



FEDERAL REPUBLIC OF NIGERIA

NATIONAL GUIDELINE

ON

**CONTRACEPTIVE LOGISTICS
MANAGEMENT
SYSTEM**

(CLMS)

December 2003

FOREWORD

In 1988, the Federal Government of Nigeria, adopted the National Population Policy which has been revised (2003). Also, in the year 2001, government adopted the National Reproductive Health Policy, which seeks to achieve quality reproductive health (RH) and sexual health for all Nigerians. The policies were developed to address the unacceptably high level of maternal and infant morbidity and mortality, low level of awareness and utilisation of family planning services, high prevalence of STIs/HIV/AIDS. The policy also seeks to ensure that every man and woman can choose, obtain and use contraceptives at the right place, at the right time and at the right cost.

In 1995, the Government of the Federal Republic of Nigeria adopted the National Contraceptive Logistics Management System (CLMS). The system was designed to improve access of Nigerians to quality contraceptive commodities. In the course of implementation, some problems which included irregular distribution of contraceptives to Service Delivery Points (SDPs), multiplicity of Logistics Management Information System (LMIS) forms and lack of collaboration among stakeholders were identified. As a result of this, little progress was made in the implementation of the system and this led to the decision to revise the guidelines in order to enhance the efficiency and effectiveness of the system. For these reasons, Government and the stakeholders were committed to the revision and overhaul of the National Contraceptives Logistics Management System in 2003, in order to enhance its efficiency and effectiveness. This revised National Contraceptive Logistics Management system will enhance the realisation of Reproductive Health Commodity Security (RHCS) in Nigeria. The successful implementation of the system requires sustained

commitment and cooperation from all stakeholders as this will go a long way in ensuring a coordinated response in improving RHCS in Nigeria.

The coordination of the system is the responsibility of the Department of Community Development and Population Activities of the Federal Ministry of Health with support from development partners and other stakeholders.

A lot of resources have been put into the redesigned system. I therefore implore all policy makers, development partners and implementers in the public sector, as well as NGOs to make this Contraceptive Logistics Management System in Nigeria, a policy reference document for the position of the Nigerian government in the implementation of Reproductive Health Commodity Security Management.



Prof. Eyitayo Lambo
Hon. Minister of Health
December 2003

INTRODUCTION

The launch of the National Reproductive Health Policy and the Strategic Framework and Plan in 2002 was a major step by the Federal Government to reduce the unacceptably high levels of maternal and neonatal morbidity and mortality and to ensure the necessary improvement in access to quality reproductive health services at all levels. One of the major steps to achieve the declared objectives of the Reproductive Health Policy is to promote access to information on family planning, encourage wider choices of contraceptive methods and to encourage the development of new initiatives that would support availability of commodities and supplies at the service delivery points. All stakeholders believe that availability of commodities (contraceptives and condoms for HIV/AIDS) is critical to the success of the reproductive health, population and HIV/AIDS programmes. Therefore, in creating the necessary awareness for family planning, it is equally very vital to ensure a regular supply of the commodities at all levels.

The first edition of the Guidelines for the National Contraceptives Logistics Management System became operational in 1999. The **purpose** of this revised edition is to articulate a more effective framework for strengthening coordination and management of commodities' supplies and distribution in order to ensure that they are supplied in the right quantities and in efficient manner at all levels. This framework must be supported and sustained within the overall National Reproductive Health Commodity Security Programme so that all Nigerians of reproductive age are able to choose, obtain and use quality contraceptives, condoms and other reproductive health supplies through their service delivery points or community-based distribution (CBD) agent.

The **specific objectives** of the System include:

1. Enhance distribution of a complete range of family planning products through the different levels of supply system (Central Contraceptive Warehouse, State Stores, Local Government Area (LGA) Stores and SDP).
2. Sustain availability of contraceptives with adequate stock levels to meet demand at all times
3. Expand access to a complete range of contraceptives methods with greater choice for clients.
4. Improve ordering and stock management, ensuring that requests correspond to actual need.
5. Increase capacity at all levels of the system to manage contraceptive supply.
6. Ensure flow of essential information on the movement of contraceptives and funds collected throughout the system.
7. Improve contraceptive quality throughout the supply chain through procurement standards and proper storage.
8. Reduce waste and increased efficiency throughout the supply chain.

In order to achieve these objectives in a well coordinated system, roles and responsibilities of the critical stakeholders have been defined. Whilst the onus rests on government to ensure the enabling environment that should support the

achievement of these objectives, the obligation of government to effectively support the private sector inputs, including the commercial-for-profit group cannot be over-emphasized. Continuous dialogue, information exchange and participatory programme will augur well for this well-intended system which is purposefully designed to help achieve commodity security for Nigeria.

OPERATION AND MANAGEMENT OF THE SYSTEM

The approved Contraceptives Logistics Management System in Nigeria shall be operated at three (3) levels.

Levels and Organisation:

Federal Level (FMOH)

Department of Community development and Population Activities (CDPA), Federal Ministry of Health
National Primary Health Care Development Agency – NPHCDA

Relevant donor Agencies / Development Partners

State Level

State Ministry of Health Department of Primary Health Care and Disease Control

Local Government Area (LGA) Level

Local Government Administration, Department of Primary Health Care RH/FP Unit, Service Delivery Points (SDPs)

Department of Community Development and Population Activities (CLMS DIVISION)

The Federal Ministry of Health shall be responsible for coordinating the public sector/national family planning /RHCS programme, including that of the private sector (NGOs and commercial outlets). The CLMS Division of the Department of Community Development and Population Activities (DCDPA), which is directly responsible to the Honourable Minister of Health, shall oversee and coordinate the implementation of the National Contraceptive Logistics Management System.

Reproductive Health Division of the Department of Community Development and Population Activities

The RH Division shall be responsible for the Central Warehousing, Inventory Management and distribution of contraceptives from the central to the state stores.

National Primary Health Care Development Agency (NPHCDA)

NPHCDA, a field agency of the Federal Ministry of Health (FMOH) with its six (6) zonal offices shall collaborate with DCDPA to monitor and supervise CLMS activities at the state, LGA and SDP levels.

Donors/Development Partners

DCDPA of Federal Ministry of Health shall coordinate donor activities. Resources from the development partners and other external sources shall be pooled to implement the joint strategic action plan for RHCS. This key stakeholder group shall actively and fully participate in all relevant programme decision making processes in support of the Contraceptives Logistics Management System. A mechanism shall also be established to ensure and sustain a regular interaction with the group.

State Ministry of Health (SMOH)

Each State Ministry of Health has a Primary Health Care Department with an RH/FP unit, which coordinates relevant state level activities and supervises family planning activities at LGAs and SDPs within the state.

MAJOR CLMS ACTIVITIES AND ROLES OF COLLABORATING AGENCIES

Eight major activities have been identified and these include:

1. Forecasting
2. Procurement
3. Clearing of imported contraceptives
4. Warehousing and inventory control
5. Transportation/Distribution
6. MIS and computerisation
7. Cost Recovery Scheme
8. Monitoring and Supervision
9. Coordination

Forecasting

Forecasting of contraceptive requirements shall be done at the central level by the forecasting committee

Membership of the forecasting committee shall comprise

- ❖ The Director, DCDPA
- ❖ The Head of RH Division
- ❖ The Head of CLMS Division (Chief Logistician)
- ❖ Central Logisticians in charge of the six (6) health zones
- ❖ The Head of Family Planning branch
- ❖ The Central Warehouse Logistician

- ❖ National Population Commission
- ❖ Federal Ministry of Finance
- ❖ Key Development Partners

The CLMS Division shall serve as the secretariat of the committee

Procurement

Procurement of contraceptives shall be made on the basis of the outcome of the forecasting committee.

The CLMS division of the DCDPA of the FMOH shall arrange for procurement of the needed contraceptives. Funds shall be mobilised from government budgetary allocation, cost recovery account and donor sources to procure contraceptives using UNFPA procurement facilities and any other approved sources. The CLMS division shall liaise with UNFPA accordingly.

Clearing of Imported Contraceptives

The CLMS division of the DCDPA shall arrange for the clearing of the imported contraceptives from port of entry.

Quality Control

NAFDAC shall inspect and ensure quality control of all imported and available contraceptives, other commodities and supplies.

Warehousing and Inventory Control

The RH Division of DCDPA shall be responsible for warehousing and inventory control. All public sector contraceptives must be moved to the central warehouse at Oshodi after clearing from port of entry irrespective of the agency bringing them into the country. This arrangement is to ensure proper stock taking of all public sector contraceptives at the federal level before distribution.

Contraceptives leaving the central warehouse shall be transported to the state stores.

Two major private sector partners – PPFN & CHAN - shall pick up contraceptives from the central warehouse.

All LGAs shall collect their commodities from state stores for onward supply to SDPs. NGOs based in their states with functional service delivery points shall get their supplies from the state stores.

At the Service Delivery points (SDPs), community-based distributors (CBDs) and clients shall access commodities at this level where quality services shall be offered.

Transportation/Delivery

Federal government trucks along with reliable private commercial transport companies shall be used to transport commodities from central warehouse to state stores. RH Division of DCDPA would ensure the safety of contraceptives while in transit to avoid leakages and wastages.

MIS and Computerisation

Management Information System provides reliable and appropriate information and data for effective planning, monitoring and evaluation of family planning activities. The MIS management tool/forms shall be made available at the service delivery points. Duly completed MIS forms would be forwarded to the state ministry of health from where they are forwarded to CLMS Division of DCDPA for analysis. The DCDPA would share data/information with the National Health Management Information System (NHMIS)

Monitoring and Supervision

Quarterly monitoring and supervision of the CLMS shall be carried out by central level logisticians to the states, LGAs and SDPs. The State Ministry of Health (FP unit) shall in collaboration with NPHCDA carry out supervision to the LGAs while the LGAs (PHC/FP) shall supervise the SDPs. Where the Community Based Distributors (CBD) access contraceptives from the system, the Service Delivery Point provider shall supervise the CBD. In addition, a Joint Monitoring and Supervision Committee comprising of CLMS and RH divisions in DCDPA, NPHCDA, National AIDS/STIs Control Programme (NASCP), Department of Hospital Services (DHS), Department of Food and Drug Services, NAFDAC and development partners shall monitor the entire system from the central level to the SDP level. The result of these exercises shall determine the type of technical assistance to be given to different levels of implementation.

Coordination

The CLMS division shall coordinate the entire system and serve as the secretariat of the committees on forecasting, procurement, joint monitoring and supervision committees.

Cost Recovery Scheme

Contraceptives shall be sold throughout the entire system. It shall be on cash and carry basis. Funds realised from the sales of contraceptives shall be re-injected into the system for re-supply through the system and to cover certain other defined cost elements (hand book)

The central, state and LGA levels along with the secondary and tertiary hospitals are to operate a bank account and manage the funds as described in the handbook. The SDPs are to keep all funds in cash box. A cashbook must be maintained by each level/unit/facility.

Private Sector/Social Marketing

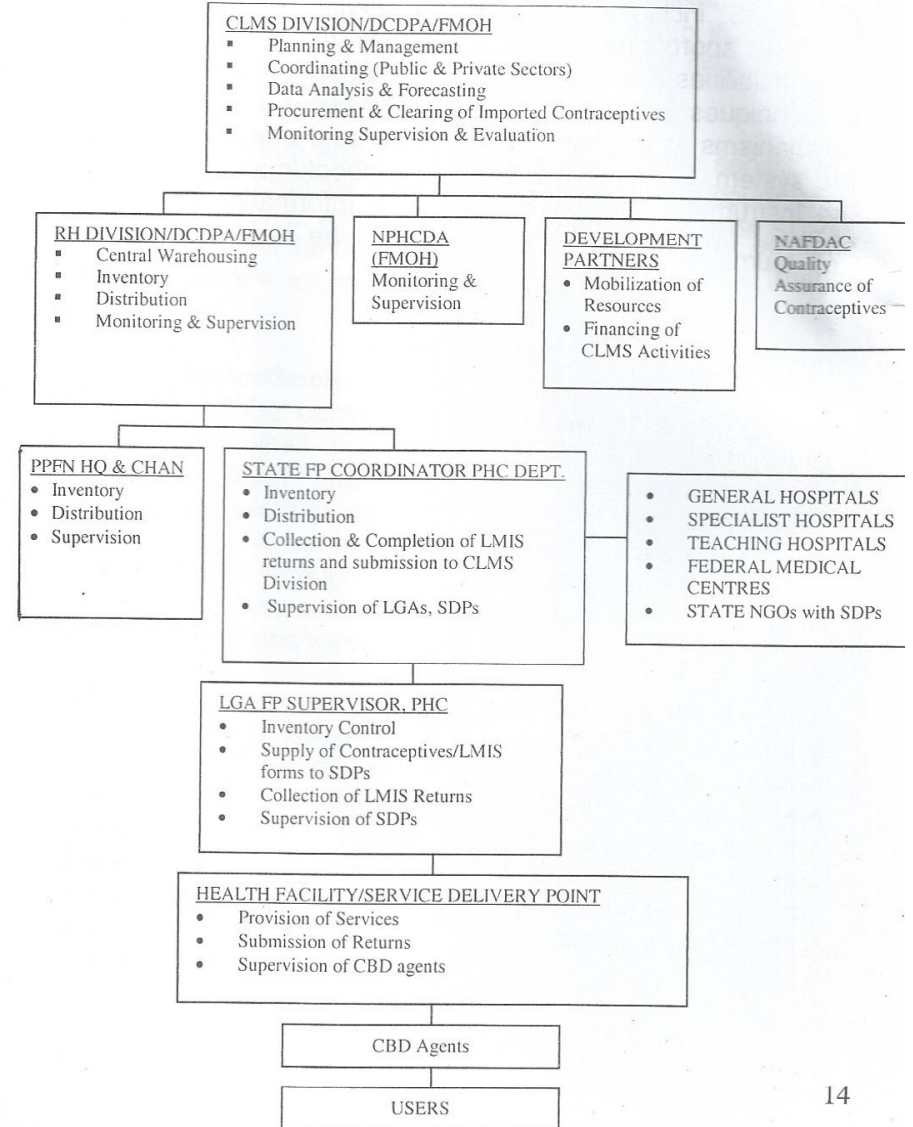
The role of the commercial private sector is recognised. Government shall promote their role and ensure their productive input into the national reproductive health commodity security programme. Whilst the commercial private sector is not allowed/permitted to receive or provide contraceptives through the public CLMS, government shall provide the policy environment, for example, by way of tariffs and tax reductions/waivers.

Social Marketing of Contraceptives shall be encouraged, particularly in targeting the needs of the most vulnerable population groups. Government shall effectively monitor and supervise the social marketing organisations (e.g. the Society for Family Health), which are also given the responsibility to supply quality commodities to the commercial private sector and NGOs. Mechanisms shall be established to promote regular public/ private sector dialogue and interaction at all levels.

Training

Personnel involved in the management and coordination of the CLMS, including those at the service delivery points, must be appropriately trained on their relevant roles and responsibilities. Each level must be kept abreast of changes in techniques and processes that may occur as part of the mechanisms to improve the efficiency and effectiveness of the system. Similarly the CLMS handbook/manual and all the instruments for the Management Information System, shall be updated as regularly as may be required in this regard.

**APPROVED STRUCTURE OF CONTRACEPTIVES LOGISTICS MANAGEMENT SYSTEM (CLMS) IN NIGERIA
DEFINED ORGANISATIONAL ROLES/ACTIVITIES**



NIGERIA CONTRACEPTIVE LOGISTICS MANAGEMENT INFORMATION SYSTEM

