**GUIDELINES TO QUALIFY FOR ADOPTION PHC GRANT BY NINA MEMBERS**

* Must be an active member
* Must be up to date with their membership dues/helping hands
* Must be up to date with other levies
* Must attend 50 percent of the annual meeting
* Must belong to a committee and an active member within the committee
* Committee chair will identify the member as active member of the committee he/she belongs
* New Members will qualify for PHC adoption after a minimum of one year membership, with active status

**CRITERIA FOR PHC ADOPTION**

* The primary Health Care (PHC) must be an existing part of the local government PHC/government run
* The PHC must have staff allocated to it by the government
* Have commitment from the community (MOU) – LG council chairman, the king, community development committee, the PHC Medical Officer of Health (MOH) and the Officer in charge (OIC) of the PHC
* Commitment from members adopting the PHC (vested interest at least 6months to 1 year documentation of work with the community/PHC)
* Complete NINA adopt PHC initiative application/submit
* Submit presentation about the community and the PHC (feasibility study of the PHC must be done)
* Commitment from the representatives who would lead the projects. One or more of the leads would need to physically visit and work with the local team for at least a week per year for the grant cycle
* Must have community engagement (i.e. community volunteers, fundraising in the community
* Active members that did not participate in fundraising event will be disqualify for PHC grant
* Grant will be allocated in three installments: First installment will be $4000 (dollars), second installment will be $3000(dollars) and third will be $3000 (dollars)
* Feasibility study less than $10,000 will receive the amount of the project cost
* Feasibility study more than $10,000, member needs to present how he/she will raise the funds to complete the project for the grant allocation

**CRITERIA TO PICK A STATE FOR PHC GRANT**

* Recommended the NINA members are in four Zones (Geopolitical zones; Southeast, South West, South South and North West)
* Every NINA member can apply for PHC
* Member have two years to complete the PHC project
* If member fails to complete his/her project must give the grant back to the organization
* Recommend to spend $10,000 per PHC adoption

**Note Geopolitical zones described as:**

**North West:** Jigawa, Kaduna, Kano, Katsina, Kebbi, and Zamfara

**South East:** Abia, Anambra, Ebonyi, Enugu and Imo

**South South:** Akwa Ibom, Bayelsa, Delta, Cross River, Edo, Rivers

**South West:** Ekiti, Lagos, Ogun, Ondo, Osun, Oyo

**North Central:** Benue, Kogi, Kwara, Nasarawa, Niger, Plateau

**North East:** Adamawa, Bauchi, Taraba, Yobe

**Adopt a Primary Health Center Initiative Proposal**

1. Project Title: NINA Proposal Adoption of (Name of PHC, LGA, State)
2. Proposal summary (Executive Summary-max of one page)
3. About Local Government/Primary Health center History (max of two pages)
4. Background /Needs assessment (max of two pages)
5. Project Description (program Narrative – max of five pages)
6. A. Project Timeline /Budget Timeline

B. Create a table to describe the Timeline & Budget

 7. Application should be email: NINAPHC2023@Gmail.com

**Grant Disbursement**

Ten thousand dollars will be made available to successful applicants and funds will be disburse in three installments.

Phase One: $4000 will be disbursed after the team has successfully worked with the PHC for six months, and achieved the following:

* Documented engagement with the community
* Approval from appropriate authorities (Community, local, and State government)
* Needs Assessment Report and cost implication
* Approval of Proposal from NINA
* Successful application

Phase two: $3000 will be disbursed after the team had completed the project on phase one is done

Phase three: $3000 will be disbursed after the team has completed the project in phase two.

**Submission Deadline:** Application is open to apply on June 1st 2024 thru August 31 2024.

Successful applicants will be notified on or before November 30 2024

**For questions regarding the application content please contact NINA PHC Committee at** **NINAPHC2023@gmail.com**

 **Application to Adopt a Primary Health Center**

NINA call for Applications to Adopt a Primary Health Center in rural areas in Nigeria

 (2024 – 2025 cycle)

In 2024, NINA will accept project applications aimed at adopting four primary health centers in Nigeria. The maximum amount of the grant is US$10,000 for each PHC for a total of US$40,000. The application is open via email on June 1st 2024 and deadline is August 31st 2024

**Introduction**

The aim of the adoption of the PHC is for improvement of the health and well-being of the Nigerians at home and abroad, NINA recognizes the importance of primary health care in ensuring quality comprehensive care, ranging from health promotion and disease prevention, to treatment, rehabilitation, and palliative care at the basic healthcare level.

 NINA members will volunteer their time and expertise to help their communities by conducting frequent education to empower the staffs of the PHC/health mission to the community, Local Government, and State Government.

* Complete NINA Adopt-A-PHC initiative Application.
* Submit a presentation about the community and the PHC (max. one page).
* Commitment from NINA members adopting the PHC (invested interest – six months documentation of work in the community/PHC). One or more of leads would need to physically visit and work with the local team for at least a week per year.

**Adopt a Primary Health Center Initiative Proposal**

1. Project Title: NINA Proposed Adoption of Name of PHC

 **Applicant Information**

1. Proposal Summary (Executive Summary -Max of half a page)

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The proposal summary should be a maximum of one page and should include tie amount of the funding requested and give the most general description of the use that will be made of the funds.

1. **About Local Government/Primary Health Center History** (max. of one page)

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 The Local Government/Primary Health Center description and history section should be about one page in length and should include the history of the local government/PHC, its structure, available resources, information about office locations that will be involved in carrying out the activities that will be funded by the requested grant, major contributions of the local government toward the PHC, information about prior grants received from various sources, and an explanation of how the description you provide makes your PHC an appropriate grantee

1. **Background/Needs Assessment** (max. of one page)

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The background section, a maximum of one page in length, should provide an explanation of the problem that has created the need for the PHC to be funded by the requested grant. It should provide evidence that the problem exists as well as how the proposed project will contribute to a solution to the problem or will reduce the harmful impact of the problem. It is important to explain why your PHC should be funded over others.

1. **Project Description** (Program Narrative – max. one or two pages)

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The project description should give detailed description of the aspect of the PHC that will be funded by the requested grant. The description should explain the duration of time during which the funds will support the project, the goals of the project, how they will be achieved, how success or failure will be measured, what services you promise to deliver to what population and what result you expect to bring about. The project description should also include information about the staff who will work on the project, their experience, and qualifications to perform the activities that will be funded. Provide how you plan to sustain the project with funds from other sources. Also provide detailed explanation of the four initiative areas: (1) Improvement of environment of care. (2) Capacity building of health care Providers. (3) Data management and record keeping. (4) Engagement of partners (community engagement).

6a. **Project Timeline /Budget Timeline**

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Using your project description, provide a timeline that shows the chronological order in which the activities listed under each goal heading will be undertaken and/or completed. Also include information about how/when funds that are awarded will be spent to support each activity.

**6b. File Upload of project Timeline/Budget Timeline (**Pictures, Videos)

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Provide a three phases of project expenditures that will be funded by the requested grant, how much funding will be required for each phase.

**Grant Disbursement:**

Ten thousand dollars will be made available to a successful applicant and the funds will be disbursed in three installments:

Phase One: $4,000 will be disbursed after the team has successfully worked with the PHC and achieved the following:

* Documented engagement with the community.
* Approval from appropriate authorities (community, LGA and state government)
* Needs Assessment report and cost implication
* Approval of proposal by NINA.
* Successful application.

Phase Two: $3,000 will be disbursed when the team provide evidence of the work done in the progress of the project (videos or pictures)

Phase Three: $3,000 will be disbursed at the completion of the total project.

**SUBMISSION DEADLINE:**

Submit application by **August 31st 2024.**

Successful applicants will be notified on or before November 30th 2024. Please include your state of origin and Geographical Zone

For questions regarding the application content please contact NINA PHC committee at

NINAPHC 2023 @ gmail.com