**APPLICATION FORM**

**SIHI LAC NOMINATION CALL 2021**

Thank you for sharing your solution with us! We are excited to learn more about your innovative work.

Please complete the form below and send the completed form to lachub@socialinnovationinhealth.org

 **IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US:**

lachub@socialinnovationinhealth.org

***Unfortunately, we will only be accepting applications in English and Spanish.***

**PART 1**

Please complete the information in the tables below. This will provide us with a basic overview of you, the founder, your project and the organisation that is implementing this solution.

**SECTION 1. DETAILS OF PERSON SUBMITTING THE SOLUTION**

|  |  |  |
| --- | --- | --- |
| 1 | Last name  |  |
| 2 | First name  |  |
| 3 | Title (Mr, Mrs, Ms, Dr, Prof) |  |
| 4 | Organisation of employment |  |
| 5 | Job Title |  |
| 6 | Contact telephone number |  |
| 7 | Email address |  |
| 8 | How did you hear about the call for solutions?  | Please select which way:  -Email received -SIHI website -Another website -Newsletter -Poster -Radio -Event -Newspaper -Other |
| 9 | If you heard another way, please specify |  |

**SECTION 2. DETAILS OF FOUNDER *(the person responsible for creating the solution)***

Please complete the information in the table providing information about the founder of the solution

|  |  |  |
| --- | --- | --- |
| 10 | Last name  |  |
| 11 | First name  |  |
| 12 | Title (Mr, Mrs, Ms, Dr, Prof) |  |
| 13 | Nationality |  |
| 14 | Country of residence |  |
| 15 | Gender  |  -Female -Male -Prefer not to say |
| 16 | Current involvement in the solution delivery  |  -Actively involved -Advisor -Not Involved |
| 17 | Please indicate the age of the founder |  |
| 18 | Professional background of the founder: please submit a brief description below of the educational and professional background (*150 words max*). |

**SECTION 3. DETAILS OF THE SOLUTION**

|  |  |  |
| --- | --- | --- |
| 19 | Name of the solution |  |
| 20 | Countries where the solution is implemented (list all) |  |
| 21 | For how many years and months have the solution been in existence?[The solution must be more than 6-months in existence by June 2021] |  |
| 22 | Is this an advanced medical device or a scientific solution (drug or vaccine)? |  -Yes -No |
| 23 | Is this a new solution or has the solution been adapted from an existing solution to address needs during Covid-19?  |  |

**SECTION 4. DETAILS OF THE ORGANISATION**

|  |  |  |
| --- | --- | --- |
| 24 | Name of the organisation (within which your solution is based) |  |
| 25 | Founding year of the organisation |  |
| 26 | Main country of operation |  |
| 27 | What is your organisational structure? Select from list below:  | Select from list below:- - Government agency - Hospital - University - Company - Non-governmental - Social enterprise  - Charity - Voluntary organisation - Other; specify |
| 39 | What is your project / organisation website?  |  |

**PART 2**

**SECTION 5. THE SOLUTION**

Please provide us with a written description for each question. The text in green is to guide you as to how best to answer the question. Please pay attention to the word limit for each question.

|  |  |
| --- | --- |
| 40 | What problem in healthcare are you addressing  |
|  | *In your answer, please address the following:* * *What is the specific health challenge you are addressing? For whom is this a problem?*
* *How did you identify this as being a problem (in the context of the Covid-19 pandemic)?*
* *What is the scope of this challenge within the community or context that you are working with? (please substantiate with country data if available)*
* *What social and/or cultural factors influence this problem?*
* *How would addressing this problem make a difference to the health of people?*
 |
|  | *ANSWER: 200 words max* |

|  |  |
| --- | --- |
| 41 | Describe your solution, how it was created and how it is being implemented? |
|  | *In your answer, please address the following:** *What is the goal of your solution?*
* *Was this a new solution or a solution that you have adapted during Covid-19?*
* *Who are the beneficiaries of your solution (direct and indirect)?*
* *Please describe the various components of your solution*
* *How long has your solution been implemented for and what is the scope (beneficiaries reached, geographic distribution)?*
 |
|  | *ANSWER: 500 words max* |

|  |  |
| --- | --- |
| 42 | How do you think your solution is creative, innovative or different in your context? |
|  | *In your answer, you may find it useful to consider the following:** *How is this solution different from other solutions that have addressed this challenge before?*
* *In your opinion, what are its innovative elements?*
* *What is the potential of this solution to transform the health system?*
 |
|  | *ANSWER: 300 words max* |

|  |  |
| --- | --- |
| 43 | How have other stakeholders been involved in your solution? |
|  | *In your answer, you may find it useful to consider the following:** *How has the community been involved in the creation, implementation, monitoring and*/*or sustaining of your solution?*
* *How have other stakeholders from different sectors been involved in your solution?*
* *How has government been involved and which sectors within government?*
 |
|  | *ANSWER:500 words max* |

|  |  |
| --- | --- |
| 44 | Describe the positive health and social impact that your solution has had on improving healthcare (please provide any measurable data or evaluation studies if available) |
|  | *In your answer, you may find it useful to consider the following:** *How do you know that your solution is working and making an impact?*
* *How many people have benefitted from your solution until now?*
* *How has the health of the people you serve improved, because of your solution?*
* *What other positive changes have been achieved because of your solution (e.g. greater social inclusion, stronger relationships, enhanced community empowerment and action…)*
* *Please provide us with 1-2 individual stories about people who have been impacted by this solution or provide us with some data that you have collected*
* *If you have done any formal evaluations or studies, please provide us with a link to the published reports or papers.*
 |
|  | *ANSWER:500 words max* |

|  |  |
| --- | --- |
| 45 | Describe the affordability of your solution |
|  | *In your answer, you may find it useful to consider the following:** *What is the annual cost of providing this solution? What is the cost per person?*
* *What other resources are required to implement this solution (staff, technical skills, etc)?*
* *How does the cost of your solution compare to an existing alternative in your country?*
* *If there isn’t an existing alternative, how affordable is your solution compared to a standardised income metric (for example the minimum daily wage for the community in question)?*
 |
|  | *ANSWER: 500 words max* |

|  |  |
| --- | --- |
| 46 | Describe how are you able to sustain your solution? |
|  | *In your answer, you may find it useful to consider the following:** *Is your solution dependent on grants, donations or do you have a revenue stream? (Please disclose who your main funders are)*
* *If you have a revenue stream, please describe your business model*
* *How has your solution been embedded into the community or adopted in other settings?*
* *What socio-cultural and/or environmental factors might help the solution to persist in time?*
 |
|  | *ANSWER: 500 words max* |

|  |  |
| --- | --- |
| 47 | What aspects of your solution could be scaled or replicated to other areas in the country or to other countries? |
|  | *In your answer, you may find it useful to consider the following:** *Has your solution been implemented in more than one setting? If yes, please expand.*
* *What aspects of your solution can be or have been scaled?*
* *To scale your solution, what would you need (e.g., resources, partnerships, policy)?*
* *In which areas or countries could your solution be replicated –what factors need to be present in order for this to happen?*
 |
|  | *ANSWER: 500 words max* |

**PART 3:**

**LETTER OF RECOMMENDATION**

Please submit a letter of recommendation from a person or organization who is not directly involved in the solution (e.g., a partner, a supporter).

**PART 4**:

**OPTIONAL**

Due to Covid-19 restrictions, it is not as easy as before for our team to come visit your project. It would help the selection panel if they could see and experience your project in a visual way.

Submit a short video (no longer than 3 minutes) that captures:

* Why are you passionate about this project?
* How is the project working? (feel free to show clips of the project in action)
* How this is making a difference to the lives of people (you can include a beneficiary)

Submit 10 photos which illustrate the solution in action (photos can include – the setting where you work, the team, different aspects of the solution)

**THANK YOU FOR SUBMITTING YOUR SOLUTION!**