

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'

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 health care provision in Elbur district, Galgaduud region		
(D) CAP Project Code	29082/5195	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	\$ 550,474.00	Must be equal to total amount requested in current CAP.	
(H) Amount Request*	\$ 313,161.00	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	Nutrition	Only indicate a secondary cluster for multi-cluster projects.	
(L) Beneficiaries Direct project beneficiaries. Specify target population disaggregated by number.	Total*	Men	Women
	94,000	47,940	46,060
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
			24,000
			Indicate group name
(M) Location Region(s) and District(s) only, precise locations should be annexed	Regi ons <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 type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakool <input type="checkbox"/> Bari <input checked="" type="checkbox"/> Galgaduud <input checked="" type="checkbox"/> Hiraaan <input type="checkbox"/> L Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input checked="" type="checkbox"/> Sool <input type="checkbox"/> W Galbeed		
(N) Implementing Partners (List name, acronym and budget)	1	Budget:	\$ 313,161
	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-eastafrica.org	Phone: * 72522832
	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>Merlin has been implementing an integrated health and nutrition programme in Elbur district of Galgaduud region since October 2009, under HRF funding which is coming to an end in February 2010. Under this fund the project has achieved a number of milestones; procurement and supply of drugs, recruitment and training of health staff, provision of preventive and curative health care services in a timely manner to the population in Elbur district, screening of malnourished children and enrolling the eligible ones in OTP/SC and health education among others. During this period Merlin also continued to rehabilitate health facilities by way of minor repairs of facility rooms and water systems.</p> <p>Merlin was funded by HRF under gap filling funding ending September 2010 but to date Merlin has not secured a longer term funding from other donors to continue with its support in primary health care to the population in Elbur District. Merlin has declined to pursue a continuation of OFDA funding that ended in September 2009 due to its funding conditions that in principle go against Merlin's humanitarian values of impartiality and neutrality</p> <p>Due to the critical humanitarian situation in Galgaduud region, Merlin proposes to continue implementing its integrated health and nutrition in Elbur District to prevent further deterioration of health and nutrition status and subsequently the loss of life. The nutrition situation in Galgaduud region is critical. According to the results of a country-wide comprehensive inter-agency assessment, led by the Food Security and Nutrition Analysis Unit for Somalia (FAO/FSNAU) with FEWSNET, released on 1st February 2010, the epicenter of the humanitarian crisis continues to be in Mudug, Galgaduud and Hiraaan regions of south and central Somalia, due to the ongoing drought and civil unrest which has left 70% of the population in those regions in Crisis. 1 in every 5 children is acutely malnourished of which 1 in 20 are severely malnourished. In Galgaduud Region, recent fighting between Ahlu Sunnah Waljamaa and Alshabab created a huge exodus of fresh IDPs which has exacerbated an already acute humanitarian crisis by putting more pressure on the already weak coping mechanisms of the population and on the scarce resources available. Livestock herds have been decimated due to 6 consecutive seasons of below average rainfall and destitute pastoralists are gathering in main villages and towns in search of assistance. In order for these populations to recover, a combination of expanded lifesaving and livelihood support is required urgently at scale.</p> <p>Merlin proposes to implement an integrated primary health care and nutrition programme to address the rising malnutrition and continue to provide life saving primary health care in Elbur District. Merlin proposes to implement Community Management of acute malnutrition (CMAM) supporting 6 OTPs and one Stabilization centre. Merlin will implement this intervention directly, while working closely with the District Health Management Board (DHMB) and Village Health Committees</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 locations chosen are in a critical nutrition situation with little or no access to health facilities. Additionally, immunisation services have been very poorly supported due to the recent past insecurity and access difficulties. Need for greater emphasis on EPI is vital, and every effort to ensure safe passage for EPI outreach support will be made, as will strengthening of IMCI in the community and in the facilities. The proposed project locations are as follows:</p> <p>Galgaduud region, Ceel Buur District (Ceelbuur, Galhareeri, Elgaras, Dirri, Elmeygag, Bargan). Ceel Burr: Merlin proposes to continue to support an MCH here, providing PHC, MCH, nutritional support Galhareeri: Merlin supports an MCH here, providing PHC, MCH, nutritional support Ceel Garaas: Merlin supports an MCH centre here providing PHC, MCH, nutritional support Dirri: Merlin supports a PHU in this location, providing basic PHC, preventive and curative services, limited maternal and child health services Elmeygag: Merlin supports a PHU in this location, providing basic PHC, preventive and curative services, limited maternal and child health services Bargan: Merlin supports a PHU in this location, providing basic PHC, preventive and curative services, limited maternal and child health services</p> <p>For this population of 94,000, Merlin estimates: <5yrs old children requiring SFP ~3000 (60% coverage for one year) Expected SAM without complications with 60% of coverage for one year project duration 1000 children Total to be treated in SC 160-200 children Pregnant women for ANC and PNC 7,500</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.	<p>The activities currently undertaken are described in (B) above. Merlin proposes to continue with these same services, but greatly increase and emphasise EPI in addition to the nutritional, general child and maternal health, and provision of basic PHC to the total population.</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 Galgaduud Region, Som
(B) Outcome 1*	Improved access to primary health care services, including maternal and child health care delivered

(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 administrative staff 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%
(I) Outcome 2	Increased case detection, prevention and intervention for the acutely malnourished amongst the vulnerable groups.	
(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: >85%
(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: < 15%
(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	
(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
(W) Implementation Plan* Describe how you plan to implement these activities	<p>Merlin will focus on the provision of quality primary healthcare and nutrition services in this project. 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 Elbur MCH. The EPI activities will be supported through health education to promote coverage by educating the community on the benefits of vaccinations. Merlin will continue to partner with UNICEF in the supply of vaccines and other inputs related to immunization. 	

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 senior Ceel Buur staff, including the Project Health Coordinator and PHC supervisor based in Elbur to 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 Galgadud Programme Coordinator based in Nairobi with regular travel to Galgadud, 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>The design of the project encourages adaptability. Through regular supported supervision the senior project staff are able to tailor the on-the-job-training needs of the health facility staff. By monitoring the health and nutrition statistics Merlin is able to respond quickly to any emerging issues. Merlin maintains buffer stocks of essential drugs to respond to fluctuations in their use.</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* management	X	X	X	X	X	X	
Supplies procurement	X		X		X		
1.2	X		X		X		
1.3 Monthly outreach	X	X	X	X	X	X	
Admit malnourished women & children to							
2.1 OTP	X	X	X	X	X	X	
Nutrition support							
2.2 training	X						
Blood safety, Diseases and Child & Mother							
2.3 Care training	X						
Emergency Obstetrics							
3.1 training	X						
3.2 HMIS/EWARS training		X					
Disseminate IEC							
3.3 materials	X	X	X	X	X	X	

6. OTHER INFORMATION (to be completed by organization)

(A) Coordination with other activities in project area	Organization	Activity
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	1 MSF	Refer patients to MSF stabilisation centres in Ceel Guri
	2 SRCS	SRCS referring patients to Merlin, Merlin will support the referred patients, and provide
	3 WHO	Merlin facilities shares health data, and raise concerns regarding any significant incr
	4 Unicef	Merlin has a PCA for health and nutrition supplies, and complies with all contractual
	5	
	6	
	7	
	8	
	9	
	10	

(B) Cross-Cutting Themes	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.
Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note			
	Gender	Yes Merlin's experience in Galgaduud 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