

RPM Plus support to the Nigeria Procurement and Supply Management Stakeholders' Meeting to Develop a Participation and Monitoring Framework for the Implementation of the PSM Component of the Global Fund Malaria Grants to Nigeria, Jan 31 – Feb 9, 2007: Trip Report

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Strategic Objective 7

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About RPM Plus

RPM Plus works in more than 20 developing and transitional countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Key Words

Malaria, Global Fund, Nigeria, PSM, Stakeholders

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ACRONYMS

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health
ACT	artemisinin-based combination therapy
AFRO	Regional Office for Africa [World Health Organization]
CDC	US Centers for Disease Control and Prevention
CHAN	Christian Health Association of Nigeria
CMS	Central Medical Stores
COMPASS	Community Participation for Action in the Social Sectors
DFID	Department for International Development [UK]
FDS	Foods and Drugs Services (Federal Ministry of Health)
FMoH	Federal Ministry of Health
GF	Global Fund
GFATM	Global Funds to Fight AIDS, Tuberculosis and Malaria
IDA	International Dispensary Association
LGA	Local Government Area
M and E	monitoring and evaluation
MAC	Malaria Action Coalition
MOU	memorandum of understanding
MSH	Management Sciences for Health
NAFDAC	National Agency for Food and Drug Administration and Control
NHMIS	National Health Management Information System
NMCP	National Malaria Control Programme (Federal Ministry of Health)
PR	Principal Recipient
PSM	Procurement and Supply Management
RPM Plus	Rational Pharmaceutical Plus Program
SFH	Society for Family Health
SP	sulfadoxine-pyrimethamine
SR	Sub-Recipient
TA	technical assistance
TOR	terms of reference
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YGC	Yakubu Gowon Centre

BACKGROUND

Management Sciences for Health's (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Program has received funds from USAID to develop strategies to implement malaria policies and to provide technical assistance in pharmaceutical management issues for malaria. RPM Plus is a key technical partner in the USAID Malaria Action Coalition (MAC), a partnership among four technical partners: The World Health Organization (WHO), working primarily through its Africa Regional Office (AFRO), the US Centers for Disease Control (CDC), the ACCESS Program of JHPIEGO and RPM Plus. RPM Plus has been working to improve pharmaceutical management for malaria in countries in Africa by identifying and addressing the causes of poor access, ineffective supply, and inappropriate use of antimalarials.

Nigeria has received two Global Fund malaria grants (GF) that cover 18 of the 36 States and Federal Capital Territory. The Principal Recipient (PR) for both rounds is the Yakubu Gowon Center, and the Sub-Recipient (SR) is the National Malaria Control Programme, Federal Ministry of Health (FMoH). Round 2 was entitled "Scaling Up Roll Back Malaria in 12 states in Nigeria" and started on 1 November 2004. The Round 4 grant was called "Improving Malaria Case Management Through Promotion And Distribution Of Pre-Packaged Artemisinin-Based Combination Therapy (ACT) And Training of Health Service Providers" and its start date was 1 January 2005.

In the recent past, Nigeria has been going through a period of defending queries by the GF to prevent the country from being issued with a "No Go" verdict for Phase 2 of both its GF malaria grants. In anticipation of the Global Funds to Fight AIDS, Tuberculosis and Malaria's (GFATM) inquiry into its challenges in grant implementation, the Federal Republic of Nigeria requested technical assistance (TA) from the MAC from removal of the bottlenecks.

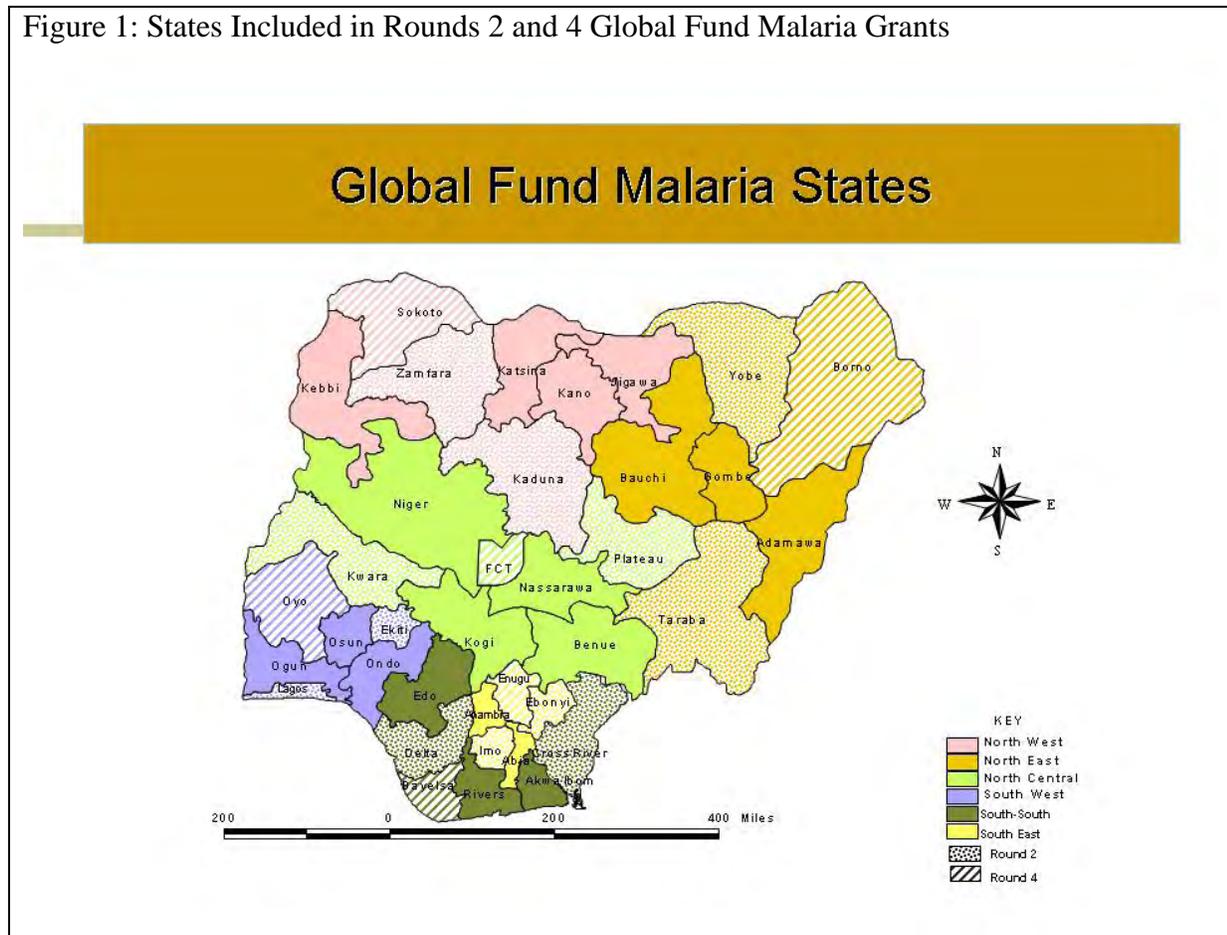
In response to this request, the MAC partners proposed and implemented an initial joint trip of two weeks to Nigeria (TA phase 1) to be followed shortly thereafter by a 2-3 week trip (TA phase 2). Together MAC partners assessed the GFATM malaria grant status and provided technical assistance aimed at resolving bottlenecks impeding grant implementation. TA support was provided for the PR during phase 1 and focused on 1) strengthening general management capacity and 2) improving and integrating its M&E activities with the national health management information system (NHMIS). Phase 1 was prioritized in order to enable Nigeria respond to the management and MIS issues. The entire MAC team worked together for two weeks between September 25th and October 6th, 2006 to provide TA to the PR during this first phase as well as address M&E/NHMIS strengthening since M&E is a foundation for all other activities.

Following MAC phase 1 TA, Nigeria has successfully reported to TGF on implemented actions to improve identified issues/challenges queried and has provided details of on-going actions as well as immediate plans for other requisite actions.

Nigeria has now received a provisional approval to continue program implementation of the Phase 2 of the grant, for which the system should be strengthened for better delivery. The

strengthening of the procurement and supply management (PSM) component, within the purview of RPM Plus support, had been earmarked under Phase 2 support, for which the PSM Stakeholders meeting being reported was adopted as one of the strategies.

Figure 1: States Included in Rounds 2 and 4 Global Fund Malaria Grants



Purpose of Trip

Dr. Catherine Adegoke (from within Nigeria) and Mr. Peter Segbor (from Ghana) traveled to Abuja from 31st January to 9th February 2007 to provide support under phase 2 of the PR & SR requests for TA. Both are consultants with RPM Plus.

In order to assist Nigeria with the timely demonstration of coordination and results, RPM Plus support is geared towards improving the procurement, distribution, inventory management, use, and monitoring of use of ACTs and other malaria medicines at the different levels of the Nigerian health care system. Specific activities of support during this trip are the:

1. Development of a participatory framework for PSM, with the roles of different partners clearly defined
2. Development of a distribution model to rectify the current vague distribution/supply system for antimalarial drugs and commodities to all levels, particularly of ACTs
3. Definition of roles and responsibilities for the M and E of the PSM component of the implementation of the Malarial Control activities, particularly with the Global Fund grants
4. Finalization of the draft of the memorandum of understanding (MOU) to be signed by the sub-recipients of the GF grant (at State level)

Contacts in Nigeria were:

- USAID Nigeria Mission
- MSH Office, Abuja
- GFATM SR – National Malaria Control Programme
- GFATM PR – Yakubu Gowon Centre
- Pharmaceutical sector stakeholders at Federal and State level—
Please see PARTICIPANTS' LIST

Scope of Work

The scope of work for Catherine Adegoke and Peter Segbor was to:

- Undertake preparatory meetings and arrangements for the PSM Stakeholders' Meeting
- To prepare and produce background documents fro the PSM Stakeholders' Meeting
- To facilitate and provide technical assistance during the PSM Stakeholders' Meeting
- Provide an arrival briefing and/or departure debriefing to USAID

- Compile, finalize and disseminate the reports of the PSM Stakeholders' Meeting

ACTIVITIES

1. Undertake preparatory meetings and arrangements for the PSM Stakeholders' Meeting

The convening of a PSM Stakeholders' meeting had been an offshoot from the recommendations made by the PSM Working group of the MAC TA to Nigeria in respect of the Global Fund bottlenecks (Rounds 2 and 4). In the TA report, these recommendations on PSM in particular had been made-(A synopsis is presented below):

S/N	RECOMMENDATION
*1	There should be an immediate process to develop a framework to involve partners with statutory roles and technical, professional and logistics capacity in procurement and distribution of ACTs and SP.
*2	Review distribution plans for ACTs and other commodities in a detailed and broad based manner, all players at various levels identified and costing of ALL the processes with timelines agreed upon.
3	Decisions will be made on the procurement of long lasting treatments as the inadequate supply of imported LLINs in the past delayed the achievement of programme targets
*4	Operation of the processes of distribution, monitoring and tracking of commodities with duly articulated MOUs with the SR and getting these MOUs to be agreed upon with other implementers at the Federal, State, LGA, HF and community levels including NGOs
5	Develop Standard Operating Procedures (SOPs) for Drug Distribution, Inventory Management, Use, Monitoring, and Feedback. This will accentuate training already conducted, and to be embarked upon as identified
*6	Strengthen Monitoring & Feedback Systems for malaria PSM concurrently with the distribution plan.
KEY	
* <i>Issues To be Addressed during the PSM Stakeholders; Meeting</i>	

It was considered that the Stakeholders; Meeting would be an inclusive and effective strategy to address the issues outlined above, following which there would be a dissemination of the draft documents across the lines and levels, for review, finalization for immediate adoption and implementation. The meetings were to have been held immediately after the Phase 1, to showcase the readiness to improve on the Phase 1 deficiencies, as well as consolidate for the Phase 2 implementation. However, because of the inter-phase period between November 2006 and January 2007, during which serial GF queries were being addressed, the meeting was postponed till the response to the GF queries were completed. The PSM stakeholders; meeting was fortuitous to come on the heels of the GF interim approval for the continuation of activities for Phase 2 in Nigeria.

During the waiting (Inter-Phase) period, Dr. Catherine Adegoke (RPM Plus Consultant) performed the following activities:

- ❖ Design of the concept and proceedings of the PSM meeting
- ❖ Dialogue with, and approval of timelines from the PR Yakubu Gowon Center (YGC) and SR (NMCP)

- ❖ Communication and dialogue/approval of meeting arrangements and budgets with technical and administrative supervisors at RPM Plus (Laila Akhlaghi, Kathy Webb, Gladys Tetteh, and Nicolette Regis)
- ❖ Preparation of background information for PSM meeting, viz. concept paper, with expected participation list, agenda, two different letters of invitation to participants at two levels – National and States
- ❖ Compilation of background documents to be used in the PSM Meeting
- ❖ Preparation of presentation – PSM Situation in Nigeria

In particular, a three-day trip was made by Catherine Adegoke to Abuja from 23rd to 25th January 2007, with the express objectives of:

- ❖ Finalizing the dates and objectives of the meeting with the PR and SR
- ❖ Communication to, and discussing with, the PR and SR about the presentations to be made during the stakeholders; meeting (including with WHO)
- ❖ Proposal of data and reports to be presented by State Level participants
- ❖ Mobilization of the NMCP for dispatch of letters by DHL to participants at State Level
- ❖ Finalizing the dates and budgets of the meeting with the Hotel Services (of Crystal Palace Hotel, Abuja)

Between January 31st and February 2nd, 2007 Dr Adegoke and Mr. Peter Segbor (RPM Plus) made the following arrangements:

- ❖ Personal contacts (visits and telephone calls where participants were not available in Abuja) to all the stakeholders on the list. These were made to discuss the objectives of the meeting and to personally deliver letters of invitation. *Some of these visits were made with Mrs. Gloria Abumere, Focal Person for Malaria Control in the NMCP (from Foods and Drugs Services//Federal Ministry of Health)*
- ❖ Mobilization of funds through the MSH/COMPASS office (Abuja) and enlisting their support for the supply of meeting materials such as stationery and consumables
- ❖ Mobilization of the Crystal Palace Hotel services with 70% payment of hotel services budget

2. To prepare and produce background documents for the PSM Stakeholders' Meeting

Background documents were prepared. They were in 3 categories:

- ❖ Those prepared as part of the folder specifically for the meeting – viz. concept and objectives, agenda of meeting, capacity matrix etc.
- ❖ Presentations for the meeting by RPM Plus (Situation of PSM in Nigeria) as well as those presented by YGC (The Revised Phase 2 proposal), and WHO/NMCP (M and E)
- ❖ General documents to be used at the meeting. These include 1. *Changing Malaria Treatment Policy to Artemisinin-Based Combinations (USAID/MSH/RPM Plus and the GF)*; 2. *National Drug Policy (FMoH/WHO/DFID/EU)* and 3. *National Antimalarial Treatment Policy (FMoH/NMCP)*

3. To facilitate and provide technical assistance during the PSM Stakeholders' Meeting

- ❖ Dr Catherine Adegoke and Mr. Peter Segbor (RPM Plus Consultant) facilitated the general proceedings for the meeting, lining up daily activities against the set objectives. The instruments for these were assembled before each meeting for the expected participants. Documents produced for further review the subsequent days were pre-edited for presentation to the participants. by Dr Adegoke and Mr. Segbor.
- ❖ The actual facilitation of sessions was mainly performed by designated focal persons from the NMCP [including the Program Manager (Dr. Sofola)], the YGC Program Manager (Malaria) – Dr. Baba Sheshi, the M and E Coordinator (Mrs. Otsemobor) as well as Dr. Gemade (UNICEF), and Dr. Fatunmbi (WHO). Dr Adegoke provided a continuous overview to the sessions while Mr. Segbor handled the ICT and the editing and assembly of documents in plenary.
- ❖ An evaluation of the PSM meeting was carried out on Day 3, using a prepared template.

4. Provide an arrival briefing and/or departure debriefing to USAID

The following were contacted in USAID/Nigeria:

1. Akua Kwateng-Addo, Office of Population, Health, and Nutrition, USAID/Nigeria

2. Garba Muhammad Abdu, Office of Population, Health, and Nutrition, USAID/Nigeria

A formal briefing /debriefing could not be held because of several pressing duties and meetings for the USAID, but briefings were made by phone and by the dissemination of background documents. A debrief followed in the same fashion

Garba Muhammad Abdu (USAID) was present on Day 2 of the PSM meeting, in which his active participation underscored the importance of the meeting.

5. Compile, finalize and disseminate the reports of the PSM Stakeholders' Meeting

The task of following up the numerous discussions, resolutions and documents produced during the intensive 3-day meeting fell to the RPM Plus consultants.

Some of these documents proceeded through various phase of reviews, in plenary, in group work, and sometimes, again in plenary. One example is the MOU, which was reviewed by the two working groups on day 3, each group focusing on a different emphasis – Group 1 on the roles and responsibilities of the stakeholders, and Group 2 with the bias of the technical issues in the management of the drugs and commodities. The two MOUs were then resolved into one “final” draft at the plenary

The main achievements of the Nigeria PSM Stakeholders' Meeting are as follows:

- ❖ Identification of key stakeholders concerned with malaria procurement and supply management, as well as those that can contribute to the efficient distribution of antimalarials
- ❖ Development of a draft of specific roles for PRs, SRs, and Partners, State, LGA, facility and communities in malaria drug distribution.
- ❖ Identification of pipelines of distribution of malaria drugs and commodities—a distribution flow chart was revised and amended.
- ❖ Assembly of policies related to product distribution and use of antimalarial at Federal, State and LGA Level.
- ❖ Definition of the processes for and the roles of RBM Partners in monitoring the malaria PSM processes
- ❖ Review of the draft of comprehensive MOU with particular reference to GF drugs and commodities (PR/SR with Partners, State participants and legal/financial experts)
- ❖ Feedback from States on the implementation of ACT policy – receipt, distribution and utilization data of antimalarial dugs and commodities plus challenges and recommendations

- ❖ Assembly and review of PSM tools—for implementation and monitoring

***** THIS TRIP REPORT IS THE FIRST OF THE MAIN REPORTS EXPECTED FROM THE NIGERIA PSM STAKEHOLDERS' MEETING.**

Other expected reports are:

- ❖ **The complete report on the PSM Stakeholders' Meeting, including its evaluation (*Please see a synopsis of the Full Report in the next section*)**
 - ❖ **Finalized Deliverables from the PSM Meeting**
-

Limitations of the PSM Stakeholders' Meeting

- ❖ The original timeline for the meeting was four days (1st to 2nd February for the National-level meeting) and 5th to 6th February for the National and State level meeting (both meetings to be held with Partners). However, most of the NMCP staff were on a field trip and the dates had to be shifted forward to 5th to 7th February 2007 (three days because other pressing issues could not permit a four-day continuous meeting). This loss of a day placed some strain on the time for meeting the objectives carved out earlier with a 4 day program in view.
- ❖ Because of the peculiar situation of the re-working of the Nigeria GF grants (Rounds 2 and 4) into a new composite proposal, all the players in the implementation and their roles could not be finalized at the meeting. At about the same time of the PSM meeting, arrangements were on to review the inclusion of additional PR/SRs in the Nigeria grant. This had not been finalized as at the time of the meeting, so there would need to be a hold on the final stakeholder list, until the CCM and GF approves these adjustments to the GF implementation in Nigeria

In view of these, the tasks that could not be accomplished during this meeting are:

- ❖ Drawing up a DRAFT framework matrix for malaria PSM Stakeholders. *Some of the roles and responsibilities had to carry generic terms of 'PR' and 'SR'.*
- ❖ Determination of the TOR of the Malaria PSM Technical Committee and a proposal for the constitution of the committee

NEXT STEPS

- ❖ Assemble & fine tune all PSM tools for dissemination in the next 2 weeks. The amended PSM documents will later be finalized and printed
- ❖ Key decisions, recommendations, consensus, next steps etc to be prepared and disseminated to all stakeholders for necessary action
- ❖ Another stakeholders' meeting to examine progress made after the implementation of recommendations, decisions etc. from this meeting should be convened within the second quarter of 2007

Other Immediate Follow-up Activities

- ❖ Collecting the completed capability matrixes, which format was distributed to key PSM stakeholders—Government, Agencies and Private Sector Participants at the PSM Stakeholders; Meeting (Responsible – YGC/NMCP)
- ❖ Finalization of workshop reports and deliverables (Responsible – RPM Plus)

SYNOPSIS OF THE NIGERIA PSM STAKEHOLDERS' MEETING (FEBRUARY 5TH TO 7TH, 2007)

1.0 Design and Objectives of the Stakeholders meeting:

The meeting was designed as a serial meeting, the first part being to develop a participatory framework for PSM in Nigeria, and involving mainly the stakeholders from the national level as well as agencies. The second step in the meeting was to combine these same stakeholders represented with participants from the State level, represented by two participants each from six states selected from each of the six geo-political zones in Nigeria. The representation is as indicated in the Participants' List.

In line with Recommendations 1, 2, 4, and 6 of the PSM Section of the TA to Nigeria **the objectives of the PSM (Malaria) Stakeholders' Meeting were:**

1. Produce a framework to actively engage RBM Partners in the procurement, distribution, improvement of rational use and tracking of antimalarial drugs and commodities, with all the stakeholders playing clearly specified roles
2. Comprehensively address the issues of distribution and inventory management of antimalarial drugs and commodities
3. Strengthen Monitoring & Feedback Systems for malaria PSM concurrently with the distribution plan in Nigeria.

The meetings were held at Crystal Palace Hotel, Abuja from February 5th to 7th, 2007

Participants included:

- ❖ 14 participants from the National Level –Government-- SR (NMCP) FMOH (Foods and Drugs Services, NAFDAC, Central Medical Stores, Legal Department of the FMOH)
- ❖ 17 participants from Agencies ---(PR (Yakubu Gowon Centre), (USAID, WHO, UNICEF, Society for Family Health (SFH), IDA, CHAN MEDIPHARM, COMPASS, MSH/RPM Plus
- ❖ 11 participants from Six (6) states from the six geo-political zones of Nigeria : **Bayelsa** (SOUTH SOUTH); **Borno** (NORTH EAST); **Ebonyi** (SOUTH EAST); **Ekiti** (SOUTH WEST); **Federal Capital Territory** (NORTH CENTRAL) and **Sokoto** (NORTH WEST)

2.0 Recommendations from the PSM Stakeholders' Meeting (Plenary)

❖ Identification of key stakeholders concerned with PSM (Malaria)

1. There is still need for a high-level review of all the issues of PSM

❖ Specific roles for PRs, SRs, and Partners; State, LGA, Facility and communities

1. The FMoH and Partners are to keep up the thrusts of advocacy visits
2. The SR is to review and adopt processes for the efficient flow of funds to the State and LGA levels, especially for routine activities
3. Monthly reports from all levels are to be made on uniform, standardized formats
4. The Federal/State Medical Stores are to be strengthened for improved delivery of their roles
5. Capacity building for implementation of PSM should be undertaken immediately at all levels
6. TORs/Guidelines for the involvement of the private sector in Malaria PSM implementation should be developed as a matter of urgency

❖ Definition of the processes for, and the roles of RBM Partners in monitoring the malaria PSM processes

1. M & E for PSM is to be strengthened and supported adequately
2. Feedback as a very important component of implementation must be institutionalized and streamlined
3. There must be statutory monthly/quarterly meetings at the State/national levels, respectively. Realistic data planning should be made integral in RBM processes with the current Nigeria census figures

3.0 Consensus from the PSM Stakeholders' Meeting

1. Daily Utilization Forms

Primary Level

- *Head completes forms and shares with Pharmacy Technician/Officer-in-charge of pharmacy /commodity store/dispensary and makes a copy available to RBM Focal Person*

Other Levels

- *Pharmacist/Pharmacy Technician/Officer-in-charge of pharmacy /commodity store/dispensary to complete the daily utilization forms and make copies available to RBM focal person*
- *RBM Focal Person at the LGA to collect and collate data from the facilities and submit them to the State RBM Manager and State Pharmacist copied*
- *Pharmacists/Pharmacy Technicians should directly handle the drugs while the RBM officers take responsibility of their use*

2. Prescription Forms for Daily Utilization Data

- *Specific anti-malaria (ACT/SP) Prescription forms shall no more be used to capture daily utilization of anti-malaria drugs or commodities.*
- *The drugs shall be prescribed on the normal/regular hospital prescription form. However, any anti-malaria drug (ACT/SP) prescribed must be captured on a form at the dispensary/pharmacy/drug store.*

ANNEX 1 – AGENDA FOR THE NIGERIA PSM STAKEHOLDERS MEETING

DEVELOPING A PARTICIPATION AND MONITORING FRAMEWORK FOR THE PSM (MALARIA) COMPONENT OF THE NIGERIA GF GRANTS ROUNDS 2 AND 4

DAY ONE: (PARTICIPANTS FROM NATIONAL LEVEL AND AGENCIES)

9.00 – 9.30 A.M.	Registration
9.30-9.45 A.M.	Opening Remarks: PR-(YGC), NMCP, FDS, and AGENCIES
9.45 – 10.30 A.M.	Current Situation of the Nigeria Malaria PSM with emphasis on the Implementation of the ACT policy <i>(Presentation by RPM Plus Consultant)</i>
10.30 – 10.45 A.M.	Objectives of the PSM Stakeholders' Workshop (FOR DAY 1) (MSH/RPM Plus)
10.45 – 11.15 A.M.	Tea Break
11.15 – .12.30 P.M.	Presentation of the reviewed Nigeria Malaria Work plan for PSM for the GF Rounds 2 and 4 grants + Discussions <i>((Presentation by YGC/NMCP)</i>
12.30 –2.00 P.M.	Identify all stakeholders concerned with malaria procurement and supply management Identify key stakeholders with capacity to contribute to efficient distribution (/NMCP/YGC)
2.00– 3.00 P.M.	LUNCH
3.00 P.M. – 4.00 P.M.	Group Work 1 (2 working groups)
TOPIC:	Suggestions For Quantification, Procurement & Distribution in the Public Sector
4.00 - 4.30 P.M.	General Discussions <i>(Facilitated by YGC/NMCP/FDS/WHO)</i>
4.30 – 5.00 P.M.	Tea Break// Closing

**DAY TWO: PARTICIPANTS FROM FEDERAL AND STATE LEVELS
(AND AGENCIES)**

8.30---9.00 A.M.	Registration
9.00---9.15 A.M.	Opening Remarks: (YGC, NMCP, FDS, Agencies)
9.15 – 9.30 A.M.	Objectives of the PSM Stakeholders' Workshop— (FOR DAYS 2 AND 3) (MSH/RPM Plus)
10.00—11.30 A.M.	Current capacity of GF States and LGAs to absorb available ACTs and SP (based on current figures for distribution and consumption up to date) + <i>(Processes, Challenges, Needs, and Recommendations)</i> --Feedback from Representatives of the GF States
11.30—12.00 A.M.	Tea Break
12.00-1.00 P.M.	Presentation of the Reviewed Nigeria Malaria Work plan for PSM for the GF Rounds 2 and 4 grants + Discussions (YGC/NMCP)
1.00 –2.30 P.M.	Identification of the pipelines of distribution for PSM drugs and commodities (in line with work plan)
2.30—3.30 P.M..	LUNCH
3.30 .4.30 P.M.	Identification of the pipelines of distribution for PSM drugs and commodities (in line with work plan) --contd.
4.30 – 5.15 P.M.	Present a general outline of the Nigeria proposal for monitoring malaria PSM processes (including set indicators) (WHO/NMCP)
5.15—6.00 P.M.	Define the roles of RBM Partners in monitoring the malaria PSM processes <i>(Facilitated by NMCP/FDS/WHO/RPM Plus)</i>
4.45 – 5.00 P.M.	Tea Break// Admin Issues/Closing
<u>DAY THREE:</u>	PARTICIPANTS FROM FEDERAL AND STATE LEVEL (AND AGENCIES)

9.00 – 9.30 A.M. Registration//Distribution of Draft Documents

** 9.30 A.M. ---2.00 P.M. **GROUP WORK** (2 working groups)

GROUP 1:

1A.

- ❖ Review the draft of specific roles for PR, SR, Partners, State, LGA, Facility and Communities in malaria drug distribution.

1B.

- ❖ Review the draft of comprehensive MOU with particular reference to GF Drugs and commodities (with Partners, State, Legal and Financial Experts)

1C.

- ❖ Revise and complete the roles of all RBM partners in PSM Monitoring
- ❖ Propose modalities for the processes of PSM Monitoring
- ❖ Propose Coordination mechanisms for the performance of PSM Monitoring

GROUP 2:

2A.

- ❖ Review the draft of policies related to product distribution and use of antimalarials at Federal, State and LGA Level.

2B.

- ❖ Review the draft of comprehensive MOU with particular reference to GF Drugs and commodities (with Partners, State, LGA, Legal and Financial Expert)

2C.

- ❖ Assemble, review, elaborate PSM tools already developed

*** 11.00 -11.30 A.M Working Tea Break

2.00 –3.00 P.M. LUNCH

3.00 - 4.30 P.M. Group Work Presentations—(2 Working Groups)

4.30- 5.30 P.M.	General Discussions –Challenges, Recommendations and Next Steps <i>(Facilitated by (NMCP/FDS/WHO/RPM Plus)</i>
5.30 –5.45 P.M.	Evaluation of the Meeting
5.45 —6.00 P.M.	Submission of All Documents
6.00 P.M.	CLOSE OF MEETING ///Tea Break

ANNEX 2 – PARTICIPANTS' LIST

NIGERIA STAKEHOLDERS' MEETING: TO DEVELOP PARTICIPATION AND MONITORING FRAMEWORK FOR THE PSM (MALARIA) COMPONENT OF THE NIGERIA GF GRANTS ROUNDS 2 & 4

February 5th to 7th, 2007

PARTICIPANT' LIST --- NATIONAL

Part 1

S/N	NAME	INSTITUTION / AGENCY	DESIGNATION	TELEPHONE NUMBER	E-MAIL ADDRESS
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NIGERIA STAKEHOLDERS' MEETING: TO DEVELOP PARTICIPATION AND MONITORING FRAMEWORK FOR THE PSM (MALARIA) COMPONENT OF THE NIGERIA GF GRANTS ROUNDS 2 & 4

February 5th to 7th, 2007

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NIGERIA STAKEHOLDERS' MEETING: TO DEVELOP PARTICIPATION AND MONITORING FRAMEWORK FOR THE PSM (MALARIA) COMPONENT OF THE NIGERIA GF GRANTS ROUNDS 2 & 4

February 6th to 7th, 2007

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