

**PRESIDENTIAL PLAN FOR THE RECONSTRUCTION AND DEVELOPMENT OF THE NORTH-WEST AND SOUTH-WEST REGIONS**

**Identification sheet 7 - Reconstruction of health facilities**

I. General Information		4 X 4 Photo
<b>Name of the administration or Organization</b>		
<b>Name of applicant</b>		
<b>Post of responsibility/Position</b>		
<b>Project location</b>	Region:	
	Division:	
	Sub division	
	Village/Quarter	
II. Presentation of infrastructure		
<b>Nature of infrastructure</b>	1. <input type="checkbox"/> Public 2. <input type="checkbox"/> Private	
<b>Type of infrastructure</b>	1. <input type="checkbox"/> Clinic 2. Health Centre / Hospital 3. <input type="checkbox"/> Others If others, please give more precision: .....	
<b>Type of damage</b>	1. <input type="checkbox"/> Damaged roof 2. <input type="checkbox"/> Damaged walls 3. <input type="checkbox"/> Complete damaged structure 4. <input type="checkbox"/> Others If others, please give more precision: .....	
<b>Has any preliminary works been carried out?</b>	1. Yes <input type="checkbox"/> 2. <input type="checkbox"/> No If Yes, please give more precision: .....	
III. Complementary Information		
<b>Estimated population served by the facility</b>	1. <input type="checkbox"/> Greater than 250 2. <input type="checkbox"/> Greater than 500 3. <input type="checkbox"/> Greater than 1000 4. <input type="checkbox"/> Greater than 2000	
	5. <input type="checkbox"/> Others	
	If others, please specify: .....	
IV. Endorsement		
Title	<b>Name</b>	<b>Signature</b>
DDSANTE		
Done in		On the
By (Name & Signature)		

### **Eligibility criteria**

- Be a proprietor or health facility representative/regional delegate of MINSANTE
- The health facility must have been existing before the crisis
- The health facility was operational before the crisis and met the criteria set by the supervisory administration
- The health facility was burnt down /destroyed/looted during the crisis
- The rehabilitation should not be included in the 2020 public investment budget

### **Composition of the file**

#### **For private health facilities**

- An identification sheet containing information about the health facility and the promoter/representative. Subject to rejection, the identification sheet must be signed by the applying body and endorsed by the divisional delegate of Public Health
- A license/authorization from the competent health authorities to show you are qualified to run the facility
- Proof of state documents to show ownership of the health facility
- Photocopy of the national identity card of the representative of the health facility
- 2 (two) 4 x 4 size photographs of the applicant (for the individuals)
- Pictures of health facility before and after the damages incurred during the crisis
- Any other document to show will be of added advantage

**Public health facilities are exempt from this procedure.**

**Where and how to submit files:** SDO's office where the health center is located by the applicants

**P.S: If erroneous, falsified or unsubstantiated information is discovered during the data cross-checking phase, the culprits will not receive this support.**