

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

## Project Document

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

<b>(A) Organization*</b>	Medical Emergency Relief International			
<b>(B) Type of Organization*</b>	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input type="checkbox"/> International NGO			
<b>(C) Project Title*</b> <small>For standard allocations, please use the CAP title.</small>	Provision of Emergency Primary Health Care and Nutrition services targeting women, men and children in Galgaduud region, Somalia			
<b>(D) CAP Project Code</b>	SOM-11/H/40028	Not required for Emergency Reserve proposals outside of CAP		
<b>(E) CAP Project Ranking</b>	High	Required for proposals during Standard Allocations		
<b>(F) CHF Funding Window*</b>	Standard Allocation 2 (Feb 2011)			
<b>(G) CAP Budget</b>	342092	Must be equal to total amount requested in current CAP		
<b>(H) Amount Request*</b>	183226	Equals total amount in budget, must not exceed CAP Budget		
<b>(I) Project Duration*</b>	6 months	No longer than 6 months for proposals to the Emergency Reserve		
<b>(J) Primary Cluster*</b>	Health			
<b>(K) Secondary Cluster</b>	Nutrition	Only indicate a secondary cluster for multi-cluster projects		
<b>(L) Beneficiaries</b> <small>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 (<a href="http://www.fsnau.org">http://www.fsnau.org</a>)</small>		<b>Men</b>	<b>Women</b>	<b>Total</b>
	<b>Total beneficiaries</b>	44928	46761	91689
	<b>Total beneficiaries include the following:</b>			
	<b>Children under 18</b>	8087	8417	16504
	<b>Children under 5</b>	8986	9352	18338
<b>Internally Displaced People</b>	13372	13918	27290	
	0	0	0	
<b>(M) Location</b> <small>Precise locations should be listed on separate tab</small>	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 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		
<b>(N) Implementing Partners</b> <small>(List name, acronym and budget)</small>	1	Budget:	\$	-
	2	Budget:	\$	-
	3	Budget:	\$	-
	4	Budget:	\$	-
	5	Budget:	\$	-
	6	Budget:	\$	-
	7	Budget:	\$	-
	8	Budget:	\$	-
	9	Budget:	\$	-
	10	Budget:	\$	-
		<b>Total</b>	Budget:	\$
	<b>Remaining</b>	Budget:	\$	183,226
<b>Focal Point and Details - Provide details on agency and Cluster focal point for the project (name, email, phone).</b>				
<b>(O) Agency focal point for project:</b>	Name*	Louise Paterson	Title	Country Director
	Email*	kenya_somalia.cd@merlin-eastafrika.org	Phone*	0722522832
	Address	Owashika Rd, Lavington, PO Box 3350, 00200 Nairobi, Kenya		

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

<b>(A)</b> Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	<p>The nutrition situation in Galgaduud region is critical with the humanitarian crises continuing due to ongoing drought and civil unrest. The FSNAU Post Deyr 2010-2011 analysis showed the south hosts 75% of all acutely malnourished children and 80% of all severely malnourished children. 6 months earlier, regional levels were at 16%, indicating a significant deterioration. Main causes of morbidity and mortality are acute respiratory infections, diarrhoea, malaria and malnutrition. With over a quarter estimated to be underweight, malnutrition is clearly a major factor to poor health in children under five (GAM rate 19% - FAO/FSNAU Post-Gu 2009). Women of reproductive age are critically vulnerable, the majority have little or no access to other primary maternal health care services and the rate of maternal mortality of 1,400 per 100,000 (WHO, 2009) illustrates inadequacy of maternal health services.</p> <p>Recent conflict has exacerbated an already acute humanitarian crisis by putting more pressure on the already weak coping</p>
<b>(B)</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) *	<p>The locations under the proposed programme are in a critical nutritional 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.</p> <p>With a lack of MOH baseline data, Merlin estimates that within the target population of 91,689:</p> <ul style="list-style-type: none"> <li>- &lt;5 children requiring SFP = 2090 (60% coverage for one year)</li> <li>- Expected SAM without complications with 60% of coverage = 660 children</li> <li>- Total to be treated in Stabilisation Centre = 160-200 children</li> </ul>
<b>(C)</b> List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<p>Merlin has been implementing an integrated health and nutrition programme in Ceel Burr district since October 2009, under HRF and CHF funding which is coming to an end in June 2011. Due to the critical humanitarian situation in Galgaduud region, Merlin proposes to continue implementing its integrated health and nutrition in Ceel Buur district to prevent further deterioration of health and nutrition status and subsequently the loss of life.</p> <p>The following areas of operation are where Merlin is currently implementing activities to address critical health and nutrition needs:</p> <ul style="list-style-type: none"> <li>Ceel Buur, Galhareeri and Ceel Garaas: Supporting MCH providing PHC, MCH and nutritional supplies</li> <li>Diri, Bargan and Elmeygag: Supporting a PHU, providing basic PHC, preventive and curative services, limited maternal and child health services</li> </ul>

#### 4. LOGICAL FRAMEWORK (to be completed by organization)

<b>(A) Objective*</b>	Contribute to a reduction in the rates of mortality and morbidity by increasing access to Primary Health Care and Nutrition in Galgaduud		
<b>(B) Outcome 1*</b>	Improved access to primary health care services including maternal and child health care services		
(C) Activity 1.1*	Treatment of common illnesses and provision of sexual and reproductive health services		
(D) Activity 1.2	Training of 12 health staff and 16 CHWs on BEmONC and IMCI to improve quality of health service		
(E) Activity 1.3	Social mobilisation through religious leaders and IEC campaigns on the benefits of disease prevention and timely seeking of treatment		
(F) Indicator 1.1*	Health	Number of consultations per clinician per day by administrative un	<b>Target*</b> 15
(G) Indicator 1.2	Health	Pre and post test result on knowledge gain	<b>Target</b>
(H) Indicator 1.3	Health	# and percentage of referred patients from community to the health	<b>Target</b>
<b>(I) Outcome 2</b>	Increased case detection, prevention and intervention for the acutely malnourished amongst under 5s, and pregnant and lactating mothers		
(J) Activity 2.1	Screening of children and pregnant and lactating mothers for acute malnutrition		
(K) Activity 2.2	Integration Outpatient Treatment for malnutrition for < 5 children and pregnant and lactating mothers in MCH centers		
(L) Activity 2.3	Training of 12 Health staffs and 16 CHWs on OTP and screening of malnutrition in HF and Community		
(M) Indicator 2.1	Nutrition	% Coverage of the estimated caseload disaggregated by type of r	<b>Target</b> >85%
(N) Indicator 2.2	Nutrition	SAM treatment programs achieve >75% cured rates, default rate	<b>Target</b>
(O) Indicator 2.3	Nutrition	Number of AWD decreased by 10%	<b>Target</b>
<b>(P) Outcome 3</b>	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 Merlin area of operation		
(R) Activity 3.2	Provide water purification supplies as part of the response and control measures		
(S) Activity 3.3	Provide a one time training to 12 MoH staffs and 16 CHW on emergency awareness and response		
(T) Indicator 3.1	Health		<b>Target</b> 100%
(U) Indicator 3.2	Water, Sanitation and Hygiene	Percentage of facilities that use chlorine for water purification.	<b>Target</b>
(V) Indicator 3.3	Health	Post test result	<b>Target</b>
<b>(W) Implementation Plan*</b> Describe how you plan to implement these activities (maximum 1500 characters)	<p>Merlin will focus on provision of quality primary health care and nutrition services.</p> <p>1. Curative services for common minor illnesses provided at MCH/OPD clinics and village DPs using essential drugs based on clinical diagnosis, complemented by regular health education given at all health facilities and at community level. The referral system will be strengthened to ensure patients needing care beyond the capacity of the HPs receive it at the MCH/OPDs and are referred to hospitals in appropriate referral points for further treatment. Merlin will write referral slip and if needed a health staff will accompany the patient.</p> <p>2. Merlin will focus on provision of basic Emoc in all MCH and provide: antenatal care, clean and safe delivery, vaccination of mothers and children, and vitamin A and iron supplementation.</p>		

**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) \*

Senior Merlin Ceel Burr staff, including Project Health Coordinator and PHC supervisor, will conduct monthly supervision and monitoring trips to all facilities to observe and collect monthly records, including data relating to patient visits and drug consumption. This ensures accurate collection and analysis of information and data at field level.

The Galgaduud Field Coordinator monitors all facilities monthly - security permitting - ensuring projects implemented as per proposal, and collecting monthly records. In addition they will provide supportive supervision to ensure programme quality and accountability. Through weekly and monthly situation and progress reports, the Field Coordinator tracks any programme deviations and addresses them promptly.

Country Health Coordinator and M&E Manager, based in Nairobi, provide ongoing technical advice and ensure any procurement of medical supplies and equipment are appropriate to the type of facility and based on past consumption.

Merlin also has Remote Management Guidelines that have been in use for the past two years in the event that the location becomes inaccessible.

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

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* Treatment of common ill	X	X	X	X	X	X
1.2 Treatment of common ill	X	X	X	X	X	X
1.3 Training of 12 health staff		X				
2.1 Training of 12 health staff			X			
2.2 Social mobilisation through	X	X	X	X	X	X
2.3 Social mobilisation through	X	X	X	X	X	X
3.1 Screening of children and	X	X	X	X	X	X
3.2 Screening of children and	X	X	X	X	X	X
3.3 Integration Outpatient Tr	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 Ceel Guri
2 Somalia Red Crescent Society	SRCS referring patients to Merlin, and Merlin will support the referred patients and
3 WHO	Merlin facilities shared health data and raises concerns regarding any significant in
4 UNICEF	Merlin has a PCA for health and nutrition supplies and complies with all contractua
5 Provide water purification supplies as par	X
6 Provide a one time training to 12 MoH sta	
7 Provide a one time training to 12 MoH sta	
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 Galgaduud clearly indicates that women are particularly
Capacity Building		