

MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA

FIVE- YEAR STRATEGIC PLAN 2014 - 2018

This Strategic plan and its accompanied Operational Plan are developed for Medical Laboratory Science Council of Nigeria as it strives to become a World Acclaimed Regulatory Authority. This is a roadmap to achieving its Mandate as enshrined in the Act 11 of 2003.



MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA (MLSCN) STRATEGIC PLAN

TABLE OF CONTENTS	PAGE
1. INTRODUCTION	3
2. MANDATE	4
3. VISION/MISSION, POLICY THRUST & CORE VALUES	5
4. SWOT ANALYSIS	6
5. GENERAL ASSUMPTIONS	8
6. STRATEGIC GOALS	9
7. LOGICAL FRAMEWORK MATRIX	10
8. IMPLEMENTATION COMMITTEE	18
9. Annex: OPERATIONAL PLAN	19

INTRODUCTION

The Medical Laboratory Science Council of Nigeria (MLSCN) is a Federal Government Statutory Regulatory Authority established by Act 11 of 2003 as a Parastatal of the Federal Ministry of Health. The Act broadly charged the Council with the core responsibilities of regulating medical laboratory services through registration and licensing of medical laboratories as well as practitioners, mandatory inspection, mentoring for quality improvement, accreditation, monitoring and evaluation as well as certification of laboratory test kits and reagents. Furthermore, the Act empowers the Council to regulate the training of Medical Laboratory Scientists, Technicians and Assistants.

MLSCN recognizes the enormous responsibilities it is saddled with in the enabling Act. Council appreciates that planning is a critical component of good governance and management. Planning ensures that an organization remains relevant and responsive to the needs of its stakeholders and the society and contributes to organizational stability and growth. This provides a basis for monitoring progress, assessing results and impact which facilitates new programme development.

Strategic Planning will enable Council as an organization to look into the future in an orderly and systematic way in line with its shared vision. From a governance perspective, it enables the Board to set policies and goals to guide the organization and provides a clear focus to the Management and members of staff for programme implementation, systematic plan for resource and organizational development.

Setting annual programme objectives and a programme-focused work plan will enable Council to achieve its expected results/mandate. Funders and stakeholders require strategic plan which will provide a basis for setting priorities to support Council work and assessing progress. Furthermore, it would provide an avenue for the Board, Management and Staff to effectively define needs and marshal internal and external resources to meet them.

MANDATE

- a. Inspect, regulate and accredit Medical Laboratories (National Medical Laboratory Services Accreditation Authority)
- b. Determine from time to time the standard of knowledge and skill to be attained by persons seeking to become Medical Laboratory Scientists, Medical Laboratory Technicians and Medical Laboratory Assistants
- c. Regulate the practice of Medical Laboratory Science in Nigeria.
- d. Regulate the training of Medical Laboratory Scientists, Technicians and Assistants in any institution in Nigeria and grant periodic accreditation to institutions
- e. Provide and maintain separate register for Medical Laboratory Scientists, Technicians and Assistants
- f. Regulate the production, importation, sales and stocking of diagnostic laboratory reagents and chemicals.
- g. Assess, evaluate and register foreign graduates of Medical Laboratory Science.
- h. Conduct Examinations for Technicians and Assistants.
- i. Perform such other functions as may be conferred on it by the MLSCN Act 11, 2003.

VISION

To be a world acclaimed Regulatory Authority driving the culture of quality and efficient health laboratory care to the public and ensuring high academic standards in training institutions.

MISSION

Strengthening of health laboratory systems and professional practice for quality service through strategic regulation and accreditation.

POLICY THRUST

To stem the efflux of Nigerians for quality healthcare abroad with attendant huge capital flight by driving the culture of quality and efficient health laboratory care to the public as empirical data had shown that 60% - 70% of indices required for effective medical diagnosis ,treatment monitoring, disease forecasting, outbreaks surveillance are based on medical laboratory reports.

CORE VALUES

Professionalism: High standard of services expected from a staff who is well trained with great skills and ability.

Integrity: Being honest and firm in one's moral principles

Excellence: Quality or state of being outstanding and superior

Commitment: Dedicating to a charge or trust

Efficiency: Achieving a desired result without wasting time, energy and resources

Teamwork: Ability of a group of people to work well together

SWOT ANALYSIS

STRENGTH

1. A Statutory Body established by Act 11 of 2003
2. Numerical strength of regulated Practitioners and Institutions
3. Effective, focused, visionary and exemplary leadership
4. Qualified and experienced manpower
5. Government funding

6. Availability of continuous professional development programmes
7. Industrial harmony
8. Regulatory mandate
9. Technical support from stakeholders and development partners

WEAKNESSES

1. Inadequate funding
2. Inadequate infrastructure
3. Non-computerization of key activities
4. Absence of recreational facilities
5. Inadequate number of staff

OPPORTUNITIES

1. Location and ownership of Headquarters/Laboratories Complex in Federal Capital Territory
2. Government support in establishing the Act 2003
3. Presence in the six-geo political zones
4. Enhanced Public awareness.
5. Partnership and collaboration with stakeholders and development partners

THREATS

1. Menace of quackery.
2. Misunderstanding of regulatory agency's mandate concept/scope.
3. Irregular/ nonpayment of practitioners' retention fees.
4. Insecurity in some parts of the country.
5. Inadequate budgetary allocation.

GENERAL ASSUMPTIONS

There will be:

1. Full computerization of Council activities, adequate budgetary provisions and release.
2. Improvement in internally generated revenue (IGR).
3. Strong national economy and stable electricity power supply
4. Continuous support from partners.
5. Improvement in security of lives and property.

MLSCN STRATEGIC GOALS

The Council intends to achieve the following goals from 2014 – 2018:

1. FACILITATING QUALITY AND EFFICIENT MEDICAL LABORATORY SERVICES

Lab Registration, Inspection, Monitoring, Evaluation and Accreditation

2. ZERO TOLERANCE TO FAKE AND SUB-STANDARD PUBLIC HEALTH DIAGNOSTIC LABORATORY REAGENTS, CHEMICALS AND EQUIPMENT

Pre and Post market validation of Lab equipment/reagents and kits

3. EFFECTIVE REGULATION FOR QUALITY HEALTH LABORATORY WORKFORCE DEVELOPMENT.

Curriculum development/review, accreditation/re-accreditation of training institutions and internship

4. PROMOTION OF PROFESSIONALISM AND ELIMINATION OF QUACKERY

Registration, Licensing, Continuous Professional Development Programmes, Provision and Maintenance of Practitioners Registers, Elimination of quackery.

LOGICAL FRAMEWORK MATRIX

S/N	OBJECTIVE	ACTIVITIES	INPUT	OUTPUT	EXPECTED OUTCOME(S)	RESPONSIBLE UNIT	BUDGET (N)	TIME LINE				
								2014	2015	2016	2017	2018
1	MILSCN offices in various states established	Opening new offices in 27 states of the Federation	* Accommodation * Employ staff * Office furniture/equipment * Vehicles * Funds	More lab Practitioners in good standing, more Laboratories inspected, registered, monitored and evaluated. More Laboratories enroll into CQI. Improved public awareness.	Improved quality laboratory service delivery. Job creation for lab practitioners. Reduction in capital flight.	Registry	175M	6 Temporary State Offices and 10 utility Buses for existing Offices	6 Temporary State Offices and 6 utility Buses	5 Temporary State Offices and 6 utility Buses	5 Temporary State Offices and 5 utility Buses	5 Temporary State Offices and 5 utility Buses
2	Full computerization of Council processes	Data extraction, Data Capture, Management, Installation and Training. Installation of VSAT in state offices	* Personnel, Equipment, Funds, Clients Files ,Consultants, Training materials	Capacity Built, Equipment Procured and Installed, Data extracted and captured	* Licences/Tags accessed online, Self Servicing, Efficient service delivery, Improved number of laboratories, training Institutions and practitioners in good standing. Data bank established. Improved client satisfaction.	DPRS	200M	30%	30%	20%	10%	10%
3	Enhanced professional development for MILSCN staff	* Staff trainings and retraining programmes	* Funds * Training materials * Facilitators * Venue * Transportation * List of participants	* Capacity built * Skilled manpower	* Improved service delivery * Job satisfaction * Clients satisfaction	Admin	100M	20%	20%	20%	20%	20%

S/N	OBJECTIVE	ACTIVITIES	INPUT	OUTPUT	EXPECTED OUTCOME(S)	DEPT/ UNIT	BUDGET (N)	TIME LINE				
								2014	2015	2016	2017	2018
4	Completion of Headquarters / Laboratories Complex	*Completion of Phases I - V *Equip/ Furnish Offices and Laboratories * Relocation to permanent site * Recruitment of more staff	* Funds *Procure Equipment * Furniture * Logistics	Council settles in permanent Headquarters	* Enhanced service delivery * Production of Proficiency panel * Molecular biology/ lab established * Improved work climate * Enhanced Corporate image	Registry	750M	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
5	Support training institutions to produce 10,000 laboratory practitioners	* Accreditation Visits * Training programmes * Monitoring/ Evaluation * Certification for full accreditation	* Accreditation team * Funds *Guidelines/check list * Personnel	* Production of 10,000 laboratory practitioners * Certification for full accreditation * Accreditation reports	* Certification of more laboratory workforce * Improvement in quality of laboratory services * Reduction in number of quacks	ERR	60m	2,000 Practitioners	2,000 Practitioners	2,000 Practitioners	2,000 Practitioners	2,000 Practitioners
6	1000 Medical laboratories Registered and 50 attain Accreditation	* Lab inspection/registration *Baseline assessment *Mentoring Visits *Certification *Accreditation *Monitoring /Evaluation	* Equipment * Lab Auditors * Mentors * Certificates * M & E Officers * Funds	* Number of Labs Inspected * Number of Labs Registered * Number of Labs Certified * Number of Labs Accredited	Timely, Reliable and Accurate Lab Reports	Lab Accreditation	100M	200 (5)	200 (10)	200 (15)	200 (10)	200 (10)

S/N	OBJECTIVE	ACTIVITIES	INPUT	OUTPUT	EXPECTED OUTCOME(S)	DEPT/ UNIT	BUDGET (N)	TIME LINE					
								2014	2015	2016	2017	2018	
7	165 Registered Medical Laboratories key into Continuous Quality Improvement (CQI)	* Advocacy visits * Training on Quality Management Systems (QMS) for facility staff * Training of mentors * Supervisory visits * Mentorship programme * Monitoring/ Evaluation	* Training material * Participants * Guidelines * Mentors * M & E Officers * Facilitators	* Facility staff trained * Mentors trained * Facilities mentored * Laboratories enrolled into CQI	* Improvement in services * Facilities apply for accreditation * Clients satisfaction	CQI	500M	20	25	30	40	50	
8	All registered medical Laboratories participate in External Quality Assurance Programme (EQAP)	* Registration of Laboratories * Preparation and distribution of panels * Collation and analysis of result * Feedback * Monitoring performance * Corrective actions	* Funds * Panels * Equipment * Courier services * Personnel	* Number of Laboratories enrolled * Number of Panels distributed * Results collated and analysed * Feedback Provided * Corrective actions taken	* Accurate and Reliable laboratory reports * Clients satisfaction * Improved Health Indices * Reduction in capital flight	DLAR	500M	2500 Participating Labs	3000 Participating Labs	3500 Participating Labs	4000 Participating Labs	4500 Participating Labs	

S/N	OBJECTIVE	ACTIVITIES	INPUT	OUTPUT	EXPECTED OUTCOME	DEPT/ UNIT	BUDGET (N)	TIME LINE				
								2014	2015	2016	2017	2018
9	All laboratory diagnostic reagents/ consumables go through pre market validation	<ul style="list-style-type: none"> * Development of guidelines * Baseline Assessment * Advocacy * Sensitisation of vendors * Public awareness creation * Procurement and installation of laboratory equipment * Registration of vendors, manufacturers and importers * Training of staff * Validation * Certification 	<ul style="list-style-type: none"> * Funds * Personnel * Guidelines * Equipment * Certification * Training Materials * Facilitators * Logistics 	<ul style="list-style-type: none"> * Guidelines * Trained Personnel * Data bank of vendors, importers and manufacturers * Validation conducted * Certificates issued 	<ul style="list-style-type: none"> * Substandard reagents/ consumables eliminated * Accurate and reliable laboratory results * Public confidence restored * Improvement in health laboratory services 	DLAR	500M	10% Reduction in fake lab consumables	20% Reduction in fake lab consumables	30% Reduction in fake lab consumables	50% Reduction in fake lab consumables	75% Reduction in fake lab consumables
10	MLSCN Communication Plan created and implemented	<ul style="list-style-type: none"> * Advocacy visits to stakeholders * Media Campaign (Advertorials, Press releases and Conferences etc.) * Sensitization workshops * MLSCN Handbook, Bulletin and Corporate souvenirs 	<ul style="list-style-type: none"> * Funds * Personnel * Equipment * Logistics 	<ul style="list-style-type: none"> * Press conferences held * MLSCN handbook/ bulletin published * Sensitization workshop conducted 	Stakeholders and general public fully sensitized.	Registry	150M	* 7 Advocacy visits to stakeholders * 10 Media Campaigns (Advertorials, Press releases and Conferences etc.) * 4 Sensitization workshops * 4 MLSCN Handbook, Bulletin and Corporate souvenirs	* 7 Advocacy visits to stakeholders * 10 Media Campaigns (Advertorials, Press releases and Conferences etc.) * 4 Sensitization workshops * 4 MLSCN Handbook, Bulletin and Corporate souvenirs	* 7 Advocacy visits to stakeholders * 10 Media Campaigns (Advertorials, Press releases and Conferences etc.) * 4 Sensitization workshops * 4 MLSCN Handbook, Bulletin and Corporate souvenirs	* 7 Advocacy visits to stakeholders * 10 Media Campaigns (Advertorials, Press releases and Conferences etc.) * 4 Sensitization workshops * 4 MLSCN Handbook, Bulletin and Corporate souvenirs	* 7 Advocacy visits to stakeholders * 10 Media Campaigns (Advertorials, Press releases and Conferences etc.) * 4 Sensitization workshops * 4 MLSCN Handbook, Bulletin and Corporate souvenirs

S/N	OBJECTIVE	ACTIVITIES	INPUT	OUTPUT	EXPECTED OUTCOME(S)	DEPT/ UNIT	BUDGET (N)	TIME LINE					
								2014	2015	2016	2017	2018	
11	300 Continuous Professional Development Programmes (CPD) conducted	*Conduct quarterly CPD programs by MISCNI * Approve and monitor implementation of CPD applications * Approval of Web-based CPD for licence renewal	*Facilitators *Funds *Training materials *Participants *Logistics	*CPD conducted *Reports * Retrained Lab Practitioners * Credit units obtained	* Improved quality service delivery * Clients satisfaction * Licences renewed * Enhanced professionalism	ERR	100M	* 4 CPD courses conducted by MISCNI * 50 CPD courses conducted by partners * Number of Participants that obtained credit load through e-learning	* 4 CPD courses conducted by MISCNI * 50 CPD courses conducted by partners * Number of Participants that obtained credit load through e-learning	* 4 CPD courses conducted by MISCNI * 60 CPD courses conducted by partners * Number of Participants that obtained credit load through e-learning	* 4 CPD courses conducted by MISCNI * 60 CPD courses conducted by partners * Number of Participants that obtained credit load through e-learning	* 4 CPD courses conducted by MISCNI * 60 CPD courses conducted by partners * Number of Participants that obtained credit load through e-learning	* 4 CPD courses conducted by MISCNI * 60 CPD courses conducted by partners * Number of Participants that obtained credit load through e-learning
12	Resource Base Expanded	* Improved Advocacy * Public enlightenment * Conduct customer satisfaction survey * Source for grants * Enforcement of enabling laws * Periodic SMS and Emails to Clients * Rentals	* Funds * Personnel * Equipment * Logistics * Survey tools * Grant Proposals	* Enhanced Resources * Increase in Regulatory Activities * Survey Reports * Cooperative Agreements Signed	* Enhanced Operations * Improved Clients Satisfaction * Improved Work Climate	Finance/Accounts	50M	10m	10m	10m	10m	10m	10m

S/N	OBJECTIVE	ACTIVITIES	INPUT	OUTPUT	EXPECTED OUTCOME(S)	DEPT/ UNIT	BUDGET (N)	TIME LINE				
								2014	2015	2016	2017	2018
13	Operational Research Conducted to enhance Regulatory Activities	* Research Committee meetings * Engage Consultants * Conduct research * Present findings to stakeholders * Publish findings * Training	* Funds * Personnel * Research materials * Survey tools * Training materials * Equipment	* Abstracts * Journal Articles * Posters * Monographs	* Evidence based management and administration. * Contribution to Knowledge	DPRS	300M	* Number of Committee meetings = 4 * Number of Conferences attended = 4 * Number of Publications = 4 * Number of Consultants engaged = 2	* Number of Committee meetings = 4 * Number of Conferences attended = 4 * Number of Publications = 4 * Number of Consultants engaged = 2	* Number of Committee meetings = 4 * Number of Conferences attended = 4 * Number of Publications = 4 * Number of Consultants engaged = 2	* Number of Committee meetings = 4 * Number of Conferences attended = 4 * Number of Publications = 4 * Number of Consultants engaged = 2	* Number of Committee meetings = 4 * Number of Conferences attended = 4 * Number of Publications = 4 * Number of Consultants engaged = 2
14	International Laboratory Accreditation Committee (ILAC) Certification of MLSCN as a Laboratory Accreditation Authority	* Development of Quality Manual * Revision of Operational Guidelines * Creation of Firewalls between Regulation, EQA and COI * QMS certification of MLSCN by SON * Capacity building	* Personnel * Consultants * Funds * Revision of Structure and COI * Logistics	* Quality Manual Developed * ILAC Certification * SON Certification * Additional Departments created * More Staff engaged * Revised Guidelines	* International Recognition as Accrediting Authority * Improvement in Service Delivery * International Patronage	Registry	20M	* SON Certification * Firewalls Created	ILAC Certification	10 Laboratories Accredited	20 Laboratories Accredited	30 Laboratories Accredited
15	Equipping and Operationalization of Molecular Diagnostic Laboratory and Repository Bank	* Development of Guidelines * Procurement and installation of Equipment * Capacity Building * Twinning	* Funds * Personnel * Logistics * Consultants * Equipment * Twinning MOU	* Guidelines Developed * Equipment Procured and Installed * MOU Signed * Laboratory Commissioned	* Enhance Regulatory Activity * Availability of specialised diagnostic services	DLAR	500M	* Develop Guidelines * Procure and Install Equipment * Capacity Built	* MOU Signed * Lab Commissioned	Service Rollout	* Sustain Service	* Sustain Service

S/N	OBJECTIVE	ACTIVITIES	INPUT	OUTPUT	EXPECTED OUTCOME(S)	DEPT/ UNIT	BUDGET (M)	TIME LINE					
								2014	2015	2016	2017	2018	
16	Proficiency Panels Production for External Quality Assessment of Laboratories	* Develop Guidelines * Produce Panels * Packaging and Distribution of Panels * Twinning * Provision of Infrastructure * Certification * Capacity Building * Procurement and installation of Laboratory Equipment	* Funds * Personnel * Consultants * Logistics * Equipment	* Developed Guidelines * Panels produced * MOU signed * Infrastructure provided * Laboratory Certified * Capacity Built	* Quality service delivery * Foreign patronage attracted	DLAR	500M	* Development of Guidelines * Provision of Infrastructure	* Equipment Procured and Installed	* pilot production of Panel * Commissioning of Laboratory	Certification of Laboratory	Service Rollout	
17	Combating Quackery in Medical Laboratory Practice	* Inspection of Laboratories * Monitoring * Enforcement of enabling law * Public Sensitization * Collaboration with stakeholders	* Funds * Personnel * Equipment * Logistics * Law enforcement agents	* Inspection/ Monitoring Report * Feedback * Sealed Laboratories	* Enhanced quality service delivery * Reduction in Quackery * Litigation	DLAR	500M	20% Reduction	35% Reduction	50% Reduction	70% Reduction	85% Reduction	