

A Framework for Malaria Procurement and Supply Chain Management in Nigeria

**National Malaria Control Programme
May 2011**



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FOREWORD

The mission of the National Malaria Control Programme is to actualize the right of every Nigerian to access highly effective malaria preventive services and curative care delivered as close to the households as possible. The role of the Procurement and Supply Chain management component of the national response is critical towards linking the strategy of the national response for malaria control to implementation, through the sustained supply and monitoring of malaria medicines and health commodities.

There is urgent need to strengthen processes that would result in an uninterrupted supply of antimalarials, in the implementation of national policies and guidelines on treatment, prevention, and diagnosis of malaria. Various challenges however pervade the implementation of malaria procurement and supply management, among which is the need for system and infrastructure growth, coupled with the management of the diversity and magnitude of stakeholders, and contextual factors affecting and affected by PSM outcomes. The definition and clarification of existing national policies, and fundamental arrangements that affect malaria PSM need to be brought to the fore in order to ensure appropriateness, effectiveness and efficiency in handling increasing interfaces within the national programme, and with line ministries, civil society and the private sector.

The PSM branch of the National Malaria Control programme and RBM partners have developed a framework; its objectives include the categorization of general guidelines for PSM (Malaria) implementation in Nigeria and the promotion of the involvement of all relevant sectors and partners in the PSM thematic area of the national response to malaria control. These objectives will be actualized to strengthen the NMCP/PSM Branch's planning, oversight and monitoring capabilities, and enhance teamwork and joint programming for malaria PSM efforts by various stakeholders, towards the realization of the current National Malaria Strategic Plan (NMSP 2009-2013). It is also expected that the PSM Framework will support transparency, accountability, and prudent use of resources.

Opportunities abound for strengthening the National malaria Procurement and Supply Chain Management system, starting with the

political will of the Government. This is demonstrated in the existent national Policies and procurement guidelines, and the creation of an enabling environment for malaria programming.

We anticipate that the PSM malaria framework document will be an outstanding addition to the existing documents that facilitate the work of RBM stakeholders in Nigeria, whose massive support and committed involvement is paramount to actualizing the goal and objectives, and vision of the National Malaria Control Programme, for a malaria free Nigeria.



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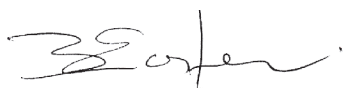
The Framework for the Procurement and Supply Chain Management component of the national response to malaria control in Nigeria is the output of a series of workshops, meetings, and consultancies held between May 2009 and February 2011. The unswerving belief in the rationale for this document sustained the increasingly participatory process, through workshops, peer reviews, and expert contributions to produce a manual whose aim is to clarify and promote the engagement of, as well as enhance the implementation of malaria procurement and supply management by multiple stakeholders.

It is important to note that this Framework for PSM (Malaria) fits into the National Strategic Plan for the Control of Malaria in Nigeria (2009-2013), and the Framework for the Coordination of Malaria Control in Nigeria. It reflects the mission of the National Malaria Control programme, that every Nigerian has the right to access highly effective malaria preventive services and curative care delivered as close to the households as possible.

The commendable efforts and work of the Head of Branch, and other staff of the PSM Branch of the NMCP, the Technical Assistant on Coordination to the National Coordinator, NMCP (through DFID-SuNMaP), and the contributions of the Heads and other staff of the Programme Management, Case Management, M and E, IVM and ACSM branches of the NMCP are acknowledged.

This document is an evidence of the support of the Nigeria RBM partners and other stakeholders, whose efforts and finances have made it a reality. I wish to thank the RBM Partners: The Federal Ministry of Health, and DFID/SuNMaP, and the World Bank (who at different times funded the technical meetings and consultancies) as well as WHO, UNICEF, USAID, YGC, SFH, and other stakeholders.

It is my hope and desire that this document will achieve rapid and sustained operationalization, to harness its potentials for the improvement of the implementation of malaria procurement and supply Chain management in Nigeria.



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ACRONYMS AND ABBREVIATIONS

3 PL	3 rd Party Logistics
AA	Artesunate Amodiaquine
ACOMIN	Association of Civil Organization on Malaria, Immunization & Nutrition
ACPN	Association of Community Pharmacists in Nigeria
ACSM	Advocacy Communication & Social Mobilization
ACT	Artemisinin Combination Therapy
AL	Artemether-Lumfantrine
ARFH	Association for Reproductive and family Health
ATM	AIDS, Tuberculosis, and Malaria
ATM-TWG	AIDS, Tuberculosis & Malaria Technical Working Group
CBO	Community Based Organization
CM	Case Management
CMS	Central Medical Stores
CORPs	Community Resource Persons
CSO	Civil Society of Nigeria
DFDS	Department of Foods and Drugs Services
DFID	UK, Department of International Development
FCMC	Federal Central Medical Stores
FHI	Family Health International
FMOH	Federal Ministry of Health
FMS	Federal Medical Stores
GDP	Good Distribution Practices
GF	Global Fund
GFATM	Global Fund to fight AIDS, Tuberculosis, and Malaria
GMP	Good Manufacturing Practices
GoN	Government of Nigeria
HIV/AIDS	Human Immuno deficiency Virus/Acquired Immune Deficiency Syndrome
IHVN	Institute of Human Virology of Nigeria
IRS	Indoor Residual Spray
ITN	Insecticide Treated Nets
IVM	Integrated Vector Management
JSI	John Snow, Incorporated

LGA	Local Government Area
LLIN	Long Lasting Insecticidal Nets
LMIS	Logistics management Information System
M&E	Monitoring & Evaluation
MDG	Millennium Development Goals
MOU	Memorandum of Understanding
NAFDAC	National Food & Drugs Administration & Control
NASCP	National AIDS and STI Control Programme
NDP	National Drug Policy
NGO	Non-Governmental Organization
NIRO-PHARM	Association of Nigerian Representatives of Overseas Pharmaceutical Manufacturers
NMCP	National Malaria Control Programme
NMSP	National Malaria Strategic Plan
NPHCDA	National Primary Health Care Development Agency
OJT	On the Job Training
PCN	Pharmacists Council of Nigeria
PMG-MAN	Pharmaceutical Manufacturing Group of manufacturers' Association of Nigeria
PMV	Patent Medicine Vendors
PPFN	Planned Parenthood Federation of Nigeria
PPMVs	Proprietary Patent Medicine Vendors
PSM	Procurement and Supply Chain Management
PSM-SC	Procurement and Supply Chain management Sub-Committee
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
SCMS	Supply Chain Management System
SDP	Service Delivery Point
SFH	Society for Family Health
SMOH	State Ministry of Health
SOP	Standard Operating Procedures
SP	Sulphadoxine Pyrimethamine
STGs	Standard Treatment Guidelines
SUFI	Scaling Up for Impact
SuNMaP	Support for National Malaria Control Programme
TA	Technical Assistance

TBL	Tuberculosis and Leprosy
TOR	Terms of Reference
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nation Children Fund
USAID	United States Agency for International Development
VPP	Voluntary Pooled Procurement
WB	World Bank
WHO	World Health Organization
YGC	Yakubu Gowon Centre

EXecutive Summary

The Procurement and Supply Chain Management (PSM Branch) of the National Malaria Control programme (NMCP) was established in NMCP in September 2007, with the responsibility of ensuring the optimization of the logistics system for antimalarials. These activities, supported by national and international policies, and principles and practices on procurement and supply management, are aimed at meeting the vision of the NMCP for a malaria-free Nigeria. It reflects the mission of the National Malaria Control programme, that every Nigerian has the right to access highly effective malaria preventive services and curative care delivered as close to the households as possible.

There has been a steady increase in the scope of PSM Malaria implementation-targets, partnerships, resources, activities, achievements, as well as challenges. The need for a systematic framework to address issues concerning implementation guidelines and design, as well as the relationships within the PSM branch, that of the PSM branch and other branches of the NMCP, including other stakeholders at various levels-National, State, LGAs, communities, private sector, as well as with partners is of vital importance. These considerations underscore the thrust of this framework document. The goal is: To guide the procedures of the National Malaria Control Programme towards attaining effectiveness and efficiency of Procurement and Supply Chain Management of malaria medicines and health commodities in Nigeria.

The PSM Framework consists of seven chapters, which sequentially introduce the PSM Framework, guiding principles for its development, the basic concepts of pharmaceutical management in relation to products selection, procurement, distribution, use, as well as management support within a national policy framework. The PSM framework also describes the situation of the policy environment, infrastructure, logistics system, and institutional arrangements in Nigeria, within which the framework will be operating. The strategies, logistics system design, roles and responsibilities, and organizational development proposed for the implementation of malaria PSM in Nigeria are outlined. Partnerships and Coordination for malaria PSM, (comprising

a wide array of stakeholders that includes government, at all levels, the private sector, the civil society, the communities, and partners of diverse descriptions and involvement) are described also, focusing especially on the arrangements for the malaria PSM sub-committee.

The prose part of the PSM Framework document (in Chapters One to Five) concludes with a Review Form in Chapter Six, the need for which has been projected as critical over its life course.

In Chapter Seven, a Logical Framework (comprising ten sub-thematic areas) is presented. The principle for the Logical Framework is to reflect basic directions to inform the thrust of Nigeria malaria PSM implementation, within the national malaria control strategic plan and by extension, the national health development plan.

It is anticipated that the PSM Framework will receive wide dissemination, and use, and actualize its potential for stabilizing PSM implementation agreements, as agreed upon by the generality of the membership of the RBM partnership, for the enhancement of the national response to the malaria burden in Nigeria.

CHAPTER ONE:

INTRODUCTION TO THE PSM (MALARIA) FRAMEWORK

1.1 Background: 1.1.1 Vision, Mission and Goal of the National Malaria Control Programme

Figure 1: Vision, Mission, and Goals of the National Malaria Control Programme

Vision: A malaria free Nigeria

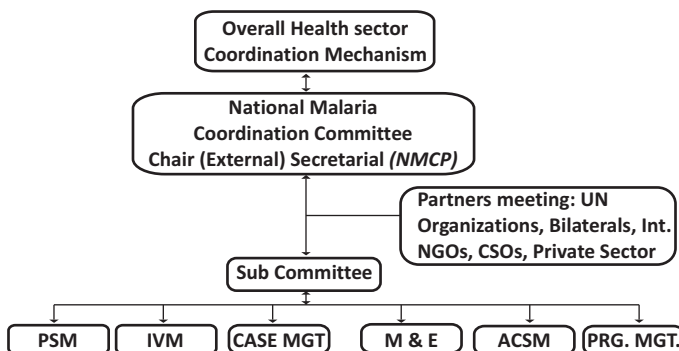
Mission: The government and the entire people of Nigeria believe that: every Nigerian has the right to access highly effective malaria preventive services and curative care delivered as close to the households as possible.

Goal: To halve the burden of malaria by the year 2010 and thus ensure that the disease no longer constitutes a public health problem

For details of the NMSP (2009-2013) Goals, Objectives, and Targets: (Reference Document: FMOH /NMCP: Nigeria Strategic Plan 2009-2013: A Road Map for Malaria Control in Nigeria)

1.1.2 The National Malaria Control Programme (Structure and Coordination)

Figure 2: The National Malaria Control Programme: Structure and Coordination



1.1.1 The PSM Branch of the National Malaria Control Programme

The PSM Branch was established in the National Malaria Control programme in September 2007. It is manned by pharmacists, logisticians, and other relevant support staff. The branch is responsible to the Head of Division: the National Coordinator of NMCP. The PSM branch offers cross cutting services, as it works hand in hand with the Case Management, Integrated Vector Management (IVM), and Advocacy Community Social Mobilization (ACSM), Monitoring and Evaluation (M&E), and Programme Management (PM) branches, to achieve the overall objectives of the Malaria division.

The PSM Branch has the responsibility of ensuring the optimization of the logistic system for antimalarials in collaboration with relevant agencies. Its operation is supported by national and international policies, principles, and practices on procurement and supply Chain management. The PSM Branch aims to support the National Malaria Control Programme in procuring quality-assured medicines and other health products in sufficient quantities, reduce cost inefficiencies, to ensure the reliability and security of the distribution system. It also aims to ensure the rational use of antimalarial medicines when they eventually get to the users-whether as providers or patients. All these aims are encapsulated below as follows:

GETTING the RIGHT QUANTITIES of the RIGHT GOODS to the RIGHT PLACES,
at the RIGHT TIME in the RIGHT CONDITION, and at the RIGHT COST.

1.2 Introduction to the PSM (Malaria) Framework

The first major attempt to define a framework for Nigeria Stakeholders of Procurement and Supply Chain Management for malaria took place at a workshop held in February 2007, in Abuja, Nigeria.

The key outcomes of the 2007 PSM (Malaria) workshop were:

- the identification of key stakeholders concerned with malaria PSM,

and definition of roles of the Roll Back Malaria (RBM) partners' in monitoring the malaria PSM

- development of a draft definition of specific roles for PRs, SRs, States, Local Government Areas (LGAs), health facilities, and communities in malaria medicines and commodities distribution
- identification of the distribution channels for malaria medicines and commodities
- considerations for private sector distribution
- assembly of policies related to the selection, procurement, distribution, and use of antimalarials at the Federal, State, and LGA levels
- review of a draft of a comprehensive MoU with particular reference to GFATM medicines and commodities, as well as the assembly and review of PSM tools for implementation and monitoring.

In recent times, there has been an explosion in PSM Malaria implementation-targets, partnerships, resources, activities, achievements, as well as challenges. These developments brought to the fore the need for a systematic framework to address issues concerning implementation guidelines and design, as well as the relationships within the PSM branch, that of the PSM branch with other branches of the NMCP, and with statutory agencies such as NAFDAC, and the Food and Drugs Department of the Federal Ministry of Health. The relationships with other stakeholders at various levels (National, State, LGAs, communities, private sector, and development partners) need to be clearly defined also.

These considerations gave impetus to the articulation of this framework document.

1.2.1 Rationale for the Procurement and Supply Chain Management (Malaria) Framework

- The expansion of inputs and processes for malaria programming depends largely on the PSM thematic area, necessitating clear directions in management of procedures, relations, and resources. The profile of PSM malaria has expanded significantly; hence the

pressing need to have a guiding framework for PSM goals, objectives, strategies and various activities, within the NMSP

- Despite the growing number and heavy involvement of PSM Malaria stakeholders, there has been limited teamwork and varied understanding of national policies, processes, and thrusts.
- The Procurement and Supply Chain Management functions affect, and are affected by a vast set of stakeholders, some of whom operate outside of the formal malaria programming efforts. The definition and clarification of existing national policies, and fundamental arrangements that affect malaria PSM need to be brought to the fore, to ensure appropriateness, effectiveness and efficiency in handling increasing interfaces with line ministries and agencies of government, and significant others, such as communities and the private sector.

1.2.2 Goal of the PSM (Malaria) Framework:

- To guide the procedures of the National Malaria Control Programme towards attaining effectiveness and efficiency of Procurement and Supply Chain Management of malaria medicines and health commodities in Nigeria.

1.2.3 Objectives of the PSM (Malaria) Framework

- To clarify the thrust and general guidelines for PSM (Malaria) in Nigeria by providing an overall framework to inform national malaria PSM development and implementation.
- To strengthen the NMCP/PSM Branch's planning, oversight and monitoring capabilities
- To promote the involvement of all relevant sectors (including private sector and communities) in the PSM thematic area of the national response to malaria control
- To support transparency, accountability and prudent use of resources
- To enhance team work and joint programming for malaria PSM efforts by various stakeholders, towards the realization of the National

Malaria Strategic Plan (NMSP)

1.3 Guiding Principles for the Nigeria PSM (Malaria) Framework

- To align the Framework with the National Malaria Strategic Plan and Malaria Coordination Framework, as well as with overall national health plans, policies, Acts, and strategy documents.
- To produce a Nigeria PSM (Malaria) framework, that meets global standards of best practices, but which primarily addresses Nigeria reality and needs, thus providing studied guidance and direction to interventions and operations that are feasible under the operating conditions.
- To address all themes, sub themes and sectors affected by the PSM of malaria medicines and commodities to produce a comprehensive document, while avoiding a “wish-list”.

1.4 The Development Process for the PSM (Malaria) Framework

One key deliverables of the Kaduna May 2009 meeting was a zero draft of the malaria PSM Framework; subsequently presented in July 2009 to stakeholders. A second workshop, which had state-level implementers as participants, along with other stakeholders, was held in Uyo in August 2010, to review the zero draft. Thereafter, various comments and submissions were collated and incorporated into the existing document to produce the First draft; this was further refined in yet another workshop, with wider stakeholder participation, in Kaduna in February 2011. The finalized PSM (Malaria) Framework document drew from the processing and consolidation of these outputs, with expert involvement.

1.5 Operationalizing the PSM (Malaria) Framework

The development of the PSM framework is a very important step; however, its operationalization is even more crucial.

- The PSM (Malaria) Framework is situated within the National Malaria Strategic Plan and the Coordination Framework; any fundamental changes to these documents will affect the

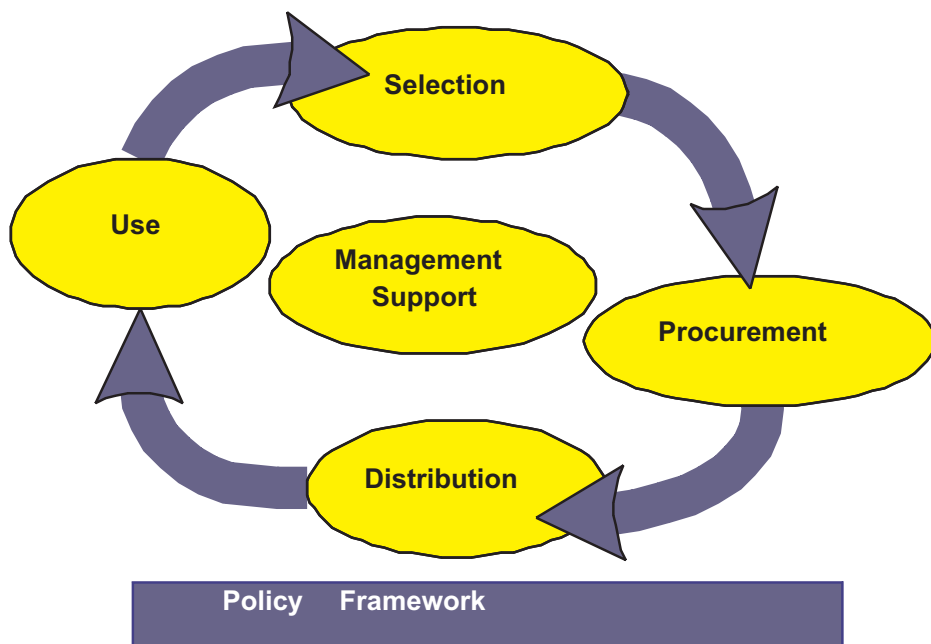
implementation of the PSM Framework- to a limited or substantial extent

- The PSM Framework will be effective when situated within medium term planning (2-5yrs); implementing many aspects of the Log Frame may require time to jumpstart (a year or more).
- The PSM Framework shall be packaged for the approval of National Council on Health
- The final approved version of the PSM Framework shall be placed on the NMCP Website
- Review of the PSM framework will be along the same timelines as that of the National Malaria Strategic Plan (NMSP). Review of the national malaria strategic plan and national diagnostic and treatment guidelines should also trigger a review of the implication of these reviews to the PSM framework document”
- Strong indications for review of the PSM (malaria) framework shall be channeled to the National Coordinator, NMCP on a regular basis (for statutory reviews) or for urgent review (as dictated by critical developments). To facilitate this, a review form (for harvesting suggestions, comments, updates etc.) has been developed for the PSM Framework document.

CHAPTER TWO: BASIC CONCEPTS OF PSM

2.1 The Pharmaceutical Management Cycle

Pharmaceutical management is the set of practices aimed at ensuring the timely availability and appropriate use of safe, effective, quality medicines and related products and services in any health-care setting. It involves many activities that must be carefully coordinated to ensure that the right medicines, in the right quantities, of right quality, in the right condition, at the right cost gets to the right patient at the right time through the right route of administration.



Pharmaceutical management activities involve five main components: **drug selection**, **procurement**, **distribution**, **use**, and **management support**. Each activity of the drug management cycle relies on the success

of the previous activity, and contributes to the effectiveness of the next activity. All pharmaceutical management activities derive from a policy framework, and are enabled with a management support system.

The Policy Framework and Management Support form the hub around which these activities operate, in order to facilitate their effectiveness and efficiency. In addition, the nature and outcome of these activities are subject to the influences of political, social, cultural, and economic contexts within which they operate.

2.2 Definition of Terms (Abridged)

- **Procurement and Supply Management:** Refers to all management activities required for getting sufficient health products of assured quality, procured at the lowest price and in accordance with national and international laws to the end user in a reliable and timely fashion
- **Health products:** Includes pharmaceutical products, diagnostic technologies and supplies, bed nets, insecticides, aerial sprays against mosquitoes, other products for prevention, laboratory equipment, and supportive products (e.g. microscopes and reagents).
- **Essential Drug (Medicines) List:** A defined list of drugs/medicines focused on satisfying the priority health care needs of the population. Criteria for selection include evidence of efficacy and safety, and comparative cost-effectiveness.
- **Generic name:** Approved non-proprietary name of a (pharmaceutical) products. In most cases, this is the International Non-proprietary Name (INN) as published by WHO.
- **National Regulatory Authority:** An independent government organization (or agency authorized by government) responsible for enforcing legislation to ensure that medicines and biological products marketed in the country are safe, effective, and complying with quality standards, and handled appropriately in the distribution chain.
- **Standard Operating Procedures (SOPs):** A series of guidelines and

procedures that are developed to define how tasks and activities are to be performed to ensure the safe, effective, efficient, and consistent operation of an organization or entity.

- **Standard Treatment Guidelines (STGs):** A series of disease-specific evidence based clinical treatment, drug management, and referral protocols whose primary purpose is to improve the quality and cost-effectiveness of medical care services through harmonized knowledge and practices.
- **Stock:** Used interchangeably with commodities, goods, products, supplies, and other terms to refer to all the items that flow through a logistics system.
- **Commodity Security:** Exists when every person is able to obtain, and use appropriate quality drugs and other health supplies whenever s/he needs them
- **Six rights of Logistics:** Ensuring that the right goods, in the right quantities, in the right condition, are delivered to the right place, at the right time, for the right price.
- **Quality Assurance:** This is the management of activities that are required in order to ensure that pharmaceutical products that the patients are taking are safe, effective and acceptable
- **Shelf life:** The length of time a product may be stored without negatively affecting its usability, safety, purity, or potency.
- **Inventory control:** Operate manual or automated inventory control system; provide directions for moving supplies to/from storage; provide information to management on receipts, issues, and stock balances; reconcile inventories to book or automated records; coordinate physical inventories.
- **Level:** The specific location in the health system hierarchy, central, region, district, or service delivery point
- **Service Delivery Point (SDP):** Any facility that provides services directly to clients and where clients (users) receive drugs and supplies. Service delivery points are frequently community-level facilities, clinics and hospitals, but may be also be pharmacies and other non-traditional locations.

- **Logistics:** The science of procuring, maintaining, and transporting supplies.
- **Logistics Management Information System (LMIS):** The coordinated recording, organizing, and reporting of logistics data (essential data items). The information gathered is used to improve product availability by improving the quality of management decisions about supplies.
- **Forecasting:** Management function that estimates the quantities of products required by an organizational entity to respond to needs during a specific period of time in the future.
- **Quantification:** Quantification involves the determination of the number of treatments expected to be needed during a defined period. It is usually undertaken at national level based on information from all geographical areas and all levels of the health-care system.
- **Procurement:** Acquiring the products (through purchase, donation, or other means) and scheduling the product shipments
- **Supply Chain:** Refers to the systems and organizations that are involved in all activities that move supplies from the source to the end users.
- **Pipeline:** The entire chain of storage facilities and transportation links through which supplies move from the manufacturer to the consumer, including the port facilities, central warehouse, regional warehouses, district warehouses, all service delivery points and transport vehicles.
- **Storage:** This is the safekeeping of medicines to avoid damage, expiry, and theft.
- **Distribution:** The transportation, interim storage, and delivery of supplies to the intended recipients
- **Pull System:** A distribution system in which personnel at the facility that will receive the supplies determines the quantities to order.
- **Push System:** A distribution system where the quantities to be shipped to a health institution are determined by a higher level
- **Dispensing:** The issuing of medicines to the patient by qualified personnel. The process includes checking the prescription for

correctness, transfer of the correct quantity of the correct medicine from the bulk container to a suitable dispensing container, and counseling of the patient on how to take the medicine, its effects and possible side effects.

- **Rational Use of Medicines:** This is when patients receive medication appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community.
- **Monitoring:** Checking on a regular basis to ensure that planned programme activities are carried out.
- **Supervision:** The process of ensuring that personnel have the knowledge and skills required to carry out their responsibilities effectively and to provide immediate on-the-job training and support, as needed.
- **Adverse Drug Reaction:** A response to a medicine which is noxious and unwanted, and which occurs at doses normally used in man for the prophylaxis, diagnosis or therapy of diseases or for the modification of physiological functions
- **Pharmacovigilance:** This is the detection, assessment, and prevention of adverse reactions to medicines, and includes monitoring and providing early warnings of adverse effects due to medicines.

1 This List is not meant to be a comprehensive list of definitions. These definitions are derived from various sources.

CHAPTER THREE: SITUATION ANALYSIS

3.1 Policy environment

Nigeria is a federation with three tiers of government: Federal, State, and Local. While the Federal government develops policies that are relevant across all three levels, responsibility for health service provision in the public sector reflects the three-tier structure. The Procurement and Supply Chain Management (PSM) system is critical in the provision of quality health care. To support the implementation of national PSM, a National Drug Policy (NDP) for Nigeria was adapted and launched in 1990. The document, was reviewed in 2005, against the background of inadequacies, unavailability of essential medicines and other health commodities.

In recognition of the importance of applying due processes in procurement, the Federal Government enacted the PROCUREMENT ACT in 2007; accompanied by a Procurement Manual; this manual “is to guide ALL public sector procurement carried out and will guide procurement staff within NMCP in the conduct of their activities. It explains in detail how to handle specific aspects of procurement in line with the PROCUREMENT ACT. The Federal Government also established a Bureau of Public Procurement, headed by a Director General. It is worth noting that the Public Procurement Act is the broad guiding document for procurement of all goods and services.

The NMCP developed the National Policy on Malaria Diagnosis and Treatment in 2005. The document built on the NDP and aims to provide policy guidance mainly on Artemisinin-based combination therapies (ACTs) in terms of treatment, procurement, donations; packaging, storage, distribution and cost. This document recognized the role of the informal sector and made recommendations for their inclusion in medicine distribution at the peripheral level. Thus, the community, represented by Community Based Organizations (CBOs), Non Governmental Organizations (NGOs), Community Resource Person (CORPs), Role Model Care Givers (RMCs), and patent medicine vendors are to be trained to

handle antimalarials, subject to regular supervision. However, policy enforcement in the private sector is still weak, thus monotherapy still abounds.

3.1.1 Relevant National Documents/Policies affecting PSM (Malaria)

The following documents (and referenced sections) describe national medicine policies related to the procurement and supply of antimalarial medicines and health commodities at Federal, State, and LGA levels.

1. National Drug Policy

Section 6.1.	Selection of Drugs
Section 6.2.	Procurement of Drugs
Section 6.5.	Drug Storage
Section 6.6.	Drug Distribution
Section 6.7.	Rational Drug Use
Section 6.8.	Donated Drugs
Section 6.11.	Inspection of Drugs
Section 6.12.	Importation and Exportation of Drugs
Section 6.13.	Registration of Drugs
Section 6.14.	Patents
Section 6.15.	Quality Assurance
Section 6.16.	Prescribing and Dispensing Drugs
Section 6.17.	Pharmaco-vigilance
Section 6.18.	Drug Information and Promotion
Section 6.19.	Drug Financing and Affordability
Section 6.22.	Human Resources Development
Section 6.23.	International Cooperation
Section 6.25.	Monitoring and Evaluation

2. Federal Ministry of Health, World Health Organization, Department for International Development [UK], the European Union, 2005 National Drug Policy.

3. Federal Republic of Nigeria. 2007: The Public Procurement ACT.

2. National Policy on Malaria Diagnosis and treatment

Section 1	Introduction
Section 2	The malaria situation in Nigeria
Section 3	The situation of Antimalarial medicines in Nigeria
Section 4	Treatment of Malaria
Section 5	Rational use of antimalarial medicines
Section 6	Chemoprophylaxis
Section 7	Pharmacovigilance
Section 8	Therapeutic efficacy monitoring of antimalarial medicines
Section 9	Properties of antimalarial medicines in current use in Nigeria
<u>Section 10</u>	Management of antimalarial medicine supply
Section 10.1	Procurements and donations
Section 10.2	Packaging
Section 10.3	Storage
Section 10.4	Distribution
Section 10.5	Cost
Section 11	Information, education and communication (IEC)

3.1.2 Selection of Antimalarial Medicines and Health Commodities

Nigeria adopted a new malaria treatment policy based on Artemisinin-based combination therapy (ACT) in 2005. The National Policy on Malaria Diagnosis and treatment (NMCP 2010, pg 12) recommends “Artemether-Lumefantrine (AL) an artemisinin combination therapy (ACT) as the drug of choice and Artesunate-Amodiaquine as alternate medicine. The policy stressed that monotherapies are no longer recommended.

- 1. Antimalarial Medicines (Treatments-for Uncomplicated and Severe malaria):**

Reference: FMOH/NMCP. 2010: National Policy on malaria diagnosis and treatment.

- 2. Antimalarial Medicines (Intermittent Preventive Treatment in pregnancy):**

Reference: FMOH/NMCP. 2005: National Guidelines for Malaria Prevention and Control during Pregnancy

- 3. Insecticide Mosquito Nets (Prevention):**

Reference: FMOH/NMCP. 2009: Policy for the Implementation of Insecticide Treated Mosquito Nets (ITNs/LLINs) in Nigeria

- 4. Rapid Diagnostic Tests: (Rapid Tests for diagnosing malaria):**

Reference: *FMOH /NMCP: Nigeria Strategic Plan 2009-2013: A Road Map for Malaria Control in Nigeria*

4. Federal Ministry of Health, National Malaria Control Program. 2010. National Policy on Malaria diagnosis and Treatment

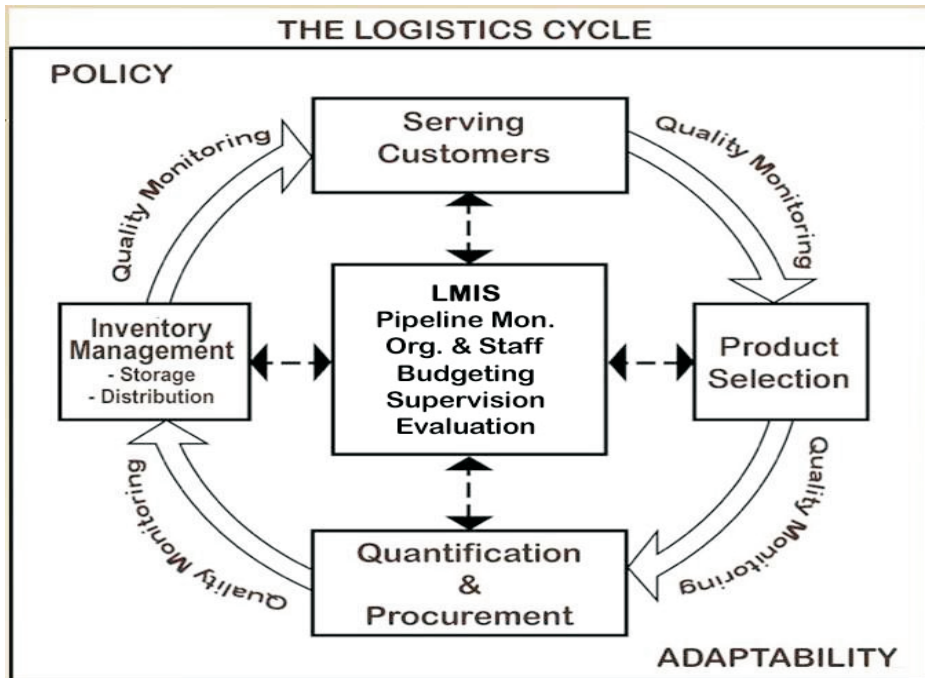
3.2 Infrastructure for PSM

Technical and physical infrastructures required for malaria PSM are inadequate across all the levels. The responsibility/sources of funding of PSM activities is still a major challenge that is yet to be fully addressed

Technical capacity of implementers of malaria PSM is limited, while procedures, structures and equipment for procurement and distribution (storage and transportation) across all levels of the system need to be improved, as prescribed in the Good Distribution Practice for Pharmaceutical products Distribution Regulations (2009). The Guidelines and Regulations for Good Manufacturing Procedures (GMP) and Quality Assurance are also pertinent. Pertinent issues of infrastructure are addressed in relevant sections, across the document.

3.3 Logistics System:

Figure 5: The Logistics Cycle



Results from two assessments of PSM (malaria) -qualitative & quantitative, in March 2010 showed that there was no defined logistics management system for malaria commodities: these had resulted in widespread stock outs at facilities over the previous 12 months. The studies also showed that there was no standardized logistics management information system, of either records or reports, nor established stock levels, while ordering and reporting frequencies varied across facilities.

Technical support for PSM in 2010 resulted in a PSM logistics system design, spanning several sub-thematic areas. In this system design, which is part of a TA for Global Fund Round 8, medicines and health commodities move from the Federal Central Medical Stores, or from the suppliers to the various State Central Medical Stores and are delivered directly to the service delivery points (health facilities) circumventing the Local Government Drug Stores. This is so due to current warehousing and product quality control concerns at the local government level. On the other hand, LMIS reports flow from the health facilities through the LGA to the state and then to the NMCP.

3.3.1 Quantification

The inadequacy of the process for quantification of antimalarial medicines, using morbidity data from the health facility has been demonstrated in many assessments and surveys, including the 2008 NDHIS, ACT Watch, 2008), which show that a considerable percentage of users purchase medicines from the private sellers, when compared to the public facilities that formed the basis for quantification. In the organized private sector, quantification is based mostly on volume of purchases, which is verifiable to some extent through receipts and utilization data.

A national quantification workshop for antimalarial medicines and other health commodities was facilitated by JSI in September 2010. The workshop aimed to build skills in the quantification of malaria products as well as validate the data collected, while defining assumptions to fill the data gap. Data analyses revealed underlying inconsistency in the data reported, under-reporting and missing reports, and incompleteness of data. These issues form the trust for a better malaria LMIS.

5. National Agency for Food and Drugs Administration and Control. 2009: *Good Distribution Practice for Pharmaceutical Products Regulations*
6. John Snow Inc. 2010: *Debriefing note on baseline assessment*.

3.3.2 Procurement Procedures

Procurement procedures depend on the source of funds, but must fulfill additional national stipulations, such as for inspection and port clearance. The FMOH, World Bank use the national procurement manual as a guide. However, the Global Fund has prescribed the voluntary pooled procurement (VPP) method for more efficient fund utilization across recipient countries. Detailed procedures for Procurement are usually contained in grant documents.

3.3.3 Distribution: Storage and Transport

3.3.3.1 Storage

At present, there are a lot of constraints in storage across all the levels of the health delivery system. In Particular, a WHO assessment and study to recommend proposals for the upgrading of the Federal Central Medical Stores, Oshodi is quoted as follows:

“The FMS is a unit in the Department of Food and Drug Services, FMOH; and was essentially set up to undertake selection, quantification, procurement, ordering, warehousing and distribution of medicines and other medical supplies. Currently, the FMS is being used essentially as a depot for the storage of medicines for priority diseases and narcotics and thus, is not providing services to its full potentials.

The FMS has enough storage capacity to manage procurement and supplies of medicines especially those procured by the Federal Government of Nigeria. There is evidence that there has been very little work done to upgrade and refurbish the warehousing facilities at the FMS. The needs of the Federal Medical Stores include: Infrastructural Needs, Security Needs, Operational Needs, and Needs to support distribution”.

3.3.3.2 Transportation

NMCP has critical needs in terms of transportation resources, in particular, within the scope of the massive scale up efforts. The report of a technical assistance to NMCP related to Global Fund Round 8 grant indicates that the mode of transporting products is most commonly private vehicle or public transportation, except for hospitals where

7. FMOH/WHO 2009: WHO Proposal for Strengthening of Assessment of the Federal Central Medical Stores, Lagos state

facility vehicles are sometimes used. The frequency of supply delivery, and the mode of transportation utilized is inconsistent.

The private sector MDS also has a logistics arm that does the commodity distribution from the Central warehouse to each of the state MDS. In recent times, there are hub centers that also serve each of the state MDS stores.

The use of third party logistics companies (3 PL) has been adopted as a short-term strategy; however proper procedures and guidelines for the selection of 3PLs are still being developed. In addition to this, the capacity of the NMCP/RBM teams at Federal, state and LGA levels needs to be built on the procedures for 3PL engagement, viz.

- 3 PL capacity assessment: Legal framework, capacity (human and material resources, insurance cover, operational policies etc).
- 3 PL contract management: Scope of work, cost structure, performance agreements, communication

In the long term, the aim is to evolve ways to harmonize 3PL engagement among the ATM disease programmes.

3.3.4 Logistics Management Information System (LMIS)

Information is the motor that drives the logistics cycle. Without information, the logistics system would not be able to run smoothly. Implementers at all levels, up to the managers gather information about each activity in the system, which are then analyzed to coordinate future actions. For example, information about inventory levels and consumption must be gathered to ensure that a manager knows how much more of a product to procure or to re-supply to a health facility.

An LMIS system design has been completed and is being rolled out by the NMCP in conjunction with RBM partners. Tracking tools have been developed, and Standard Operating Procedures developed for the procurement and supply management of malaria commodities. To roll out the system, a national training of trainers (TOT) on the LMIS was conducted in Kaduna and Calabar by June and September 2010 respectively, while training sessions are being cascaded down to the

⁸ I+Solution.2010:Capacity Building and supply chain assistance in Nigeria (GF Work order 4)

states, LGAs and facilities.

The new LMIS system (described in Chapter Four of this document) is already being operationalized.

3.4 Institutional Arrangements

The National Malaria Control Programme (NMCP) coordinates the entire national response, harnessing all RBM stakeholders into an effective and efficient programming arrangement. It follows therefore that the statutory and most distinct role of the PSM branch is that of streamlining policies and interventions related to malaria PSM. Other roles have evolved over time such as being the Sub Recipient to the YGC in the Rounds 2 and Round 4 (Global Fund) malaria grants, and the current position as Principal Recipient on the Global Fund Round 8 grant.

However, the expected roles of the PSM branch in the current institutional arrangements show that there are some vague areas, leading to inconsistent implementation. The roles of the Federal PSM branch of the NMCP relative to overseeing the institutional arrangements across the states and LGAs as well as the other sectors is hampered by gaps in the management of roles. The primary statutory responsibilities of the PSM Branch as the coordinating entity for malaria PSM are experiencing obvious strain due to the multiple engagements of the staff. In addition, there have been limitations to the NMCP mandate that impact on the NMCP PSM framework; the overall health system stipulates engagement with statutory agencies such as NAFDAC, NPHCDA and Dept. of Food & Drugs Services of the FMOH, arrangements that are still sub-optimal at the present.

The available human resources engaged in the implementation of PSM activities are inadequate. The planning and management of human resource needs is still a major challenge to the implementation of malaria PSM activities in Nigeria. Furthermore, even though the NMCP has mandated that a distribution pharmacist should handle ACTs, this does not always hold in some states.

There is a vibrant private sector involvement in procurement and supply management in Nigeria. The private sector consists: Pharmaceutical companies/ organization/ association e.g. NIRO-PHARM, PMG-MAN, ACPN; Distributors/ wholesale/ Retailers (ACPN, PPMVS); Logistics

companies (straight, cargo etc) and Companies involved in corporate social responsibility project etc. The key areas of current entry into malaria PSM are Capacity Building, Funding and Information, Education and Communication. The ACOMIN is an umbrella organization of civil societies that relate to malaria PSM functions.

3.5 Monitoring and Evaluation for PSM

To ensure and guarantee the timely supply of good quality, affordable health commodities, it is important to institute Monitoring and Evaluation (M &E). An M & E for the PSM system is required to measure the performance of all PSM activities; this information should feed into the decision making process and lead to prevention or correction of implementation problems.

However, there had been challenges in the interpretations of the need for an M and E system particularly for PSM, as initially it was believed that programmatic M and E was sufficient for all indicator performance appraisals, including those for PSM. However, a perusal of Annex 4.1 of the Strategic Plan for Malaria Control in Nigeria, 2009-2013, shows that no M & E indicator for PSM was included. However, with dialogue and the experiences garnered over time, this issue has largely been resolved.

CHAPTER FOUR:

PSM (MALARIA) STRATEGIES, SYSTEM DESIGN, ORGANIZATIONAL DEVELOPMENT

4.1 PSM (Malaria) Strategies

The PSM branch shall be responsible for implementing its part of the federal component of the National Malaria Strategic Plan through PSM annual operational plans. In addition, there is need to clearly spell out, and specifically assign roles and responsibilities for each of the sub-thematic areas of activities from the National to the LGA and community levels.

- All implementation strategies for antimalarial medicines and commodities (ACTs, SP, medicines for severe malaria, LLINs, RDTs) shall be as in the NMSP
- Established organizational implementation strategies such as direct implementation, contracting, out-sourcing and public private partnerships (PPP) shall be employed according to the peculiarities of the interventions and implementing bodies.
- Donors and implementing partners shall support implementation according to their mandates, capacities and resources. Efforts will be made to define roles and support the private sector and civil society groups in implementing the PSM component of the national response to malaria

4.1.1 Policy and Legal Framework:

- The PSM branch of NMCP and all malaria PSM stakeholders will hold sacrosanct all national policies, Acts and Laws that relate to the management and control of medicines in Nigeria
- Where the interpretation for malaria PSM in particular is vague, or when over-arching circumstances dictate particular considerations,

such issues shall be forwarded to the PSM Sub Committee. The PSM branch serves as secretariat of this committee, technical recommendations made shall be to the over arching coordination of NMCP and action by the PSM branch head.

- National and International developments on PSM as approved by the Federal Ministry of Health (Department of Foods and Drugs Services), and the National Agency for Food and Drugs Administration and Control (NAFDAC) shall be channeled to the PSM Sub Committee and the National Coordinator of the NMCP for specific malaria programming.

4.1.2 Selection of Antimalarial Medicines and Health Commodities:

- The selection of antimalarials to be procured, distributed, and used shall always align with the National Malaria Treatment Policy and Guidelines.
- The choice(s) of medicines and health commodities for various malaria stakeholder programming efforts shall be subjected to discussions and ratification of the PSM Sub Committee and the relevant branches of the NMCP such as Case Management, IVM and ACSM.

4.1.3 Procurement of Antimalarial Medicines and Health Commodities:

4.1.3.1 Procurement processes:

- Processes for all programmatic procurement of antimalarial medicines and other health commodities should have full representation from the PSM branch of the NMCP
- Procurement processes should always be in line with general national, international and specific fund-approved guidelines
- Pre-qualification of suppliers for antimalarial medicines and other

health commodities must be undertaken on a wide scale and then periodically as becomes necessary for quality control and expansion of procurement processes.

- Procurement of antimalarial medicines and other health commodities should be preceded by detailed procurement plans.
- Procurement processes should be transparent and subject to tracking for updating national inventory and malaria commodity security concerns.

4.1.3.2 Forecasting and Quantification

- Medicines and health commodities to be quantified for malaria programming are:

Description of Medicine/ Health Commodity	Presentation	Unit	Description of Medicine/ Health Commodity	Presentation	Unit
Artemether 20mg +Lumefantrine 120mg	Blister	1 x 6 tab	Sulphadoxine 500mg + Pyrimethamine 25mg	Blister	1 x 3 tab
Artemether 20mg +Lumefantrine 120mg	Blister	1 x 12 tab	Quinine 300mg tablet	Bottle	1000 tabs
Artemether 20mg +Lumefantrine 120mg	Blister	1 x 18 tab	Quinine Injection 300mg/ml	Ampoule	1 ml amp
Artemether 20mg +Lumefantrine 120mg	Blister	1 x 24 tab	Artesunate Suppository 50mg	Suppository	1Suppository
Artesunate 25mg + Amodiaquine 67.5mg	Blister	1 x 3 tab	Artemeter injection 80mg/ml ampoule	Ampoule	1 ml
Artesunate 50mg + Amodiaquine 135mg	Blister	1 x 3 tab	Rapid Diagnostic Test (RDT)	Test kit	1 test
Artesunate 100mg + Amodiaquine 270mg	Blister	1 x 3 tab	Long Lasting Insecticidal Nets (LLINs)		Each

- Current Standard Treatment Guidelines shall be used as the basis for forecasting and quantification of antimalarial medicines.

- Assumptions shall be built for yearly national quantification exercises, with the active involvement of all relevant branches of the NMCP, and RBM stakeholders with comparative advantage on the quantification process
- Multiple forecasting methods shall be used as data availability and quality permit.
- The impact of interventions such as IRS and LLIN campaigns shall be closely monitored and evaluated as feedback to subsequent quantification exercises.
- To progress into increasingly dependable quantification processes, consumption in the public sector with the formal and informal private sector shall be integrated
- A National Malaria Quantification expert group shall be constituted within the PSM sub-committee

4.1.3.3 Quality Assurance

- To ensure the Quality assurance of medicines and other health commodities, the products shall be monitored on a consistent basis to assure patient safety, and ensure that testing or treatment interventions achieve reliable results and the maximum benefit.
- Proof will be required to show that production facilities and procedures, distribution and storage conditions are of sufficiently consistent quality to provide confidence for the safety and effectiveness of the medicines and health commodities when used. Compliance with current Good Manufacturing Practices (GMP) in line with international best practices is a critical component of quality assurance.
- The PSM branch shall ensure that all products procured shall be analyzed before distribution to health facilities for use. The analyses, in line with the National Drug Policy, will be undertaken by NAFDAC, and registered quality control laboratories of international standards.
- Systems shall be put in place for pipeline quality assurance

procedures: recall measures established and modalities for inspection of production facilities in collaboration with the Department of Food and Drugs Services and the National Agency for Food and Drugs, Administration and Control (NAFDAC).

4.1.4 Distribution of Antimalarial Medicines and Health Commodities:

- The PSM branch shall ensure that distribution of medicines and health commodities follows approved systematic distribution plans that integrate all known programmatic and contextual factors, which include population served, epidemiological facts, logistic systems capacities, managerial capacities, and significant others
- The PSM branch and other RBM stakeholders shall adhere to the principles of good distribution of products, to enhance national health system strengthening, while avoiding costly bureaucracy
- The PSM branch (NMCP) with the support of RBM Partners will monitor and adjust antimalarial medicines and health products in the national pipeline, along with consistent procurement tracking, to move the country towards commodity security.

4.1.4.1 Storage

- Storage of antimalarial medicines and health commodities shall be in line with relevant national and international guidelines, among which are the National Drug Policy and the Good Distribution Practice for Pharmaceutical Products Regulation (2009)
- Efforts will be made to harness the potentials of national structures towards PSM system strengthening, while avoiding costly impact on the quality of products to be stored

4.1.4.2 Transportation

- Transport of antimalarial medicines and health commodities shall be in line with relevant national and international documents, among which are the National Drug Policy and the Good Distribution Practice for Pharmaceutical Products Regulation (2009)
- Through concerted Options Analyses, efforts will be made to utilize effective and efficient transport mechanisms , which over time will be harmonized within the health system, starting with at least the other two ATM diseases, i.e. HIV/AIDS and Tuberculosis

4.1.5 Use of Antimalarial Medicines and Health Commodities

- Mechanisms should be developed to encourage adherence to treatment (including but not limited to the use of fixed dose combinations, blister packs, and education) to contain resistance towards the approved medicines and health products
- To monitor adverse drug reactions according to international and national guidelines, Pharmacovigilance for antimalarial medicine use shall follow all the nationally prescribed guidelines in the national Framework for Pharmacovigilance.

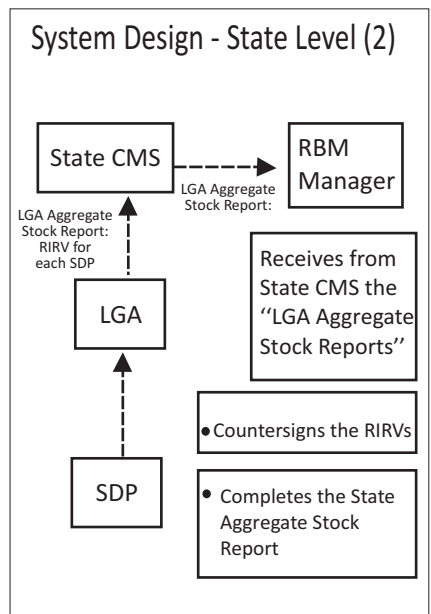
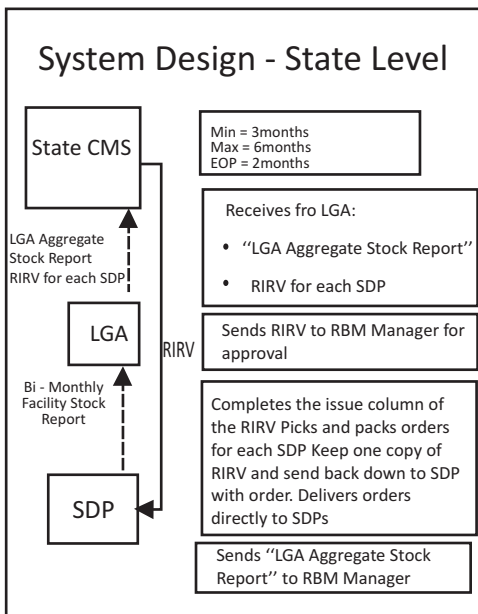
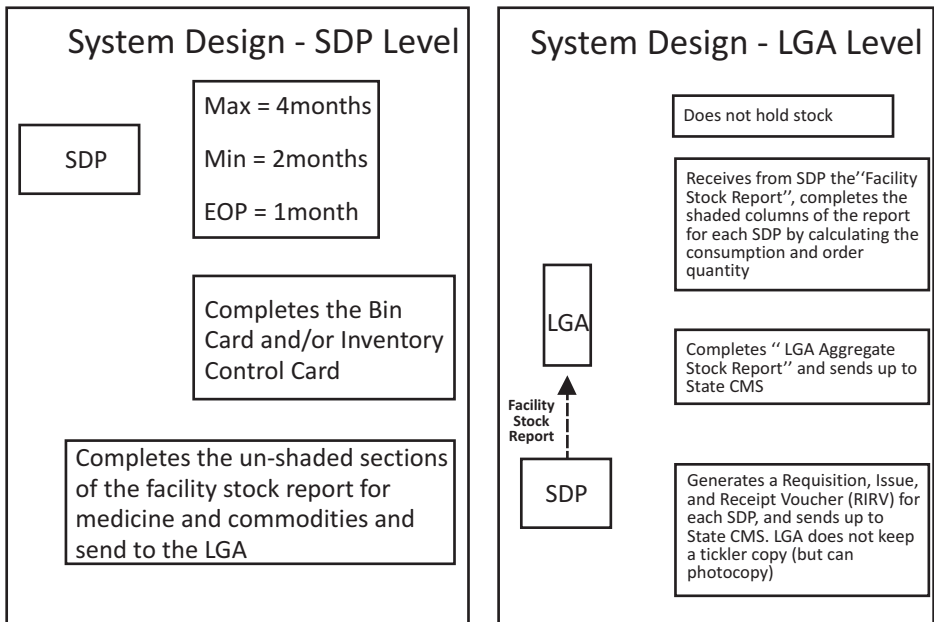
4.1.6 Management Support for PSM activities:

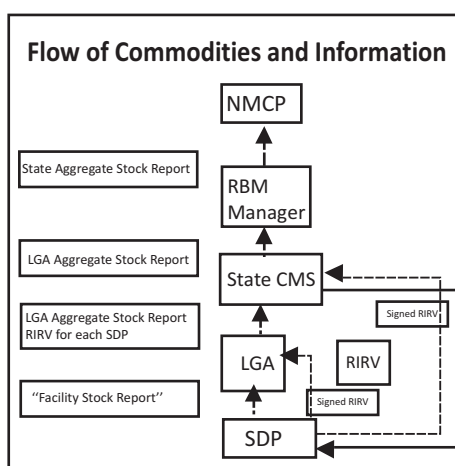
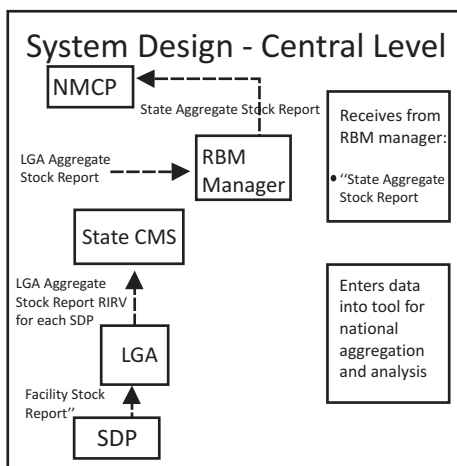
The Managerial support systems for the effective implementation of malaria PSM include:

- Planning and Coordination
- Financing and Resource Mobilization mechanisms
- Technical and Operational Mechanisms
- Monitoring and Evaluation
- A logistics system can only work optimally in the presence of good organization and adequate budgeting. All efforts will be made by the RBM stakeholders to ensure adequacy and smooth interplay of these systems.

⁹: FMoH/PATHS 2. 20010: Nigerian National Pharmacovigilance Policy and Implementation Framework

Figure 6: Features of the PSM (Malaria) System Design (at Different Levels)





4.2 Logistics System Design

A logistics system addresses the concept of, “No Product, No Program.” The National Malaria Control Programme cannot operate successfully without a continuous, reliable supply of all malaria medicines and commodities. Well-functioning supply chains are critical to achieving malaria commodity security, which exists when every person is able to obtain and use malaria medicines and commodities whenever they are needed.

Purpose of the Logistics System:

- To establish a national logistics system that facilitates the continuous availability of malaria medicines and commodities and to develop standard operating procedures to support the system. The vision for the logistics system is that it should be national in scope, sustainable, flexible, and cost effective. In addition, it should generate information for decision making with the aid of user-friendly tools, towards the aim of full supply of medicines and commodities across the national pipeline.

Review of the System Design:

- The PSM (malaria) system shall be subjected to periodic evaluation and review

4.2.1 Standard Operating Procedures

The standard operating procedures (SOP) manual, is intended to simplify and standardize the work required for the functioning of the malaria commodity logistics system. The SOP manual will outline procedures for the efficient and effective logistics management of medicines and health commodities. The malaria logistics system will manage the following health commodities: Artemisinin-Based Combination Therapy Drugs, Sulphadoxine-Pyrimethamine (SP), other antimalarial medicines, Rapid Diagnostic Tests (RDTs), long lasting insecticidal nets (LLINs), IRS materials, etc.

In addition, the malaria commodity SOP manual serves as a reference for health care staff in performing tasks related to the management of malaria medicines and health commodities. Proper management of will not only have a positive impact on the availability of these medicines and health commodities throughout the system, it will free health care providers for more client-focused activities.

The manual outlines the steps required for performing the following tasks:

1. Maintaining adequate supplies of malaria medicines and health commodities (Artemisinin-Based Combination Therapy (ACT), Sulphadoxine-Pyrimethamine (SP), Rapid Diagnostic Tests (RDTs), long lasting insecticidal nets (LLINs), etc, and maintaining optimal inventory at all levels
2. Ordering malaria medicines and commodities from the State Central Medical Stores (SCMS) and other sources
3. Receiving and storing malaria medicines and commodities

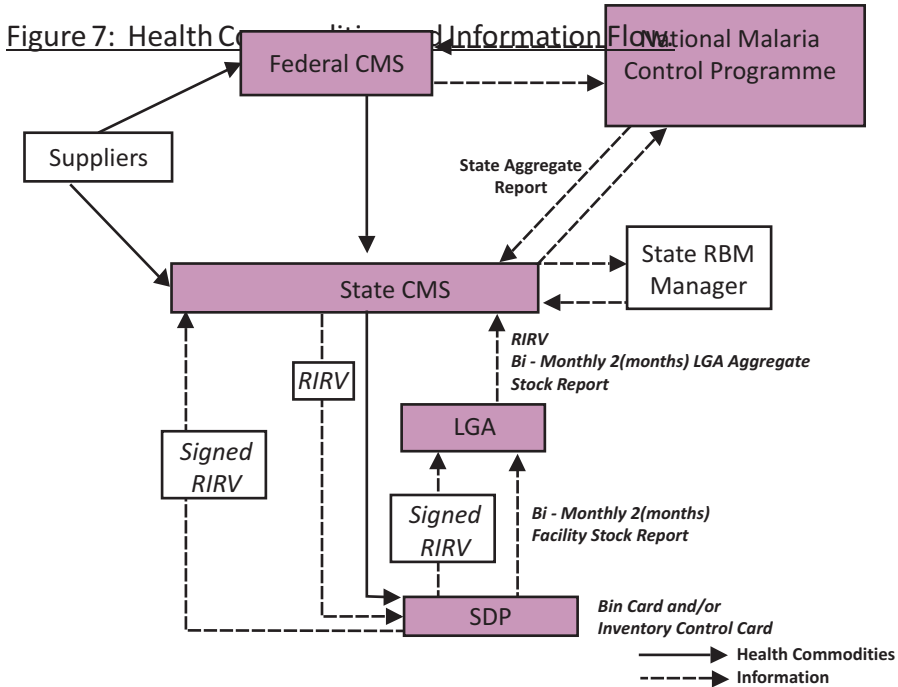
4. Recording and reporting usage of malaria medicines and commodities
5. Monitoring logistics activities at service delivery points

This manual is intended to be used by personnel that carry out logistics functions at all levels of the system from the State Central Medical Stores (CMS), down to the service delivery points:

- All personnel and programme management staff with logistics responsibilities at central level
- State Roll Back Malaria Managers
- State Pharmacists
- State Distribution Pharmacists
- State Roll Back Malaria Logistics Officers (Pharmacists/Logisticians)
- Local Government Area (LGA) Malaria Focal Persons
- Local Government Area (LGA) Logistic Officers
- Facility level store pharmacist or personnel responsible for malaria products

4.2.2 Logistics Management Information System

The design and implementation of a logistics management information system (LMIS) is the most important technical intervention in supply chain management. Without accurate and timely data, NMCP and other RBM stakeholders will not have sufficient information to make key resupply decisions or to operate the logistics system in an efficient and effective manner.



Every actor in the supply chain, from the manufacturer to the facility level implementer, should have data on consumption at the service delivery point and stock-level data at all intermediate points. Without creating a burden on service providers, a well functioning LMIS will collect and report all the information needed to forecast needs and make rational decisions on financing, procurement, shipment scheduling, and routine ordering.

Eventually, the Pull System will inform the basis for commodity distribution/replenishment as the programme is expected to start capturing real time consumption rates from the health facilities using the newly designed LMIS tools; however, in the interim, the push method has been adopted to kick start the system using interim tracking tools.

4.3 Organizational Development for PSM (Malaria):

- The oversight role of the PSM (Malaria) branch of the NMCP shall remain primary, in order to enhance national coordination towards effectiveness and efficiency for malaria PSM
- The PSM Branch shall maintain an audit and complement of relevant staff needed to implement its critical oversight and programmatic roles at all times.

4.3.1 Resources for PSM (Financing and Human Resources)

An effective PSM national framework requires basic resources that will ensure the timely and efficient implementation of all activities as set out in the framework.

4.3.1.1 Finance

The current financial resource gap for the implementation of Malaria PSM activities requires more intensive government attention to stimulate funding at all levels of government. Timely and prompt budgeting for PSM activities from the Federal down to the LGA level will help to ascertain the financial resources needed, identify the resource gap and address these in a timely manner with partners.

- The NMCP PSM Branch should develop costed federal work plans to address federal level activities contained in PSM framework”
- The NMCP PSM Branch should work with each state RBM team to prepare a costed operational plans/budget for PSM activities in the state (and LGAs).
- NMCP should organize capacity building workshops for state RBM teams on how to develop work plans/budgets
- NMCP and state RBM teams should develop and ensure effective system for monitoring implementation of approved work

plans

4.3.1.2 Human Resources

To address the general absence of a human resource plan (particular at the lower levels), lack of coordination, alignment, and harmonization of HR needs at all levels of government. Closely linked to this is the dearth of skills and problems with HR mix.

- There is a need to address this situation by ensuring that there is adequate staffing for PSM activities at all levels of the system in terms of number, qualification, training, and skill-mix.
- The human resource needed at all levels of the system should be identified and specific job descriptions and job aids developed for them.
- The following categories of staff are recommended at the various levels:
 - Federal level: PSM Coordinator, Logistics Officers, Distribution Pharmacists, CMS Pharmacists, and PSM Tracking Officers.
 - State level: RBM Manager, the PSM Coordinator, Logistics Officers, Distribution Pharmacists, and State CMS Pharmacists.
 - LGA level: LGA Malaria Focal Person and RBM Logistician/Pharmacist.

4.3.2 Capacity Development

It is essential that a system that supports staff training, supervision, effective management, efficient planning and coordination of PSM activities at all levels be established.

4.3.2.1 Capacity Assessment Procedures

Currently there are no established procedures for assessing the institutional capacity of various organizations/partners carrying out PSM related functions/activities.

- A formal assessment tool for institutional capacity assessment shall be developed for use by NMCP. Review and adoption of already existing open sourced assessment tools should be encouraged.
- Procedures for conducting periodic assessments of NMCP and partners' PSM systems should also be developed along with the necessary tools.

4.3.2.2 Infrastructure (Technical)

- Infrastructure for enhancing the delivery of roles by various stakeholders shall be compiled; support shall be sought and obtained for their acquisition and distribution. These include hardware, such as computers, mobile devices to enhance data capture, power support systems (e.g. UPS), and software to aid quantification, procurement, distribution, QA, inventory control etc.
- Libraries-physical and virtual, shall be developed, while efforts will be made to stimulate international relationships on documentation-report writing and sharing on malaria PSM.

4.3.2.3 Capacity Building

An enabling environment for capacity development of PSM malaria implementers is critical.

- To ensure proper capacity building for the staff, a comprehensive training curriculum for all PSM related functions/responsibilities shall be developed. The curriculum should factor in the time required to absorb the skills taught,

target participants and periods needed for TOTs and cascade trainings. The period between TOTs and actual cascade trainings should be between 2-4 weeks. Doing this ensures that the quality of the cascade trainings is not watered down by knowledge loss on the part of the master trainers.

- A system for conducting training needs analysis should be established, implemented and the results used to determine all training and retraining needs of staff.
- The capacity building models will encompass classroom setting and on-the-job training.
- The training at all levels shall be conducted with a classroom setting, and with a participatory approach. The state level training is to introduce the state officials to the system and the tools in order to aid their supervisory activities and should last for 2 days. The LGA level training is supposed to equip the LGA focal person and RBM Logistician on how to conduct OJT along with defining the working of the system, over a period of 5 days while that of the SDP should be a 3 day capacity building.
- State training will be conducted at the zones while those of the LGA and SDP will be at various states. For maintaining quality, the master trainers will be responsible for stepping down the training at all levels, while on-the job training will be conducted by the LGA focal person/RBM Logistician as a follow-up activity to the class training.
- In all cases the number of participants should not exceed 24 with three facilitators per session
- The methodology should include:

1. Plenary facilitation: Introductions to topics or activities

2. Group work: In pairs or in groups of three or four for carrying out an exercise

3. Home work: This helps participants to prepare for the next session

4. Practice presentations; for the purpose of cascading the training

5. Assessment: Both written and oral , and to include open manual tests

4.3.2.4 Supportive Supervision

The main purpose of supportive supervision is to find out how the logistics system is being implemented in the FMOH structures especially in the Zones, States, LGAs and Service Delivery Points (SDPs). It also seeks to provide onsite technical assistance and guidance to enable people to make decisions based on logistics data

- A system for effective supportive supervision with emphasis on continuous on-the job training should be developed and implemented. Supervision and monitoring guidelines detailing how supervisors should prepare for, carry out, report and follow-up on their supervision visits should also be developed for the supervisors
- The process for supportive supervision will include the following steps: Preparation for initial visit; Conduct of initial visit; Provision of feedback to staff in the field; Debriefing of colleagues at PSM; Monitoring of Recommendations, and Conduct of Follow up visits.

4.4 Advocacy, Community Mobilization, Behavioural Change Communication

The commitment of the political leadership towards effective implementation of health related programmes is still insufficient.

- It is critical to carry out sustained advocacy to political, religious, and traditional leaders at the Federal, state, LGA and community levels. These will focus on the importance of PSM in an efficient health system and their roles in providing financial and organizational support for Malaria PSM activities.
- Communities should be sensitized and empowered to ensure the participation of the grass root level of the society in assessing the services provided by the malaria programme.
- Community development committees should be encouraged to play an active role in supporting malaria PSM activities.
- Advocacy tools and various forms of communication messages targeted at various stakeholders in particular for malaria PSM messages shall be developed and existing ones revised.

4.5 Monitoring and Evaluation for PSM (Malaria)

PSM-specific M and E systems are important in the context of global effective response to tackle the burden of malaria:

- The PSM branch of NMCP should liaise with the M & E branch and RBM partners, to harmonize appropriate and measurable indicators for measuring the malaria PSM performance at all levels of the system. Tools for gathering data needed for these indicators may be developed as additions to the existing tools, or the tools reviewed as appropriate.
- Design a system for performance tracking of operational plans
- Current Indicators for assessing the performance of the Logistics system include:
 - * Percent of facilities reporting on time

- * Percent of facilities with commodities available at all times
- * Rate of losses
- * Percent of facilities receiving a delivery on time
- Design and implement system of upstream and downstream commodity tracking and reporting
- In collaboration with the NMCP M & E branch, survey instruments and tools should also be developed for conducting periodic evaluations of particular PSM issues, such as community based surveys of malaria commodity ownership and utilization.

4.6 Implementing PSM (Malaria): Stakeholder Responsibilities

4.6.1 Roles of the PSM Branch of the NMCP:

Promote timely and uninterrupted delivery and appropriate use of safe, effective and quality anti malarial medicines and health commodities at all levels of health care delivery.	
POLICY	<ul style="list-style-type: none"> • Support policy review and monitor compliance to PSM related policies. • Liaise with relevant regulatory agencies to ensure compliance to policies
SELECTION	<ul style="list-style-type: none"> • In collaboration with other relevant branches, and other stakeholders, facilitate activities involved in the selection of anti malarial medicines and commodities
PROCUREMENT	<ul style="list-style-type: none"> • In collaboration with other relevant branches, and other stakeholders, facilitate activities involved in quantification and procurement as well as port clearance of anti malaria medicines and commodities.

	<ul style="list-style-type: none"> • Support Quality Assurance of antimalarial medicines and commodities • Provide technical support to the States/Health Facilities on procurement activities • Support budget preparations for procurement of anti malaria medicines and commodities. • Compile accurate Inventory data for Forecasting / Quantification/Procurement, etc.
DISTRIBUTION: Storage Transport Inventory Management	<ul style="list-style-type: none"> • Support budget preparations for distribution/tracking of anti malaria medicines and commodities. • Promote Good Storage and Transportation Practices to reduce medicine/commodities stock out/expiry to as minimal level as possible. • Supervise planning and analysis of LMIS data • Support Quality Assurance of antimalarial medicines and commodities • Provide technical support to the States/Health Facilities in the distribution activities
RATIONAL USE	<ul style="list-style-type: none"> • Support the rational use of antimalarial medicines in collaboration with relevant agencies.
COORDINATION	<ul style="list-style-type: none"> • Coordinate capacity building activities on PSM in collaboration with other relevant stakeholders • The Branch will serve as secretariat to ATM-TWG subcommittee on PSM

4.6.2 Specific Roles of Officers of the PSM Branch of the NMCP :

4.6.2.1 Head of Branch (PSM Branch of the NMCP)

- Provide leadership and ensure implementation of all PSM branch activities
- Facilitate activities involved in the selection, quantification and

procurement as well as port clearance of antimalarial medicines and commodities in collaboration with relevant branches and other RBM stakeholders.

- Supervise planning and analysis of LMIS data.
- Heads the secretariat for ATM-TWG subcommittee on PSM
- Serve as NMCP Liaison on PSM in collaboration with relevant agencies, line ministries and partners
- Carry out other functions as may be necessary

4.6.2.2 Logistics Officer (PSM Branch of the NMCP)

- Communicates with the Federal Medical Central Stores (FMCS) relating to their malaria commodity inventory levels
- Notifies State CMSs that commodities are available for pick up for malaria commodities stored at Federal Central Medical Stores
- Receives the *State Aggregate Stock Report* from State Distribution Pharmacist
- Reviews to the *State Aggregate Stock Reports* to confirm accuracy
- Collates and aggregates *State Aggregate Stock Reports* from all the States in a central database to produce national level data.
- Initiates the national quantification process and procurement planning exercise.
- Monitors the performance of the logistics system by reviewing reporting rates and other program indicators
- Provides support to state and LGAs on logistics data reporting.
- Provides feedback to states and LGAs on indicators.
- Provides on-the-job training to State store pharmacists when required
- Based on the review period, monitor the country's commodity pipeline; stock levels, procurement plans, consumption, months of stock. Share and disseminate pipeline information with donors

and stakeholders

- Provide organizational development support to state MOHs and MCP

4.6.2.3 Logistics Officer (Federal Medical Stores)

- Receives malaria commodities from manufacturers or suppliers
- Monitors stock levels of malaria commodities at the FCMS and shares the information with NMCP/PSM branch every month
- Conducts physical inventories
- Follows good storage practices to manage the store

4.6.3 Roles for officers involved with PSM (Malaria) at the State and LGA levels

Level	Personnel	Roles and Responsibility
State MCP	State RBM Manager	<ul style="list-style-type: none">• Approves RIRVs for each facility
	State RBM Logistics Officer	<ul style="list-style-type: none">• Assists the State Distribution Pharmacist to prepare <i>State Aggregate Stock Report</i>
	Distribution Pharmacist	<ul style="list-style-type: none">• Ensure the State CMS Pharmacist receives the LGA RIRVs and LGA aggregated reports• Work with the State CMS Pharmacist to ensure the RIRVs are filled correctly• Assists in making sure medicines and commodities are picked, delivered to the right facilities, in the right quantities and at the right scheduled distribution time

		<ul style="list-style-type: none"> • Prepares <i>State Aggregate Stock Report</i> and submits it to NMCP/PSM branch by the 17th of the month following the reporting period and forwards it to the State RBM Manager
State CMS	Pharmacist In-Charge	<ul style="list-style-type: none"> • Receives <i>RIRV</i> for each facility in the state and the <i>LGA Aggregate Stock Reports</i> from each LGA • Sends <i>RIRVs</i> and <i>LGA Aggregate Stock Reports</i> to the State RBM manager • Once <i>RIRVs</i> are approved, picks and packs each facility order no later than 7 days after receipt of <i>RIRV</i> from LGA • Receives malaria medicines and commodities from the central level or from suppliers • Update the <i>Bin Card/Inventory Control Card</i> after each transaction • Conducts physical inventory for all malaria products • Monitors stock levels and places emergency orders to the Federal Medical Store when required • Keeps a copy of signed <i>RIRVs</i>.
LGA level	LGA Logistics officer/ Pharmacist/ Pharm. Tech	<ul style="list-style-type: none"> • Receives the <i>Bi-monthly (every 2 months) Facility Stock Reports</i> and completes the remaining columns (by calculating the order quantities). • Generates the <i>RIRV</i> for each facility, transferring the order quantities from the <i>Bi-monthly Facility Stock Reports</i> • Follows up with facilities to ensure the <i>Bi-monthly (every 2 months) Facility Stock Reports</i> are submitted on time.

		<ul style="list-style-type: none"> • Completes the <i>Bi-monthly (every 2 months) LGA Aggregate Stock Reports</i>
	LGA malaria focal person	<ul style="list-style-type: none"> • Sends <i>RIRVs</i> and LGA aggregate reports to the State CMS Pharmacist In-Charge by 12th of the month following the reporting period • Keeps a copy of signed <i>RIRVs</i>. • Accompanies deliveries to facilities when possible • Using the SOPs, provide on the job training on filling out the <i>Bi-monthly (every 2 months) Facility Stock Reports</i> and updating the <i>Bin Cards/Inventory Control Cards</i> after each transaction to the facility stores
Facility level	Store Pharmacist/person responsible for products	<ul style="list-style-type: none"> • Issues products to the dispensing areas within the facility • Updates the <i>Inventory Control Card</i> after each transaction • Conducts physical inventory at the end of every month • Receives supplies from State CMS and completes the <i>RIRV</i> upon receipt of products. • Completes the <i>Bi-monthly (every 2 months) Facility Stock Report</i> • Sends the report to the LGA malaria focal person no later than the 5th of the month following the reporting period • Monitors stock levels at the facility and places emergency orders when required

4.6.4 Roles of the Stakeholders (Extended):

4.6.4.1 Government:

- The PSM Branch will maintain technical and administrative relations with other branches of the NMCP, such that their policies, strategies, and activities synchronize with the overall goal and objectives of the NMCP, and the roles of each of the branches towards actualizing the goal, objectives and targets of the National Strategic Plan.
- The PSM Branch will maintain technical relations with the Department of Foods and Drugs Services, and the National Agency for Foods and Drugs (NAFDAC).
- The PSM Branch will seek to maintain technical relations with all line ministries agencies and parastatals of government that have relevancies to its functions.
- The PSM Branch of the NMCP shall develop and maintain technical links with the PSM branches of the HIV/AIDS and TB national programmes.

4.6.4.2 Private Sector:

- The RBM will define, identify, map, and engage key Private Sector partners through advocacy for resource mobilization, capacity building as well other requisite support.
- Critical steps for Private Sector participation will be pursued:
 - Policy framework change: Inclusion of private sector participation in relevant PSM policy documents to pave the way for active participation of this sector in the entire process as reflected in future revisions of NMCP coordination framework document.
 - Identification and engagement of private sector groups: to harness various cross-functional experience into the processes

involved in PSM.

- Categorization of private sector members into various professional groups e.g. NIRO-PHARM, PMG-MAN, ACPN, with subsequent relevant representation in PSM malaria related committees to ensure that active roles are played in the areas of fund mobilization, advocacy, capacity building etc.

4.6.4.3 Civil Society:

The CSOs are very strategic and major players in the National response and should therefore be involved in the entire process from National to the ward level

- The Civil Society, should be involved at all levels of malaria PSM though the coordination structures as prescribed by the NMCP coordination framework.
- Provision of feed-back through the CSOs' activities and networks such as ACOMIN should be explored to the maximum potential.
- All national capacity assessment and development plans should incorporate the CSOs, given their strategic importance of deep community presence.

4.6.4.5 Developmental Partners:

The agreements following the 2007 meeting to define the roles of partners have been largely overtaken by the evolving complexities of malaria PSM. In order to formulate streamlined and well thought out role allocation models, it is important to realize the dynamic nature of the roles of malaria Development Partners' roles, especially as pertaining to grants and resource thrusts.

- The RBM will comprehensively re-define (through the PSM sub-Committee) and engage the comparative advantage of ALL

stakeholders in malaria PSM. This exercise will be carried out yearly using the Capacity Matrix. An example of a template of Capacity Matrix is as below:

NAME OF INSTITUTION/AGENCY				
PSM ISSUE: e.g Policy Framework-Refer to Log Frame for defined sub-themes				
Key Activities	Comparative Advantage	Type of Role	Immediate Needs (Issue-Specific)	Other Stakeholders
		Statutory/Legal, Coordination, Technical, Professional, Logistics, Technical Assistance (State if fees are applicable)		

The collation of these submissions across the diverse partners will be used to compile a working partnership-role master document: This will serve to identify both the lead organizations (and alternates) as well as others assigned or working within that sub theme, for greater responsibility and accountability in the piloting of PSM issues.

Detailed Description of PSM Task/Role	Lead Organization/Agency	Other Stakeholders	Remarks

CHAPTER FIVE:

PARTNERSHIP AND COORDINATION FOR PSM

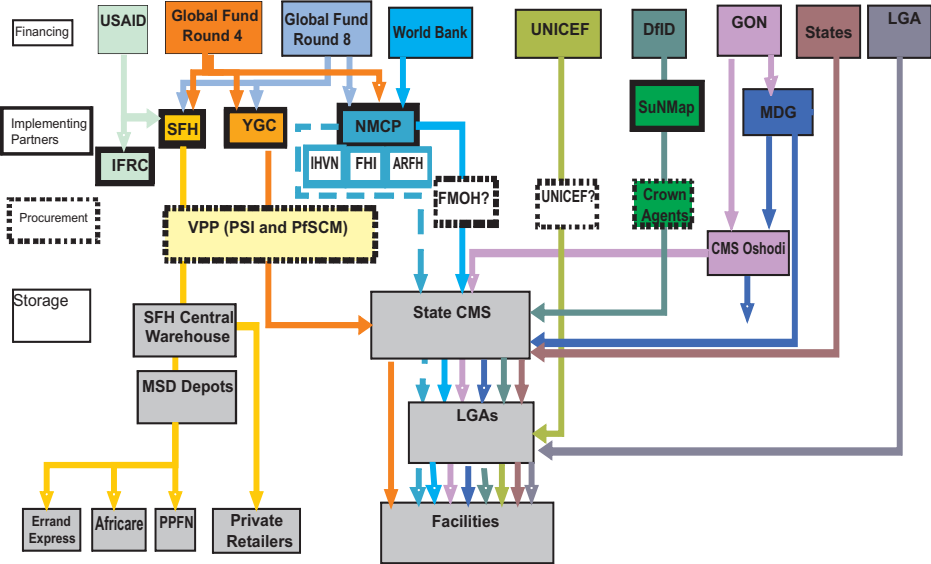
The implementation of the NMSP (2009-2013) marked a rapid scale up that has increasingly recognized the involvement of strategic partners towards achieving the broad goal of halving morbidity and mortality caused by malaria. Donors and development partner involvement in the National response include WHO, UNICEF, GFATM, World Bank, DFID and USAID among others.

The broad RBM partnership cuts across sectors and the various levels of the health system, with active participation of Donor agencies, Development partners, the Private sector and the civil society. The Federal Ministry of Health through the NMCP is tasked with coordinating the national response. Partnership is necessary for strengthening the system because of the wealth of experience and skills harnessed through collaboration with the partners.

5.1 Partnership for PSM (Malaria)

The NMCP liaises with other departments and agencies within the Federal Ministry of Health such as Department of Food and Drug Services, NAFDAC as well as other line ministries involved in PSM activities to ensure effective coordination. The Private Sector and Civil Society Coordination platforms also play critical roles in the partnership with networks such as PMG-MAN NIROPHARM, and ACOMIN contributing to the national response.

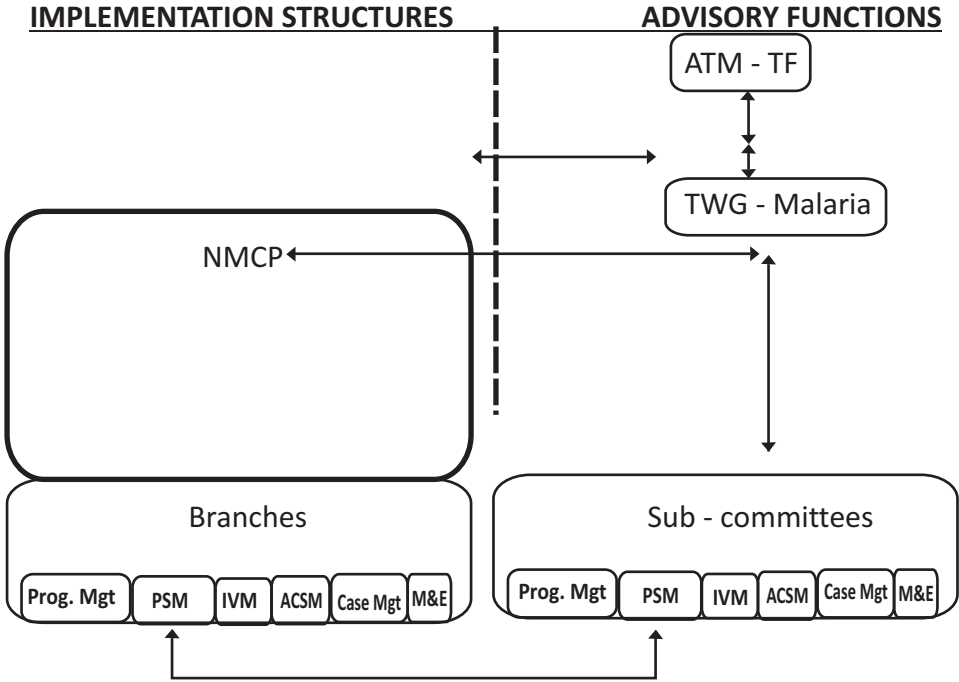
Figure 8: Partnership Involvement in malaria PSM



5.2 Partner Coordination

The National Malaria programme coordination activities are guided by the provisions of the NMCP Coordination Framework, which highlights strategic opportunities to promote synergy.

Recognizing the critical role of a broad section of partners (Development partners, Private sector, Civil society) involved in PSM activities, mechanisms to feed inputs of the various platform of engagement need to be operationalized along the prescription of the National Malaria Coordination framework, depicted below in Figure 9: implementation Structures and Advisory Functions:



5.3 PSM Sub Committee on Malaria

In April, 2009, the Honourable Minister of Health (HMH), set up a Task Force for the three major public health diseases- HIV & AIDS, Tuberculosis and Malaria (ATM), to improve FMOH oversight, program management, service delivery, and performance within and across the disease components.

Consequent to this, a Technical Working Group (TWG) was established for each disease program with their respective sub-committees. The PSM Sub-committee for malaria is set up to critically examine PSM issues and make recommendations to the TWG in an advisory capacity on procurement and supply chain management.

5.3.1 Terms of Reference

The Procurement and Supply Chain Management subcommittee acts as an advisory body to the TWG of the National Malaria Control Programme. It shall amongst other things carry out the following:

- The sub-committee shall appoint its Chairman,
- Evaluate the roles and responsibilities of the PSM branch of the NMCP and make relevant recommendations
- Provide technical assistance and other oversight functions on issues relating to procurement, supply of antimalarial medicines and commodities and make recommendations
- Facilitate the co-ordination of assistance from relevant stakeholders in resolving implementation challenges (procurement, distribution, e.t.c.)
- Support the branch in advocacy and resource mobilization
- Support the development of partnership and share information with other line programmes such as NASCP, and TBL unit on issues relating to PSM.
- The outcome of the meeting and any other decision made during the meeting shall be conveyed to the Technical Working Group by the Chairman and the Secretary of the subcommittee.
- Report of the meeting shall be disseminated within three days of the completion of the meeting for inputs and the finalized report is disseminated not more than one week after the meeting.

5.3.2 Membership:

Its membership is drawn from the RBM partnership, comprising relevant agencies and line ministries with comparative strengths in various aspects of malaria procurement and supply management. Its current membership is comprised of the following:

- | | |
|--|---|
| • Department of Food and Drug Services, FMOH | 1 |
| • SFH | 1 |
| • NPHCDA | 1 |

• UNICEF	1
• WHO	1
• UNICEF	1
• World Bank	1
• SuNMaP	1
• YGC	1
• JSI	1
• ARFH	1
• IHVN	1
• FHI	1
• MDG	1
• MAPS	1
• NIROPHARM	1
• AMFm SECRETARIAT	1
• NMCP	
• PSM	1
• Case Management	1
• IVM	1
• ACSM	1
• M&E	1
• Secretariat	
• Head PSM	
• Rep. PM	
• Desk Officer	1

ADHOC MEMBERS

- Professional Regulatory Agency (PCN
- Legal Unit, FMOH
- NAFDAC
- PMG-MAN
- ACOMIN
- Private Sector Procurement Agents
- Federal Ministry of Finance
- Nigerian Customs Service
- Experts on Malaria and PSM (Malaria) Issues
- Representatives from States
- PSM-SC members from other disease programs

5.3.3 Operations

5.3.3.1 Meeting Periodicity

- The malaria PSM Sub committee will meet monthly. This shall be held as scheduled before the monthly TWG Malaria Meeting.

5.3.3.2 Duration of Meeting

- Duration shall be brief though dependent on the matters being discussed but generally should be within one day.

5.3.3.3 Representation and Quorum

- Where the member of the PSM-SC cannot be in attendance at the meeting, his/her alternate should be in attendance.
- Representative must be properly briefed about the current history of prior discussions at the PSM-SC.
- Representative or delegate must be in a position to answer to questions regarding his/her organization.
- At least two third of the members including the Chairperson or his/her representative and the secretary or his/her representative.

5.3.3.4 Decision Making

Decisions will be taken based on consensus or simple majority by vote

- The Subcommittee will share data and information within members for informed decision making
- Vote splits arising from simple majority will be reflected in minutes and reports.
- Decisions should be evidence based
- The PSM sub committee committee should enhance its decision making by the formation of adhoc expert groups to deal with technical issues that may arise e.g. quantification, taxes and tariffs.

CHAPTER SIX:

REVIEW FORM FOR THE MALARIA PSM FRAMEWORK

The Framework for malaria Procurement and Supply Chain management is a dynamic document, by virtue of the highly reactive thematic area. Nevertheless, concerted efforts were made to produce a guideline that will synchronize with the current arrangements and guidelines of the national Strategic Plan (2009-2013).

To adapt this framework for ongoing statutory revisions along with the lifetime of the NMSP, a Review Form is presented below.

NIGERIA PSM (MALARIA) FRAMEWORK DOCUMENT REVIEW FORM	
NAME OF REVIEWER:	
ORGANIZATION/ DESIGNATION:	
DATE OF SUBMISSION OF REVIEW:	
SUMMARY OF REVIEW: CHAPTERS WITH REVIEW COMMENTS:	
<p>SUGGEST URGENCY OF COMMENTS MADE: Tick as appropriate in one of the boxes below:</p> <ul style="list-style-type: none"> • Comments for next general review <input type="checkbox"/> • Comments for immediate action <input type="checkbox"/> 	

SECTION 1: REVIEW OF DOCUMENT STYLE AND FORMAT:						
Table Of Contents; Section Headings; Fonts; Figures, Readability; General Flow of Contents;						
Classification of Review	Chapter	Section	Page No	Comments/Error	Suggestion (s)	Further Remarks

SECTION 2:**TECHNICAL REVIEW OF CONTENTS:**

Completeness of Facts; Accuracy of Facts; Feasibility of Strategies;
Recent Changes-Situational Analysis, Strategies, Partnerships,; Omissions;
Duplications; Technical Errors

Classification of Review	Chapter	Section	Page No	Comments/Error	Suggestion (s)	Further Remarks

CHAPTER SEVEN:

PSM (MALARIA) LOGICAL FRAMEWORK

The malaria PSM framework is accompanied by a Log Frame (Chapter Seven), which accentuates the thrusts outlined in the entire document. In compiling the Log Frame, considerations were given to include issues that are fundamental to the operation of the malaria PSM, in the sense of being within the ambit of the PSM/NMCP and RBM stakeholders and are not undergoing immediate rapid transformation, such as in the Logistics System Design and roll-out.

However, it should be noted that an immediate next step will be to enlarge this Logical Framework into costed PSM action plans which will be the blueprint for the development of annual operational plans, with the commitment of the multiple RBM stakeholders. Only then can the full potentials of this framework be harnessed into the improvement of malaria PSM in Nigeria.

1. Policy and Legal Framework
2. Programme Support: Resource Mobilization and Capacity Development
3. Partnership, Coordination, and Technical Support
4. Selection of Antimalarials
5. Forecasting, Quantification, Procurement, and Quality Control/Assurance
6. Distribution, Storage and Transport
7. LMIS (Inventory Control, Data Mgt, Reporting, Information)
8. Supervision, Monitoring and Evaluation*
9. Rational Use and Pharmacovigilance
10. Research and Special Projects*

7.1 Policy Framework

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/ Risks	Responsible
7.1.1. Dissemination of National Antimalarial Treatment Policy	<ol style="list-style-type: none"> Inadequate circulation of policy booklets at public and private health facilities, academic institutions, etc Absence of the mechanism to sustain printing and circulation 	<ol style="list-style-type: none"> To ensure that both the public and private sectors in Nigeria have access to all AM policy publications and at all times. 	<ol style="list-style-type: none"> Set up a sub-committee to regularly quantify needs, print, distribute and monitor circulation Dissemination to be planned and implemented 	<ol style="list-style-type: none"> Functional sub-Committee in place # of copies of policy disseminated 	<ol style="list-style-type: none"> Minutes of meeting Report on dissemination 	Availability of Funds	NMCP: PSM Branch and other Branches plus RBM Stakeholders
7.1.2. Policy tracking	<ol style="list-style-type: none"> No designated officer to track policy and regulatory changes as affecting malaria PSM implementation 	<ol style="list-style-type: none"> To ensure that all policy and administrative releases that may affect the activities of the PSM branch be followed up while in the making and captured within two weeks of official release 	<ol style="list-style-type: none"> Designate an office in the PSM branch to track and manage policy and regulatory changes <ol style="list-style-type: none"> Maintain links with all policy making and publishing organization Empower the officers with adequate facilities to perform effectively 	<ol style="list-style-type: none"> Officer appointed and # of administrative issues that affect PSM tracked Meeting scheduled with other policy making organizations Provide Information Communication Technology (ICT) facilities 	<ol style="list-style-type: none"> Letter of Appointment/ policy tracked Minutes of meeting ICT set up 	Available capacity in resident staff to carry out tasks	NMCP: PSM Branch and other Branches plus RBM Stakeholders

7.2 Programme Support, Resource Mobilization and Capacity Development

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/ Risks	Responsible
7.2.1. Programme Capacity assessment	1. Nil available assessment tool for PSM frame work.	1. Develop PSM assessment tools.	3. Based on National Malaria strategic Plan as PSM	Capacity Assessment Tools	Printed Capacity Assessment Tools	NMSP plan remains coordinated/ Available funds and technical capacity	NMCP: PSM Branch plus RBM partners
7.2.2. PSM Framework	Operationalizing the Newly introduced PSM Framework	2. Create awareness on the PSM framework.	1. Dissemination of the PSM framework at all levels	# of planned dissemination session held at all levels	Reports on dissemination	Finalization of PSM framework Available fund	NMCP: PSM Branch plus RBM partners
7.2.3. Financial planning and management	1. Inadequate mapping of Funds available for PSM activities. 2. Non harmonization of PSM activities 3. Irregular financial commitment/flow from Partners.	To generate a timely yearly PSM financial plans .	Completion of PSM financial plan before the end of January of every year.	1. Availability of completed PSM financial plan. 2. Time of completion of the financial plan.	Available completed PSM financial plan	The National programme financial plan is finalized on time.	NMCP: PSM Branch and other Branches plus RBM Stakeholders

Sub-Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification	Assumptions/ Risks	Responsible
7.2.4. Grant processing/ Tracking	<p>1. Inadequate representation of PSM in proposal development.</p> <p>2. Inadequate understanding of grant rules and regulations.</p> <p>3. Inadequate relevant PSM data for grant processing</p>	PSM branch to be actively involved in proposal development.	<p>1. Study of proposals requirements for GFATM, WB, SuNMAP or other funding Agencies.</p> <p>2. Participation in proposal development by the PSM branch.</p>	% of the proposal development processes that involves the PSM branch.	Report of the proposal development committee.	PSM unit adequately invited for and represented in the proposal development process.	NMCP: PSM Branch and other Branches plus RBM Stakeholders
7.2.5. Expenditure analysis and control	<p>1. Inadequate access to costed PSM work plan by the finance department.</p> <p>2. Uncoordinated flow of financial resources from donors.</p> <p>3. Inadequate accounting software and skilled manpower.</p>	To use expenditure analysis as a tool in expenditure control.	<p>1. Evaluation of current spending profile.</p> <p>2. Quarterly Coordination meetings based on the costed PSM work plan between the PSM and the accounts units.</p> <p>3. Provision of relevant accounting software e.g. Quick book, skilled manpower.</p>	<p>1. # of coordination meetings held.</p> <p>2. # of accounting software available.</p> <p>3. % of personnel trained on expenditure analysis and control.</p>	<p>1. Reports of quarterly coordination meetings.</p> <p>2. Visible software with evidence of purchase.</p> <p>3. Training attendance list.</p>	Availability of a completed PSM financial plan.	NMCP: PSM Branch and other Branches plus RBM Stakeholders
7.2.6.	Capacity Development through supervision	To develop technical supervision guidelines for all levels	Conduct monthly technical supervision exercise	Number of monthly technical supervisions conducted	Report of monthly technical supervision conducted	Availability of funds and officers for supervision.	NMCP: PSM Branch plus RBM Stakeholders

7.3 Partnership, Coordination, and Technical Support

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/Risks	Responsible
7.3.1. Partnership	Coordination (RBM Stakeholders)	2. Weak coordination of malaria PSM stakeholders at all levels.	To conduct stakeholder analysis- Determining their importance at the various stages their roles and responsibilities and how they should be engagement	1. Stakeholders mapping.	1. # number of stakeholders mapped.	1. List of all stakeholders in PSM malaria are available	PSM Sub Committee
7.3.2. Coordination	1. Weak coordination of PSM Malaria branch	To ensure the participation of PSM branch at National monthly working group meetings. PSM State Officers participating in Monthly Meetings at State level.	Monthly stakeholders meetings at the national level with PSM officers in attendance Monthly stakeholders meetings at the state level with PSM officers in attendance Forth nightly stakeholders meeting at the LGA level with the logistic officers in attendance	# of monthly meetings held	Report of meetings.	PSM branch will receive invitation	NIMCP:PSM Branch Programme Coordination Branch
		Logistic officers participating in the fortnightly meeting at LGA level.		# of monthly meetings held	Report of meetings.	PSM state officers will receive invitation	State RBM and PSM staff
				# of forth nightly meetings held.	Report of meetings.	Logistics officers will receive invitation.	LGA malaria Focal Persons and Logistics Officers

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/ Risks	Responsible
7.3.3. PSM Malaria monitoring and evaluation	2. Inadequate coordination with M/E	To improve coordination with M&E	1. Monthly meeting 2. Centralized Management information System 3. Harmonization of tools	1. # of monthly meeting held 2. Centralized MIS	1. Report on Monthly meeting Operationalized MCLS	1. Consensus with Programme Heads 2. Available funds	NMCP: PSM Branch Programme M and E branch

7.4 Selection

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/ Risks	Responsible
7.4.1. Standard Treatment Guidelines (STG)	Non availability at Service delivery Points (SDPs)	1. To ensure availability of STGs at SDPs	1. Distribution of Standard treatment Guidelines	1. # of SDPs that acknowledge receipt	Document of the receipt/ availability at SDP	Officer may convert to personal use only	NMCP: PSM Branch Management branch
7.4.5. Programme Medicines and Health Commodities	Non-centralized choice of programme medicines and health commodities	To harmonize the processes of choosing programme medicines and health commodities	Form ad-hoc malaria PSM Selection sub-Committee	Meetings of the ad-hoc Selection Committee	Minutes of meetings of ad-hoc Selection sub-Committee	Technical and programmatic coordination	TWG Malaria

7.5. Forecasting, Quantification, Procurement and Quality Assurance

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/ Risks	Responsible
7.5.1. Role of PSM/NMCP	Lack of significant role of NMCP/PSM in the procurement process	The NMCP/PSM Branch at all levels should be involved at all levels in the procurement process in order to provide technical inputs	Membership of the Procurement Committee should include a designated member of the PSM/NMCP/Logistics unit with similar committee at all levels	PSM/Logistic unit included in Procurement Committee	Minutes of meetings	Framework Policies and procedures will be followed	NMCP and RBM partners
7.5.2. Harmonization	Lack of harmonization of procurement plans between National, States & Partners leading to difficulties to accurately quantify needs	Proper coordination between all stake holders to avoid duplications and gaps in procurement.	Conduct high level advocacy to the National council of health on need to harmonize procurement plans for malaria commodities at all levels	Functional inter -Agency coordination Committee	Minutes of the meeting	Stakeholders Buy in/ Non Functional Committee	NMCP PSM Sub Committee and RBM partners
7.5.3. Product specifications	1. Lack of relevant detailed products specification - composition, packaging etc, which are not always maintained in the letters of awards of contracts and agreements	1. To ensure that intended procured AM commodities are accompanied by relevant details of agreed specifications.	1. Procurement specification must be made of medicines and health commodities	1. Specification of the product available in product procurement documents	1. Available bidding document	Compliance with due process	NMCP PSM Sub Committee and RBM partners

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/Risks	Responsible
7.5.4. Service Level Agreement (SLA)	Absence of a system of designing, using and enforcing service level agreements SLA	1. To draw up a list of the minimum information that may be required to accompany products meant for delivery to the FCMS, by product category 2. Make Copies of prequalification documents approved by the Procuring body available to the FCMS before deliveries is attempted	1. The PSM branch will formulate minimum requirement for service delivery Printing of copies prequalification documents	1. List of information on minimum requirement by product category 2. # of printed documents available	1. Available document with list of information on minimum requirement by product category 1. Available document on prequalification	Technical Expertise	NMCP PSM Sub Committee and RBM partners
7.5.5 Service Level Agreement (SLA) Contd.		To ensure strict adherence to existing Procurement Policies	Advocacy and meetings with all relevant stakeholders on the need to comply with existing policies	Standardized Procurement guidelines for all Stakeholders	Improved Procurement Process	Technical Expertise	NMCP PSM Sub Committee and RBM partners
7.5.6. Compliance to existing procurement policies	Non adherence to existing procurement policies	Lack of review of Procurement plans.	Periodic (quarterly) review of procurement plan in comparison to consumption at all levels of the supply chain	Procurement Plan reviewed	Review Report	Stakeholders Buy - in / stakeholders are abreast with procurement policies and guidelines	NMCP PSM Sub Committee and RBM partners
7.5.7. Review of Procurement Plans						Feasibility of Conducting regular quarterly reviews.	NMCP PSM Sub Committee and RBM partners

7.6. Distribution, Storage and Transport

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/ Risks	Responsible
7.6.1. Distribution Committees	Lack of distribution committees in some states	Strong involvement of the right NMCP /PSM logistics personnel in the distribution of all Malaria Medicines & Related commodities for accountability	Establish Distribution Committees in all States with Membership that includes NMCP/ PSM Personnel.	Functional distribution committee formed	Minutes of meeting and distribution plan.	Procedures for Functional committee available / Availability of logistics to facilitate the work	NMCP PSM Branch: Plus State RBM Officers PSM staff
7.6.2. Storage Practices	Good Storage Practices at all levels To monitor storage conditions at ware houses and service delivery points	Supportive Supervisory visits Provision of SOP manual	Survey of Storage Practices	Survey Report	Strategic Plan for Survey Liaison with M and E Available Funds	NMCP PSM Branch: PSM Sub Committee M and E	
7.6.3. Transportation	Lack of adequate vehicles to convey commodities to appropriate quarters	Each Storage facility at National and State levels should ideally have a means of transport attached to it to support distribution and monitoring	Provision of third party logistics carrier to convey malaria medicines and commodities from central to states stores and from states stores to LGAs. Provision of working guidelines	# of appropriate means of transportation made available	Transport system in place	Funds and processes in financial plan	NMCP PSM Branch: RBM Stakeholders 3 PL Companies

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/ Risks	Responsible
QA of medicines and health commodities on pipeline	Lack of defined procedures to ensure pipeline QA	To continuously ensure the quality of pipeline medicines & other health commodities	<p>Provision of 4WD Pick-ups at National and State levels, in addition to a Cargo Boat for each riverine states for intra-state and health facility distribution and monitoring</p> <p>Provision so made should expressly specify that the vehicles are assigned and labelled for NMCP/PSM</p> <p>Biannually carrying random sample tests on pipeline medicines and other health commodities at NAFDAC or Govt approved laboratories</p>	% of facilities whose stock are subjected to quality assurance tests	Laboratory reports of the quality control tests	Timely release of money for the laboratory tests	NMCP PSM Branch Implementing RBM Partners

7.7. Logistic Management Information System

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/ Risks	Responsible
7.7.1. Data management	Low capacity at state, LGA and facility level on how to complete data collection tools/records	To build the capacity of relevant personnel on correct completion of data collection tools/records	Plan and conduct periodic re-training workshops Continuous supervision and on-the-job training	% of planned re-training workshops completed % of planned routine supportive supervision visits completed and reported	Training Reports Reports of supervision visits	Routine supportive supervisory visits will be planned, costed, and approved Routine supportive supervisory visits will be planned, costed and approved	NMCP PSM Branch RBM Stakeholders NMCP PSM Branch RBM Stakeholders
7.7.2. Computerization of Data	Absence of computer or web-based LMIS (computers, internet facilities).	To make computers available at federal, state, LGA and facility levels for uses in capturing related LMIS data/reports	Procurement of computers and internet facilities at relevant levels of the system	% of locations that have computers installed with functional LMIS software	Evidence of procurement and delivery of computers and internet facilities	This activity will be planned, costed, approved and executed	NMCP PSM Branch RBM Stakeholders
7.7.3. IT Skills	1. Inadequate of staff with appropriate IT skills	To build the capacity of relevant staff on IT skills	To develop curriculum and train staff at all levels on IT skills required to operate the computers and installed LMIS software	% of staff training on IT skills and developed computer/web based LMIS	Training Reports	This activity will be planned, costed, approved and executed	NMCP PSM Branch RBM Stakeholders Capacity Building Organizations

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/Risks	Responsible
7.7.4. Reporting	No feedback report from the higher levels to the lower level	To provide feedback reports to lower level so as to improve their performance	Inclusion of feedback reports in future reviews of the designed LMIS system for malaria products	Proportion of reporting facilities that received feedback report from higher levels	Copies of feedback reports sent	The designed LMIS system for malaria will be reviewed at a future date	NMCP PSM Branch M and E Branch RBM Partners at all levels Private Sector Civil Society
7.7.5. Data Quality Assurance (DQA)	Poor data quality	To ensure quality of PSM data	Develop data quality checklists for DQA supervisory visits.	% of health facilities that scored above 90% on routine DQA checks.	DQA assessment reports	Routine DQA visits will be planned, costed, approved and executed	NMCP PSM Branch M and E Branch RBM Partners at all levels
7.7.6. Information management	Inadequate Capacity building on Information Management for PSM Implementers	Build Capacity of implementers on information management.	1. Train at least 80% of SP on ICT (of trained implementers on information management in the system). 2. Availability of software's, hard wares, internet access and other tools for information management	% of Service Providers trained # Soft and hard wares provided	List of participants and quality of incoming reports from the pipelines. Visible soft and hard ware with evidence	Available fund Available fund/software's	NMCP PSM Branch RBM Stakeholders Capacity Building Organizations
7.7.7. Cleaning of LMIS Data	No in-built mechanism for cleaning of LMIS data & inventory records	To improve the quality of LMIS data	1. Review of each Bi-monthly FSR at the LGA and State Levels before data aggregation	% of Bi-monthly FSR that are correctly filled	Random checks on the available FSRs at the LGA & State Levels during supervisory visits	Quality control checks on data is integrated into the supervisory checklist	NMCP PSM Branch Implementing RBM Partners

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/Risks	Responsible
7.7.8 Central Information data base	None availability of central malaria information data base/e-library	To establish a central malaria database/e-library	Engage technical assistance to develop a malaria database/e-library and training curriculum Train relevant staff on the use of the information database/e-library	Database developed % of staff training on use of the information data base/e-library	Evidence of contracted TA and TA report	1. This activity will be planned, costed, approved, and executed. 2. TOR for TA will include TOT	NMCP PSM Branch RBM Stakeholders TA
7.7.9. Information Dissemination	Lack of proper dissemination of key PSM (Malaria) documents to relevant stakeholders	To ensure information is provided to all stakeholders	To develop and distribute quarterly publications on information relevant to PSM activities	% of bulletin distributed	Training reports Bulletin available	Master trainers trained by TA will carry out step down training Availability of funds to produce the bulletin	NMCP PSM Branch RBM Stakeholders TA
7.7.10. Operational Guidelines	Operational guidelines and SOPs for PSM activities	To develop and review PSM related operational guidelines and SOPs	Development and review of operational guidelines and SOPs for the Malaria PSM activities Advocacy to all stakeholders on use of logistics data.	Availability of SOPs manual and operational guidelines	Published guidelines	Timely release of funds for the development and review of the SOPs	NMCP PSM Branch RBM Stakeholders TA
7.7.11. Utilization of available data for decision making	Poor use of logistics information	To ensure the use of logistics information amongst all relevant stakeholders		# of planned Advocacy carried out	Minutes of meetings used for planning meeting and advocacy reports.	1. Compliance by health workers to release information	NMCP PSM Branch RBM Stakeholders

7.8. Supervision, Monitoring and Evaluation*

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/ Risks	Responsible
7.8.1. Supervision	Lack of routine/scheduled supervisory visits at all levels	To conduct planned periodic supervisory visits at all levels	Develop a standard schedule for supervision of PSM activities at all levels	Supervision schedule for all levels developed	Template of supervision schedule	Timely release of funds for supervisory visits	NMCP PSM Branch RBM Stakeholders
		To ensure continued effective supervision	Plan and execute periodic supportive supervisory visits according to standardized supervision schedule	%Age of planned supervisory visits that were completed and reported	Reports of supervision visits	This activity will be planned, costed, approved and executed	NMCP PSM Branch RBM Stakeholders
7.8.2. Monitoring and Evaluation	Lack of supervisory skills at all levels	To train staff on supervisory skills at all levels	Develop a training curriculum on supervisory skill and train relevant staff accordingly	%age of staff engaged in supervision visits that have received training on supervisory skills	Training reports	This activity will be planned, costed, approved and executed	NMCP PSM Branch RBM Stakeholders
		To build the capacity of PSM staff in developed M&E indicators for PSM	Key Staff trained to organize step-down trainings for other staff at all levels	%age of PSM staff trained on M&E indicators for PSM	Training reports.rs	Timely release of funds.	NMCP PSM Branch RBM Stakeholders

7.9 Rational Use and Pharmacovigilance

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/ Risks	Responsible
7.9.1. Policy on Medicine Promotion	1. Promotion on media on Malaria medicines and health commodities does not convey messages in appropriate manner	1. To ensure Adverts on Malaria medicines and health commodities carry promotion messages in appropriate manner	1. NMCP should be consulted on any media advert relating to Malaria products	1. # of consultation meeting held with NMCP on media advert	1. Minute of meetings	NAFDAC will buy into advert issue	NMCP PSM Branch RBM Stakeholders NAFDAC
7.9.2. Capacity development	1. Service Providers (SP) not trained on Rational drug use	1. To build capacity of SP on Rational drug use	1. Identify training needs on Rational drug use 1.1. Conduct training based on needs	1. Report on training needs assessment 1.1. Proportion of SP trained on rational drug use	1. Reports on need assessment /training	Funds available/ Right staff are released for training	NMCP PSM Branch RBM Stakeholders
7.9.3. Compliance from Patient	1. Non-compliance due to large number of tablets and side effects of drugs	To achieve 95% compliance from clients	1. Produce Patient leaflets on Malaria Medicines and commodities available 1.1. Patient counseling on treatment adherence/side effects	1. # of leaflets produced and distributed 1.1. Proportion of clients adhering to treatment schedule	1. Available copies of leaflets 1.1. Patient interview	Available funds to print leaflets. Available staff trained on counseling Scope of intervention Sustainability	NMCP PSM Branch RBM Stakeholders Private Sector Civil Society
7.9.4. Continuous use monotherapies	1. Inadequate distribution of ACT 1.1. cost of ACT 1.2. inadequate information	1. To ensure ACT is available at SDP either free or AFMm 2. Regulation of sale of Monotherapies	1. Affordable Medicines for malaria (AFMm) 1.1 Free ACT at PHCs 1.2. AFMm 2. Stop Registration of Monotherapies	1. Proportion of facilities/SP with AFMm (Public/Private) 2. Absence of Monotherapies on Nigerian Drug list	Hospital /Private records See Nigerian Drug list	Global Fund (GF) AMFM Grant is implemented NAFDAC collaboration	PSM Branch RBM Stakeholders NAFDAC

7.10 Research and Special Projects*

Sub Theme	Challenges	Objectives	Strategy	Indicators	Means of Verification (MOV)	Assumptions/ Risks	Responsible
7.10.1. System for research	1. Absence of a system of research to ascertain and track the status of logistics indicators. 1.1. Investigate special reports/observations about PSM matters	1. To ensure that reported issues of considerable significance are formally investigated and processed to conclusive ends.	1. Train PSM officers on investigational, operational and development research 1.1. Provide facilities for research	1.# planned and trained 1.1.# of available facilities on research	1. Training Report Available Available facilities on research	Availability of funds and Technical capacity	PSM Branch RBM Stakeholders TA
7.10.2. Conduct of Operation research	Funding/sponsor	1. To conduct operation research on Malaria medicines and health commodities	1. Proposal write up 1.1. Peer Review 1.2. implementation	1.# of operational research conducted	research document / report	Availability of funds and Technical capacity	PSM Branch RBM Stakeholders TA
7.10.3. Research dissemination	1. Funds 2. Mentoring	1. To disseminate findings on research conducted	1. Clinical Journal's 1.1. dissemination at meetings	1.# of clinical journal with the research information	1. Journal 2. Abstracts	Availability of funds and Technical capacity	PSM Branch RBM Stakeholders TA
7.10.4. Quality assurance on the research	Ensure Quality in Research Processes	1. To ensure research conform to all ethical standards	1. Develop tools to ascertain the quality of the research	1. Tools developed	Technical Assistance	Availability of funds and Technical capacity	PSM Branch RBM Stakeholders TA

