



NSSF Grants

Call for Application

Guidelines

Call for Application	CFA_2022_01_Interventions to strengthen the healthcare system
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1.0 Background: The Nigerian Healthcare Situation

Globally, the health goal is to “ensure healthy lives and promote well-being for all at all ages” - Sustainable Development Goal number 3 (SDG3). As a signatory to the United Nations Global Goals, Nigeria is expected to meet the SDG3 mandate - a health system that is available to and accessible by all persons in Nigeria when needed.

Nigeria’s health system is broadly divided into three levels of care - Primary, Secondary, and Tertiary - based on the degree of specialisation in healthcare required. In Nigeria, the Primary Healthcare (PHC) level of care makes up 85% of all healthcare facilities. It is usually the first point of contact for 80% of the population and is designed to provide essential services and medicines in a community setting. As such, achieving SDG3 in Nigeria is dependent on the success of the PHC level of care.

Nigeria’s healthcare sector remains poorly developed and access to quality healthcare services remains an issue for most citizens. Although enabling policies exist, there is a gap in operationalizing these policies as a result of weak Governance practices (in the absence of well-functioning health information systems to generate relevant data to aid decision making) and low levels of government spending within the sector (consistently lower than the 15% of the total national budget and less than the commitment made at the Abuja Declaration of 2001). The knock-on effect of these operational gaps is a healthcare system that is strained across many fronts with key health indicators lagging behind global standards and sub-Saharan averages. For instance, Health Care Worker (HCW) density is inadequate - the number of hospital beds to patients is low at 0.9 beds to 1000 patients compared to the global standard of 3 beds to 1000 patients. Similarly, the ratio of physicians to patients (0.4:1000) and nurses to patients (1.5:1000) is currently lower than the WHO recommended standards.

Healthcare in Nigeria has been financed through four major sources: government appropriation, out of pocket payments, health insurance schemes (HMOs, NHIS etc.), and donor funding. Government and health insurance schemes account for less than 20% of healthcare funding while out of pocket payments is c.71%. This financing mix leaves many Nigerians without access to healthcare services due to the low health insurance coverage, the exclusion of most rural communities by commercial HMOs and the low average income levels of the Nigerian population. Currently, only 3% of Nigerians have health insurance and men make up 56% while women account for about 43% of those covered. With this situation, most Nigerians are forced to pay out of pocket further driving households into poverty. This automatically precludes some households and vulnerable populations from accessing healthcare services as needed.

Furthermore, a large proportion of healthcare infrastructure and facilities in the country are obsolete and inadequately equipped. The situation is even more severe with Primary Health Care (PHC) facilities where only 20% of the 30,000 (average c.38 PHC centres per local government area) PHC facilities in the country are fully functional; only 43% of PHCs are connected to the National Grid, of which 57% get less than 5 hours of Grid supply every day, implying that the HCWs manning these facilities are working in terrible conditions.

The Covid-19 outbreak further exacerbated all these challenges by exposing the low level of emergency preparedness in the Healthcare system. HCWs lacked the requisite skills, numbers and training to handle disease outbreaks. Furthermore, HCWs lacked the requisite personal protective equipment (PPE) required by frontline workers in the face of the pandemic. The already strained health care infrastructure was stretched beyond limits, the lack of essential medicines and vaccines was evident across all levels of care and the non-utilisation of available facilities was also revealed. The effects of the pandemic have been far-reaching - on the healthcare system - and affecting the livelihoods and living standards of millions of people in our country.

These challenges point to an urgent need to strengthen the Health Care system particularly the Primary Healthcare level – the source of healthcare services for the majority of Nigerians - to make it more responsive and resilient.

1.1 Problem Statement

Primary Health Care (PHC) in Nigeria was developed to provide universal access to care for all with a community focus. PHC facilities are usually the first point of contact for healthcare services. With the attendant loss of livelihoods, achieving the desired healthcare system in Nigeria will depend on the availability of functional (responsive, resilient, provide access to affordable, equitable and quality care and positively impact key health indicators) PHC facilities. The impact of non-functional PHC facilities is far-reaching and the lack of access to quality healthcare services is a major cause of low life expectancy with infant and maternal mortality rates at least 500% higher than the global average.

PHC facilities in Nigeria are not “functional” due to macro factors such as poverty, unemployment, security and literacy; and healthcare industry challenges related to governance, lack of qualified personnel, access to funding, and poor infrastructure. In recent times, even pre-pandemic, utilisation of PHCs has been very low (approximately 30%, based on a recent survey of LGAs in two geopolitical zones) and HCWs are more often than not required to fund PHC facility operations - light, water, etc - out of their own pockets.

The COVID-19 pandemic further exposed the inability of the PHC facilities to cope with emergencies within the following areas requiring immediate intervention:

- provision of essential medicines (Availability);
- provision of qualified professionals (Availability);
- provision of infrastructure particularly within the PHCs (Access); and
- change in the perception of the quality of care (Access)

1.2 About NSSF and The Grant

The Nigeria Solidarity Support Fund (NSSF) is a partnership between Global Citizen (GC) and the Nigeria Sovereign Investment Authority (NSIA). It was established following the advent of the Covid-19 pandemic and the need to support the government's efforts in the fight against the impact of the pandemic in Nigeria.

The NSSF is a multi-donor institutional mechanism for mobilising funds earmarked to support development in three core COVID-19 response areas:

- Priority Area One –The Most Vulnerable Populations: Provide safety nets for Nigeria's most vulnerable populations.
- Priority Area Two –Health Systems Resilience: Strengthen healthcare systems and expand rural and community focused universal health access
- Priority Area Three -Reskilling and Retooling of Nigerian youth: Re-skill and retool Nigerians for the Post COVID-19 Era

Grants will be provided as catalytic interventions based on the principle of additionality to organisations driving change and impact in NSSF's strategic priorities of supporting vulnerable populations, building health systems resilience, and reskilling the Nigerian youth for the post-COVID-19 era.

This “Call for Applications” is soliciting proposals aimed at strengthening the primary health care system with a focus on the areas highlighted for immediate intervention in section 1.1.

The available financing for NGOs and Not for Profit organisations applying under this Call for Applications is NGN100 million per project.

This grant cycle will target interventions to be completed between 0 to 18 months.

1.3 Scope of Intervention:

The NSSF Grant Scheme is targeted towards funding projects that focus on the following initiatives:

1. Provision and improvement of healthcare infrastructure (including refurbishment) to enhance emergency preparedness and pandemic prevention and control in PHCs in Nigeria.
2. Improving the availability of essential drugs and medical supplies in Primary Healthcare facilities that are underserved and underfunded.
3. Removing demand-side financing barriers for vulnerable populations from accessing healthcare services when needed. With special focus on women and children requiring maternal and childcare services covering antenatal care, immunisation and proper nutrition.
4. Providing training and capacity-building programmes for HCWs and professionals of PHCs for emergency preparedness.
5. Retention of HCWs in both rural and urban areas.
6. Driving community utilisation of existing PHCs

1.4 Eligibility Requirements:

To be eligible for this grant, organisations would be expected to meet the following criteria:

- Must be legally registered as a Not-for-Profit organisation
- Must have been in operation for a minimum of 2 years
- Must have a minimum of 2 years of audited financials
- Must have a minimum of 2 qualified, relevant specialists within its employ
- Geographical focus must be Nigeria
- Technical focus must be towards strengthening the healthcare system
- The proposed initiatives must be implemented within Nigeria
- The proposed initiatives must be impact-driven and measurable
- The proposed initiatives have never been blacklisted from execution in a similar grant scheme
- None of the principal members or authorised personnel have been blacklisted from participating in a similar grant scheme
- None of the principal members or authorised personnel have been convicted of any offences under Nigerian law

1.5 The Application Process

Application for this NSSF Grant is a three-stage process:

- **Stage 1:** Applicants will submit a high-level concept note that includes general organisation details. The concept note is subsequently evaluated to ensure that all eligibility criteria are met by the applicants and that the proposed initiative will contribute to deepening our strategic priority areas. Successful applicants from the concept note stage will be invited for the second stage of the process.
- **Stage 2:** Applicants will submit a detailed proposal of their intervention following our proposal guidelines. All proposals must be submitted on or before the submission deadline. Submitted proposals will then be evaluated against the criteria outlined in the proposal guidelines. Successful proposals from the second stage will be progressed to the third stage of the process.

- **Stage 3:** NSSF will validate the proposal via due diligence checks. In this stage, applicants may be requested to provide additional information to corroborate earlier submissions.

Successful applicants will be invited for the grant award.

Kindly follow the link below to apply: www.nssf.ng/nssf-grant-application

1.6 Evaluation Criteria

For stage 1, all applications will be evaluated against the eligibility criteria.

During stage 2, all applications will be evaluated using the following criteria

Section	Weighting (%)
Technical approach	35
Principle of additionality	15
Capacity to implement	10
Impact (on priority area)	10
Feasibility of intervention	10
Sustainability / Continuity	10
Value for money	10
Total	100

1.7 Submission Dates:

All applications should be submitted in accordance with the timelines stated below or as communicated.

Activity	Due Date
Stage 1: Application submission	23:59 GMT+1 May 24, 2022
Notification of successful applicants	23:59 GMT +1 Jun 7, 2022

Submissions outside of these timelines will not be considered and become automatically disqualified.

Only successful applicants, at each stage, will be contacted.