Nigeria Supply Chain Integration Project

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Speakers of today

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Country
Representative Nigeria
&
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**Annette de Nie &
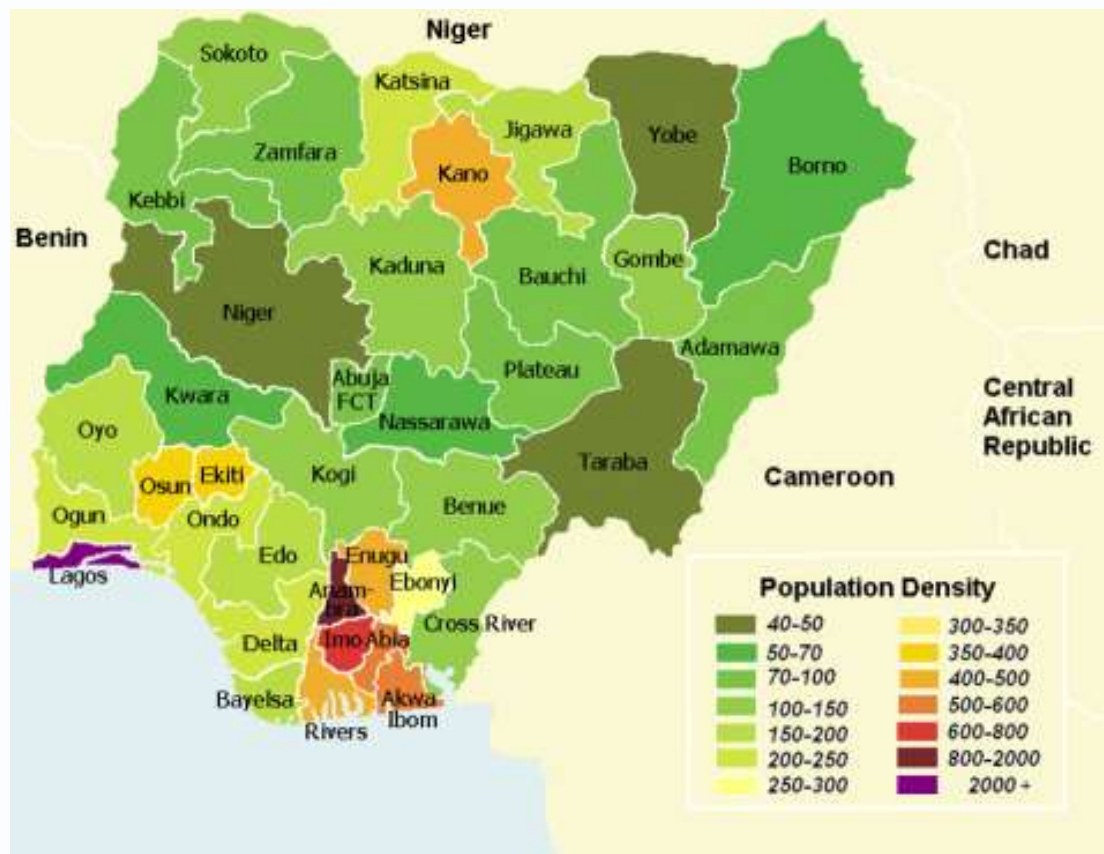Anouk van Praagh**

Host and co-host of
today

Today's topics

Nigeria

Population Density
40-50, 50-70, 70-100, 100-150, 150-200, 200-250, 250-300
300-350, 350-400, 400-500, 500-600, 600-800, 800-2000, 2000 +

The country

- ~200 million people
- 36 federal states
- 774 Local Government Areas
- 40,000 primary, secondary and tertiary health facilities

Health system challenges at the start of NSCIP (2015)

- Parallel supply chains for HIV, TB, Malaria, RH & Vaccines
- Rooted in central federal government
- Fully vertical setup where each program works individually trying to reach the whole country with individual LMIS, storage and distribution systems
- Local state governments have little ownership
- Very weak data flow from health facilities

Why NSCIP?

Address challenges of supply chain coordination, and facilitate efficient management of health commodities

- Integration of supply chains across five health programs

- LMCUs are the main mechanism to lead supply chain strengthening and integration efforts at the state level

NSCIP's goal

"Effectively and efficiently integrate Health Disease Programmes Supply Chain Management activities for optimal PSM services that would prevent stock outs, minimize wastages and efficiently run the entire health system which includes the infrastructure, human resources and tools."
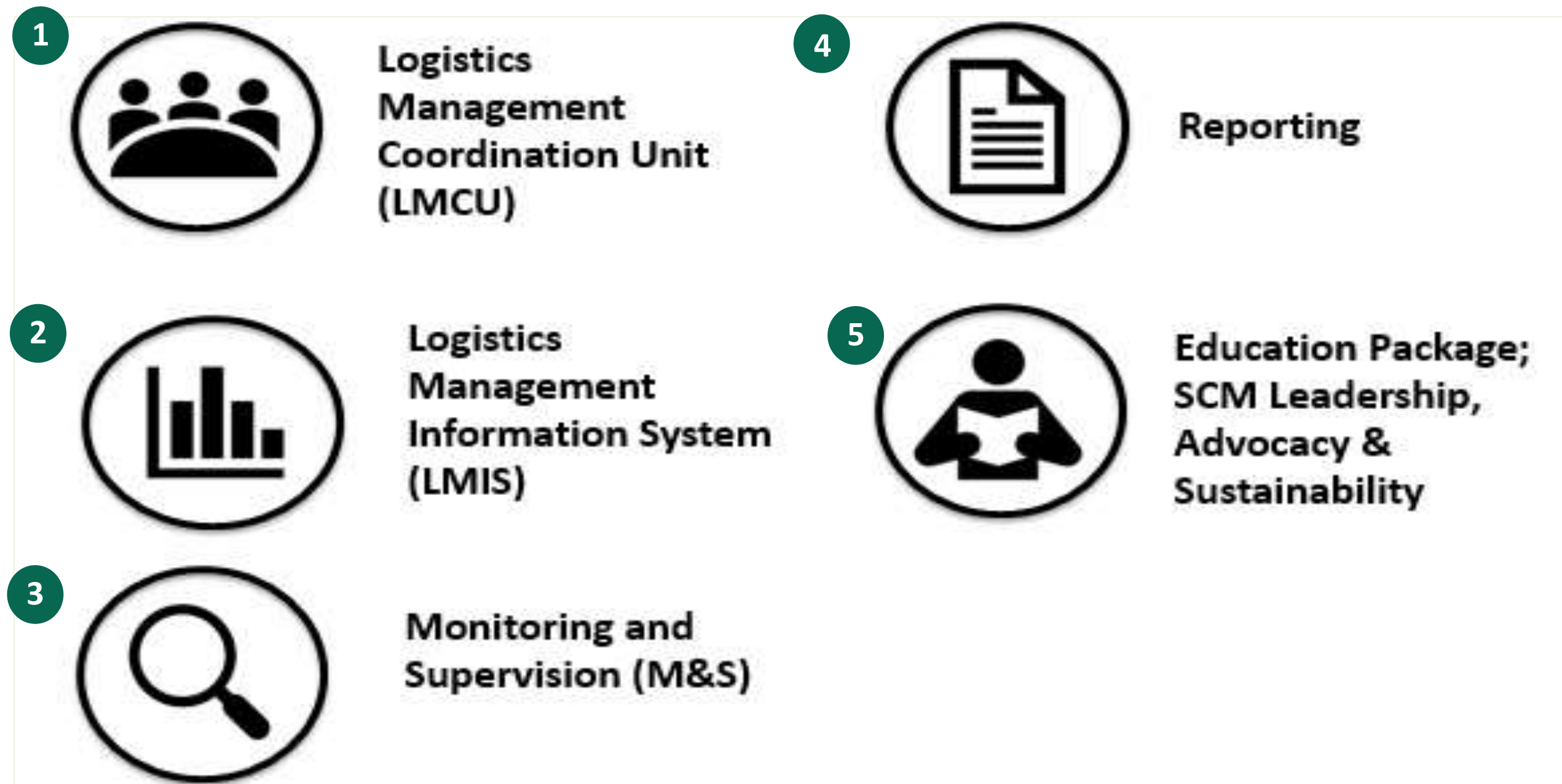
NSCIP: i+Consortium was awarded Lot III

NSCIP's 3 Lots

I – Coordination & Policy

II – Warehousing & Distribution

III – Logistics Management Coordination Units (LMCU) & LMIS Deployment in all States

i+consortium:
- i+solutions
- Pharmaceutical Systems Africa
- University of Benin
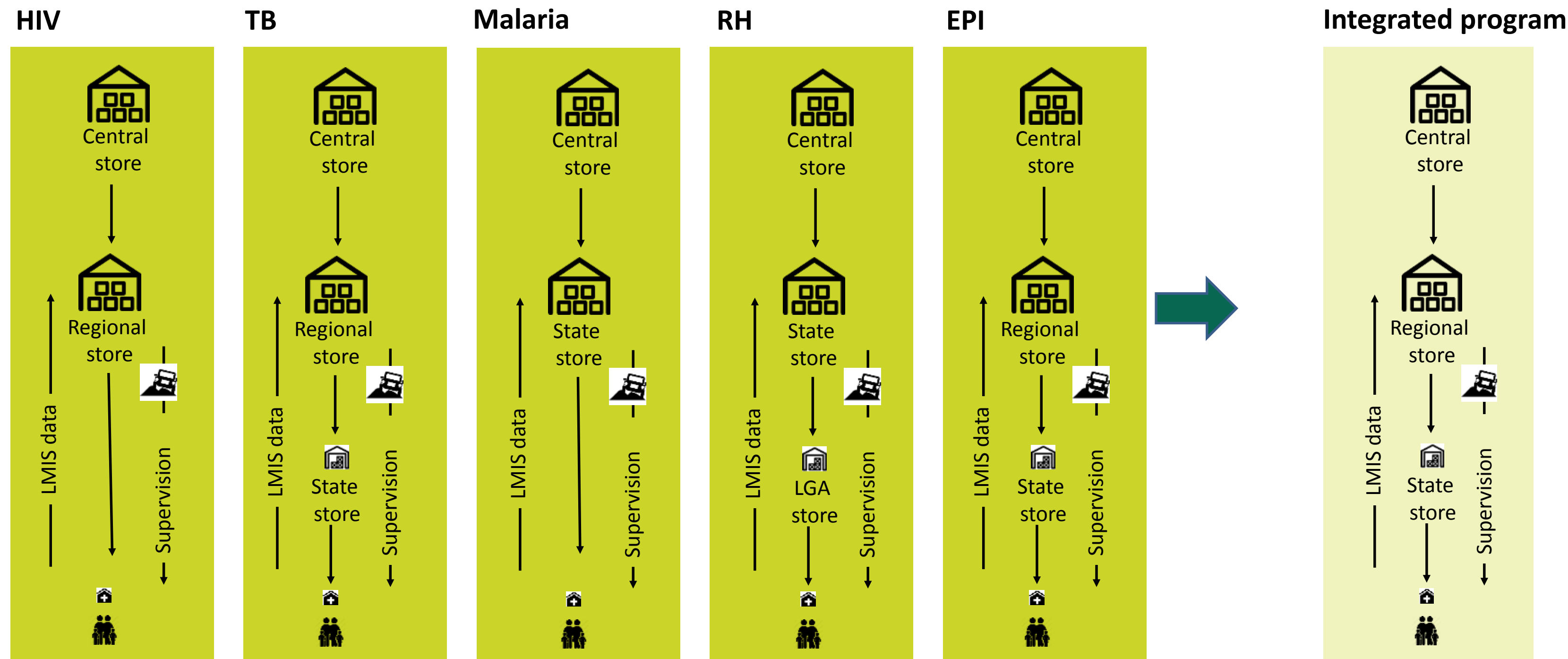- Sustainable Healthcare International

Lot III's Objective: Integrate Supply Chains with 5 Workstreams

1 Logistics Management Coordination Unit (LMCU)

4 Reporting

2 Logistics Management Information System (LMIS)

5 Education Package; SCM Leadership, Advocacy & Sustainability

3 Monitoring and Supervision (M&S)

Integration: moving from complex to more simple set-up, removing duplication

From supply chain per program:

To:

Our approach to challenges

Challenges

Strategy

Weak ownership

Advocacy towards state MOH

Establish & operationalize state LMCUs

Lack of information

Standardize and simplify existing information flow

Implement temporary LMIS

Implement e-LMIS

LMCU – bringing together
all officers of different programs in one unit

①

Setting up LMCUs and creating ownership

Why — Create ownership, collaboration and integration; knowledge and resource sharing

What — LMCU is a structure comprising of state MOH staff, logistics officers of HIV, TB, Malaria, RH & Vaccine programs
- Data management
- Order management
- Distribution management
- Monitor & evaluate
- Identify supply chain problems, develop solutions

How
- Engage MOH in design & implementation
- Advocate for importance and value for state MOH
- Support state MOH in the practical operationalization of LMCU
- Orienting LMCU towards reporting to state MOH, give state credit

LMIS aligning and creating digital solution

Why
- Limited aggregation of data
- Multiple versions of logistics data
- Weak basis for procurement and distribution

What
- One electronic tool where logistics data from all programs can be aggregated and shown for management purposes

How
- Aligned paper based tools into same format
- Interim e-LMIS tool
- Integrated (ATMRH) reporting
- National Stock Status report
- Institutionalized Facility Audit Capability, enhancing issue visibility and data analytics
- LMIS integrated into existing national LMIS, set up in Navision

Results & Impact

- Functional LMCUs in each state

- Local states took ownership and allocated budgets for supply chain activities

- Improved end to end visibility of LMIS data

- Harmonized monitoring & supervision across all programs

Improved commodity availability across supported health facilities
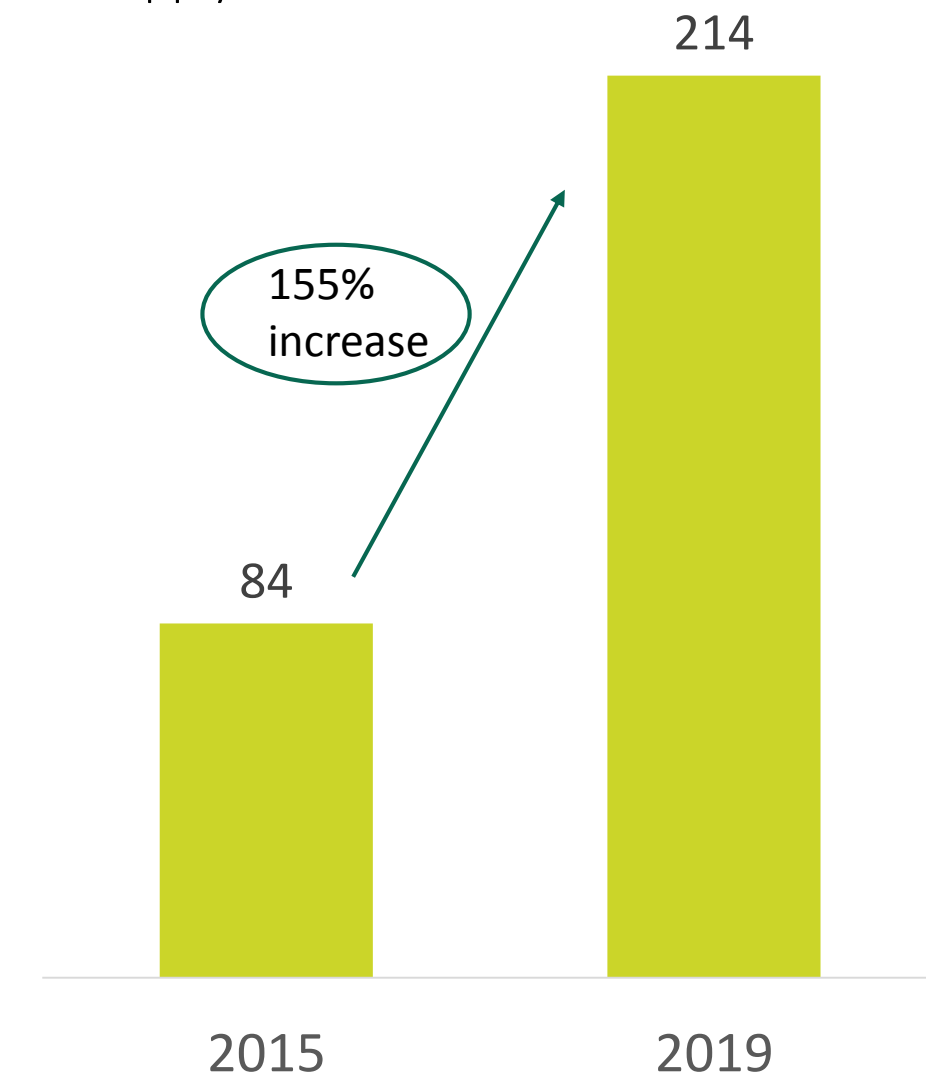
Concrete results

Cost savings achieved

₦ 5.2 billion
($13.4 million)

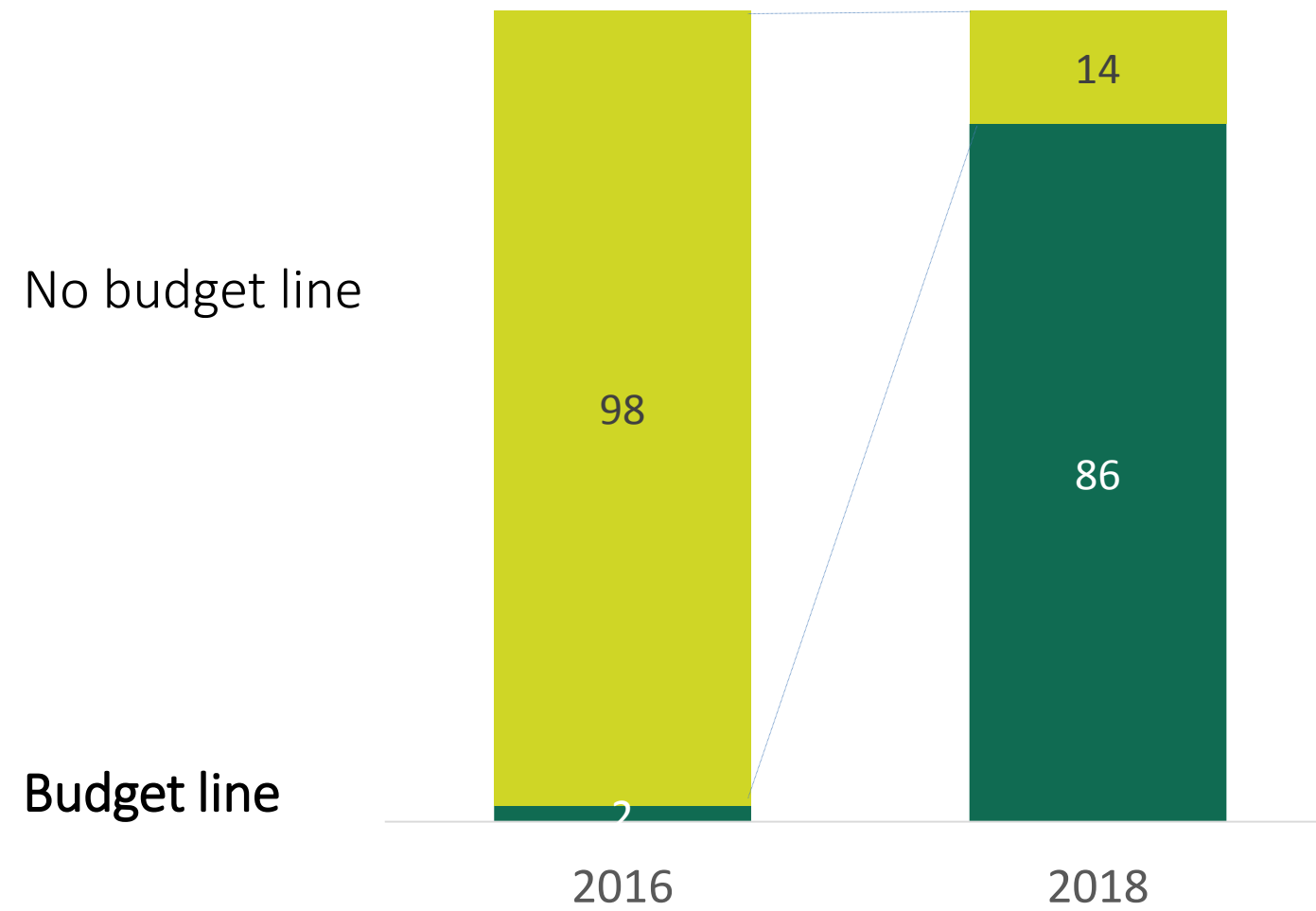## Increased human resource pool and capacity for supply chain

Number of government staff working
in supply chain:

84

214

155%
increase

2015

2019

Source: NPSCMP

Most of the states now have a budget line

States having a budget line for supply chain integration (%)

No budget line

Budget line

	2016	2018
No budget line	98	14
Budget line	2	86

6 key success factors

01 Ensure government ownership and leadership

02 Understand and address resistance to change among stakeholders

03 Identify and engage change agents: state consultants and zonal coordinators

04 Engage high quality service providers

05 Use dynamic approach; embedded learning processes (WhatsApp groups, among others)

06 Apply a phased approach allowing methods and tools to be tested before scale up

Stakeholders are positive about the changes the NSCIP project has brought

"State LMCU now has more accurate and complete data such that partners come to the unit for data confirmation/validation."

Pharm. Moses Adewole (LMCU Coordinator, Oyo State)

''Pipeline visibility has greatly improved across health programs in our State resulting in improved commodity availability across supported health facilities."

Pharm JcMoses Mabwe (Director Pharmaceutical Services, Plateau State)

Creating a sustainable way of working for the LMCUs

- Harmonized the Monitoring & Supervision system

- Developed the National stock status report

- Tracking key performance indicators

- Development of workplans and operational plans for LMCUs in all 36+1 states

- Advocacy packages for resource mobilization & sustainability

The situation now

- We accomplished the project mandate for Lot 3. However, a lot more still needs to be done

- Deloitte evaluated the project and judged it successful

- Key areas for further integration at lower levels have been formulated, but not yet initiated

Q&A

Supply Chain Solutions – The webinar series

02   Last mile in DRC – the informed push model

Thursday 24 September, 14:00 (French), 15:30 (English)

03   Medexis (eLMIS) and end-to-end visibility in Burundi

Thursday 8 October, 14:00 (French), 15:30 (English)

04   The Blockchain pilot in Nigeria

Thursday 22 October, 15:00 (English)

Thank you

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