Aid Agencies	1000	1000	2000	
	Promoters, Caretakers, committee meml	60	40	100	
		0	0	0	

(M) Location Precise locations should be listed on separate tab	Regions	☐ Awdal ☐ Banadir ☐ Bay ☐ Gedo ☐ L Juba ☐ M Juba ☐ Mudug ☐ Sanaag ☐ Togdheer ☐ Bakool ☐ Bari ☐ Galgaduud ☐ Hiraan ☐ L Shabelle ☐ M Shabelle ☐ Nugaal ☐ Sool ☐ W Galbeed

(N) Implementing Partners (List name, acronym and budget)				
	1	1. Commercial/NGO	Budget:	$ 1,778,350
	2	2. Aircraft	Budget:	$ 150,000
	3		Budget:	$ -
	4		Budget:	$ -
	5		Budget:	$ -
	6		Budget:	$ -
	7		Budget:	$ -
	8		Budget:	$ -
	9		Budget:	$ -
	10		Budget:	$ -
			Total Budget:	$ 1,928,350
			Remaining Budget:	$ 287,674

Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).

(O) Agency focal point for project:	Name*	Carlos Frias	Title	DCSA
	Email*	carlos.frias@undp.org	Phone*	+254 719 867 766
	Address	UNDP Somalia, Nairobi Liaison Office, Box 28832, Off Lower Kabete Road, Spring Valley, Nairobi 00200.		

3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)

(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	The deepening humanitarian crisis in Somalia is demanding greater humanitarian intervention; which is limited due to access and medical support restrictions. Continuing insecurity hampers United Nations operations in Somalia by limiting freedom of movement for United Nations staff and contractors (Report of Secretary General on Somalia September 2010 S/2010/447). Efforts to increase the humanitarian footprint increase risk to traumatic injury due to targeted attacks or accidental injury. Mitigation measures outlined in the Somalia Risk Assessment include improving and making operational: a) the Emergency Response capacity: medical support and Mass Casualty Incident Plan (MEDEVAC capacity, b) developing Stabilization Centres in major humanitarian hubs, c) develop temporary night landing facilities and capacity and, d) obtaining a dedicated security aircraft with additional capacity for carry-on Advanced Life Support - Medical Emergency Response Team capacity. In addition the eventual existing surplus air capacity (not used for emergencies) of a dedicated aircraft will allow humanitarian workers to expand their area of operations in a safe and secure
(B) Describe in detail the capacities and needs in the proposed project locations. List any baseline data. If necessary, attach a table with information for each location. (maximum 1500 characters) *	The operational concept of the project is to base an advanced life support paramedic in each of the 5 stabilisation centres in Somalia (Hargeisa, Bossasso, Garowe, Galkayo and most probably Berbera (to be confirmed by UN Security Management Team) and one emergency physician providing technical backup based in Hargeisa forming a medical emergency response team. In the event of an accident or injury, humanitarian staff will receive advanced life support treatment in the stabilisation centre in a secure environment within the UN compound. The stabilisation centres will be able to stabilise up to 10 mildly/moderately injured casualties and provide stabilisation for a severely injured casualty for up to 18 hours. This emergency medical response capacity will be highly mobile, supported on the dedicated aircraft lifting capacity and be able to respond to emergencies in Somalia within an acceptable time frame.
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	This project will involve placement of a flight paramedic at each of the main hubs of Hargeisa, Bossasso, Garowe, Galkayo and possibly Berberra with a floating medical officer based in Hargeisa that will be responsible for technical support and quality assurance. These locations are the main humanitarian hubs in Somaliland and Puntland, the location of fifth paramedic is not yet decided, the UN SMT may open another UN hub in central Somaliland and place the paramedic there or in Berberra. The MERT based in Hargeisa will have an aero medical emergency response capacity to back up the MERTs in the other hubs. The Hargeisa MERT will respond to multiple casualty incidents in a dedicated medical aircraft and deploy an advanced medical post (tented emergency treatment facility) and provide a 24 hour emergency medical evacuation capacity. The primary role of the medical emergency assets will be to provide a highly mobile rapid response capacity capable of providing

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	1. Provide Medical Emergency Response Teams (MERTs) that are capable of delivering rapid advanced life support intervention 24/7		
(B) Outcome 1*	To have a medical emergency response capacity consisting of an advanced life support paramedic located in the stabilisation centres		
(C) Activity 1.1*	Deployment of 5 Medical Emergency Response Medics in the major humanitarian hubs.		
(D) Activity 1.2	Deployment of one supervisor medical officer to oversee the MERT.		
(E) Activity 1.3	Ensuring the services of a dedicated aircraft. Surplus capacity to be used for relocations, evacuations, MEDEVAC/CASEVACs of UN		
(F) Indicator 1.1*	Enabling Programmes	**Target***	3900
(G) Indicator 1.2	Enabling Programmes	**Target**	
(H) Indicator 1.3	Enabling Programmes	**Target**	
(I) Outcome 2	The medical staff at the national medical facilities will be able to provide triage and appropriate medical intervention for mass casualty		
(J) Activity 2.1	Training need analysis conducted in each major hubs to assess the capacity of the national medical facilities.		
(K) Activity 2.2	Emergency medical training conducted for medical staff at national medical facilities in major humanitarian hubs. National facilities wil		
(L) Activity 2.3			
(M) Indicator 2.1	Enabling Programmes	**Target**	100
(N) Indicator 2.2	Enabling Programmes	**Target**	
(O) Indicator 2.3		**Target**	
(P) Outcome 3	To have stabilisation centres fully equipped to provide stabilisation of UN and INGO staff for a period of 18 hours until the casulty can		
(Q) Activity 3.1	Manning of Stablisation Centres by trainied Emergency Paramedic.		
(R) Activity 3.2	Proper equipping of the each of stablisation centres.		
(S) Activity 3.3			
(T) Indicator 3.1	Enabling Programmes	**Target**	3900
(U) Indicator 3.2	Enabling Programmes	**Target**	
(V) Indicator 3.3		**Target**	
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	Phase 1 Time Line: January - March • Request for expression of interest for medical service personnel • Contract Medical Personnel Provider • Develop Terms of Reference and Standard Operating Procedures for medical staff • Conduct trial runs of Calkits (civil aviation lighting kits purchased under the CERF fund to allow night landing in Somalia) • Procure medical equipment shortfalls for SCs • Fit MICU (advanced life support stretcher purchased under CERF fund) to UNHAS aircraft • Conduct Training Needs Analysis for Cap Dev Activities for National Medical Facilities		

5. MONITORING AND EVALUATION (to be completed by organization)

(A) Describe how you will monitor, evaluate and report on your project activities and achievements, including the frequency of monitoring, methodology (site visits, observations, remote monitoring, external evaluation, etc.), and monitoring tools (reports, statistics, photographs, etc.). Also describe how findings will be used to adapt the project implementation strategy. (maximum 1500 characters) *

Covers monitoring and evaluation of the medical emergency teams, stabilisation centre checks, training evaluation of UN, INGO staff and hospital staff training. Monitoring and evaluation (M&E) will be conducted by UN medical and training specialists and project management staff. M&E will also include post incident investigations and liaison with medical facilities in Nairobi.There will also be quality assurance checks conducted by Mass Casualty Incident Management Committee members traveling from Nairobi to Somalia on frequent basis.

(B) Work Plan
Must be in line with the log frame.
Mark "X" to indicate the period activity will be carried out

			Timeframe					
			Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 month					
	Activity	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12	
1.1*	Deployment of 5 Medical	X	X					
1.2	Deployment of one supe	X	X					
1.3	Ensuring the services of	X						
2.1	Training need analysis c		X	X				
2.2	Emergency medical train		X	X	X	X	X	
2.3	Manning of Stablisation		X	X	X	X	X	
3.1	Proper equipping of the	X	X	X	X			
3.2	Proper equipping of the each of stablisation centres.							
3.3	0							

6. OTHER INFORMATION (to be completed by organization)

(A) Coordination with other activites in project area
List any other activities by your or any other organizations, in particular those in the same cluster, and describe how you will coordinate your proposed activities with them

	Organization	Activity
1	UN and NGO Security Programme	Coordination in common training, developing SOP and advice to UN and NGOs in
2	UN and NGO Security Programme	Support the integration of (I)NGOs participation in the project activities
3		
4		
5		
6		
7		
8		
9		
10		

(B) Cross-Cutting Themes
Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note

Cross-Cutting Themes (Yes/No)		Outline how the project supports the selected Cross-Cutting Themes.	Write activity number(s) from section 4 that supports Cross-Cutting theme.
Gender	Yes	Capacity Development	
Capacity Building			