

For 'new-line' in text fields press [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'

Project Document

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

(A) Organization*	Merlin		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input checked="" type="checkbox"/> International NGO <input type="checkbox"/> Local NGO		
(C) Project Title* Please use a precise and informative title that accurately reflects the project.	Emergency Primary Health Care Provision in Mudug region in Puntland		
(D) CAP Project Code	29085/5195	Not required for Emergency Reserve proposals outside of CAP.	
(E) CAP Project Ranking	Medium	Required for proposals during Standard Allocations.	
(F) CHF Funding Window*	Standard Allocation 1 (July 2010)		
(G) CAP Budget	\$ 287,830.00	Must be equal to total amount requested in current CAP.	
(H) Amount Request*	\$ 239,567.39	Equals total amount in budget. Grey cells are completed automatically.	
(I) Project Duration*	6 months	No longer than 6 months for proposals to the Emergency Reserve.	
(J) Primary Cluster*	Health		
(K) Secondary Cluster	please select Only indicate a secondary cluster for multi-cluster projects.		
(L) Beneficiaries Direct project beneficiaries. Specify target population disaggregated by number.	Total*	Men	Women
	63,000	32,130	30,870
As part of the beneficiaries, list any other groups of relevance (e.g. children under 5, IDPs, pastoralists)	People in HE	People in AFLC	IDPs
	12,600	19,795	5,000
			Children under 18 32,198
(M) Location Region(s) and District(s) only, precise locations should be annexed	Regions: <input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> L. Juba <input type="checkbox"/> M. Juba <input checked="" type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakool <input type="checkbox"/> Bari <input type="checkbox"/> Galgaduud <input type="checkbox"/> Hiraaan <input type="checkbox"/> L. Shabelle <input type="checkbox"/> M. Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W. Galbeed		
(N) Implementing Partners (List name, acronym and budget)	1	Budget:	\$ 239,567
	2	Budget:	\$ -
	3	Budget:	\$ -
(O) Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).			
Agency focal point for project:	Name: *	Louise Patterson	
	Title:	Country Director	
	Email: *	kenya_somalia.cd@merlin-eastafrika.org	
	Phone: *	722522832	
	Address:	Owashika Rd, Lavington, PO Box 3350, 00200 Nairobi, Kenya	

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.*	<p>The needs assessment and external data available show clearly that the population of Mudug faces acute health threats while having little access to the services and care needed to prevent or address them. Most at risk to the combination of food insecurity, poor water and sanitation facilities and inadequate health care are women and children, and those people displaced by civil insecurity, ethnic tension or drought. This project seeks to address these health and nutrition needs by providing outpatient consultation, integrated management of childhood illnesses, immunisation, maternal health services, health education and nutrition programmes.</p> <p>A Government of Somalia survey shows that less than 25% of the population has access to public health services. More than half of existing facilities are either not functioning at all or functioning at a fraction of their capacity, mainly due to a shortage of trained health workers, non-payment of health workers' wages, little or no support supervision, and stock-outs of medical supplies. A key limiting factor is that the majority of the functional facilities are located in urban centres, thereby leaving a huge proportion of the population who reside in the remote rural areas with poor quality or no healthcare. This project works through the MoH to rehabilitate and support existing health facilities and their staff.</p> <p>The wider region of Somalia is known to have some of the worst MDG-related health indicators in the world, and while data on the health status of the population in Puntland is largely inadequate, what exists illustrates a very serious situation in terms of health and vulnerability (see table attached). The burden of disease is particularly high among children under five years of age, as reflected by a mortality rate for this group of 225 deaths per 1,000. The main causes of morbidity and mortality are Acute Respiratory Infections (ARI), Diarrhoea, Malaria and Malnutrition. With over a quarter estimated to be underweight for their age, malnutrition is clearly a major factor to poor health in children under five in Puntland. Acute malnutrition in Mudug was described by FSAU in January 2010 as "greater than usual and increasing", with rates of 22.3% (17.6-27) GAM and 6.1% (4.1-8.1) SAM (considerably higher than the national median rate of 16% for GAM and 4.2% for SAM, and far above the WHO Emergency thresholds of 15% GAM and 1% SAM).</p>
(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.*	<p>All of the locations chosen are in a critical nutrition situation with little or no access to health facilities. The proposed project locations are as follows:</p> <p>Galdogob: The Galdogob MCH has been supported by Merlin for just over one year. It is staffed by 3 health professionals and provides health/nutrition services.</p> <p>Halabogad: 850 IDP families have recently been relocated to the town. There are currently no health and nutrition facilities. The MoH has recently requested Merlin to establish a health post and nutritional program.</p> <p>Bursalah: This project proposes to rehabilitate the Bursalah MCH. This is a government run facility and has staff in place however, it lacks medical supplies and the staff require training. Nutritional and health outreach will be run from this facility as there are a number of large satellite towns.</p> <p>Agaran: The Agaran Health Post is on the main road between Galkacyo and Burtinle. The building exists but there are few services offered. The location has been chosen because while the permanent population is low, the catchment area is estimated at 3,000 with a large transient population.</p> <p>Beyra and Salax: Beyra and Salax have health posts that have been supported by Merlin for over one year. Both facilities have two health professionals who have benefited from a series of trainings. Salax is a remote location which attracts nomadic populations at certain times of the year.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.	<p>Merlin has been implementing a Primary Health Care programme in the Mudug and Nugal regions of Puntland since February 2009 at two Maternal Child Health centres (health centres) – Burtinle and Galdogob and four health posts (primary health units) – Awrulus, Usgure, Beyra and Salax. Services provided at health centres, which are in accordance to the Essential Package of Health Services for Somalia, include outpatient consultation, integrated management of childhood illnesses, immunisation, maternal health services, health education and a nutrition programme. Monthly outreach services are conducted to take basic primary health care to communities in remote and under-served areas.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Contribute to reduced rates of mortality and morbidity by increasing access to Primary Health Care in Mudug district, Somalia.		
(B) Outcome 1*	Improved access to primary health care services, including maternal and child health care delivered		
(C) Activity 1.1*	Training and support supervision of health providers on curative and preventive health care services		
(D) Activity 1.2	Social mobilisation through religious leaders and IEC campaigns on the benefits of disease prevention and timely seeking of treatment		
(E) Activity 1.3	Rehabilitation and maintenance of health facilities, including the procurement of medical supplies and equipment		
(F) Indicator 1.1*	Health	HEALTH - Number of consultations per clinician per day by admin	Target:* 10 per day
(G) Indicator 1.2	Health	# of medical staff trained in IMCI, HMIS, CMAM and MCH	Target: 100%
(H) Indicator 1.3	Health	Coverage of DPT3 measles vaccination	Target: 60%

(J) Activity 2.1	Screening of children and pregnant and lactating women for malnutrition	
(K) Activity 2.2	Outpatient Treatment Programmes in areas facing high levels of malnutrition	
(L) Activity 2.3	Community mobilisation and education focusing on nutrition	
(M) Indicator 2.1	Nutrition	Recovery rate of patients in the OTP Target: < 90%
(N) Indicator 2.2	Nutrition	Mortality rate for patients in the OTP Target: < 1%
(O) Indicator 2.3	Nutrition	Defaulter rate for patients in the OTP Target: < 5%
(P) Outcome 3	Increased health centre staff, MoH staff and community capacity to respond appropriately and promptly to disease outbreaks	
(Q) Activity 3.1	Undertake rumour investigation and alerts within 96 hours in our areas of operation	
(R) Activity 3.2	Provide water purification supplies as part of the response and control measures	
(S) Activity 3.3	Provide critical support services including life saving skills and technical advice, drugs, incentives, medical equipment and supplies to	
(T) Indicator 3.1	Health	% of facilities with epidemiological monitoring systems in use Target: 100%
(U) Indicator 3.2	Health	CFR for acute watery diarrhoea Target: <2%
(V) Indicator 3.3	Health	Medical supplies and drugs available Target: within 48hrs of notification of
(W) Implementation Plan* Describe how you plan to implement these activities	<p>Merlin will focus on the provision of quality primary healthcare, HIV/AIDS and nutrition (OTP) services in this project in Mudug region of Puntland. The project will use the following approaches:</p> <ol style="list-style-type: none"> 1. Curative services for common minor illnesses will be provided at the MCH/OPD clinics and village HPs using basic, essential drugs based on clinical diagnosis particularly for community health workers (CHWs). This will be complemented by regular health education given at all health facilities and at the community level in reducing morbidity and mortality from the most common preventable diseases such as URTI. The referral system will be strengthened to ensure that patients needing care beyond the capacity of the HPs receive that care at the MCH/OPDs and/or where necessary, are referred to hospitals in the appropriate referral points for further treatment. 2. To improve maternal health, Merlin will focus on enhancing basic but comprehensive antenatal care, clean and safe delivery, vaccination of mothers and children, and supplementation with vitamin A and iron. TBAs will provide antenatal/postnatal care and clean delivery services in the villages with constant support from the qualified staff in the nearby HF and will refer complicated cases to the midwives in the MCH clinics as well. 3. Immunization services will be provided among pregnant women and children under five at the MCH/OPD. EPI outreach services will also be carried out in the remote villages to increase coverage. The cold chain will be maintained in Elburu MCH. The EPI activities 	

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.	<p>The Merlin PHC Program Coordinator and the Program Supervisor based in Garowe conduct monthly supervision and monitoring trips to all facilities. During these trips they collect monthly records, including data relating to patient visits and drug consumption. They will ensure the accurate collection and analysis of information and data at field level. In addition, they will provide supportive supervision to ensure program quality and accountability.</p> <p>The Puntland Programme Coordinator based in Nairobi with regular travel to Puntland, monitors all facilities bi-monthly quarterly - security permitting - and ensures that activities are implemented as per the project proposal. Through weekly and monthly situation and progress reports, the Programme Coordinator tracks any program deviations and addresses them promptly. Merlin also has Remote Management Guidelines that have trialled of the past two years in the event that the location becomes inaccessible.</p> <p>The Country Health Coordinator provides on-going technical advice to the project, including the analysis of health data. They also ensure that any procurement of medical supplies and equipment are appropriate to the type of facility, and based on past consumption.</p> <p>Training events are held in conjunction with the MoH, Merlin, and on occasions, WHO. Training reports are submitted to the Programme Coordinator.</p> <p>Construction/rehabilitation is monitored by the Puntland Operations Manager who submits a construction report, including photos, on completion. Any major construction completed is also signed off by MoH representatives.</p> <p>What construction are we talking about?</p>
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(B) Work Plan Must be in line with the log frame	Activity	Timeframe					
		Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months					
		Week 1-4	Week 5-8	Week 9-12	Week 13-16	Week 17-20	Week 20-24
1.1* Facility-based management	X	X	X	X	X	X	
1.2 Supplies procurement	X		X		X		
1.3 Monthly outreach	X	X	X	X	X	X	
2.1 Admit malnourished women	X	X	X	X	X	X	
2.2 Nutrition support training	X						
2.3 Blood safety, Diseases and Injuries	X						
3.1 Emergency Obstetrics training	X						
3.2 HMIS/EWARS training		X					
3.3 Disseminate IEC materials	X	X	X	X	X	X	

6. OTHER INFORMATION (to be completed by organization)

(A) Coordination with other activities 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	MSF	Refer patients to MSF stabilisation centres in Gaalkacyo
2	SRCS	In Galdogob SRCS does OTP and Merlin offers SFP
3	WHO	Merlin facilities shares health data
4	Unicef	Merlin has a PCA for health and nutrition supplies
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	Merlin's experience in Puntland in clearly indicates that women are particularly disadvantaged in regards to healthcare. This is related both to their biological role as mothers, and also to cultural customs and norms. As a result this project is heavily focussed on women and child health. Merlin ensures that female health staff members are adequately represented in all medical teams including the CHWs and TBAs at health post level. Merlin also ensures that both men and women are represented on Community Health Committees to encourage both genders representation and involvement in decision-making in matters relating to health delivery.	1.1, 1.2, 2.1, 2.2, 2.3,
	Capacity Building	Yes	Capacity building is a central part of the project. Merlin supports MoH facility staff through a series of trainings and support supervision. In addition, we invite MoH staff from the regional office on all support supervision missions and train them on monitoring of health facilities. Community Health Committees also receive training on health facility training, outbreak response, and key public health messages.	1.1, 1.2, 2.3, 3.3