Federal Republic of Nigeria

National Oversight Framework for Reconciliation, Triangulation and Accountability of Health Products

National Product Supply Chain Management Programme (NPSCMP)

Department of Food and Drug Services

Federal Ministry of Health

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National Oversight Framework for Reconciliation, Triangulation and Accountability of Health Products

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Forward

The Nigeria health supply chain system has witnessed several transformative initiatives geared towards improving access to medicines and other healthcare products especially life-saving products, thus contributing to universal health coverage. A key strategy driving this transformation journey is the concerted effort by Government of Nigeria, Donors, Partners, and other stakeholders, to continually strengthen the national health supply chain system. We are all witnesses to the positive impact in the system resulting from investment in aspects of infrastructure, human resources, process improvement, Institutionalization of State Logistics Management Coordination Unit (LMCU), support to State Drug Management Agencies (DMAs), development and roll out of policies, strategic plans, Standard Operating Procedures (SOPs), tools, and other standards.

A critical document that is at the heart of these achievements, which also provides direction for the country's health supply chain is the *National Health Supply Chain Strategic and Implementation Plan (NHSCP) 2021-2025*. One of the strategic foci of the NHSCP 2021-2025 is optimizing the leadership, governance and coordination role played by NPSCMP and promoting data-driven decision making. For the government to exercise this oversight role, it is imperative to have systems and structures that entrench transparency and accountability across the supply chain by clearly delineating roles and responsibilities of all actors involved. Furthermore, it demonstrates the country's capacity to effectively utilize its own resources and manage donor investments, by having transparent and robust accountability mechanisms.

The well thought out principles of the National oversight Framework which include Accountability, Transparency, Commitment, Value for money, Flexibility and Adaptability; are consistent with the NHSCP 2021-2025. Stakeholders are strongly encouraged to imbibe these principles during their planning, implementation, and decision-making process. This will guarantee that the collective gains we have so far made are sustained, and that the system will grow in resilience to attain more milestones.

As the ministry with the responsibility of managing and regulating food and health products, and activities of actors therein, such as governmental and non-governmental organizations, we are ready to collaborate in this journey of ownership and sustainability by driving the operations of health care supply chains towards actualizing full transparency and accountability.
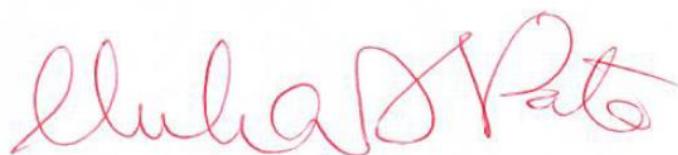
Muhammad Ali Pate, CON
Coordinating Minister of Health and Social Welfare
Federal Ministry of Health

Preface

The 2021 audit conducted by the Office of Inspector General (OIG) for Nigeria grants uncovered significant deficiencies in the nation's supply chain mechanisms responsible for the delivery and tracking of essential medicines. These findings highlighted inadequate controls throughout the supply chain, including information technology controls, and revealed a lack of oversight in the storage and distribution of healthcare commodities. In response to these challenges, one of the agreed management actions (AMA) was initiated to strengthen the oversight framework for the public health supply chain.

To address these deficiencies, the National Product Supply Chain Management Programme (NPSCMP) is spearheading the development of a comprehensive national oversight framework for reconciliation, triangulation, and accountability of health products. This initiative is supported by various in-country supply chain stakeholders. The first step towards this development involved organizing a five-day workshop in Lagos state, which brought together forty-four participants from relevant supply chain entities and was finalized in a subsequent 3-day meeting in Nasarawa state. The rationale behind the creation of this standard is to enhance supply chain efficiency, strengthening accountability, improving data accuracy, mitigating risks, and optimizing resources, this framework seeks to rectify the issues identified in the OIG audit, ultimately contributing to the overall improvement of healthcare delivery and patient outcomes in Nigeria.

Daju Kachollom S mni
Permanent Secretary
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Acknowledgement

The Federal Ministry of Health acknowledges the efforts and contributions of all organizations, donors, partners, and government Ministries, departments, and Agencies (MDAs) that provided resources, support and expertise to the development of this framework.

We acknowledge the technical support and commitment of National Health Programmes (NASCP, NMEP, NTBLCP, RH/FP), NACA, NCDC, State LMCUs and DMAs for their contributions to the robustness of this document.

Similarly, we appreciate our donors The United States Government (USG) and The Global Fund (GF), Implementing Partners, and Principal Recipients, for their support.

We recognize the effort of the Director, Food & Drug Services, management and staff of NPSCMP in ensuring the completeness of this task despite the short delivery timeline. We are grateful for the leadership and effective coordination demonstrated in the process.

This framework benefits from your expertise and years of experience working and supporting national health programme supply chains.

You have contributed in no small measure to the realization of this important document. As we commence the next steps of implementation, I urge you all to fully support the process for the benefit of the clients we serve.

Pharm. (Mrs.) Olubunmi Aribeana
Director Food and Drug Services
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List of acronyms

3PL	Third Party Logistics
4PL	Fourth Party Logistics
AMA	Agreed Management Actions
APMW	Abuja Premier Medical Warehouse
ASN	Advance Shipment Notice
CDC	Centers for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CIPS	Chartered Institute of Procurement and Supply
CMS	Central Medical Stores
COMS	Commodity Ordering Management System
CRS	Catholic Relief Services
D(FDS)	Department of Food and Drug Services
DHIS2	District Health Information System 2
DHPRS	Department of Health Planning Research and Statistics
DMA	Drug Management Agency
DOD	Department of Defense
EOC	Emergency Operations Centre
FASP	Forecasting and Supply Planning
FCMS	Federal Central Medical Stores
FDS	Food and Drug Services
FHI360	Family Health International 360
FMoH	Federal Ministry of Health
FMW	Federal Medical Warehouse
GHSC-PSM	Global Health Supply Chain – Procurement and Supply Management
GIS	Goods in Store
GIT	Goods in Transit
GoN	Government Of Nigeria
HCPOF	HIV Commodity Pool Operational Framework
IDEC	Import Duty Exemption Certificate
iMSV	Integrated Monitoring and Supportive Visit
IP	Implementing Partner
IT	Information Technology
LHD	Long Haul Delivery
LMCU	Logistics Management Coordinating Unit
LMD	Last Mile Delivery

LMIS	Logistics Management Information System
MDA	Ministries Departments and Agencies
MSSV	Monitoring and Supportive Supervisory Visits
NACA	National Agency for the Control Of AIDS
NAFDAC	National Agency for Food and Drug Administration and Control
NASCP	National AIDS, Viral Hepatitis and STIs Control Programme
NDR	National Data Repository
NEMA	National Emergency Management Agency
NETIMS	National Electronic Tuberculosis Information Management System
NHLMIS	National Health Logistics Management Information System
NMEP	National Malaria Elimination Programme
NOF	National Oversight Framework
NPSCMP	National Product Supply Chain Management Programme
NQAT	National Quality Assessment Team
NQT	National Quantification Team
NSSR	National Stock Status Report
NTBLCP	National Tuberculosis and Leprosy Control Programme
OIG	Office of the Inspector General
OTIF	One Time in Full
PEPFAR	President's Emergency Plan for AIDS Relief
PPP	Public Private Partnership
PPR	Patient Per Regimen
PR	Principal Recipient
PRs	Principal Recipients
PSM	Procurement and Supply Management
PSMTWG	Procurement and Supply Management Technical Working Group
QAT	Quantification Analytics Tool
RACI	Responsible, Accountable, Consulted, Informed
RAM	Responsibility Assignment Matrix
RH	Reproductive Health
RSL	Remaining Shelve Life
RTA	Reconciliation, Triangulation, Accountability
SCMS	State Central Medical Stores
SEMA	State Emergency Management Agency
SLA	Service Level Agreement
SLMCU	State Logistics Management Coordinating Unit
SRs	Sub-Recipients

SWOT	Strength Weakness Opportunity Threat
TAG	Transparency and Accountability Group
TGF	The Global Fund
UHC	Universal Health Coverage
UNFPA	United Nation Population Fund
USAID	United States Agency for International Development
USG	United States Government
WMIS	Warehouse Management Information System

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Glossary

Accountability - Accountability is the acceptance, good or bad, of ones' actions that contributed to attaining or failing to meet an intended goal. It implies a willingness to be transparent, allowing others to observe and evaluate one's performance.

Commodity security – Means when every client is able to access and use quality-assured medicines and other healthcare products whenever and wherever they need them.

Donor – An entity (organization, government or non-governmental institution) that donates money, products or other resources to another entity (organization, government or non-governmental institution) for a particular purpose

Health products – Health Products includes (i) pharmaceutical products and (ii) diagnostic and non-pharmaceutical products The term "diagnostic and non-pharmaceutical products" includes, (i) durable products and (ii) consumable/single-use products The term "durable products" includes, but is not limited to, HIV non-rapid tests machines, HIV monitoring machines (CD4s, Viral Load), bed nets, laboratory equipment, radiology equipment and supportive products (e.g., microscopes and reagents). The term "consumable/single-use products" includes, but is not limited to, condoms, HIV antibody (rapid and non-rapid) tests, malaria rapid tests, insecticides, aerial sprays against mosquitoes, breast milk substitute and injection syringes.

National programmes – Government institution established with a mandate to specifically address one or more disease area of public health importance

Procuring Entity – The organization procuring goods, services or works, and responsible for awarding and managing contract.

Reconciliation – The process of comparing transactions and activity to supporting documentation. For example, in inventory management, it is the process of comparing physical inventory counts with records of inventory on hand and resolving any discrepancies that have been discovered

Risk owner – A stakeholder that is accountable for managing a risk with respect to monitoring and implementing risk mitigation strategies.

Service providers – An organization or partner who controls and manages the supply chain of the programme by implementing a combination of procurement, freight forwarding, warehousing, distribution, and other related supply chain activities.

Supply chain visibility – Visibility is the ability to view important information throughout a facility or supply chain no matter where in the facility or supply chain the information is located.

Transparency – The process of accurately identifying and collecting data from all links in your supply chain and communicating that information, both internally and externally, at the level of detail required or desired.

Triangulation – The use of a variety of data sources to corroborate data or findings in order to increase validity and reliability of the findings

1 Introduction

1.1 Background

Accountability for procured or donated health products within the Nigeria health supply chain system is not only a hallmark of an effective and well managed supply chain, it also demonstrates that every health program and indeed the country is capable of accounting for all products and processes at any point in the supply chain.

Nigeria is characterized with a double burden of disease; a persistently heavy infectious disease burden and a rapidly rising burden of non-communicable diseases such as cardiovascular disorders, diabetes, cancers, digestive disease and so on[1]. Nigeria has the third highest HIV burden[2] and 6th highest TB burden globally[3]. In addition, of all the countries that were malaria endemic in 2019 Nigeria accounted for 27% of all cases[4].

As a response to the alarming disease burdens, huge investments have been made over the years by donors and the Government of Nigeria (GoN) in supporting life-saving interventions by funding procurement of health products and related supply chain services particularly warehousing and distribution. Major disease programmes that have benefited from these investments include HIV/AIDS, Tuberculosis, Malaria, Reproductive Health and most recently Covid-19. Although these programmes have received significant investment, their supply chain systems are characterized with different levels of maturity in terms of performance, visibility, and accountability to stakeholders.

The need for improved supply chain visibility among stakeholders and accountability for procured and donated health products have been a recurrent demand from major stakeholders such as Government and donors. These desired improvements were re-echoed in the Audit Report of the Global Fund Grants in the Federal Republic of Nigeria, March 2022. Major findings from the audit included sub-optimal supply chain mechanisms to deliver and account for medicines, inadequate controls across the supply chain at all levels, including information technology controls and sub-optimal oversight of storage and distribution of health products[5].

In response to the OIG report, one of the agreed management actions (AMA) was for the Government and other supply chain stakeholders to strengthen the oversight management of public health supply chain. In addition, ensure key stock reconciliations and triangulations are performed and consolidated for increased visibility to all stakeholders.

1.2 Commodity flow within the national health supply chain system

Commodity flow within the national supply chain system varies widely across programmes and donors. In terms of distribution network, some program commodities are distributed from the

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[1] Business day: https://businessday.ng/opinion/article/defusing-nigerias-double-burden-of-disease-is-a-development-imperative/ (Accessed 13th June, 2023)
[2] UNODC: https://www.unodc.org/nigeria/en/hiv-and-aids.html (Accessed 13 June 2023)
[3] KNCV: https://kncvnigeria.org/nigeria-is-among-the-14-high-burden-countries-for-tb/ (Accessed 13 June 2023)
[4] World malaria report 2020: 20 years of global progress and challenges, WHO 2020
[5] 2022 OIG reports on Global Fund Grants in the Federal Republic of Nigeria

national warehouse directly to the health facilities, while some move from the national to the state warehouses, and sometimes to the LGA before getting to the health facilities.

The frequency of commodity flow from central levels (warehouses) to the health facilities also vary. For example, while the distribution for HIV commodities happens every 2 months, distribution of malaria commodities happens every 3 months.

It is not practical to depict or describe the commodity flow for all programmes using a single map.

1.3 NPSCMP Mandate and rational for national oversight framework

The National Product Supply Chain Management Programme (NPSCMP) of the department of Food and Drug Services in the Federal Ministry of Health, has a mandate to enhance the country's capacity to build resilient, cost-effective, and efficient health supply chain system in a sustainable manner[6]. NPSCMP is to drive this mandate by the effective and efficient integration of supply chain management activities of disease programmes for optimal PSM services. In accordance with its mandate to coordinate all health sector supply chain in the country, NPSCMP led the development of the National Health Supply Chain Strategy and Implementation Plan 2021-2025. The strategic vision is "to have a government-led sustainable system that is responsive, reliable, agile and cost-friendly to run". In addition to the five-year strategic plan, NPSCMP has developed other standards (tools, frameworks, guidelines, SOPs etc.) to drive improvements, integration and sustainability of the national supply chain system.

However, none of these documents explicitly addresses issues related to performance of oversight responsibility as it relates to stakeholder visibility and accountability of health products in the supply chain. To address this gap and the need to strengthen NPSCMP's oversight responsibilities, it became imperative to develop a National Oversight Framework for Reconciliation, Triangulation and Accountability of health products.

1.4 Framework goals and objectives

Framework goals

The goal is to ensure **a robust end-to-end stock reporting and auditing system** for all procured and donated health products. Ultimately, the national supply chain system will be strengthened and better positioned to perform its oversight responsibilities and effectively respond to weaknesses and threats to commodity security in the country.

Framework objectives

Specifically, the objectives of the framework include.

1. To strengthen monitoring and oversight function of end-to-end supply chain processes
2. To improve end-to-end visibility and transparency of health supply chain activities
3. To clearly stipulate roles and responsibilities of stakeholders using Responsibility Assignment Matrix (RAM) that unambiguously states for each task, who is responsible, accountable, consulted, and informed (RACI).
4. To streamline and harmonize the process of reconciliation and triangulation of health products across the supply chain.

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[6] NPSCMP: https://nscip.gov.ng/about-nscip/

5. To provide a systematic approach to managing risks associated with the process of reconciliation, triangulation and accountability using risk management framework.
6. To develop a robust system for monitoring implementation and performance of the oversight framework using an implementable monitoring, evaluation, accountability, and learning (MEAL) framework

1.5 Scope of the national oversight framework

The scope of the framework will cover all reconciliation and triangulation mechanisms that assures accountability of health products used across all national programmes including but not limited to HIV/AIDS, malaria, tuberculosis, reproductive health, covid-19, immunization, nutrition, essential medicines etc. With end-to-end supply chain visibility in mind, the framework focuses on all levels of the supply chain and related components.

- Procurement
- Warehousing
- Distribution (long haul and last mile delivery)
- Service delivery
- Waste management and reverse logistics
- Logistics and service data, and systems

1.6 Audience of the operational framework

This framework is intended to guide implementation of oversight responsibilities by GON, primarily led by NPSCMP. It represents an operational guide to funders, donors, programmes, principal recipients, implementing partners, contractors, benefiting entities and other relevant stakeholders of the Nigeria health procurement and supply management system. It is intended to serve as a tool to strengthen collaboration, optimize resources, improve transparency and accountability within the system.

1.7 Components of the operational framework

The National oversight framework is designed to strengthen oversight responsibility on health supply chain systems by government to ensure accountability, as well as foster an atmosphere of collaboration and transparency among stakeholders. The component of the framework is structured in logical sequence, with outputs from one component forming inputs for the next component. The components include.

1. **Framework principle and approach** – The main principles that guided the development of this framework were defined in this section viz Accountability, Transparency, Value for money, Commitment, Flexibility and Adaptability. With these principles in mind, the resulting approach that ensures desired outcomes are achieved, were defined and operationalized as thematic areas. Finally, the interaction between the guiding principles and approaches, and how they lead to desired results and impact are presented as a theory of change model.

2. **Review of the National Oversight Function** – this section contains a comprehensive review of the current reconciliation, triangulation and accountability (RTA) system using SWOT (strengths, weaknesses, opportunities, threats) analysis. The analysis was conducted

for all thematic areas identified, and recommendations were made to improve weak areas, explore opportunities, and minimize threats to the system.

3. **Operationalizing the oversight framework** – based on the framework's guiding principles and approach, and the recommendation from the review of the current RTA system using SWOT analysis, a responsibility assignment matrix (RAM) was presented in this section. The RAM contained tasks/activities to be performed under each thematic area with an accompanying RACI.

4. **Risk management** – to ensure minimal disruption during the operationalization of the framework, a risk management framework was developed. In this section, risks associated with RTA system were identified and categorized for each thematic area. Proposed mitigation measures were documented with responsibility for implementing them assigned to stakeholders that are best positioned to implement them.

5. **Performance management** – A monitoring, evaluation, accountability, and learning (MEAL) strategy to monitor and evaluate the implementation effectiveness of the oversight framework is contained in this section. To achieve the desired outcomes, actions to be taken, performance indicators, targets and means of verification were identified for each thematic area. The aim is to ensure that the objective of this framework is achieved through effective tracking, monitoring, evaluation, and review for improved performance.

6. **Framework rollout cost** – The last section of the framework identified and defined costs required for roll-out/implementation of activities and interventions contained in the framework. Cost elements were identified for each line item with accompanying assumptions.

2 Framework principles and approach

2.1 Guiding principles

The National health product supply chain strategy and implementation plan 2021-2025 outlined clear directions for the national health supply chain system. The vision is to have a government-led system that is driven by the harmonization of supply chain processes across health program, with increased involvement and leveraging on sub-national structures – physical, systems and human resources[7].

The guiding principles for the framework were drawn from this strategic plan's vision and mission. It also takes into cognizance the dynamics and peculiarities in health product procurement and supply chain management system, and the need to be efficient in the use or deployment of resources. Five guiding principles defined in Table 1 below.

Table 1. National oversight framework guiding principles.

Accountability	Strengthen reconciliation, triangulation, and accountability mechanism for health supply chain systems by clear delineation of roles and responsibilities, management of risk, and effective monitoring and reporting
Transparency	Promote transparent partnership and visibility of supply chain for health programmes by actively coordinating timely, accurate and complete information both internally and externally at the level of detail required
Commitment	A strong and long-term commitment from all stakeholders to ensure obligations are met in terms of assigned/agreed roles and responsibilities.
Value for money	Promote cost and operational efficiency in the management of end-to-end supply chain by minimizing duplication, and leveraging on existing resources, infrastructure, and capabilities.
Flexibility and Adaptability	Ensure appropriate mechanisms are in place to effectively respond to dynamics and complexities within the supply chain, and adaptable to peculiarities of various health programmes

2.2 Strategic levers and approach

The development of the national oversight framework was built on certain strategic levers, while the approach to implementation was grouped into operational components referred hereafter as RTA thematic areas.

Strategic lever is defined as those vital features that need to be in place to accelerate immediate and long-term success of the intervention as outlined in Table 2**Error! Reference source not found.** below.

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[7] National health products supply chain strategy and implementation plan 2021-2025, Federal Ministry of Health 2020

Table 2. National oversight framework strategic levers

Strategic levers	Definition
Political commitment and leadership	Commitment from the highest decision-making body in the health sector, the Honorable Minster of Health/Permanent Secretary**,** must be secured to empower NPSCMP to lead and coordinate RTA processes of all health supply chains**.**
Effective partnership and mutual accountability	Effective partnership must be nurtured between NPSCMP and all relevant stakeholders to foster an environment of collaboration, trust, and mutual accountability.
Integration and harmonization	All RTA processes and activities should be integrated as much as possible, while leveraging on existing/mature systems, capabilities, and resources to ensure efficiency.
Alignment with policy framework and strategy	To maintain relevance, the framework must align with existing and future policy and strategy frameworks ensuring optimal complementarity.
Sustained investments	Funds to implement oversight activities must be planned for and relevant approvals secured on a long-term basis. Opportunities to leverage on existing activities should be explored where practicable.

Operational activities to be implemented are grouped into thematic areas as outlined in Table 3 below.

Table 3. National oversight framework thematic areas

Thematic Areas	Scope
Upstream	All activities and processes in upstream supply chain including order placement, procurement, in-country receipts.
Warehousing	Activities within the warehouse network (national, states and LGAs).
Distribution	All activities related to the physical movement of health products from one point to the other –, long haul, last mile, redistribution, reverse logistics.
Data and Reporting Systems	Activities involved in ensuring visibility and data integrity of all data and reporting system across the supply chain
Service & Logistics data	Includes activities and processes for routine triangulation of logistics and service data at different levels – national, state, LGA, health facilities.
Community intervention	Activities and processes for community-based interventions such as community testing, campaigns, distribution etc.
Waste management	Activities related to waste management within the supply chain.
Emergency response	Activities related to health products (procured or donated) that are used in emergency settings, thus not going through the routine system of distribution and reporting.
Governance	Covers the processes, resources, structures and systems that drives RTA system with roles and responsibilities well defined to foster accountability.

2.3 Theory of change

A theory of change model illustrates how activities translate to series of results that contribute to achieving the intended impacts or outcomes in the long-term[8]. The National Oversight Framework for RTA theory of change dwells on how the five identified guiding principles influence the interaction between the strategic levers and operational approaches in advancing the results that lead to desired impacts – Commodity Security, Ownership, and Sustainability.

Figure 1. National Oversight Framework (NOF) theory of change model

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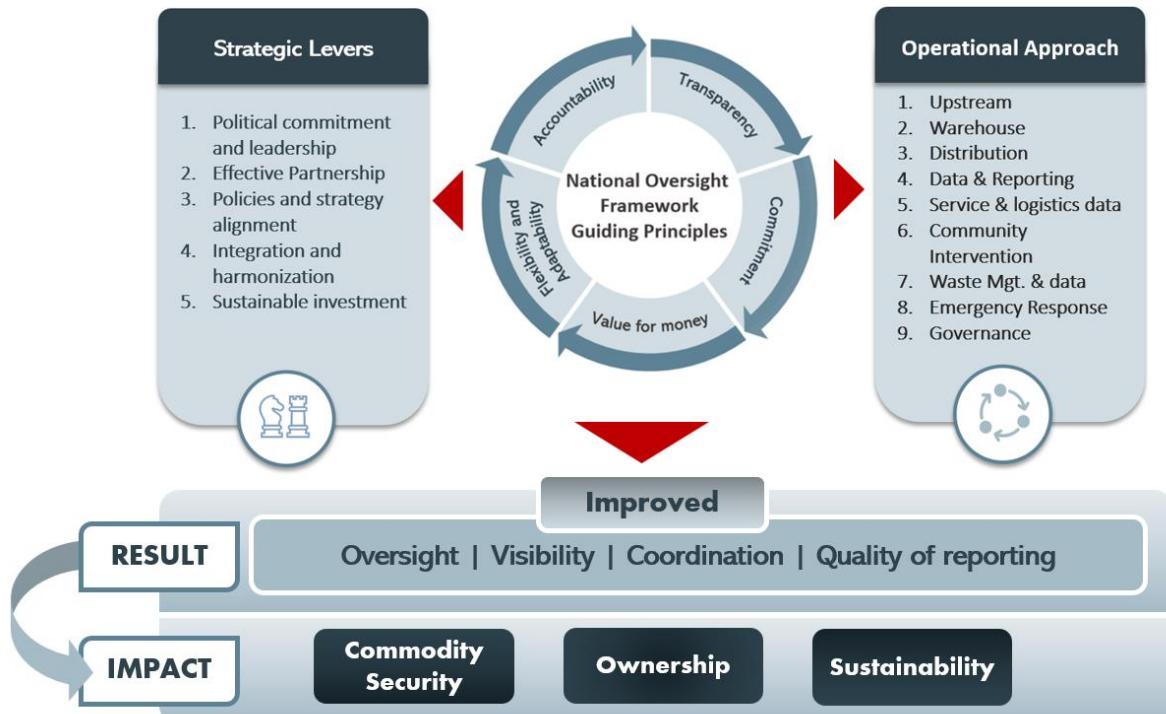
[8] United Nations Children's Fund, Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children and Families Across Settings (field demonstration version), 2021.

3 Review of oversight function - SWOT analysis

A SWOT analysis on each thematic area of the national oversight framework is shown in **Error! R eference source not found.** below.

Table 4. SWOT analysis of National Oversight Framework

Thematic Area 1: Upstream **Objective:** To ensure effective reconciliation of health products order placement and improved stakeholders' visibility	
Strength	– Functional order placement system across all health programmes. – Organized reconciliation system during receipt across all health programmes. – Availability of tools and documentation systems for all transactions across all health programmes. – Systems for reporting order placement and transactions to donors for accountability. – There is a robust system for resolution of discrepancies and variances on orders placed. – Cost recoverability through freight insurance. – Procurement agents for public health programmes have procurement trackers to monitor health products. – Advanced Shipment Notice (ASN) is routinely shared to the warehouse managers.
Weakness	– Limited visibility of order placements by NPSCMP, and national programmes. – Lack of coordination and visibility during order placement leading to misalignment with country needs. – Inadequate number of personnel at national programme for order placement. – Lack of visibility by NPSCMP into order reconciliation. – NPSCMP does not have full visibility of programmes procurement data (health products, quantities, batch numbers, expiry dates etc.) – Limited information to support effective warehouse space planning. – Sometimes ASN does not keep to the estimated time of arrival - regular updates not provided to the warehouse managers. – Weak monitoring of implementation of supply plans
Opportunity	– Existing technical capacities within the various health programmes to coordinate and manage order placements and transactions. – Availability of reconciliation templates for adaptation by the National Programmes and NPSCMP. – Availability of coordinating platforms that can be leveraged for providing updates on order placement. – Harmonize procurement tracking tools for government use. – Can leverage on already existing WMIS to scale up to include all programmes.
Threat	– Non-adherence to stipulated guidelines by regulatory agencies on sampling at the ports of entry. – Inadequate accountability mechanism by freight forwarders during port clearance process. – System failure associated with IT (crashes, computer viruses etc.).
Recommendations 1. Adapt existing procurement tracking systems for a national health product procurement tracker. 2. Develop a schedule for procurement order status review and validation.	

3. Leverage existing coordinating platform.

Expected Outcomes
1. A robust accountability and reconciliation system for orders placed that is visible to all relevant stakeholders.

Thematic Area 2: Warehousing
Objective: To ensure an optimized warehousing operations that supports reconciliation, triangulation, and accountability of all public health products.

Strength	– Robust Warehouse management systems/software for programme stock management (identification, transaction tracking, documentation, and reconciliation), and monthly stock status reporting at most national and state warehouses. – Available and use of SOPs in most national and states warehouses on warehouse operations that assures operational quality and minimize stock accountability risks stemming from sub-optimal processes. – Well-trained and retraining systems for staff in most national and state warehouses particularly those managed through PPP and similar arrangements. – Most of the national warehouses are managed through a public private partnership with higher efficiency in operation and reduced risk on stock accountability. – All the programmes stock managed in the PPP (or similar arrangements) national warehouses are insured, thus, reducing the risk on stock accountability in case of loss, damage, accidents, or force majeures. – Available reconciliation templates and processes for monthly review of warehouses reports and data validation by some programmes and partners). – Periodic audit of most national and state warehouse operations (physical inventory counts and reconciliations, assessment of operating conditions, etc.) managed through the PPP (or similar arrangements). – Existing systems for resolving warehouses audit/assessment findings and reporting status to the stakeholders mainly for the PPP national and states with operational DMA. – Existing coordination platforms for addressing and making stock management challenges and findings visible (NSSR, PSMTWG, Post-LMD meetings)-mainly for national warehouses. – The PPP contractual framework (or similar arrangements) provides a reliable accountability system in the national warehouses (for non-conformances). – Clear governance structures and autonomy of operations in the DMA operated warehouses, national and axial warehouses managed via the PPP or similar arrangement, thus minimizing commodity security risk stemming from political interferences. – Well secured, guarded, access-controlled warehouse facilities with electronic surveillance system that reduces the risk from external aggression, attacks, and pilferages – mainly in some national and state warehouses.

Weakness	– Lack of WMIS in some warehouses leading to sub-optimal operations in warehouses using manual stock management systems. – Sub-optimal or non-use of SOPs for warehouse operations in some National and state warehouse, and thus heightened stock accountability risk from lack of standardized processes. – Most of the non-PPP warehouses lack goods- in-store insurance policies, thus heightening the risk from loss, damage, and accidental occurrences. – Some programmes and partners do not have documented process for monthly review of warehouses reports and data validation. – Some national and state warehouses are not included in the periodic technical stock audits of operations. – Conflicting programmes and partners schedule for periodic integrated warehouse audits. Limited coordination of periodic warehouse audits. – There are no clear processes and schedules outlined for resolving audits and assessment findings in some national state and warehouses. – Limited visibility and report on stock management in some national and state warehouses – Barcode scanning capability is only available at the PPP managed national warehouse and not at some national and state warehouses. – Weak governance structures and political interference in some state warehouses directly managed by the government.
Opportunity	– Ongoing upgrade of some National and state warehouses with robust computerized WMIS and IT systems. – Available SOPs that can be adapted in other national and state warehouses. – Funding from donors to train and retrain staff in government managed national and state warehouses. – The DMA laws and policy provides for PPP in state warehouses and guarantees autonomy with clear governance structures. – Existing goods-in-store insurance funding from the donors. – Existing funding through the DRF scheme. – Available and adaptable reconciliation templates for review and validation of monthly stock report by all programmes. – Existing audits schedule (physical inventory counts and reconciliations, assessment of operating conditions, etc.) and guidelines that can be leveraged by other partners/programmes and extended to other government managed national and state warehouses. – Availability of adaptable system (e.g., National DRF guideline) for resolving warehouse audits and report for all programmes. – Existing donor support for procurement of barcode scanner. – Ongoing linkage of most national and state warehouses WMIS with NHLMIS for increased visibility on stock management by programmes and partners. – Existing service level agreement (SLA) meetings with programmes and implementing partners. – Existing PPP contractual frameworks can be instituted in the state warehouses for improved operations.
Threat	– Political interference in government managed warehouses. – Staff attrition and poor motivation from inadequate staff remunerations for government staff. – Dwindling funding support from donors. – Suboptimal governance and management practices in some government managed warehouses – Funding constraints for programmes-wide warehouse audits. – Porous security architecture of some government managed warehouses.

Recommendations
1. NPSCMP to lead the adaptation of all relevant SOPs to be used across all levels for RTA.
2. NPSCMP to lead advocacy to provide funding for training for state staff on warehousing operations. They can also collaborate with Supply Chain professional bodies and service providers on core training on warehouse operations.
3. NPSCMP to review and standardize existing tools, systems and processes for stock reconciliation and accountability.
4. States without systems for reconciliation should adapt the existing DRF guideline.
5. NPSCMP should leverage the MOU signing event with Honourable Commissioners for Health (HCHs) to advocate for the goods-in-storage insurance.
6. NPSCMP to take the lead in coordinating periodic warehouse assessment and audit.
7. NPSCMP to extend the scope of SLA meetings to involve states.
8. NPSCMP should lead advocacy to ensure deployment of robust WMS to states that do not have them.

Expected Outcomes
1. A standardize system for reconciling, triangulating, and accounting for stock transactions in all the warehouses.
2. Improved and appropriate warehouse space planning using ASN information.
3. Improved performance of on-time-in-full delivery (OTIF)

	Thematic Area 3: Distribution **Objective:** To run an efficient and reliable distribution system that guarantees a seamless triangulation and accountability for all health products	
Strength	– Some programme health products distributions are carried out by specialized private sector entities (3PLs). – Stringent vehicle requirements (types, capacity, and suitability) and compliance system for 3PLs guarantees product quality during distribution and reduce risk of loss. – States with functional DMAs have a strong legal framework for ensuring accountability of the distribution process. – The programme health products distributed via 3PLs have service-level agreements and contracts that provides a legal framework for holding the 3PLs accountable to agreed performance levels. – Most programmes have clear audit trail and documentation records for distribution transactions (both LHD & LMD). – Most programmes conduct post distribution/order fulfillment reconciliation (post LHD and post LMD PODs reconciliations). – Most programmes have regular schedules for undertaking post distribution reconciliation which follows the statutory distribution cycles. – There are existing stakeholders' coordination platforms that grants visibility to order fulfillment and reconciliation findings across most programmes. – Most programmes have a system for addressing and resolving post distribution reconciliation findings and making joint decisions. – Distribution orders processing for some programmes are done electronically (e.g., using COMS) which reduces human errors in the process. – Some programmes use ePODs which further automates the delivery process, improves accountability, and ease the post distribution reconciliation system. – The electronic order processing systems and ePODs used by some programmes are linked to the National data repository (the NHLMIS) for centralization of data and visibility. – Risk of loss for programmes using 3PLs are fully covered through GIT insurance guaranteeing cost recovery. – State LMCUs are involved in distribution planning for most programmes and serve as an additional safeguard for accountability. – Most programmes have a clear guideline for carrying out and documenting inter-facility redistribution. – Some programmes working with the Service Providers have a well-documented strategy for delivery in hard to reach and security challenged locations that reduces the risk on health product accountability in those locations.	

Weakness	– Post distribution reconciliation are largely driven by partners and outputs are sometimes not visible to the SLMCU and national programmes.
	– There are disparate tools and applications used by different partners for post distribution reconciliation.
	– Duplications and inefficient use of time at the SLMCU as different partners carry out similar reconciliations separately.
	– The existing ePOD solution used by some programmes have weak consignee authentication and order confirmation system.
	– The existing paper POD systems and ePOD solution does not have capability to restrict delivery to proxy locations (geo-fencing), weakening the accountability of the delivery process.
	– Some programme orders are currently not generated through NHLMIS, making it difficult to account for all orders actioned in the system.
	– Some programmes using state owned fleets for health product distribution do not have GIT insurance policies.
	– The SLMCUs are not always involved in distribution monitoring for some programmes.
	– There are no national strategies to guide delivery in hard-to-reach or security challenged locations.
	– The triangulation of delivered quantities on PODs and reported quantities on NHLMIS is not structured.
	– States lack oversight function over the distribution process.
Opportunity	– Availability of local 3PLs in the state that can improve the efficiency and autonomy of the delivery process for state-managed distributions.
	– The ongoing upgrade of the NHLMIS has a module for automated order fulfillment reconciliation, and centralizes PODs reconciliation for national decision making.
	– The ongoing NHLMIS upgrade includes a national ePOD application that addresses the gap in the existing solution.
	– The NHLMIS upgrade provides a module for non-routine/out-of-cycle/emergency order generation. This ensures all orders are centralized in the system.
	– The autonomy of the DMA can provide an assurance for the donors to support funding of insurance policies for donor health products in state owned fleets via the cost-sharing scheme.
	– Funding for LMD monitoring from some partners and via DRF (where applicable) can be leveraged for programme-wide delivery monitoring.
	– The national supply chain Integration strategy for state-level LMD will reduce the financial burden for monitoring of separate LMDs.
	– The NHLMIS upgrade provides for auto return of quantity delivered via ePOD to the NHLMIS reporting module, thus eliminating the discrepancy arising from human error in data entry during the reporting period.
Threat	– Some donors have very stringent conditions for 3PL procurement that may be difficult for local 3PLs to meet.
	– There is no clarity on how state-owned fleet will use the NHLMIS ePOD when fully deployed.
	– Threat of financial sustainability for maintaining the distribution IT systems.
	– Disruption of the distribution process due to security challenges and force majeure.

Recommendations
1. Pending the completion of the NHLMIS upgrade, NPSCMP in conjunction with all health programmes should ensure post distribution reconciliation are performed nationally (post LHD) and at the state (post LMD), and the report circulated among all relevant stakeholders.
2. Following the completion of the NHLMIS upgrade, NPSCMP should sensitize all stakeholders on the use of the order-fulfillment report for identifying and resolving all variances.

3. NPSCMP should coordinate the drafting of time bound management actions to relevant service providers/states' (as applicable) to explain and provide corrective and preventive actions on order fulfillment variances.
4. Individual health programmes are to hold regular post distribution meetings to review order fulfillment reports and advise on suitable corrective actions to be incorporated in the service provider's/ states' response.
5. NPSCMP to work with stakeholders to ensure state-engaged 3PLs have clear SLAs that defines service levels, performance metrics and termination clauses.
6. NPSCMP to work with the state DMAs to develop (or adapt) vehicle requirements of programme health products, and fleet maintenance guideline.
7. NPSCMP to work with all relevant stakeholders to review and adapt existing strategy on delivery in security challenged locations for national use.
8. NPSCMP to explore the possibility of onboarding programmes without fixed ordering system (e.g., COVID-19) on NHLMIS.
9. As an interim solution for point above, NPSCMP to support programmes not yet onboarded on NHLMIS with an excel base order reconciliation system (or similar basic applications to serve this purpose).
10. NPSCMP to include the availability of GIT policies by DMA as one of the criteria for inclusion of programme health products in the DRF scheme.
11. NPSCMP to leverage all available advocacy opportunities to the state government leadership (governors and commissioners) to achieve point 10 above.
12. NPSCMP to engage all donors on the inclusion of insurance policies to the cost-sharing mechanism for the essential and donor-funded products integration through the DRF scheme.
13. NPSCMP to work with the DMAs to fashion out the modalities for use of ePODs by state-owned fleets operated by some DMAs.

Expected Outcomes
1. Post distribution reconciliation are done cyclically for all programme health products and outputs domiciled in the SLMCU and NPSCMP for decisions, and to inform system-wide improvements.
2. A robust state-specific distribution system in operation to ensure integrity and accountability of health products.
3. Improved capacity, monitoring and oversight by NPSCMP in distribution operations resulting in improved RTA of health products.

Thematic Area 4: Data and Reporting Systems
Objective: Visibility and data integrity of all data and reporting system across the supply chain

Strength	– Availability of procurement tools (software) used by partners across programmes to order and track procurement.
	– Availability of WMIS in the national and some state warehouses.
	– NHLMIS has an ordering module to generate LMD data.
	– HIV and Malaria programmes and USAID supported FP states use NHLMIS to generate distribution data.
	– Reconciliation of delivery data for HIV, Malaria and TB programmes is done within the LMCU

Weakness	- Procurement tools are not used for some Government procurement processes – poor visibility into Government procurement. - Programmes do not routinely share warehousing data with NPSCMP. - The WMIS does not accommodate all programmes, WMIS currently not deployed in all state warehouses. - Family planning and TB are currently not using NHLMIS for order generation for LMD. - FP – Push system. - TB - excel based pick-and-pack. - Current reconciliation efforts are supported by partners.
Opportunity	- Tools are available for Government to leverage on for tracking of procured health products. - Ongoing upgrade of the NHLMIS with ePOD functionality. - Existing local WMIS solution that are more affordable.
Threat	- Multiple procurement tools (currently in use by different partners) might not be sustainable for Government. - Sustainability of WMIS. - Sustainability of the subscription for NHLMIS.

Recommendations
1. NPSCMP to develop a harmonized tracking template for all programmes to report quarterly.
2. Programmes to submit procurement information to NPSCMP on a quarterly basis.
3. NPSCMP should advocate for the deployment of robust WMIS to be used across all programmes.
4. Build capacity of LMCU to coordinate and conduct data reconciliation and triangulation.

Expected Outcomes
1. Improved visibility, transparency and accountability in all Government and partner procurement data.
2. Improved end-to-end visibility of delivery data.
3. Reduced instances of proxy delivery.

Thematic Area 5: Logistics and Service data	
Objective: To ensure routine and efficient triangulation of logistics and service data are conducted and issues resolved.	
Strength	- All programmes have a data repository for service data. - RH – DHIS2 - Malaria – DHIS2 - HIV – NDR - TB – NETIMS - Immunization- DHIS2 - There is a single data repository for Logistics data – NHLMIS
Weakness	- Poor linkage between the data repository of service and logistics data. - Triangulation is done manually and irregularly for some programmes. - Misalignment of naming of facilities, duplication of facilities.

Opportunity	– Leverage on the NHLMIS to link the service data repository – create a dashboard. – Leverage on the quarterly logistics review meetings for programmes. – Leverage on the ongoing cleanup of health facilities naming in some states to improve health facility identity.
Threat	– Subscription costs for linkage. – Funding for meetings will be a challenge if a common platform for triangulation is being considered.

Recommendations
1. NPSCMP to advocate for linkage of service data platform for all programmes with NHLMIS.
2. NPSCMP to adopt the naming convention of National Health facility registry.
3. Expand the scope of National Stock Status Report (NSSR) to include triangulation of service and logistics data with involvement of M&E personnel.

Expected outcome.
1. Improved efficiency in data triangulation.
2. Minimal misalignment in facility name and easy identification of health facilities.
3. Improved frequency in conducting data triangulation at a reduced cost.
4. More insight and visibility gained into how the supply chain system drives programmatic objectives such as testing or treatment targets, adherence to standard treatment guidelines, detection and reduction of inefficiencies and leakages.

Thematic Area 6: Community Intervention **Objective:** To ensure community level accountability of health products through an effective mechanism of reconciliation and triangulation.	
Strength	– Some programmes have paper-based inventory management tools like Inventory Control Card (ICC), Consumption Record, registers and reports used to capture community data periodically for triangulation and reconciliation to ensure accountability.
Weakness	– There are no tools to capture Logistics data from the community services. – Some programmes do not have standardized tools for reporting logistics and service data at the community level that can enable triangulation and reconciliation for proper accountability. – No central repository for reporting community-based logistics data.
Opportunity	– Deploy an electronic platform for daily logistics data capturing for Community intervention to aid reconciliation and triangulation to ensure accountability. – Adapt standardized tools used by programme for other programmes without them. – Ongoing upgrade of NHLMIS to include a module for reporting community level intervention.

Threat	
	– Staff attrition, lack of capacity by some service providers managing health products on the use of the electronic tools.
	– Dependence on Funder for community services provision and data reporting.

Recommendations

1. NPSCMP should engage programmes to develop standardized tools for reporting community-based interventions.
2. Strengthen the available paper-based system for data capturing and transmission to hub facilities to ensure proper triangulation and reconciliation for accountability with respect to capacity building and tools availability.
3. NPSCMP should advocate to states to develop a sustainability plan for health products management with respect to personnel as the existing structure is donor funded.
4. NPSCMP to ensure all IPs/PRs carrying out community intervention should provide information to the State PSM/ LMCU Team on quantity of health products deployed to the state for such intervention for transparency and accountability.
5. NPSCMP to deploy a harmonized paper-based logistics data tool (as a back-up) and electronic data capturing tools for real time data capturing and end to end visibility.
6. NPSCMP/SLMCU to leverage on hub facilities to provide monitoring and supportive supervision to the community team on health product management, while the State LMCU should perform oversight function periodically.

Expected Outcomes

1. Logistics and service data capturing and end-to-end visibility by all stakeholders.
2. Improve capacity of personnel managing health products at the community.

Thematic Area 7: Waste management and waste Data
Objective: A strengthened system for RTA of waste data across the supply chain and an effective waste management procedure (prevention, retrieval, and treatment)

Strength	
	– There is a policy on minimum allowable shelf life for procured health products.
	– Robust logistics system design with set min-max inventory level that informed supply planning and ordering.
	– A system exists for redistribution of short-dated health products within the supply chain.
	– Institutionalization of LMCUs at the LGAs and State level has improved stock visibility and enhance waste minimization.
	– Availability of tools that support reporting, prevention, identification, redistribution of short-dated health products.
	– Availability of FMoH policy and guideline on waste management.

Weakness	
	– Some procurements do not align with the National Supply Plan, Consumption data etc.
	– Some products received do not align with the National Supply plan.
	– Not all Service delivery personnel understand the significance and application of FEFO as a key principle of minimizing waste.
	– Lack of standardized stock keeping records domiciled at the SDP that provides information on products that are expired, unusable.
	– Lack of capacity and materials for waste segregation and categorization.
	– Lack of state-owned waste treatment infrastructure.
	– Wastes are not properly segregated and stored at health facility level
	– Retrieval, transportation, and treatment of waste are carried out just once in a year and it is donor driven.

Opportunity	– Investment in zonal incinerators for waste disposal by the Ecological Fund. – Invest in waste conversion facilities to harvest biproducts of waste for economic benefits.
Threat	– Abrupt states procurements, NGO donations that do not align with Supply plan. – High cost of waste management.

Recommendations
1. National programmes to ensure National procurement and donation of products align with the National Supply plan.
2. NPSCMP to ensure more emphasis is placed on waste management during Monitoring, supportive and Supervisory Visits (MSSV) to health facilities.
3. NPSCMP should develop a standard tool for reporting and tracking expired/unusable products at all levels of the supply chain.
4. NPSCMP should ensure that waste data are always uploaded on NHLMIS for increased visibility and tracking.

Expected Outcomes
1. Minimized expiries of health products.
2. Improved visibility and better management of expiries in the supply chain.

Thematic Area 8: Emergency Response **Objective:** To ensure an effective system for the accountability of health products procured or donated for public health emergencies.

Strength	– Existing distribution mechanisms at the National and Sub-national levels. – Country experience managing health products for emergency response (e.g., Covid-19 response). – Existing mechanism for on-site monitoring emergency stock (stock verification) at the national level e.g., NCDC.
Weakness	– No documented framework for emergency health product tracking and accountability. – Poor logistics system for managing emergency health products at the sub-national level. – Poor coordination of products donated/procured for public health emergencies at National and Subnational. – No guideline/SOP for managing health products in emergency setting.
Opportunity	– Existing technology that can interoperate with the National Logistics data repository NHLMIS (LOMIS by NCDC, states WMIS, etc.) to enhance visibility and accountability. – Existing national emergency response plan. – Leverage on lessons learned from COVID-19 product management to improve accountability. – Leveraging on existing coordinating structures (LMCUs) for health product management. – Collaboration with government emergency response bodies such as National Emergency management Agency (NEMA) and State Emergency management Agency (SEMA).

Threat	– Lack of political commitment by state governments to take ownership to manage donated and nationally procured emergency health products. – Prevailing security challenges in most parts of the country.

Recommendations
1. NPSCMP to strengthen the supply chain of emergency health products at the sub-national levels to include warehousing capacity, distribution, and data reporting.
2. Review and update the NPSCMP harmonized SOP for the logistics management of Pharmaceutical and other healthcare products to include emergency preparedness and response component leveraging on other program response model such as NCDC.

Expected Outcomes
1. Improved accountability for emergency procured health products through streamlined reporting and monitoring mechanism.

Thematic Area 9: Governance **Objective:** To strengthen accountability of health products across all health programmes	
Strength	– Existence and use of logistic management systems (e-tools, paper tools, SOPs, guidelines, frameworks, and processes) across program areas. – Existence of coordination mechanisms across program areas (PSM – sub committees, technical teams and PSM TWGs). – Some programmes conduct stock monitoring and verification visits.
Weakness	– Inadequate funding from the government to support coordination meetings such as the PSM TWGs. – Poor integration of resources for effective coordination across health programmes. – Lack of an integrated health product accountability framework. – Sub-optimal supervision/oversight by GoN on supply chain at all levels. – Lack of collaboration with relevant stakeholders to ensure compliance with guidelines.
Opportunity	– Leverage on existing governance mechanisms of Donor/Partners to improve accountability. – Leveraging existing mechanisms to strengthen health product accountability (tools, processes, and resources). – Leveraging technology to enhance health product accountability.
Threat	– Overreliance on donor funds to perform oversight functions. – Lack of political will and resources, as well as insecurity in some states hampering on GoN ability to conduct oversight visitations.

Recommendations
1. NPSCMP should advocate for sustainable funding mechanism to enable it to perform its oversight function independently.
2. NPSCMP to integrate health product accountability mechanisms for improved transparency and efficiency.

Expected Outcomes
1. Strengthened governance structure for efficient and effective health product accountability at all levels geared towards a sustainable health system in line with Universal Health coverage.

4 Operationalizing the oversight framework

This section outlines key activities/tasks to be performed under each thematic area as well as stakeholder who shall be responsible, accountable, consulted, and informed (RACI) along the process. Table 5**Error! Reference source not found.** below contains the RACI definition.

Table 5. RACI definition

RACI	Definition
Responsible	Person/organization/entity who is completing the task.
Accountable	Person/organization/entity who is making decisions and taking actions on the task(s).
Consulted	Persons/organizations/entities who will be communicated with regarding the decision-making process on specific tasks.
Informed	Persons/organizations/entities who will be updated on decisions and actions on the task.

Table 6 below is the RACI framework outlining tasks/activities to be performed under each thematic area and their frequency. The set frequency is only a guide on minimum requirement. Individual programmes are to adhere to already agreed programme specific frequencies.

Table 6. National Oversight Framework RACI

Thematic Areas/Tasks	Responsible	Accountable	Consulted	Informed	Frequency
Thematic Area 1. Upstream					
1.1 Place order for health products in line with programme requirements.	Funders, PR, Service Provider, Programmes, Procuring Entity	Funders, PR, Service Provider, Programmes, Procuring Entity	Funders, Health Programmes	National Health Programmes/Agency, NPSCMP	Annually
1.2 Share order placement and shipment notices.	Procuring Entity	Procuring Entity	Funders, Health Programmes	National Health Programmes/Agency, NPSCMP, Service Providers	Annually
1.3 Review of national quantification/gap analysis with procurements done by procuring entities.	NPSCMP, National programme, PR, Procuring Entity	FDS	Funders	Funders	Semi-annually
1.4 Biannual supply plan review	National programmes, PR	National programmes, PR	FDS, NPSCMP, Funders	NPSCMP, national	Biannually

Thematic Areas/Tasks	Responsible	Accountable	Consulted	Informed	Frequency
meetings by programmes.				programme, PR, Procuring Entity	
1.5 Quarterly PSM-TWG to include report on order reconciliation and accountability.	National programme, PR	NPSCMP	FDS, NPSCMP, Funders	NPSCMP, national programme, PR, Procuring Entity	Quarterly
Thematic Area 2: Warehousing					
2.1 Send advance shipment notification/ Pre-Alert to receiving entity (service providers, warehouse etc.).	Procuring Entity	Procuring Entity	Funders,	Health Programmes/Agency, TWG	Every shipment
2.2 Oversee inspection, verification, and receipt of shipment.	Service Providers, SLMCU/DMA, PRs, Health Programmes	Service Providers / SLMCU/DMA/ PRs Health Programmes	Procuring Entity	National Health Programmes/Agency, NPSCMP	Every Receipt
2.3 Dissemination of warehouses' monthly stock status report.	Service Providers, SLMCU/DMA, Health Programmes	Service Providers / SLMCU/DMA/ Health Programmes	Funders	National Health programmes/Agency, Procuring Entities, NPSCMP	Monthly
2.4 Conduct quarterly Inventory Count, warehouse quality assessment, and spot checks.	NPSCMP, Service Providers, SLMCU/DMA, National Health Programmes, Procuring Entities	Service Providers / SLMCU/DMA/ Health Programmes	Funders	PSM-TWG	Quarterly
2.5 Resolution of findings and implementation of corrective actions.	NPSCMP, Service Providers, SLMCU/DMA, IPs/PRs, Health Programmes	Service Providers / SLMCU/DMA/ Health Programmes	Funders	PSM-TWG, National Health Programmes, and NPSCMP	Semi-annually
2.6 Training of state warehouse staff on WMIS post deployment and	NPSCMP	NPSCMP	Funders, States	Funders, PSM-TWG, National Health Programmes,	Annually

Thematic Areas/Tasks	Responsible	Accountable	Consulted	Informed	Frequency
standard warehouse operation.				Procuring entities	
2.7 Review existing / develop standard RTA tool and disseminate.	NPSCMP	NPSCMP	Funders, States	Funders, PSM-TWG, National Health Programmes, Service Providers	Biennial
2.8 Set up a schedule for routine national sampling and quality analysis	NPSCMP	NPSCMP	NAFDAC, National Programmes, Service Providers	D(FDS), Funders, PSM TWG, State LMCU, DMAs	Annually
2.9 Coordinate training of stakeholders on QA/QC of health commodities	NPSCMP	NPSCMP	NAFDAC, National Programmes,	D(FDS), Funders, PSM TWG	Semi-annual
2.10 Coordinate national QA/QC related activities	NPSCMP	NPSCMP	NAFDAC, National Programmes, Service Providers	D(FDS), Funders, PSM TWG, State LMCU, DMAs	Semi-annual
Thematic Area 3: Distribution					
3.1 Transmit PODs to SLMCU (electronically via ePOD or paper based) to support RTA.	Service Providers, SLMCU/DMA/Health Programmes	Service Providers / SLMCU/DMA/ Health Programmes		National Health programmes/Agency, Procuring Entities, NPSCMP	Bimonthly
3.2 Develop an SOP for post distribution order reconciliation, triangulation, and accountability.	NPSCMP	NPSCMP	National Programmes, IPs/PRs, States	National Programmes	NA
3.3 Completion of post distribution reconciliation (LHD and LMD) and dissemination of report.	Service Providers, SLMCU/DMA, IPs/PRs Health Programmes	Service Providers / SLMCU/DMA/ IPs/PRs Health Programmes		National Health programmes/Agency, Procuring Entities, NPSCMP	Bimonthly
3.4 Upgrade NHLMIS for an automated order fulfillment reconciliation and centralize PODs	NPSCMP	D(FDS)	National Programmes	National Programmes, Partners, SLMCU/DMA	NA

Thematic Areas/Tasks	Responsible	Accountable	Consulted	Informed	Frequency
reconciliation for national decision making.					
3.5 Development of national guidelines for deliveries in security challenged locations.	NPSCMP	NPSCMP	D(FDS), National Programmes, Funders, Service Providers, States	National Programmes, Partners, SLMCU/DMA	NA
3.6 Conduct a sensitization meeting for all stakeholders on the use of NHLMIS' order fulfilment report and extended functionalities.	NPSCMP	NPSCMP	D(FDS), National Programmes, Funders, SLMCU	National Programmes, PSM-TWG	NA
3.7 Conduct LMD spot checks to selected facilities.	National Programmes, Funders, SLMCU	National Programmes/ Funders/ SLMCU	Funders	NPSCMP/ Service Providers	Bimonthly
3.8 Resolution of order fulfillment findings and implementation of corrective actions.	NPSCMP, Service Providers, SLMCU/DMA, IPs/PRs, Health Programmes	NPSCMP	Service Providers, SLMCU/DMA, Health Programmes, IPs/PRs	Service Providers, SLMCU/DMA, Health Programmes, PSM-TWG	Bimonthly
3.9 Conduct post distribution meeting.	NPSCMP/SLMCU	NPSCMP/SLMCU	Service Providers, SLMCU/DMA, Health Programmes, IPs/PRs	Service Providers, SLMCU/DMA, Health Programmes, IPs/PRs	Bimonthly
3.10 Development of vehicle requirement for health products and fleet maintenance guidelines for state-owned fleet.	NPSCMP	NPSCMP	SLMCU/DMA, Health Programmes, IPs/PRs	FDS, SMOH, Funders, Partners	NA
3.11 Develop and sign SLA across levels (Federal and states) for 4PL services provided.	NPSCMP	Service Providers, SLMCU/DMA, Health	Funders	D(FDS)	NA

Thematic Areas/Tasks	Responsible	Accountable	Consulted	Informed	Frequency
		Programmes, partners			
3.12 Track performance of Service Providers against the SLA.	NPSCMP/SLMCU	NPSCMP/DPS	Health programmes, IPs/PRs	Service Providers	Quarterly
3.13 Conduct quality assessment of delivery mechanisms during in-process LMD Monitoring (vehicle inspection) *Link to LMD Spot check*	NPSCMP	NPSCMP	NAFDAC, National Programmes, Service Providers	D(FDS), Funders, PSM TWG, State LMCU, DMAs	Quarterly
Thematic Area 4: Data and Reporting Systems					
4.1 Conduct periodic (every two years) LMIS refresher training across all programmes.	National programmes	National programmes	NPSCMP, IPs/PRs, Funders, SLMCU, DPS	D(FDS)	Biennial
4.2 Conduct annual NHLMIS refreshers training to include the use of ePOD shipment modules (for health products, quantities, batch numbers, expiry date etc.) and other relevant modules for stakeholders across all levels (National, State, LGA, Facilities, IPs/PRs).	NPSCMP	NPSCMP	D(FDS), All National Programmes and IPs/PRs	GoN and other funding partners	Annually
4.3 Reactivate Quarterly NHLMIS Joint Implementation Team meeting at national level.	NPSCMP	NPSCMP	D(FDS), All National Programmes and IPs/PRs	GoN and other funding partners	Quarterly
4.4 Report quarterly on procurement data using NHLMIS (health products, quantities, batch	National Programmes and States, Partners	National Programmes/ States/ Partners	National programmes, IPs/PRs, NCDC, SMOH,	GoN and other funding partners	Quarterly

Thematic Areas/Tasks	Responsible	Accountable	Consulted	Informed	Frequency
numbers, expiry date etc**.**).					
4.5 Deployment of WMIS to all state warehouses across 36+1 states and other programme warehouses.	NPSCMP	NPSCMP	Service providers, Funders, IPs/PRs	Funders	NA
4.6 Expansion of WMIS to include all disease programmes health products.	NPSCMP	NPSCMP	Service providers, Funders, IPs/PRs	Funders	NA
4.7 Link the WMIS to NHLMIS.	NPSCMP	NPSCMP	National programmes, IPs/PRs, SMoH,	Funders	NA
4.8 Reconfigure the ordering module to align with all national programmes.	NPSCMP	NPSCMP	All National programmes, IPs/PRs, States	Funders	NA
4.9 Onboarding of COVID – 19 programmes and linkage of vaccine management information system, National Laboratory Information Management System on the NHLMIS platform.	NPSCMP	NPSCMP	All National programmes, IPs/PRs, States	Funders	NA
Thematic Area 5: Service and Logistic Data					
5.1 Develop an integrated data triangulation template for facilities.	NPSCMP	NPSCMP	All National programmes, IPs/PRs, SLMCU	Funders	NA
5.2 Link NDR and NETIMS to DHIS2.	DHPRS	DHPRS	All National programmes, IPs/PRs, SLMCU	Funders	NA
5.3 Conduct Capacity building of National programmes, state	DHPRS/NPSCMP	NPSCMP/DHPRS	All National programmes, IPs/PRs, SLMCU	Funder	Annually

Thematic Areas/Tasks	Responsible	Accountable	Consulted	Informed	Frequency
and LGA officers on the use of Triangulation Feature/DHIS2/NHLMIS.					
5.4 Conduct Quarterly Integrated data triangulation review meetings at National level (leverage on the INSSR) to include M&E team of programmes.	NPSCMP National Programmes	NPSCMP	All National programmes, IPs/PRs, DHPRS		Quarterly
5.5 Conduct Quarterly Integrated data triangulation review meetings at State level to include PSM and M&E team of programmes (NPSCMP to provide oversight).	SLMCU/ State DPRS	SLMCU/State DPRS	NPSCMP, DHPRS, IPs/PRs	Funders	Quarterly
Thematic Area 6: Community Intervention					
6. 1 Training of community-based teams to carry out periodic Reconciliation and Triangulation for Accountability (RTA) for community interventions.	NPSCMP/National programme	NPSCMP/National programme	IPs/PRs, SPHCDA, SMOH and SLMCU,	NPSCMP, LGA & State LMCUs, PSM-TWG, and SDP.	Annually
6.2 Development of SOP that ensures all routine community intervention are reported through the health facility structure, while the population-based interventions are reported existing national data repository.	NPSCMP/National Programmes	NPSCMP/National Programmes	IPs/PRs SLMCU,	SPHCDA, SLMCUs, PSM-TWG, IPs/PRs, Health facilities	NA

Thematic Areas/Tasks	Responsible	Accountable	Consulted	Informed	Frequency
6.3 Conduct Periodic (Quarterly) monitoring and supportive supervisory visit to the hub health facilities and the Community intervention team to ensure implementation (6.1&6.2) are carried out accordingly.	NPSCMP, National programmes, State programmes,	NPSCMP, National programmes, State programmes,	SLMCUs	Funders, SPHCDA, PSM-TWG, IPs/PRs, Health facilities	Quarterly
6.4 Conduct Routine logistics and service data triangulation and reconciliation meeting for community-based intervention.	SDP, M&E from programmes, LGA LMCU, WDC, CBO & Community team	State LMCU	NPSCMP, State LMCU & LGA LMCU, WDC, CBO, SDP.	NPSCMP, State LMCU & LGA LMCU, PSM-TWG, WDC, CBOs SDP.	Quarterly
Thematic Area 7: Waste Management and Data					
7.1 Periodic (Quarterly) monitoring and supervisory visit to the National warehouses to ensure FEFO principles are implemented. In addition, ensure facilities follow SOP for Waste management.	NPSCMP/LMCU/Service Providers/National Programmes	NPSCMP/LMCU/ Service Providers/National Programmes	/IPs/PRs	PSM-TWG,	Quarterly
7.2 Review expiry status of inventory and explore redistribution opportunities.	NPSCMP/LMCU/Service Providers/National Programmes	NPSCMP/LMCU/ Service Providers/National Programmes	/IPs/PRs	PSM-TWG	Bimonthly
7.3 Develop a tool for inventory management of waste at all levels, i.e., register or software that has all the data elements to identify expired,	NPSCMP	D(FDS)	NPSCMP, PSM-TWG, DPS, ES of DMAs, NAFDAC, Service Providers	Warehouse Management Team & PSM-TWG, NAFDAC, Donor	NA

Thematic Areas/Tasks	Responsible	Accountable	Consulted	Informed	Frequency
damaged or unusable products.					
7.4 Coordinate reverse logistics from all locations with waste to the disposal sites.	NPSCMP/National Programmes/Service Providers	D(FDS)/National Programmes/Service Providers	Funders, IPs/PRs/ SLMCUs	PSM-TWG	Annually
		Thematic Area 8: Emergency response			
8.1 Develop a framework for emergency health products tracking and accountability.	NPSCMP	D(FDS)	National Programmes, IPs/PRs	Funders	NA
8.2 Build capacity of relevant stakeholders to implement the framework.	NPSCMP	D(FDS)	National Programmes, IPs/PRs/, Funders	Funders	Annually
8.3 Conduct Biannual reconciliation meeting for emergency health products at National and State level.	NPSCMP/State LMCU	D(FDS)/DPS	National Programmes	Funders, Partners	Semi-annually
8.4 Review and update the NPSCMP harmonized SOP for the logistics management of Pharmaceutical and other healthcare products to include Emergency preparedness and response component.	NPSCMP	D(FDS)	Donors, Partners, National Programmes	SMOH (LMCU, EOC)	Biennial
		Thematic Area 9: Governance			
9.1 Build capacity of relevant stakeholders to	NPSCMP	D(FDS)	Partners National Programmes,	Funders	Annually

Thematic Areas/Tasks	Responsible	Accountable	Consulted	Informed	Frequency
implement the national oversight framework on RTA.			Agencies, IPs/PRs		
9.2 Conduct bi-annual stakeholder meetings to monitor and evaluate the performance of the RTA framework.	NPSCMP	D(FDS)	Funders, Partners, National Programmes, Agencies, IPs/PRs	SMOH (LMCU, EOC)	Semi-annually

Thematic Areas/Tasks	Responsible	Accountable	Consulted	Informed	Frequency

5 Risk Management

Definition of risk likelihood and impact used in the risk matrix is shown in Table 7.

Table 7. Risk likelihood and impact definition

Likelihood of risk	Definition	Impact of risk	Definition
Low	May happen.	Low	Insignificant or minimal damage or disruption to result targets.
Medium	Likely to happen.	Medium	Significant damage or disruption.
High	Very likely to happen.	High	Serious damage or disruption.

The risk matrix in Table 8 captures the level of severity of risks and identifies the most appropriate responses to the identified risks.

Table 8. National Oversight Framework thematic area risk analysis

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
Thematic Area 1: Upstream					
1.1 Health product loss and quality compromise during port clearance.	Medium	Medium	Weak oversight of freight agent.	Strengthen existing accountability mechanism for managing freight agents.	Procuring Entity

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
1.2 Sub-optimal reconciliation processes and oversight for ordered and received products.	Medium	Medium	Weak verification of orders placed. Incomplete and inaccurate procurement documents, and warehouse receipt reports. Weak communication on status of orders across all stakeholders involved.	Verification of procurement document from suppliers prior to shipment confirmation. Review and validation of warehouse receipt reports for order placed prior to reconciliation. Centralized communication including all relevant stakeholders on orders status and details.	Procuring Entity
1.3 Global constraint in the supply of health products.	Medium	High	Short landing/Incomplete delivery of orders placed by suppliers.	Strengthen communication with suppliers regarding supply constraints. Encourage local manufacturers to acquire relevant certifications required by donors. Explore African regional hub for pharmaceutical sourcing – Pharmaceutical Manufacturing Hub aka Pharma City.	Procuring Entity
1.4 Parallel order placement of health products by some programmes and partners at the federal and state levels.	High	Medium	Weak Planning and coordination among partners and stakeholders.	Integrating planning processes and monitoring the pipeline.	Funders, National Programmes, Procuring entities
1.5 Supply of short-dated health products.	Medium	High	Weak enforcement of nationally acceptable	Strengthen the compliance process of procuring entity to	D(FDS)

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
			remaining shelve life (RSL) by procuring entities and suppliers.	comply to national guidelines for RSL.	
Thematic Area 2: Warehousing					
2.1 Suboptimal inventory management.	Medium	High	Weak compliance to FEFO principles for inventory control. Weak internal warehouse operations/inaccurate documentation.	Ensuring routine monitoring of FEFO compliance at all warehouses. Strengthen internal warehouse operations and documentation.	NPSCMP, SLMCU and Service Providers, DMA
2.2 Loss of health products in storage.	Medium	High	Lack of funding and poor enforcement of security requirements at the warehouses, porous security infrastructures and surveillance system.	Implementing optimal security measures such as access control, surveillance systems, and regular internal audit.	D(FDS), SMOH, service providers
2.3 Force Majeures.	Low	High	Natural disasters, civil unrest, insecurity.	Ensure health products are insured	D(FDS), SMOH/DMA, Service Providers, Funders
2.4 Warehouse overflow due to inadequate space.	Medium	High	Poor shipment coordination and planning.	Improved shipment planning and coordination.	Service provider, procuring entity, Health programmes, funders

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
			Long dwell time of obsolete and underutilized health products. Poor adherence to supply planning. Overstocking	Ensure adherence to optimal inventory levels for all programmes. Improved programme oversight on procurer's adherence to supply plans. Consider non-routine distribution strategies.	
2.5 health product loss and damages in the warehouses.	High	High	Pilferage, poor storage conditions, security threats.	Ensure comprehensive insurance, and institute adequate security surveillance systems and access controls in the warehouses. Set aside budgetary allocation for warehouse maintenance. Implement routine preventative maintenance across all the warehouses.	Service Providers, SLMCU, NPSCMP
2.6 Weak implementation of warehouse oversight function by government .	Medium	High	Lack of funding for oversight activities. .	Set aside budgetary allocation for routine warehouse oversight.	NPSCMP, Funders
Thematic Area 3: Distribution					

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
3.1 Delayed Distributions and wrongly actioned orders.	Medium	High	Poor communication and weak coordination among all parties involved in health product distribution.	Set up email distribution listserv including all relevant partners for dissemination of information on LMD. Develop an LMD routine update schedule to stakeholders and ensure adherence.	Service Providers, DMA/SLMCU, NPSCMP
3.2 Distribution of expired or non-viable health products.	Low	High	Falsification of delivery documents by delivery agents. Inadequate post distribution reconciliation. Poor record keeping at health facilities.	Standardize POD templates and develop a POD authentication protocol to guide all stakeholders. Make provision of post distribution reconciliation a maturity and performance requirements for all SLMCUs. Intensify LGA level MSSV and other on-site and virtual oversight avenues to monitor adequate record keeping at health facilities. Strengthen existing punitive and disciplinary measures for culpable delivery agents and government personnel.	NPSCMP, Service Providers, DMA/SLMCU
3.3 Short-supply of health facilities/Incomplete deliveries.	Medium	Medium	Falsification of delivery documents by delivery agents.	Standardize POD templates and develop a POD	NPSCMP, Service Providers, DMA/SLMCU

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
			Inadequate post distribution reconciliation. Poor record keeping at health facilities.	authentication protocol to guide all stakeholders. Make provision of post distribution reconciliation a maturity and performance requirements for all SLMCUs. Intensify LGA level MSSV and other on-site and virtual oversight avenues to monitor adequate record keeping at health facilities. Strengthen existing punitive and disciplinary measures for culpable delivery agents and government personnel.	
3.4 Introduction of unauthorized/substandard health products in the distribution chain.	Low	High	Falsification of PODs by delivery agents. Falsification of facility reports by responsible government entities. Inadequate post distribution reconciliation.	Standardize POD templates and develop a POD authentication protocol to guide all stakeholders. Make provision of post distribution reconciliation a maturity and performance requirements for all SLMCUs. Intensify LGA level MSSV and other on-site and virtual oversight avenues to monitor	NPSCMP, Service Providers, DMA/SLMCU

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
			Poor record keeping at health facilities.	adequate record keeping and reporting by health facilities. Strengthen existing punitive and disciplinary measures for culpable delivery agents and government personnel.	
3.5 Inaccurate reconciliation.	Medium	High	Poor data quality from source record. Errors during manual data entry. Falsification of facility reports by responsible government entities. PODs falsification by delivery agents. Inadequate capacity of staff to conduct reconciliation. Missing data due to poorly documented product recall from the health facilities.	Intensify LGA level MSSV and other on-site and virtual oversight avenues to monitor adequate record keeping and reporting by health facilities. Automation of transaction entries leveraging system integrations NHLMIS/ePOD/WMIS to reduce manual data entry. Strengthen existing punitive and disciplinary measures for culpable delivery agents and government personnel. Standardize POD templates and develop a POD authentication protocol to guide all stakeholders. Develop a clear guideline for capturing data on product recall	NPSCMP, Service Providers, DMA/SLMCU

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
				at the health facility and other levels of the distribution chain.	
3.6 Product tampering, theft and diversions during distributions.	Medium	High	Falsification of PODs by delivery agents. Falsification of facility reports by responsible government entities. Inadequate post distribution reconciliation. Poor record keeping at health facilities.	Standardize POD templates and develop a POD authentication protocol to guide all stakeholders. Make provision of post distribution reconciliation a maturity and performance requirements for all SLMCUs. Intensify LGA level MSSV and other on-site and virtual oversight avenues to monitor adequate record keeping and reporting by health facilities. Strengthen existing punitive and disciplinary measures for culpable delivery agents and government personnel.	NPSCMP, Service Providers, DMA/SLMCU
3.7 Force Majeure	Low	High	Natural disasters, strikes, civil unrest, etc.	Collaborate with relevant agencies to communicate early warning signs of disasters. Ensure prompt circulation of information among stakeholders and provide platforms for timely decision making.	NPSCMP, Service Providers, DMA/SLMCU

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
				Review and update existing disaster preparedness protocols with emphasis on distribution resilience.	
3.8 Improper storage and handling practices during distribution.	Medium	High	Inadequate LMD monitoring. Poor awareness on vehicle requirement guidelines for different health product types. Poor vehicle inspection documentation system at the warehouses prior to dispatch.	Intensify LGA-led LMD monitoring. Sensitize all stakeholders on vehicle requirements for various health product types. Sensitize receivers to include comments on vehicle condition on the PODs. Make vehicle inspection documentation a mandatory requirement at all warehouses.	NPSCMP, Service Providers, DMA/SLMCU
3.9 Proxy delivery of health products.	Medium	High	Inadequate distribution monitoring. Consignees contact list not updated regularly by the government. Incomplete/unclear health facility location addresses.	Include geofencing capabilities on current and future ePOD solutions. NPSCMP to intensify state engagement on regular Point of Contact and location address update. All ePOD solutions to use consignee authentication	NPSCMP, Service Providers, DMA/SLMCU

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
			Functional status of health facilities not communicated regularly.	systems (ASN/OTPs) in line with best practice for deliveries.	
Thematic Area 4: Data and Reporting Systems					
4.1 Disconnection or loss of access to Information Management systems due to lack or delay in subscription.	Medium	High	Lack of /inadequate funding	Development of sustainability plan to include all information systems. Advocacy to GON and Donor agencies.	D(FDS)
4.2 Cyber-attack on IT systems used for information management.	Low	High	Lack of IT security control systems	Set-up backup and security systems to prevent cyber-attacks.	NPSCMP
4.3 Abrupt loss of skilled staff managing data and reporting systems.	Medium	High	Inadequate HR (Health Workers). Capacity gap. Poor staff welfare and motivation. Staff attrition.	Advocacy to FGON to address the risk drivers.	D(FDS)
4.4 Poor data reporting (poor quality, incomplete and untimely).	High	High	Poor record keeping (source data). Lack of capacity of personnel.	Capacity building of relevant staff Conduct routine data quality assessment to inform data quality improvement initiatives	NPSCMP, SLMCU

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
			Staff attrition		
Thematic Area 5: Service and Logistic Data					
5.1 Inaccurate/suboptimal data reconciliation and triangulation.	High	Medium	Lack of tools and capacity	Establishment of necessary triangulation systems. Training of HR on data triangulation.	NPSCMP, SLMCU
5.2 Inability to conduct data review meetings across all levels.	High	Medium	Lack of integrated meetings to review and triangulate logistic/service data. Lack of funds to conduct meeting.	Incorporation of review meetings across all levels to support decision making.	NPSCMP, National Programmes
Thematic Area 6: Community Intervention					
6.1 Poor RTA outputs from community-based teams.	High	Medium	In-adequate funding. Poor capacity to conduct RTA.	Advocacy to secure fund, Resource mobilization.	NPSCMP, SLMCU
6.2 Inability to develop and deploy Inventory management tools for community intervention.	medium	High	Inadequate funding.	Advocacy to secure commitment from FMoH and Partners.	NPSCMP

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
6.3 Inability to conduct periodic Reconciliation and Triangulation by community team.	High	High	Inadequate funding. Inadequate planning	Improve planning and resource mobilization activities.	SDP, LGA & State LMCU, SPHCDA, SMOH.
Thematic Area 7: Waste Management and waste data					
7.1 Increased expiries at the National, State and Service Delivery facilities.	Low	Medium	Failure to carry out routine supportive visit to the National, Regional, State warehouses by NPSCMP, D(FDS), State LMCU respectively to ensure adherence to FEFO and other waste minimization activities. Parallel procurement and procurements unaligned to program requirements.	Ensure alignment of all procurement and donations to program requirements.	NPSCMP, SLMCU, National Programmes
7.2 Inability to carry out redistribution of overstocked or short dated products.	Low	High	Lack of visibility of short-dated health products. Lack of resources to facilitate redistribution.	Improve visibility for short-dated and overstocked health products by reporting short-dates products on NHLMIS.	NPSCMP, SLMCU, Health facilities
7.3 Diversion and pilferage of expired and damaged / unusable product resulting in the risk of reintroduction into the supply chain system.	Medium	High	Poor management of expired and damaged products.	Ensure routine monitoring of waste management procedures including documentation at all levels. Develop inventory management tools (register) for use by health facilities to	NPSCMP/SLMCU

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
				document and quarantine expired and damaged products.	
Thematic Area 8: Emergency response					
8.1 Inability to track and account for emergency health products.	High	High	Very poor documentation. Administrative bureaucracy.	Institute control and assurance measures to include streamlined tools for RTA and capacity building. Continuous high-level advocacy to gatekeepers at all levels.	NPSCMP, National Programmes
8.2 Staff Attrition/inadequate manpower.	High	Medium	Poor staff welfare. Non-replacement of transferred staff.	Advocacy to Ministry of Labour, JOHESU, NLC, TUC, Salary and Wages, Senate, and House Committee on Health to improve staff welfare. Institute mechanisms that track staff transfers and replacement. Continuous capacity building of staff. Develop non-monetary mechanisms to incentivize staff (awards, public recognition).	D(FDS)/PS FMoH

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
8.3 Health products diversion, leakage, pilferage, etc.	Low	Medium	Poor coordination and documentation. Insecurity.	Proper communication and documentation. Multiple contacts for check and balance. Collaboration with coordinating structures such as community gate keepers, LGA LMCU etc. Institutionalize a robust monitoring and evaluation mechanism. Collaboration with security agencies.	NPSCMP, SLMCU, LLMCU, National Programmes, Agencies
Thematic Area 9: Governance					
9.1 Inability to enforce punitive actions.	Medium	High	Poor political will. Corruption, nepotism. Administrative bureaucracy. 3PL Contractual agreements not including clear punitive terms for loss and damages.	Institute control and assurance measures that enforces punitive actions when required. Use standard and global SLA templates for 3PL contracts adapted for the country and reviewed by technical, finance, and legal teams.	NPSCMP, SLMCU, LLMCU, National Programmes, Agencies

Risk Description	Likelihood	Impact	Risk Drivers	Risk Treatment or Mitigation	Risk Owner
9.2. Poor Implementation of the National Supply Chain oversight framework.	Medium	High	Funding constraints. Some programmes and stakeholders may be unwilling to participate in RTA activities (territorialism).	Change management – Advocacy, orientation and sensitization of all stakeholders and policy makers.	PS FMoH, D(FDS)

6 Performance measures and Implementation mechanism

Monitoring of both the implementation of this framework and the extent to which it achieves the intended results within the national health supply chain system, is fundamental for it to be effective. This section provides a monitoring, evaluation, accountability, and learning (MEAL) framework that shall be used to track performance with respect to key activities to be performed to accelerate the desired goals.

6.1 Performance measures

Desired outcomes/result, actions to be taken to achieve the desired outcomes, performance indicators, targets and means of verification are summarized in Table 9 below.

Table 9. National Oversight Framework MEAL

Outcomes/results	Actions	Performance Indicators	Target	KPI Description	Data source/means of verification
Thematic Area 1: Upstream					
1.1 All order placement by procuring entities align with programme needs and supply plans.	a) Yearly review of national quantification/gap analysis with procurements done by procuring entities.	a) Procurement and quantification/gap alignement.	95%	Numerator: Number of procurements that satisfy national quantification needs or fill the gap analysis by programme Denominator: Total number of procurements made by programme Measurement Periodicity: Yearly	Disseminated Yearly Technical Reports
	b) Quarterly review of order placement by procuring entities with national supply plans.	b) Order placements and supply plans alignment.	95%	Numerator: Number of orders placed in line with supply plan by programme Denominator: Total number of orders placed made by programme Measurement Periodicity: Yearly	Disseminated quarterly Technical Reports

Outcomes/results	Actions	Performance Indicators	Target	KPI Description	Data source/means of verification
1.2 All orders placed by procuring entities are delivered as planned by suppliers and accounted for, with variances explained.	Quarterly reconciliation of all orders placed and delivered as planned at the National warehouses.	Upstream Order fulfillment (or OTIF).	90%	Numerator: Total ordered quantities delivered at destination warehouse in full per shipping documents (discounting samplings taken by NAFDAC) and on time (+/- 1week from Promised delivery date) each quarter Denominator: Total ordered quantities delivered at the destination warehouse each quarter Measurement Periodicity: Quarterly	Disseminated quarterly order reconciliation analysis
1.3 All products ordered by procuring entities meet minimum RSL requirements for programme use upon arrival at the warehouse.	Verification of products RSL upon arrival at the warehouse.	Order Products RSL (upon arrival at warehouse)	90%	Numerator: Number of POs per programme that contained one or more batches with RSL up to 75% delivered at the warehouse Denominator: Total Number of POs by programme delivered at the warehouse Measurement Periodicity: Quarterly	Receipt Report/Confirmation of Receipt indicating RSL
1.4 Improved visibility of stakeholders on order placement.	Periodic notification of coordinating health programmes on order placement by procuring entities.	Order placement reporting rate	90%	Numerator: Number of orders ASN communicated by procuring entities to stakeholders via email Denominator: Total number of orders placed by all the procuring entities as contained in the consolidated order tracker Measurement Periodicity: Biannually	Email notices and disseminated procurement tracker

Outcomes/results	Actions	Performance Indicators	Target	KPI Description	Data source/means of verification
1.5 Order reconciliation and accountability issues are discussed and visible to all relevant stakeholders with clear actions taken.	Quarterly PSM-TWG to include report on order reconciliation and accountability.	Stakeholders' visibility index	75%	Numerator: Number of PSM TWG with presentations made on order reconciliation and accountability findings Denominator: Number of PSM TWG held in the year Measurement Periodicity: Yearly	PSM-TWG Meeting Note
Thematic Area 2: Warehousing					
2.1 Product loss due to expiry and damages are reduced to the barest minimum in the warehouses.	a) Monthly review of warehouse short-dated stock report. b) Periodic distribution of short-dated stock to identified sites.	a) Product loss due to theft, damages, and expiry.	< 5%	Numerator: The value of the products lost, damaged, or expired in the warehouse Denominator: The total value of the health products stored in the warehouse. Measurement Periodicity: Monthly	Monthly stakeholders' email feedback on warehouse stock report
2.2 Improved compliance to FEFO inventory control principles.	Monthly review of warehouse stock transaction report to validate compliance with FEFO.	FEFO Non-compliance Ratio.	< 0.1	Numerator: Number of shorter-dated batches in inventory Denominator: Number of longer-dated batches issued for a specific product type) Measurement Periodicity: Monthly.	Monthly stakeholders' email feedback on warehouse stock report
2.3 Comprehensive warehouse stock reports (containing all relevant stock information) are shared monthly and	Monthly and timely dissemination of warehouse stock reports.	Warehouse stock report dissemination rate.	100%	Numerator: The number of warehouse stock reports shared via email with the stakeholders Denominator: The total number of warehouse stock report expected Measurement Periodicity: Monthly	Monthly email notice on warehouse stock reports

Outcomes/results	Actions	Performance Indicators	Target	KPI Description	Data source/means of verification
disseminated to all relevant stakeholders for review.					
2.4 Inventory are properly managed across all warehouses and stock reports are accurate, and reliable sources of stock transactions.	Monthly review of warehouse stock report for validation of transactions and essential data points (closing/opening balance, inventory adjustments, receipts, issuance, returns, etc.).	Warehouse Reporting Accuracy.	90%	Numerator: Number of warehouse stock reports with no data mismatch or discrepancy. Denominator: The total number of warehouse reports expected for the period. Measurement Periodicity: Monthly	Monthly stakeholders' email feedback on warehouse stock report
2.5 Stakeholders' oversight stock counts and warehouse assessment for compliance with operational and infrastructural standards is routinely done.	Integrated quarterly inventory counts and warehouses assessment by relevant stakeholders	Inventory accuracy.	75%	Numerator: The total number of product lines without variance between the system and physical counted quantities Denominator: The total number of product lines recorded on the system Measurement Periodicity: Quarterly	Quarterly integrated stock count report
2.6 Warehouse transaction reconciliation and accountability issues are discussed and visible to all relevant	Quarterly PSM-TWG to include reports on monthly stock reports review, outcome of quarterly counts, and other stock accountability issues.	Stakeholders' visibility index.	75%	Numerator: Number of PSM TWG with presentations made on quarterly warehouse order reconciliations/findings Denominator: Number of PSM TWG held in the year Measurement Periodicity: Yearly	PSM-TWG Meeting Note

Outcomes/results	Actions	Performance Indicators	Target	KPI Description	Data source/means of verification
stakeholders with clear actions taken.					
2.7 Capacity of the warehouse staff are routinely developed in line with current best practices.	Scheduled training and retraining of warehouse staff.	Percentage of staff trained and retrained as scheduled.	80%	Numerator: Number of staff trained/retrained per training schedule Denominator: The total number of staff included on the training schedule Measurement Periodicity: Yearly	Training/Retraining schedule Training Attendee list
Thematic Area 3: Distribution					
3.1 PODs are shared timely and archived in the states for review and action.	Transmission of PODs by delivery entities to the SLMCUs.	PODs rendition rate.	90%	Numerator: The total number of states with PODs submitted by the 3PL no later than 48hrs (2 working days) following the completion of LMD Denominator: The total number of states LMD conducted by 3PLs Measurement Periodicity: Bimonthly/Quarterly	POD copies in the SLMCU
3.2 LMDs are routinely monitored by the states for quality assurance of the process (vehicle inspection, timely/proxy delivery, consignment	Conduct routine in-process LMD monitoring and spot-checks.	LMD monitoring regularity.	80%	Numerator: The total number of states LMD spot checks conducted in line with monitoring schedule Denominator: the total number of states LMDs planned for spot checks Measurement Periodicity: Bimonthly/Quarterly	LMD monitoring report, LMD monitoring schedule

Outcomes/results	Actions	Performance Indicators	Target	KPI Description	Data source/means of verification
handling, documentations etc.).					
3.3 Improved visibility on LMD demand and health facilities resupply planning for all stakeholders.	Conduct bi – monthly/quarterly reconciliation of POD.	On time in Full delivery.	80%	Numerator: number of HF orders delivered OTIF during a period Denominator: Total number of HF supplied within the period Measurement Periodicity: Bimonthly/Quarterly	POD reconciliation sign-off report
3.4 Delivery non-conformances such as proxy delivery that poses health product accountability risks are reduced to the barest minimum.	Request and collate evidence-based reports on delivery non-conformances from all LGA LMCU.	Proxy delivery rate.	< 0.25%	Numerator: The number of confirmed proxy deliveries by facility Denominator: The total number of facility deliveries made in the period. Measurement Periodicity: Bimonthly/Quarterly	Proxy delivery report
3.5 Post distribution reconciliation and accountability issues are discussed and visible to the states and national stakeholders with clear actions taken.	Quarterly PSM-TWG to include reports on outputs of post distribution reconciliation and other stock accountability issues.	Stakeholders' visibility index.	75%	Numerator: Number of PSM TWG with presentations made on post distribution findings Denominator: Number of PSM TWG held in the year Measurement Periodicity: Yearly	PSM-TWG meeting note

Outcomes/results	Actions	Performance Indicators	Target	KPI Description	Data source/means of verification
3.6 Improved oversight of LMCUs on Service Providers.	SLA developed and signed with all states for services provided by 2024.	Percentage of states with signed SLA by December 2024.	50%	Numerator: Total number of states with signed SLA Denominator: 37 (36 states plus FCT) Measurement Periodicity: NA	Signed SLAs
Thematic Area 4: Data and Reporting System					
4.1 Improved timely and quality LMIS reporting and ordering process at facility level.	Conduct bi – monthly/ quarterly stock reporting for facilities.	Proportion of facilities that reported on the NHLMIS in the reporting period.	90%	Numerator: number of facilities that reported on NHLMIS Denominator: Total number of facilities onboarded to report on NHLMIS Measurement Periodicity: bimonthly/quarterly	NHLMIS
4.2 Improved timely and quality LMIS reporting and ordering process at National and state warehouses.	Conduct monthly stock reporting for National and state warehouses.	Proportion of warehouses that reported on WMIS in the reporting period.	75%	Numerator: number of warehouses that reported on WMIS Denominator: Total number of warehouses onboarded to report on WMIS Measurement Periodicity: Monthly	WMIS
4.3 Improved timely and quality LMIS reporting and ordering process at state warehouses.	Conduct monthly stock reporting for state warehouses.	a) Number of states that with functional WMIS by 2024.	27 states + FCT		
4.4 Improved forecasting and supply planning	Conduct bi – annual National Quantification	Forecast accuracy of tracer health products.	80%	1− [absolute value of [forecasted consumption – actual	NQMT tracking tool

Outcomes/results	Actions	Performance Indicators	Target	KPI Description	Data source/means of verification
accuracy across all programmes.	Monitoring Team Meetings and track forecast accuracy.			consumption] / [actual consumption] ×100 Measurement Periodicity: bi-annual	
4.5 Improved visibility across all programmes.	Onboard additional programmes on the NHLMIS.	Number of additional programmes that have been onboarded on the NHLMIS by March 2025 i.e. (Covid 19, Essential medicines, Immunization, Nutrition, Narcotics).	Two programmes by 2024 5 programmes by 2025	Numerator: NA Denominator: NA Measurement Periodicity: N/A	NHLMIS
Thematic Area 5: Logistics and service data					
5.1 Improved data triangulation between logistics and service data at National level.	Conduct quarterly National review meetings between PSM & M&E units of the programmes (Integrated National data review meetings).	Accuracy of National service Vs. logistics data across the programmes (disaggregated by program).	75%	1− [absolute value of (Service – Logistics data) / [Logistics data] ×100 Measurement Periodicity: Quarterly	Integrated reconciliation tool and report (TBD)
5.2 Improved data triangulation between logistics and service data at State level.	Conduct quarterly State review meetings between PSM & M&E units of the programmes (Integrated State data review meetings).	Accuracy of State service Vs. logistics data across the programmes (disaggregated by program).	80%	1− [absolute value of (Service – Logistics data) / [Logistics data] ×100 Measurement Periodicity: Quarterly	Integrated reconciliation tool and report
5.3 Improved data triangulation between logistics	Conduct quarterly LGA review meetings between PSM & M&E units of the	Accuracy of LGA service Vs. logistics data across the programmes	85%	1− [absolute value of (Service – Logistics data) / [Logistics data] ×100	Integrated reconciliation tool and report

Outcomes/results	Actions	Performance Indicators	Target	KPI Description	Data source/means of verification
and service data at LGA level.	programmes (Integrated LGA data review meetings).	(disaggregated by program).		Measurement Periodicity: Quarterly	
Thematic Area 6: Community Intervention					
6.1. Improved Reconciliation, Triangulation and Accountability at Hub facilities for health products used for Community outreaches.	Develop a document (SOP) for Institutionalization of Community outreach services.	SOP developed by 2024.	Yes	Numerator: NA Denominator: NA Measurement Periodicity: NA	Report of inauguration. Attendance. TOR availability
6.2 Improved data quality at service delivery facility for informed decision with respect to proper quantification that will minimize wastage due to overstock or stock-out due to in-adequate supply.	Conduct bi-monthly facility data triangulation and reconciliation at the hub facilities with the Community intervention team to ensure accountability.	Number of data triangulation and reconciliation meetings conducted.	6	Numerator: NA Denominator: NA Measurement Periodicity: Bimonthly	Report of RTA meeting, Attendance, Pictures
Thematic Area 7: Waste management					

Outcomes/results	Actions	Performance Indicators	Target	KPI Description	Data source/means of verification
7.1 Improved warehouse and inventory management for waste prevention and minimization at all levels.	Quarterly monitoring and supervisory visit to the warehouse by NPSCMP, LMCU to ensure FEFO principles are implemented in order to reduce wastage.	Number of MSSV conducted in a year.	3	Numerator: NA Denominator: NA Measurement Periodicity: Quarterly	Report of MSSV
7.2 Efficient and effective removal of waste and treatment of waste within the supply chain.	Conduct Annual waste drive and waste treatment.	Number of waste drive conducted.	1	Numerator: NA Denominator: NA Measurement Periodicity: Yearly	Waste drive report
Thematic Area 8: Emergency Response					
8.1 Improved accountability of donated/procured health products for public health emergencies.	a) Review/develop an SOP to reconcile, track and account for emergency health products.	SOP developed and disseminated by July 2024	Yes	Numerator: NA Denominator: NA Measurement Periodicity: NA	SOP
8.2 Improved data visibility for donated/procured health products for public health emergencies.	Assess existing LMIS systems for emergency health products and explore opportunities for integration with the national LMIS (NHLMIS).	Emergency logistics data visible on the NHLMIS by Dec 2025.	Yes	Numerator: NA Denominator: NA Measurement Periodicity: NA	NHLMIS reports that includes emergency health products

Outcomes/results	Actions	Performance Indicators	Target	KPI Description	Data source/means of verification
Thematic Area 9: Governance					
9.1 Improved oversight function and coordination within the supply chain.	Monitor implementation and performance of the oversight framework (RAM, SC risk, Monitoring, and evaluation).	Number of implementation and performance review meetings conducted.	2	Numerator: NA Denominator: NA Measurement Periodicity: Biannually	Review meeting report
9.2 Effective and transparent resolution of RTA issues within the system.	Conduct biannual review and resolution of all RTA issues.	Proportion of identified discrepancies resolved.	50%	Numerator: Number of resolved RTA discrepancies Denominator: Total number of RTA discrepancies within the period Measurement Periodicity: Biannually	RTA resolution reports

6.2 Implementation approach

To achieve desired outcomes set out in the National Oversight Framework, D(FDS) must provide the needed leadership and political will, while NPSCMP will play a coordinating role. Relevant stakeholders such as Donors, PRs, Partners, National Programmes and other GON MDAs must demonstrate commitment to the dictates of the framework, and effectively collaborate with NPSCMP to ensure smooth implementation.

In the light of the above, the following recommendations below should be given strong consideration.

1. D(FDS) should institute a high-level multi-stakeholder **Transparency and Accountability Group (TAG)**, with membership from Donors, PRs, Partners, National Programmes and other GON MDAs. The group shall meet routinely to address bottlenecks and barriers to implementation. In addition, the group shall make concerted effort to entrench transparency and accountability within the national health supply chain.
2. NPSCMP to ensure adequate funding is accessed timely for optimal implementation of activities/interventions contained in the framework.
3. NSPCMP to lead the annual review of the MEAL framework and make necessary revisions.
4. NPSCMP to conduct base-line assessment of identified indicators upon which subsequent performance assessment will be hinged.

7 Framework roll out cost

The estimated cost of rolling out the National Oversight Framework is provided as a high-level summary in Table 10 below.

Table 10. High-level National oversight framework roll out cost

Cost Type	Description	Amount (NGN)	Amount (USD)
One-off cost	Activities that require one-off funding to be implemented e.g., development of documents, procurement of software etc.	4,403,468,500	9,572,757.61
Recurring cost	Activities that require routine funding (bimonthly, quarterly, annually) to be implemented.	2,365,491,000 *This is the total amount required for a three-year implementation.*	5,142,371.74
Grand Total		6,768,959,500	14,715,129.35

Exchange rate of 1USD = 460NGN

Table 11. Cost already covered by existing and upcoming grants

Cost Type	Description	Amount (NGN)	Amount (USD)
One-off cost	See Annex 3 (Activities 3.4, 3.5, and 4.1)	55,768,500	121,235.87
Recurring cost	See Annex 3 (Activities 1.3, 2.1, 2.2, 3.2 and 6.2)	187,705,000	408,054.35
Grand Total		243,473,500	529,290.22

Table 12. NOF Funding gap

Cost Type	Amount (NGN)	Amount (USD)
One-off cost	4,347,700,000	9,451,521.74
Recurring cost	2,122,017,500	4,613,081.52
Grand Total	6,525,486,000	14,185,839.13

The detailed cost breakdown including identified costs, cost definitions, cost elements and assumptions are contained in Annex 3.

It is important to note that deployment eWMIS to 11 outstanding states is estimated to cost about 2,557, 846,500 NGN (equivalent to 5,560,536 USD). This represents about 40% of the total funding gap.

Annexes

Annex 1: Glossary Reference

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Annex 2: Framework development process

The framework was developed through a highly participatory multi stakeholder consultation process, involving representatives from various organizations including GON, Donors, National Programmes, Partners, PRs, and contractors.

The stakeholders participated in an initial 5-day focused group workshop to develop a zero draft of the National Oversight framework. This workshop which was held between 5th to 9th of June 2023 was led by NPSCMP and facilitated by a Supply Chain Consultant. Key inputs from the various sessions held resulted in outputs which formed major components of the framework.

The process also involved one-on-one interviews with stakeholders and a thorough review of relevant documents including the OIG report that informed the need to develop an operational framework for the country.

Another stakeholder focus group workshop was convened from 19th to 21st July to review the first draft of the document. This was followed by final revision and clean up for the draft by the consultant.

The development time frame is shown in the figure below.

Figure 2. Framework development Gantt chart

#	Activities	May-23			Jun-23					July			
		Wk 2	Wk 3	Wk 4	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 1	Wk 2	Wk 3	Wk 4
1	Notify stakeholders-NPSCMP sends email sensitizing stakeholders on activity.	▓											
2	Desk review of OIG report, and other relevant documents.		▓										
3	Stakeholder engagement visits.			▓	▓								
4	Review meeting/interview with HIV/TB/Malaria/COVID-19 supply chain stakeholders.				▓								
5	Convene a workshop of stakeholders to develop zero draft of framework.					▓							
6	Incorporate input from workshop into oversight framework.						▓	▓	▓				
7	Share draft with stakeholder.									▓			
8	Convene a workshop to finalize and build consensus on draft oversight framework.											▓	
9	Clean up and finalize operational framework.												▓

Annex 3: Detail break down of framework roll-out cost

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
Thematic Area 1: Upstream				
1.1 Yearly review of national quantification/gap analysis with procurements done by procuring entities.	This will be a 5-day residential activity outside Abuja involving 45 participants including the national programmes, partners, Service Providers, NPSCMP.	• DSA for 30 govt • Tea break of 45 • Lunch for 15 non-govt • Air travels and airport shuttle for 30 govt • Hall • Workshop materials for 45	18,705,000	
1.2 Biannual national supply plans review meetings by programmes.	This will be a 5-day residential activity outside Abuja per programme for 25 participants including national programmes, partners, funders, Service Providers, NPSCMP.	• DSA for 10 govt • Tea break of 25 • Lunch for 20 non-govt • Air travels and airport shuttle for 10 govt • Hall • Workshop materials for 25	14,590,000	
1.3 Quarterly PSM-TWG to include report on order RTA	This is a 1-day meeting in Abuja involving 50 participants including national programmes, partners, Service Providers, NPSCMP. Discussion to include reconciliation and accountability; reports on monthly stock reports review, outcome of warehouse quarterly counts, and other stock accountability issues; reports on outputs of post distribution	• DSA for 1 Lagos warehouse participant • Air travels and airport shuttle for 1 Lagos warehouse participant • Lunch for 50 • Hall (to be provided by the govt) • Intracity transport for 30 govt	3,428,000	

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
	reconciliation and other stock accountability issues			
Thematic Area 2: Warehouse				
2.1 Scheduled training and retraining of warehouse staff	This will be an annual training/retraining for the warehouse operators in 3 National and 37 state warehouses on WMIS/warehouse management for 5 days.	• DSA for 2 national trainers • Tea break of 12 • Lunch for 10 warehouse operators • Air travels and airport shuttle for 2 trainers • Hall (CMS to be leveraged) • Intracity transport for 2 trainers for 5 days	69,560,000	
2.2 Integrated quarterly inventory counts and warehouses assessment by relevant stakeholders	This is a field activity for 5 days for the 3 national and 3 regional warehouses. There will be 3 participants per regional warehouse and 4 per national warehouse.	• DSA for 27 • Air travels and airport shuttle for 27 • Intracity transport for 27	62,316,000	
2.3 Review and develop standard RTA tool	This will be a residential workshop for 2 days for 25 persons involving the NPSCMP, national programmes, PRs, Service Providers.	• Air ticket for 15 govt • Airport taxi for 15 govt • DSA for 15 govt • Tea break of 25 • Lunch for 10 non-govt • Intercity transport for 15 govt • Hall	9,910,000	
2.4 Coordinate training of stakeholders on QA/QC of health commodities	This will be a 5-day residential training conducted twice a year for	• Air ticket for 30 govt • Airport taxi for 30 gov	65,920,000	

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
	stakeholder that will be carrying out QA/QC activities	• DSA for 30 govt • Tea break of 40 • Lunch for 10 non-govt • Hall		
2.5 Coordinate national QA/QC related activities	This is a 5-day field activity to conduct national quality sampling from warehouses and selected health facilities	• Air ticket for 30 govt • Airport taxi for 40 gov • DSA for 30 govt • Daily taxi	68,195,000	
Thematic Area 3: Distribution				
3.1 Conduct routine LMDs monitoring by the states for quality assurance of the process (timely/proxy delivery, consignment handling, documentations etc.) Development/Review of checklist	This will be a 5-day monitoring visit/spot check to the health facilities during LMD involving 4 SLMCU per state to 26 distant and nearby facilities	• Intracity transport to 20 nearby facilities by 2 SLMCU • DSA to 6 distant facilities by 2 SLMCU • Intracity transport to 6 distant facilities • DSA to 20 facilities by 2 national participants • Intracity transport to 20 nearby facilities by 2 national participants • Communication for all participants	88,410,000	
3.2 Conduct Post iLMD review meetings	This will be a bimonthly 1-day review meeting involving the states, national programmes, PRs, Service Providers, NPSCMP.	• Communication for 31 SLMCU coordinators • DSA for 6 SLMCU coordinators • Intracity transport for 25govt and 6 SLMCU coordinators • Tea break for 31	6,765,000	

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
		• Lunch for 31 • Hall		
3.3 Update the harmonized national SOP for logistics management to include post distribution order reconciliation, triangulation and accountability as well as guidelines for deliveries in security challenged locations	This will be a 4-day residential workshop involving 40 participants states, states, national programmes, Service Providers, PRs, partners, NPSCMP (This will be 2 workshops).	• Consultant fee for 15 days • DSA for 25 govt • Tea break of 40 • Lunch for 15 non-govt • Air travels and airport shuttle for 25 govt • Hall • Workshop materials for 40	13,475,000	
3.4 Conduct a sensitization meeting for all stakeholders on the use of NHLMIS' order fulfilment report and extended functionalities	This will be a 5-day meeting at the state level involving 2 national participants per state and 15 state participants.	• DSA for 2 national participants • Tea break of 17 • Lunch for 15 warehouse operators • Air travels and airport shuttle for 2 trainers • Hall (SMoH to be leveraged) • Intracity transport for 2 national participants for 5 days	2,181,000	
3.5 Develop and sign SLA across levels (Federal and states) for 4PL services provided	Development of SLA will be done virtually, printed copies will be sent by courier for sign off	• 3-way courier services to transmit SLA to/fro states • Printing and binding of 6 x 36 states copies of the SLA	4,440,000	
Thematic Area 4: Data and Reporting Systems				
4.1. Conduct Capacity building of all national	A 5-day residential training for selected national	• Flight ticket • DSA	49,147,500	

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
stakeholders on NHLMIS (Training to cover all relevant modules)	programmes/IPs/PRs focal points. Involving 120 participants, 15 trainers.	• Airport taxi • Hall • Meals • Stationary/Training Manual • Certificates		
4.2. Conduct capacity building of State and LGA LMCU on NHLMIS (Training to cover all relevant modules)	A 3-day residential training for state and IPs/PRs. Involving 25 participants and 4 trainers.	• Flight ticket • DSA • Airport taxi • Hall • Meals • Stationary/Training Manual • Local Transport	7,280,000	
4.3. Conduct National Quarterly NHLMIS Joint Implementation Team meeting	A 1-day non-residential meeting for national programmes/IP/PR focal points involving 40 participants	• Hall • Lunch • Local Transport	2,600,000	
4.4 Deploy WMIS to all National/Zonal/state warehouses.	• IT Hardware (Computers, Printers, Routers) • 5 Concurrent User Licenses per warehouse • Training of 15 officers per warehouse	• Flight ticket • DSA • Airport taxi • Hall • Meals • Stationary/Training Manual • Certificates • Local transport • Configuration cost • Licensing fee/Subscription	2,557,846,500	

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
4.5. Link WMIS to NHLMIS	• Development of Application Programming Interface (API) for NHLMIS and WMIS • Engage a consultant for 3months to support the development (User requirement gathering and Implementation) • A 2-day non-residential Training of the National program officers/IPs/PRs	• Cost of Development • Cost of engaging a consultant for 3 months • Hall • Meals • Stationary/Training Manual • Local transport	41,594,000	
4.6. Reconfiguration of the ordering module to align with all national program structure	• reconfiguration of ordering module on NHLMIS • A 2-day residential Training for National, State and IPs/PRs	• Flight ticket • DSA • Airport taxi • Hall • Meals • Stationary/Training Manual • Local transport • Cost of reconfiguration	23,969,500	
4.7 Onboarding of Covid-19, Nutrition, Narcotics, NTD, Essential Medicines, Link Immunization, National Laboratory Information Management System	Cost of onboarding and Linkage	• Cost of consultant (1 year) • Cost of onboarding • Cost of Linkage	193,016,000	
Thematic Area 5: Service & Logistics data				

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
5.1 Development of Integrated Data Triangulation Template	a) This will involves engaging a consultant to develop the template. In addition, printing and distribution of developed template. A 2-day workshop to review zero draft of the tool (35 Participants)	• Cost of consultant (1 month) • Flight ticket • DSA • Airport taxi • Hall • Meals • Stationary/Training Manual • Local transport	13,038,000	
	b) A 1-day workshop to finalize (25 participants)	• Flight ticket • DSA • Airport taxi • Hall • Meals • Stationary/Training Manual • Local transport • Cost of printing • Cost of distribution (774 LGAs)	16,590,000	
5.2. Link NDR and NETIMS to DHIS2	Development of Application Programming Interface (API) for NDR and NETIMS to DHIS2 Engage a consultant for 6 months to support the API development (User requirement gathering and Implementation)	• Cost of Development • Cost of engaging a consultant for 6 months • Flight ticket • DSA • Airport taxi • Hall • Meals • Stationary/Training Manual	212,435,000	

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
	A 2-day residential Training of 25 National program officers/IPs/PRs	• Local transport		
5.3. Conduct Capacity building of all national stakeholders on Triangulation between NHLMIS and DHIS2.	A 3-day residential training for selected national programmes/IPs/PRs focal points. Involving 120 participants, 15 trainers **4 batches of training involving 30 pax each and 5 trainers to be conducted.**	• Flight ticket • DSA • Airport taxi • Hall • Meals • Stationary/Training Manual	40,120,000	
5.4. Conduct Capacity building of State LMCU, DPRS and IPs/PRs on Triangulation between NHLMIS and DHIS2 (Training to cover all relevant modules)	A 2-day residential training for state and IPs/PRs. Involving 25 participants and 4 trainers	• Flight ticket • DSA • Airport taxi • Hall • Meals • Stationary/Training Manual • Local Transport	8,407,000	
5.5. Conduct Quarterly Integrated data triangulation and review meetings	A 5-day Residential data triangulation and review meeting involving 50 participants at national level	• Flight ticket • DSA • Airport taxi • Hall • Meals • Stationary/Training Manual	96,520,000	

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
5.6. Conduct Quarterly Integrated data triangulation and review meetings	A 3-day Residential data triangulation and review meeting involving 50 participants from across the state level (including LGA LMCU)	• Flight ticket • DSA • Airport taxi • Hall • Meals • Stationary/Training Manual	51,500,000	
5.7. Conduct a residential zonal facility registry update	5 participants each state and 3 national participants • South-South (6 States- 7-days) • South – East (5 States- 6-days) • Southwest (6 State- 7days) • Northwest (7 State 8-days) • Northeast (6 State – 7days) • Northcentral (6+1 State for 8 days)	• Flight ticket • DSA • Airport taxi • Hall • Meals • Stationary/Training Manual • Local transport • Interstate transport	63,082,500	
		Thematic Area 6: Community Intervention		
6.1 Review and adopt existing documents on community outreach services to capture the RTA component.	A 3-day (excluding travel days) residential meeting to review the existing HIV PMTCT community intervention document involving 27 Participants (6 zonal LGA representative, 6 zonal state representative, 10 National (5 NPSCMP, 5 programmes) and 5 Partners)	• Flight ticket • DSA • Airport Taxi • Local travel • Hall • Meals	21,506,500	

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
6.2 Conduct Quarterly monitoring and supportive supervisory visit to the hub health facilities and the Community intervention team National, State and LGA LMCU to ensure implementation of the TOR.	A 5-day Joint Monitoring & Supportive Supervisory Visit (JMSSV) to 3 Hub Health facilities per day, involving 17 Participants (NPSCMP -3, State LMCU -7 and LGA LMCU-7)	• Flight ticket • DSA • Airport Taxi • Local travel • Subsistence allowance	45,636,000	Flight ticket, DSA, Airport Taxi and local travel for NPSCMP. Local transport and Subsistence allowance for the State LMCU (LMCU Coordinator, ATMRHVM&E) and LGA LMCU (LMCU Coordinator, ATMRHVM&E). Link to JMSSV on RAM 6.3
Thematic Area 7: Waste management & Waste data				
7.1 Quarterly monitoring and supervisory visit to the warehouse by D(FDS), NPSCMP, LMCU	**National warehouse:** 1. **Abuja Federal Medical Warehouse**: A 3 - day nonresidential visit involving 8 Participants	• Local travel • Subsistence allowance	18,280,000	D(FDS), NPSCMP-2, 5 Programmes (ATMRHV)
	1. **Lagos Federal Medical Warehouse & Federal Central Medical Stores, Lagos:** A – 5day residential visit to the 2 Lagos warehouses involving 8 participants.	• Flight ticket • DSA • Airport Taxi • Local travel		D(FDS), NPSCMP-2, 5 Programmes (ATMRHV)
	Regional warehouses (3) Gombe, Sokoto & Awka: A 2-day residential (excluding	• Flight ticket • DSA • Airport Taxi		D(FDS), NPSCMP-2, 5 Programmes (ATMRHV)

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
	travel days) visit to each warehouse involving 8 participants.	• Local travel		
	2. State warehouses: A 2-day (excluding travel days) residential visit involving 3 participants (2 national and 1 State LMCU) to 32 States.	• Flight ticket • DSA • Airport Taxi • Local travel for National staff • Subsistence allowance for state LMCU		
7.2 Conduct Annual waste drive and waste treatment.	A 3-day (excluding travel days) visit to final facility for disposal to monitor the disposal/destruction process, involving Eleven (11) participants (Representative of 5 Programmes, Representatives of 5 PRs and NAFDAC representative.	• Flight ticket • DSA • Airport Taxi • Local travel	2,742,000	
Thematic Area **8. Emergency response**				
8.1 Develop an RTA SOP for health products used in an emergency setting	a) A 5-day residential stakeholder workshop for the development of the SOP involving 35 participants.	• Flight ticket for 27 govt • DSA for 27 govt • Airport taxi • Hall • Tea break and Lunch for 35 pax • Engagement of 1 Technical Assistance/consultant • Writing materials	18,701,500	The participants will involve 27 govt and 8 partners

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
	b) A 3-day residential stakeholder workshop for the finalization of the SOP involving 26 participants. It will involve engagement of consultant for 1month (30days) for desk review, facilitation of the workshop and development of the SOP and training curriculum/guide for national & state level. This covers through the 2 workshops	• Flight ticket for 21 govt • DSA for 21 govt • Airport taxi • Hall • Tea break and Lunch for 26 pax • Engagement of 1 Technical Assistance/consultant • Writing materials for 26pax • Printing and dissemination of 500 copies	14,993,500	The participants will involve 21 govt, and 5partners
8.2 Build capacity of relevant stakeholders to implement the SOP	a) A 5-day residential National Training of Trainers on the SOP for 30 participants	• Flight ticket for 25 govt • DSA for 25 govt • Airport taxi • Hall • Interstate Travel • Tea break and Lunch for 30 pax • Writing materials for 30 pax • Printing of training curriculum/guide	15,292,500	The participants will involve 25 govt, and 5partners.

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
	b) 3day residential zonal step-down training in states of 20 state participants for a zone (3 per states= 3*37states=111 state officers), involving 3 national master trainers per geopolitical zone (3*6zones= 18 nationals)	• Flight ticket for 18 nationals • DSA for 129 govt • Airport taxi for 18 nationals • Hall in 6 zones (6 halls, each to accommodate an average of 21 pax per zone for 3days • Interstate Travel for 111 state officers • Tea break and Lunch for 129 pax • Writing materials for 129 pax • Printing of training curriculum/guide for 129 pax	37,773,000	The participants will involve 3*37states=111 state officers and 3*6zones =18 national officers Total of 111 + 18= 129 pax
	c) 2-day residential state stepdown training to include 2 pax/LGA, 5 state pax and 3 state master trainers (average of 50 pax per state)	• DSA for 1844 pax • Hall for 37 states (37 halls) for 2 days • Local transport for 296 state officers • Interstate transport for 1,548 LGA officers • Tea-break and lunch for 1844 pax • Writing materials for 1844	438,872,000	The participants will involve 2*774 LGA =1,548 LGA officers, state officers and 8*37 states =296 state officers Total of 1548 + 296= 1844 pax The hall in each state will contain an average of 50 pax

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
8.3 Conduct Biannual reconciliation meeting for emergency health products at National and State level	a) 2 days residential National reconciliation meeting for 30 participants	• Flight ticket for 25 govt • DSA for 25 govt • Airport taxi for 25 govt • Hall for 30 pax for 2 days • Tea break and Lunch for 30 pax • Writing materials for 30 pax • Communication fees for 25 pax for 2 days	61,740,000	The participants will involve 25 govt, and 5partners. The communication fees will be utilized in consulting with the state officers during the meeting to triangulate the data.
	b) 3 days state level reconciliation meeting of 10participants per state (10*37states= 370)	• Local transport for 370 pax • Hall for 37 states (37 halls) for 3 days • Tea break and Lunch for 370 pax • Writing materials for 370 pax • Communication fees for 370 pax for 3 days	108,780,000	The participants will involve 10 pax per state; 10*37states= 370 The communication fees will be utilized in consulting with the LGA and health facility officers during the meeting to triangulate the data
8.4 Develop/review logistic tool for reporting health products in an emergency setting	a)5-day residential meeting of 40 participants to develop logistic tool for reporting health products in an emergency setting.	• Flight ticket for 30 govt • DSA for 30 govt • Airport taxi for 30pax • Hall • Tea break and Lunch for 40 participants	18,425,000	The participants will involve 30 govt, and 10partners

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
		• Engagement of 1 Technical Assistance/consultant • Writing materials for 40 pax		
	b) A 3- residential meeting of 40 participants for the finalization of logistic tool for reporting health products in an emergency setting. It will involve engagement of consultant for 1month (30days) for desk review, facilitation of the workshop and development of the logistic tools. This covers through the 2 workshops.	• Flight ticket for 30 govt • DSA for 30 govt • Airport taxi for 30pax • Hall • Tea break and Lunch for 40 participants • Engagement of 1 Technical Assistance/consultant	14,395,000	The participants will involve 30 govt, and 10partners
8.5 Link logistic tool for reporting health products in an emergency setting to NHLMIS	a) 2-day residential User Acceptance Test in 2 states involving 4 nationals per state (4*2 states= 8 nationals) and 10 state officers (10*2states= 20 participants). Non-residential for state participants	• Flight ticket for 8 nationals • DSA for 8 pax • Airport taxi for 8 pax • Hall for 2 states (2 halls to accommodate an average of 15 pax each) • Tea break and Lunch for 28pax • Local transport for 20 state participants for 2 days • Writing materials for 28 pax	4,532,000	The participants will involve a total of 28 pax. 4*2 states= 8 nationals) and 10 state officers (10*2states= 20 participants). Non-residential for state participants Note: Use community module to report health products used in emergencies

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
	b) A 5-day residential National Training of Trainers of 30 pax on the Logistic tool	• Flight ticket for 25 govt • DSA for 25 govt • Airport taxi for 25 govt • Hall for 30 pax • Tea break and Lunch for 30 pax • Writing materials for 30 pax •	15,292,500	The participants will involve a total of 30 pax which involves 25 govt and 5 partners.
	c) 3-day residential zonal step-down training of 35 participants/zone i.e., (5pax/state and 5 national master trainers)	• Flight ticket for 30 national govt • DSA for 30 nationals • Airport taxi for 3o national • Hall for 6 zones (6 halls to accommodate 35 pax per zone) • Tea break and Lunch for 35 pax per zone • Writing materials for 35 pax per zone	66,075,000	The participants will involve a total of 215 pax. 5*37 states= 185 state officers and 5 master trainers* 6 zones= 30 nationals). An average of 35 pax per zone including 5 national trainers and 30 states pax in a zone

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
	d) 2-day residential state stepdown training to include 2 pax/LGA, 5 state pax and 3 state master trainers (average of 50 pax per state)	• DSA for 1733 pax • Hall for 37 states (37 halls to accommodate an average of 50 pax per state) • Local transport for 185 state officers • Interstate transport for 1548 • LGA officers • Tea-break and lunch for 1733 pax • Writing materials for 1733 pax	359,199,000	The participants will involve 2*774 LGA =1,548 LGA officers, state officers and 5*37 states =185 state officers Total of 1548 + 185= 1733 pax The hall in each state will contain an average of 50 pax. The LGA officer will be entitled to interstate travel while the state officers will have local transport because of the long distance the LGA officers will have to travel to the state capital.

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
8.6 Review and update the NPSCMP harmonized SOP for the logistics management of Pharmaceutical and other healthcare products to include Emergency preparedness and response component	a) A 5-day residential stakeholder workshop of 40 participants to review and update the Harmonized Logistic Management SOP to include Emergency preparedness and response component	• Flight ticket for 30pax • DSA for 30 pax • Airport taxi for 30 pax • Hall for 40 pax • Tea break and Lunch for 40 pax • Engagement of 1 Technical Assistance/consultant • Writing materials for 40 pax	20,525,000	This will involve 30 govt and 10 partners
	b) A 3-day residential stakeholder workshop of 30 participants to finalize the Harmonized Logistic Management SOP. It will involve the engagement of consultant for 1month (30days) for desk review, facilitation of the workshop and development of the SOP.	• Flight ticket for 25 • DSA for 25 • Airport taxi for 25 • Hall • Tea break and Lunch for 30 • Engagement of 1 Technical Assistance/consultant • Writing materials for 30 • Printing and dissemination of 500 copies	19,457,500	This will involve 25 govt and 5 partners

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
Thematic Area 9: Governance				
9.1 Build capacity of relevant stakeholders to implement the national oversight framework on RTA	a) 1-day meeting of 60 participants to disseminate the NOF	• Hall • Tea break and lunch for 60 pax • Local transport for 30 GON staff • Writing materials for 60 pax • Printing of 150 copies of the NOF	960,000	This will involve 30 govt and 30 partners.
	b) A 5-day residential National Training of Trainers on the national oversight framework on RTA for 32 participants. This will include the engagement of 1 consultant to develop the training guide for 10 days and facilitate the training	• Flight ticket for 27 govt • DSA for 27 govt • Airport taxi for 27 pax • Hall • Tea break and Lunch for 32 pax • Writing materials for 32 Pax • Engagement of consultant for 10days • Printing of training curriculum/guide	17,561,500	This will involve 27 govt and 5partners,
	c) 3-day residential zonal step-down training of 35 participants/zone i.e., (5pax/state and 5 national master trainers)	• Flight ticket for 30 national govt • DSA for 30 nationals • Airport taxi for 3o national • Hall for 6 zones (6 halls to accommodate 35 pax per zone) • Tea break and Lunch for 215 pax • Writing materials for 215 pax	63,375,000	The participants will involve a total of 215 pax. 5*37 states= 185 state officers and 5 master trainers* 6 zones= 30 nationals). An average of 35 pax per state including 5 national trainers and 30 states pax in a zone

Identify cost	Define Cost	Cost Element	Estimated Cost (NGN)	Comment
9.2 Conduct bi-annual stakeholder meetings to monitor and evaluate the performance of the RTA framework	a) 2-day meeting of 35 national participants to review the performance of the NOF	• Hall • Tea break and lunch for 35pax • Local transport for 30 GON staff • Writing materials for 35 pax • Communication fees for 30pax for 2 days	2,810,000	The participants will involve a total of 35 pax; 30 govt and 5 partners