



## **We Care Solar Light Every Birth Initiative Uganda Application for Partnership**

Instructions for filling out the form: If you are unable to type responses in this document, download it and open in Adobe. If you do not have Adobe, click [here](#) to download it for free.

**Please note: We will only accept applications using this template.**

### **I. Administrative Information**

Date Submitted:

Name of Organization:

Street Address:

Postal Code:

City:

Country:

First & Last Name of Responsible Person:

Title/Role of Responsible Person:

Telephone:

Email:

Skype:

WhatsApp:

Website:

How did you hear about this opportunity?

We Care Solar's website

Direct invitation from We Care Solar

Referral from a colleague or organization. (*Who?*):

Other (*Please specify*):

### **II. Organization Information**

Organization status:

For-profit

Non-profit

UN Agency

Other (*Please specify*):



Primary sources of organizational funding:

Annual budget in USD (*if your organization has international offices, please provide annual budget only for the Uganda office*): USD\$

Is your organization legally registered in Uganda?      Yes      No

Briefly describe your organization's mission and primary activities in Uganda:

List 2-3 recent organizational achievements:



What current and future interventions do you have for maternal and child health in Uganda?  
(Please include activities such as clinical trainings, provision of commodities/supplies, activities with community health workers, education/outreach, etc.):

Explain how the Solar Suitcase program fits into your organization's overall goals and future work in Uganda:



### III. Capacity and Experience

How many full-time staff are employed for your organization in Uganda?

How long has your organization had full time staff working in Uganda?

How many part time staff are based in Uganda?

How many volunteers are based in Uganda?

In which regions does your organization work? (*Check all that apply*)

Central Region; Number of districts in that region where you are working:

Western Region; Number of districts in that region where you are working:

Eastern Region; Number of districts in that region where you are working:

Northern Region; Number of districts in that region where you are working:

Do you work with the Ministry of Health at the **national** level?

Yes (*Please list your primary contacts at the national MOH*):

No

Describe your experience working with district, regional, or national governmental health authorities. If you have no experience, answer "none".



Is your organization able to obtain VAT exemption for imported solar equipment (e.g. due to your organization's status, organization's ability to receive a VAT waiver from the government, etc.)

Yes      No      Unsure

How do you currently monitor and evaluate your maternal and child health programs in Uganda? Please include what kind of data you collect, how you collect data, frequency of data collection, etc.

Do you have dedicated staff for monitoring and evaluation (M&E)?

Yes (*How many full and part time staff are focused on M&E?*):

*full time*

No

*part time*

Do you have experience collecting stories and taking photos of beneficiaries (e.g. qualitative data collection)?

Yes

No

*Comments (if needed):*



What maternal health-related data are you currently collecting at the *health facility level*?  
(*Check all that apply*):

We collect data only at the district level

Number of antenatal care visits

Number of deliveries

Number of obstetric emergencies

Number of neonatal resuscitations

Number of still births

Number of postnatal care visits

Other (*Please specify*):

How is this data collected and how often?

*We Care Solar will be conducting an impact assessment with Innovations for Poverty Action on how the Solar Suitcase influences quality MCH care and reliability of electricity.*

Has your organization participated in a research study before?

Yes (*Please describe using the box on the next page*)

No



If you answered "yes" above, please describe the research study you participated in. Please include what the study was, when it started, and what role your organization had.

Would your organization be interested in participating in our impact assessment of the Solar Suitcase in collaboration with Innovations for Poverty Action?

Yes      No      Unsure

*Comments (if needed):*



#### IV. Program Plan

The Ministry of Health plans to roll-out the Electrification for Rural Transformation (ERT) project to select districts throughout Uganda in the upcoming years and has requested for We Care Solar to work in the 22 districts that will not benefit from the ERT program. Indicate below from the 22 districts which ones your organization currently operates in by placing a check mark in the box next to the districts where you are working:

NO.	DISTRICT	CURRENTLY WORK THERE?
1	Bugiri	
2	Buikwe	
3	Bukomansimbi	
4	Butambala	
5	Iganga	
6	Isingiro	
7	Jinja	
8	Kalangala	
9	Kalungu	
10	Kampala	
11	Kayunga	
12	Kiruhura	
13	Luuka	
14	Masaka	
15	Mbarara	
16	Mpigi	
17	Mukono	
18	Ntungamo	
19	Rakai	
20	Sembabule	
21	Tororo	
22	Wakiso	

Please list additional districts your organization currently operates in.





Which of these districts would you recommend for Solar Suitcase installation?

Describe if and how you will collaborate with national/local government and/or other partner organizations for this program.

## **V. Funding**

*As part of this program, We Care Solar will cover costs of the following:*

- *Solar Suitcases, initial spare parts, and installation tools*
- *Shipment and clearance of solar equipment to Uganda*
- *In-country training (training materials and training activities)*
- *Technical and programmatic support*



*MoH will cover costs of the following:*

- *Assessing and identifying appropriate health centers for Solar Suitcase installation*
- *In-country storage and transportation of Solar Suitcases*
- *Costs of sending staff to the in-country training (including per diems, transportation, hotel if needed, and meals outside of those provided during the classroom training)*
- *Installation of Solar Suitcases (including personnel and transportation costs)*
- *Maintenance of the Solar Suitcases*

*Partner organizations will be responsible to cover implementation costs including:*

- *Assessing and identifying appropriate health centers for Solar Suitcase installation*
- *Monitoring and evaluation*
- *Reporting and providing updates to We Care Solar*
- *Working with the Ministry of Health for timely implementation*

The above costs vary from partner to partner, and depends on the capacity of the partner organization. Will your organization be able to cover the above listed costs of implementing the Solar Suitcase program?

Yes

No (*Please explain your answer*):

Unsure (*Please explain your answer*):

If you answered "yes" to the above question, how will you cover these costs? *Check all that apply.* (If you answered "no" or "unsure", please skip this question.)

We have existing funds to cover program implementation

We will seek funding from external sources

Government will help cost-share

Unsure

Other (*Please specify*):



## **VI. References**

Provide references (affiliations, name, contact information) for 2-3 funders or revenue sources in the past 3 years.

- 1.
- 2.
- 3.

Provide references (affiliations, name, contact information) for 2-3 organizations you have partnered with in the past 3 years. It is required to include at least one reference from a government health official:

- 1.
- 2.
- 3.

## **VII. Feedback**

Was there anything on this application form that was not clear? Please suggest ways to improve the application form and/or process.

## **VIII. Required Attachments**

1. Organizational chart for your organization in Uganda (please include district/regional offices).

*Thank you for applying. Please email all application materials to Feza Kabasweka Greene at [feza@wecaresolar.org](mailto:feza@wecaresolar.org) no later than March 17th. We will be reviewing your materials and will be in contact with you shortly.*