**REQUEST FOR SUPPORT FROM ZIMHEALTH**

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| **Name of Health Institution/Clinic Seeking Support:**  **Address:**  Street:  Locality  Town/City  District:  Province: |
| **Name of contact person responsible for communication with ZimHealth**  **Contact details:**  Fixed Telephone No: …………………  CELL/Mobile: ………………………...  Fax No: …………………  Email Address: |

**Section 1: Clinic structure**

* 1. *CLINIC/HOSPITAL PROFILE:*

A brief description of the institution/clinic:

* Type of clinic *(rural, council, mission, local authority*):
* Location *(name and distance from nearest referral hospital):*
* Estimated Catchment Population:

1.2 *HEALTH CARE SERVICES PROVIDED*:

1.3 *COMMON DISEASES/CONDITIONS TREATED:*

(If your data are categorised by sex and age, please specify conditions in Men, Women and Children)

1.4 *MONTHLY STATISTICS (last year's figures):*

**Maternal and Child Health Services**

Number of beds:

Prenatal visits:

Deliveries:

Post natal visits:

Immunisations:

Other services provided:

**Other Inpatient Services**

Please specify

Total number of beds:

**Outpatient Services**

Total number of attendances:

**Section 2: Human resources**

2.1: *STAFF:*

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| **Designation** | **Establishment** | **Current number in place** | **Posts Currently Empty** |
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**Section 3: List of equipment required (Can be attached as appendix)**

4.1 *MEDICAL REQUIREMENTS*

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| **Materials** | **Current number** | **Number required** | **Reason for need**  **(broken, insufficient, new need)** |
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4.2 *NON MEDICAL – INCLUDING EQUIPMENT*

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| **Materials** | **Current number** | **Number required** | **Reason for need**  **(broken, insufficient, new need)** |
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**Section 4: Project Support and Sustainability**

5.1 *ARE YOU CURRENTLY RECEIVING OR HAVE YOU ASKED FOR AND THEREFORE ARE EXPECTING ANY ASSISTANCE FOR THIS HOSPITAL /CLINIC FROM ANY OTHER DEVELOPMENT PARTNER OR AUTHORITY FOR THE SAME SUPPORT REQUESTED TO ZIMHEALTH? IF YES, PLEASE PROVIDE SUMMARY DETAIL ONLY*

*5.2 WHAT ACTIVITIES WILL YOU UNDERTAKE TO COMPLEMENT AND SUSTAIN ACTIVITIES AT THIS HOSPITAL/CLINIC FOR WHICH YOU ARE SEEKING ASSISTANCE FROM ZIMHEALTH? e.g. your own plans to improve or renovate or plans by the community or other stakeholders to upgrade the health facility.*

**Section 5: Expected Improvements of your Services**

*3.1 BRIEFLY LIST THE OUTCOMES YOU EXPECT TO ACHIEVE, SHOULD ZIMHEALTH OFFER YOU THE REQUESTED SUPPORT.*

*Objectives (what difference do you expect to see as a result of the requested support):*

*1.*

*2.*

*3.*

**Section 6: Undertaking from applicant**

By completing this form and including your signature, the person completing this form undertakes as (or on behalf of) the authority responsible for the hospital/clinic to, on request, timeously report on progress subsequent to any support provided by ZimHealth. Such reporting will be requested by ZimHealth no more frequently than every six months for its own accountability purposes.

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| **Name of Person Completing this Form:**  **Designation:**  **Signature:** |
| Date Form Completed: …………………………………………….. |

**Thank you for taking the time to provide ZimHealth with this information!**

**http://www.zimhealth.org/**