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INJECTABLES ACCESS COLLABORATIVE

Family Planning Supply Chain Assessment in Nigeria

Photo: PATH/Will Boase

Family Planning Supply Chain Assessment in Nigeria

This report was produced by inSupply Health and JSI. It describes the findings of a comprehensive assessment of the supply chain system for family planning in Nigeria, including identified areas for improvement and recommendations for interventions to improve system performance. The assessment was funded through the Injectables Access Collaborative project, led by PATH in partnership with CHAI, Jhpiego, JSI, and inSupply Health. The findings and challenges identified throughout the report are as of the time of the assessment (January- February 2025).

Acknowledgments

We extend our sincere gratitude to all respondents who contributed to this assessment, including representatives from the Ministry of Health, the National Primary Health Care Development Agency, State Health Officers in Gombe, Kano, Enugu, Ogun, Rivers, and Nasarawa, along with their respective Local Governments and service delivery points. We also appreciate the valuable input from implementing partners, development partners, and donors. Lastly, this assessment would not have been possible without the support of JSI in Nigeria and the dedicated efforts of the inSupply Health team.

Authors

Johnson Anyona, inSupply Health
Ikombola Juma, inSupply Health
Victoria Kamau, inSupply Health

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Acronyms and abbreviations

3PL	Third Party Logistics Provider
AC	Access Collaborative
AMC	Average Monthly Consumption
CHEW	Community Health Extension Worker
COC	Combined Oral Contraceptives
DHIS2	District Health Information System
DMPA-SC/ IM	Depot Medroxyprogesterone Acetate Subcutaneous/Intramuscular
DTC	Drug Therapeutic Committee
eLMIS	Electronic Logistics Management Information System
EOP	Emergency Order Point
FMOH & SW	Federal Ministry of Health & Social Welfare
FGD	Focus Group Discussion
FP	Family Planning
GFPVAN	Global Family Planning Visibility & Analytics Network
H-IUD	Hormonal Intrauterine Device
HRH	Human Resources for Health
HC	Health Center
JSI	John Snow, Inc
LMIS	logistics management information system
LMCU	Logistics Management and Coordination Unit
MAPE	Mean Absolute Percentage Error
mCPR	Modern Contraceptive Prevalence Rate
MOH	Ministry of Health
MOS	Months Of Stock
NHLMIS	National Health Logistics Management Information system
NPHCDA	National Primary Health Care Development Agency
OJT	On-the-job training
POP	Progestin Only Pills
QAT	Quantification Analytics Tool
RH	Reproductive Health
RHD	Reproductive Health Department
RMNCAH	reproductive, maternal, newborn, child & adolescent health
SC	Supply Chain
SDP	Service Delivery Point
SMOH	State Ministry of Health
SI	Self Injection
SOH	Stock On Hand
SOP	Standard Operating Procedures
TA	Technical Assistance
TMA	Total Market Approach
TWG	Technical Working Group
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

Overview and background

Project overview

The Injectables Access Collaborative

Led by PATH in partnership with CHAI, Jhpiego, JSI, and inSupply Health, the Injectables Access Collaborative (AC) provides data-driven technical assistance, coordination, and tools to ensure that women have increased access to DMPA-SC and self-injection as part of an expanded range of contraceptive methods, delivered through informed choice programming. Since 2017, the AC has been working with ministries of health and partners across public and private sectors to facilitate introduction and scale-up of the self-injectable contraceptive DMPA-SC. The AC provides dedicated technical assistance (TA) to integrate DMPA-SC alongside other methods in family planning programs—including support on monitoring and evaluation, health worker training and supervision, supply chain management, and advocacy and policy. The AC also shares data and information gathered across countries with international donors to help shape the global market for DMPA-SC, to ensure reliable supply is available to meet demand.

DMPA-SC in Nigeria

In Q4 2024, DMPA-SC self-injection (SI) uptake in Nigeria increased significantly, breaking a plateau that persisted since late 2023. This growth was driven by intensified training efforts, improved awareness, and expanded programmatic support. 1,677 providers were trained in self-injection, mostly through facility-based sessions, contributing to increased SI adoption across both public and private sectors.

Regional variations were observed, with Jigawa, Katsina, Kaduna, Lagos, Niger, and Kano reporting increased DMPA-SC visits, often linked to better stock availability. However, Abia, Enugu, Benue, Akwa Ibom, and MSI-supported states (Cross River, Delta, Rivers, and Kebbi) saw declines, despite some improvements in stock levels. Persistent contraceptive stockouts in certain states, such as Kebbi, negatively impacted uptake.

A national program review in October and the launch of Nigeria's DMPA-SC Expansion and Sustainability Strategy in November reinforced efforts to scale up SI. Challenges remain, including stockouts, provider bias, low client awareness, and reliance on donor funding. Strengthening commodity security, provider training, and domestic financing is key to sustaining progress. The Q4 2024 momentum highlights growing acceptance of SI and the potential for DMPA-SC to enhance contraceptive access in Nigeria.

Executive summary

The Injectables Access Collaborative (AC), led by PATH in collaboration with CHAI, Jhpiego, JSI, and inSupply Health, aims to enhance access to DMPA-SC and self-injection as part of a comprehensive range of contraceptive methods. In Nigeria, the AC has played a pivotal role in facilitating the scale-up of DMPA-SC and self-injection within the public sector. This report presents the findings of a supply chain assessment conducted to identify challenges and opportunities for improving the availability of contraceptives, with a spotlight on DMPA-SC.
The assessment utilized a mixed-method approach, including desk reviews, focus group discussions, and facility visits, to evaluate various aspects of the family planning supply chain system.
The assessment identified significant strengths and systemic gaps within Nigeria's family planning (FP) supply chain. Although the National Health Logistics Management Information System (NHLMIS) is functional and collects essential logistics data, issues exist with manual reporting, leading to inaccuracies. While national forecasting is robust and accurate, state-level quantifications remain inconsistent. Storage capacity at many service delivery points (SDPs) is inadequate, and essential commodities frequently face stockouts, notably male condoms, Noristerat, and Depo-Provera. Distribution schedules are poorly adhered to, compounded by insufficient transportation resources and budget allocations. Moreover, there is substantial reliance on donor funding, resulting in a 64% funding gap for contraceptive procurement in 2024. Cultural, religious, and security barriers further limit FP access, especially for youth.

To strengthen the FP supply chain, Nigeria should prioritize full automation and integration of NHLMIS at all levels, improving data accuracy and visibility. State-level forecasting and quantification capacities should be enhanced through targeted training and regular quantification exercises aligned with national cycles. Investments in storage infrastructure are urgently needed to ensure adequate space and maintain commodity quality. Distribution schedules should be strictly enforced, supported by dedicated transport and sufficient funding. Increasing domestic funding for FP commodities, complemented by improved donor coordination and sustainable procurement practices, will address funding shortfalls. Finally, demand-generation initiatives should address socio-cultural barriers, improving FP access among underserved populations.

Implementation of these recommendations is essential to ensure uninterrupted access to contraceptives and improve reproductive health outcomes in Nigeria. Collaboration among government agencies, development partners, and other stakeholders are crucial to successfully implement these interventions and sustain progress in the family planning supply chain system.

Supply Chain Footprint

Location	Region	Last mile dist. supported by	IMS	Annual consumed Vol 2024 in $	No. of logistics staff for FP
Kano	North West	SMOH, UNFPA	NHLMIS	1,057,531	2
Gombe	North East	SMOH, UNFPA	NHLMIS	663,103	4
Enugu	South East	SMOH, MSI	NHLMIS	403,646	4
Nasarawa	North Central	SMOH	NHLMIS	510,927	2
Rivers	South South	SMOH, MSI	NHLMIS	482,721	4
Ogun	South West	SMOH, UNFPA, SFH, MSI	NHLMIS	394,696	3

Figure 1: Supply chain footprint

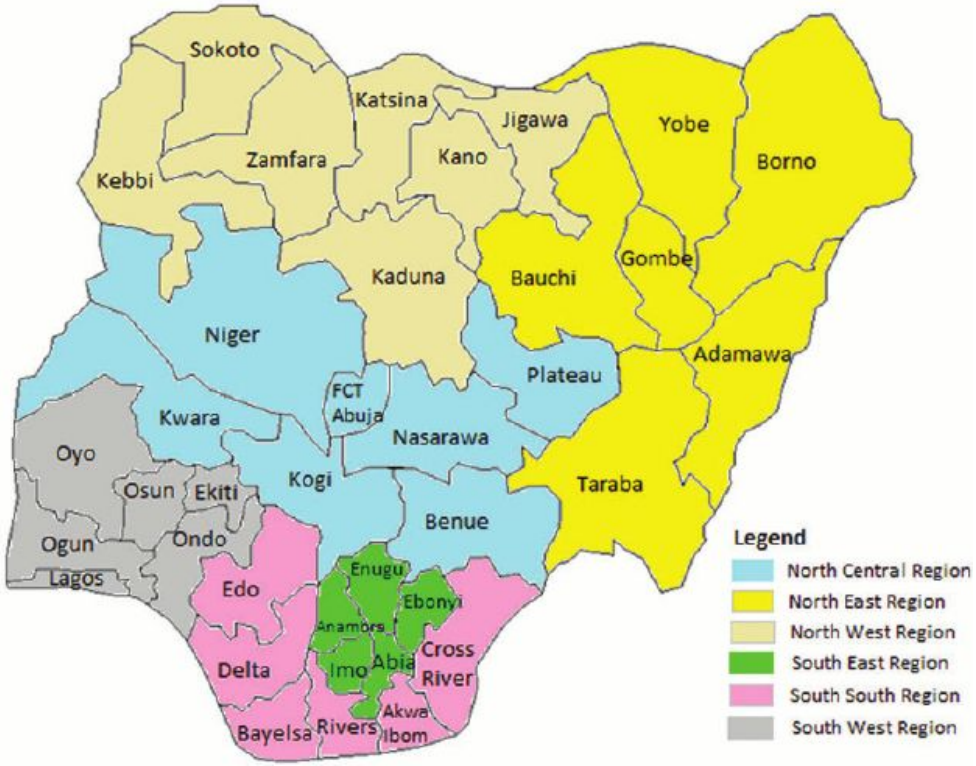

Figure 2: Nigeria geo-political zones

Summary findings and recommendations

Product availability	• Persistent stock out of Male condoms, Noristerat and Depo at states level limiting clients choices on the most preferred contraceptive methods. • Limited availability of DMPA-SC both at states level and SDPs to carter for the demand of clients with specific needs for the product	• States and LGAs should advocate and conduct redistribution of DMPA-SC and other contraceptives with stock imbalances to ensure continuity of service and minimize wastage through expiry. • FMOH & SW and SMOH should inject more funding for procurement and distribution of FP products with shortage.
Product availability	• Overstock of female condoms and Exluton at states level, with some expiring in Nasarawa state warehouse.	• States and LGAs should advocate and conduct redistribution of the contraceptives with stock imbalances to minimize wastage through expiry.
Quantification and procurement	• 2024 forecasts for most FP commodities had low error margins (under 10%), indicating high accuracy, while Levoplant (56.2%) and male condoms (127.5%) had the highest errors due to client preferences and prolonged stock-outs, respectively. • FMOH & SW has developed national guidelines to support structured, state-funded procurement and sustainable supply of FP commodities.	• Maintain current forecasting approach for most FP commodities due to high accuracy, address male condom stock out issues. • FMOH & SW/State should domesticate state funded Procurement guidelines for FP procurement in 36 states + FCT
Quantification and procurement	• All DMPA-SC shipments in 2024 were insufficient, resulting in year-long national understocking. • There is no budget line for the procurement of FP commodities in some states	• UNFPA should approve FMOH & SW order for DMPA-SC promptly as this quantity will carry them to the end of the year • State governments should allocate a budget line in their AOP, ensure timely fund release, and procure family planning commodities.
Inventory management	• The reporting and ordering system is paper-based at the SDP level with facilities only reporting the key logistics data and calculating the order quantity guided with the formulas provided • Some facilities have outdated tools that do not capture all the commodities	• FMOH & SW and States should print and distribute the updated Logistics Management Information System tools to SPDs • Include a column in the updated tools for the adjusted quantities to order and add the missing products is the LMIS forms

Summary findings and recommendations

Inventory management	• Capacity gap in inventory management in some states and facilities leading to poor documentation, poor reporting of product utilisation and poor calculation of reorder quantities. • There is inadequate supply from FMOH & SW to State level (Not based on requested quantity but on what is available)	• SMOH and LGAs should conduct regular on-the-job training, supervision, and mentoring at the facility level to build capacity on reporting and requisition • FP coordinators and logisticians should conduct redistribution of FP commodities to fill the gap from inadequate supply from central level.
Logistics management information system	• In 2024, the national average LMIS reporting rate was 89%. The six states visited exceeded this with a 93% average, indicating strong logistics data availability. Gombe State led with 99%, while Rivers State had the lowest among them at 89%.	• Sustain high LMIS reporting performance through continuous OJT, supportive supervision, and timely feedback, while supporting states like Rivers to close the gap.
Logistics management information system	• LMIS tools lack fields for days out of stock, adjustments, near-expiries, and do not include new FP products like Levoplant, HIUD, and Sayana Press. • Incomplete and inaccurate NHLMIS facility mapping, including duplicates, non-functional facilities, and misaligned data.	• Revise the LMIS tools to track days out of stock, adjustments and quantities near expiry at SDP and aggregated at the higher reporting levels. • Planning department to clean the national health facility list and develop an API to link NHLMIS with the Health Facility Registry.
Transport and distribution	• There is a limited number of vehicle to support timely distribution of FP commodities from the state to the SDP level • The distribution schedule is not adequately followed due to challenges with the availability of FP products and insufficient fleet.	• The state Governments should advocate for more support from partners for the distribution of FP commodities. • The central level should liaise with the state government to facilitate pick up of their commodities from the central stores when they are unable to deliver using the central level vehicles.
Transport and distribution	• Delivery of FP commodities is not integrated with other program and essential commodities. • There are delays in getting items across to end users	• The FMOH & SW and SMOH should explore opportunities for integration of FP commodities distribution into other program funded for distribution of commodities • A standard operating procedure and a monitoring mechanism should be put in place for 3PLs to optimize their operations.

Summary findings and recommendations

Storage	• Pharma grade warehouses are available but not yet in use; 19 completed, 3 on construction. • Lack of temperature cooling equipments at the CMS such as air conditioning in some states and absence of CCTV camera for monitoring at the warehouses.	• SMOH should open and equip for use the upgraded warehouse with the national level monitoring the transition plan. • The state government with support from partners should procure and install temperature cooling devices and also install solar panels and install CCTV cameras.
Storage	• Inadequate storage capacity in some states which have not constructed pharma grade warehouses hindering adherence to good storage practices and procedures • 5 out of the 6 States visited are using temporary storage facility while pharma grade warehouses have been completed.	• The state Governments in collaboration with Global Fund and partners should build pharma grade warehouses in the 14 remaining states. • The State Government should put in place a sustainability plan to ensure there is adequate storage capacity for FP commodities.
Organization and staffing	• Key policy documents and guidelines have been developed to support the program. However, their dissemination and adoption has not been comprehensive, especially at the state and lower levels. • There is an established and functional unit for coordination of supply chain activities (LMCU) in all states.	• FMOH & SW should adopt an inclusive approach in policy formulation to ensure ownership • States affected by security challenges should implement recommendations on special considerations for humanitarian and fragile settings of the DMPA-SC/SI expansion and sustainability strategy
Organization and staffing	• At the state level, the Family planning coordinator is the custodian of family planning commodities , and is supported by the Logistics Management and Coordination Unit (LMCU). • At the lower level, supply chain functions such a reporting and ordering are done by the CHEWs,	• FMOH & SW and SMOH should build the capacity of the CHEWs to perform supply chain functions, and recruit more Pharmacy technicians to support the remaining PHCs • SMOH ad FMOH & SW should strengthen the health workforce recruitment and retention strategy
Organizational support for logistics	• The biggest gap identified is the lack of skills in completing logistics forms and stock cards. • Logistics training workshops are the most common method used to train providers on supply chain management.	• Innovative refresher training methods such as e-learning, microlearning modules and robust OJT should be introduced at all levels • LMCUs should build capacity of the service providers on LMIS and other supply chain responsibilities

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Summary findings and recommendations

Organizational support for logistics	• There is a schedule for supportive supervision, although it is not adhered to. • The main reason supportive supervision is not done regularly is the lack of sufficient resources to finance the activities • Majority of the respondents reported that tools and resources available for logistics functions are not sufficient	• SMOH and LGAs should designate a proportion of FP budget line for routine monitoring and supervision. • State should include the printing and or cascading of tools to SDPs in the Annual Operational Plan
Product use	• The mCPR for Nigeria is 15.3% as per the NDHS 2024 • The most preferred method in the country is Implants at 36.8%, while the least preferred methods include female condoms and cyclebeads • Standard treatment guidelines are available and well distributed across all levels • Some of the service providers have not been trained on available method mix, especially on the newer methods	• FMOH & SW in collaboration with IPs should champion the training of service providers on all methods • FMOH & SW and SMOH to develop a framework for ensuring that trained personnel offer OJT and cascade training to other staff. •
Product use	• There is a wide choice of FP methods for clients to choose from at all levels of the system • Insecurity in some parts of the countr, Cultural beliefs , Religious barriers, and some pollicies such as ones requiring young girls to have parental consent in order to access FP services were cited as a barriers to FP access	• RH division to advise states to keep trained staff for at least 2 years before transfers to ensure adequate knowledge sharing • Provision of additional youth friendly facility and services
Finance and donor coordination	• In 2024, there was a 64% funding gap for FP commodity procurement. For 2025, total commitments stand at $16 million, leaving a funding gap of $27.4 million at the time of assessment.	• Smart high-level advocacy by key partners (e.g. UNFPA, FP2030) to key high level and influential government stakeholders to increase funding for FP and ensure timely release so that procurement can be done
Finance and donor coordination	• FP funding has increased nationally and in states like Kano, Ogun, and Gombe. 2025 national FP budget rose to ₦6 billion, pending approval. • The country lacks an FP/RH commodity security strategy	• FMOH & SW and SMOH should increase domestic resources for FP procurement by expanding social health insurance to cover FP commodities and services, and by implementing state-funded FP procurement guidelines. • FMOH & SW should develop and implement an RH/FP commodity security strategy to be adopted/adapted by the States

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CRITICAL ISSUES IDENTIFIED

1. **Product Availability:** Limited availability of DMPA-SC both at states level and SDPs to carter for the demand of clients with specific needs for the product
2. **LMIS**: Incomplete and inaccurate NHLMIS facility mapping, including duplicates, non-functional facilities, and misaligned data.
3. **Procurement** - There is no budget line for the procurement of FP commodities in some states
4. **Transport and Distribution:** There is poor funding for last mile distribution from State to SDPs. Not all 6 cycles of the year were supplied in some states.
5. **Storage:** 5 out of the 6 States visited are using temporary storage facility while pharma grade warehouses have been completed.
6. **Inventory Management:** The reporting and ordering system is paper-based at the SDP level with facilities only reporting the key logistics data and calculating the order quantity guided with the formula but do not have the mandate to override the calculations for the quantity to order
7. **Finance & Donor Coordination** - Untimely and inconsistent release of funds
8. **Product use-** Some providers have not been trained on all methods, especially the newer methods like DMPA SC and H-IUD
9. **Organization and staffing-** There is weak policy implementation and ownership especially at state level
10. **Organizational support for logistics**- Significant capacity gaps among CHEWs at PHC level to take on supply chain responsibilities

Key figures

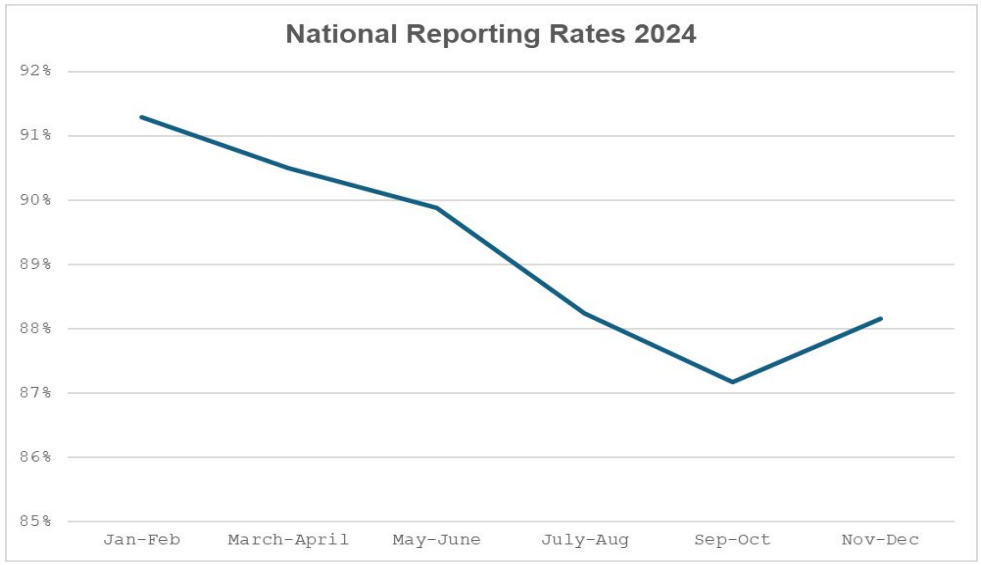


Figure 3: % LMIS Reporting Rates in 2024 Nationally

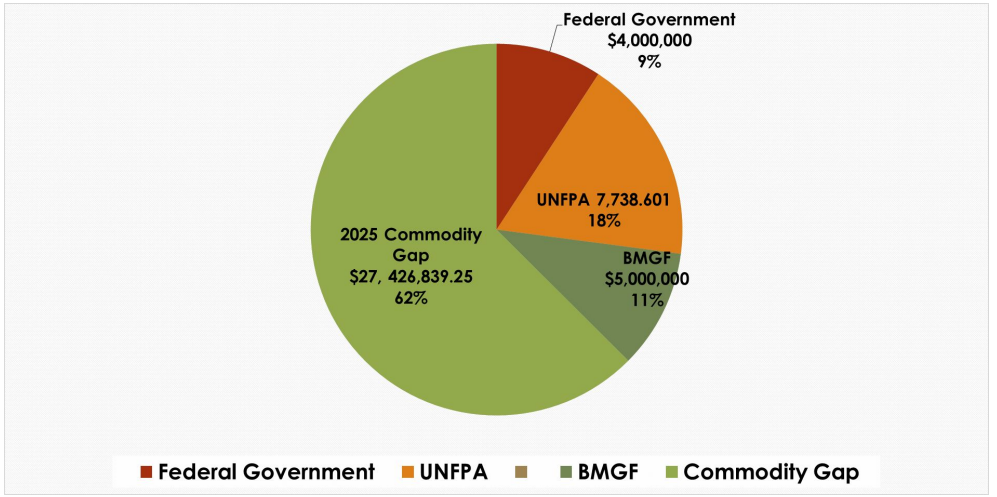


Figure 4: 2025 National FP Funding Landscape

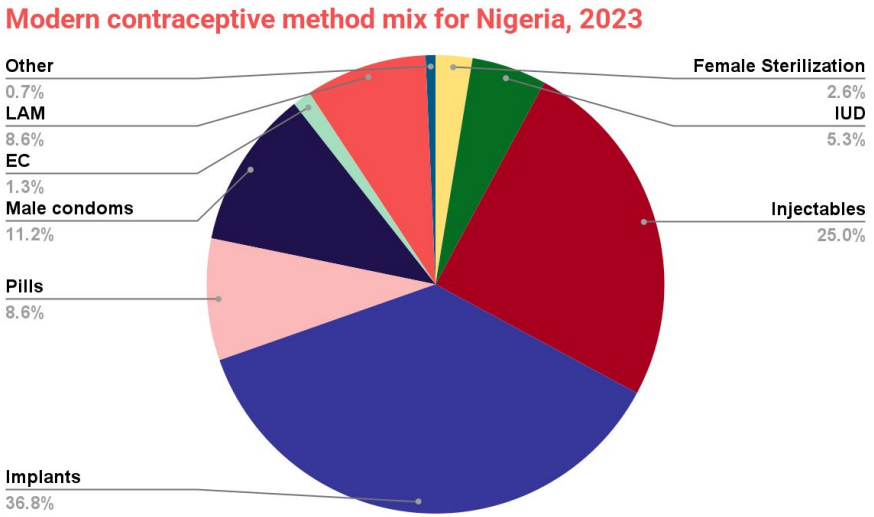


Figure 5: mCPR as Per NDHS 2024

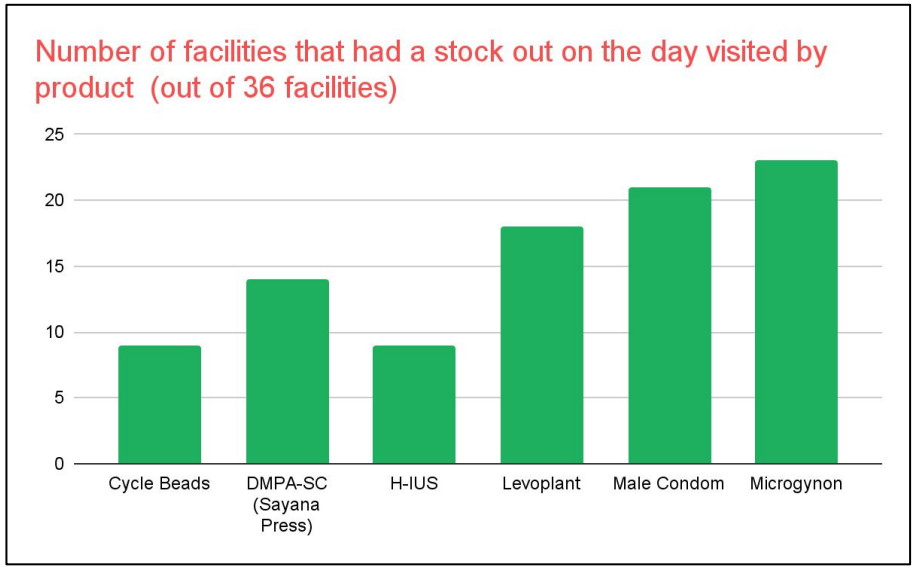


Figure 6: Stock outs of FP on day of visit

Key Figures

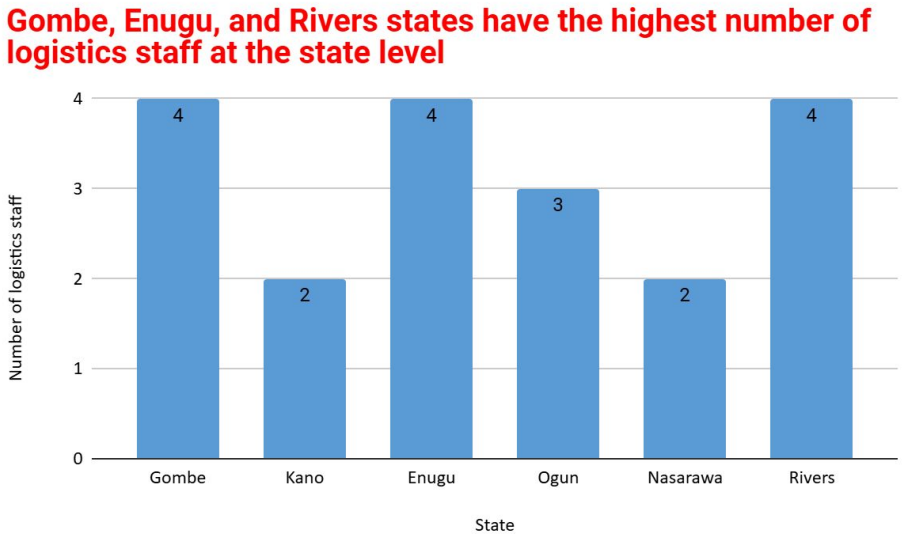


Figure 7: Number of logistics staff per state

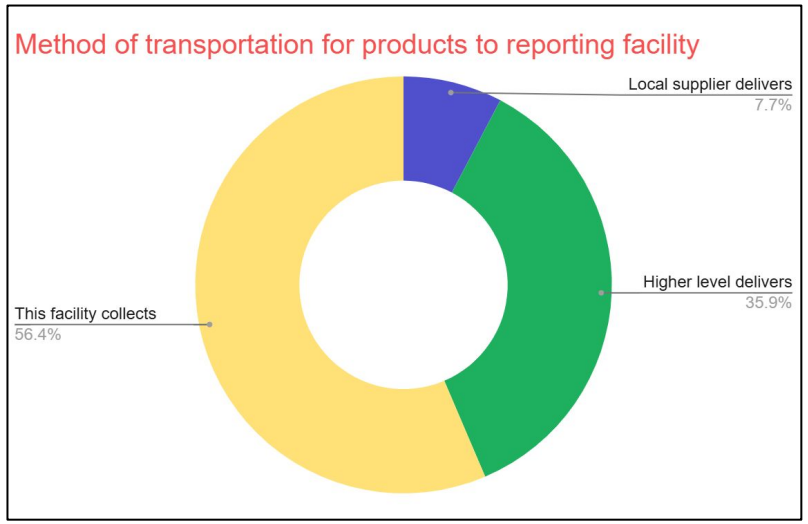


Figure 9: Transportation methods used for delivery

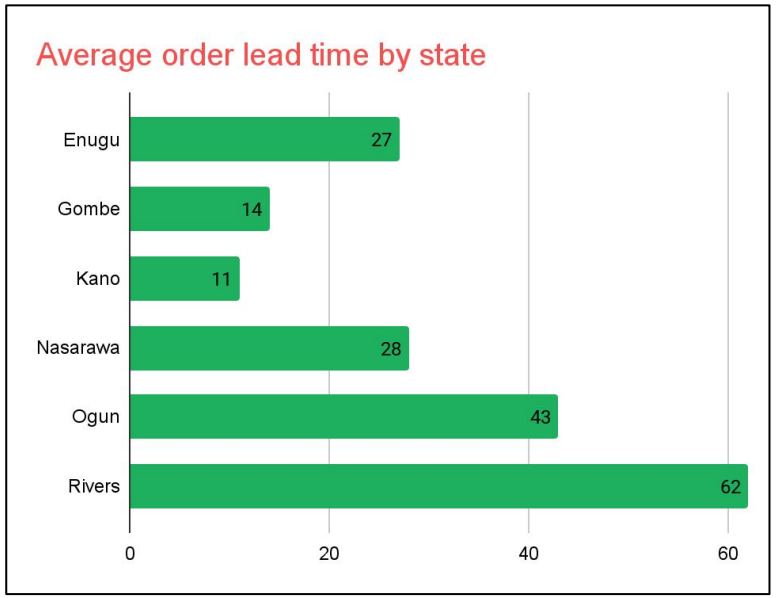


Figure8: Lead time from state warehouse to SDPs

Figure 10: A typical pharma grade warehouse in Ogun

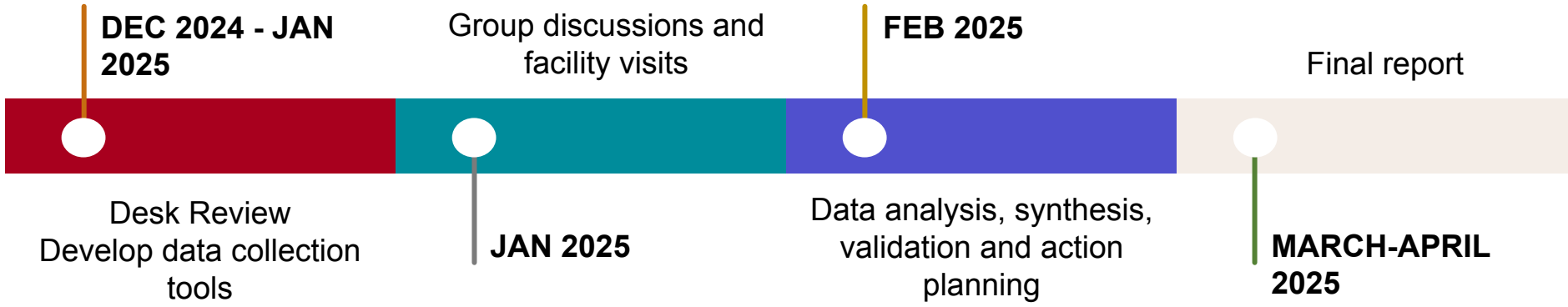
Methodology

Assessment timeline

This assessment was planned and conducted over a period of four months from December 2024 to March 2024. The assessment planning began by conducting initial engagements with the JSI Nigeria team to understand the local context followed with a desk review of existing supply chain reports , and FP logistics and service data. The team designed assessment tools for each level of respondents—central, State and facility level—including questionnaires for focus group discussions and facility visits. The in-country data collection was conducted over a period of two weeks from January 20–31, 2025 and included a one-day National-level focus group discussion, six one-day State focus group discussion workshops, and facility visits to thirty service delivery points and six state warehouses.

After the data collection phase, the results were analyzed, synthesized, and summarized, identifying key supply chain gaps and developing targeted recommendations to address them. A data validation workshop with selected stakeholders was conducted to review and validate the findings and recommendations. Following this, an action planning workshop was held to prioritize the recommendations and outline activities for high-priority areas. This report presents the validated findings, agreed-upon recommendations, and the corresponding action plan, which is included as an annex.

Figure 11: Assessment timeline



Objectives and methodology

Objectives

The main purpose of this assessment is to identify the key gaps, challenges, and opportunities for improvement of the FP supply chain system. The objectives of this assessment are:

- Map the flow of family planning commodities and logistics information in Nigeria's public health (FP/RH) supply chain.
- Evaluate the performance of key logistics indicators of contraceptives at central and State level.
- Identify supply chain bottlenecks from end-to-end affecting contraceptive product availability at the last mile.
- Develop key recommendations and an action plan for implementation to ensure undisrupted supply and availability of contraceptives at service delivery points.

Overall methodology

The assessment team collected data through a mixed-method approach including desk review of logistics data, reports and policies, group discussions with key national and subnational stakeholders, and field visits to service delivery points and district warehouses.

The following key elements of the supply chain system were assessed:

- Organization and staffing
- Logistics Management Information System (LMIS)
- Product Selection
- Forecasting
- Procurement
- Inventory Control Procedures
- Warehousing and Storage
- Transport and Distribution
- Organizational Support
- Product Use
- Finance / Donor Coordination / Commodity Security Planning

Assessment design

Desk Review: The assessment team obtained and reviewed existing supply chain policies, strategic plans, and previous assessments. Logistics data from the GFPVAN and facility levels for the last one year were collected to measure historical performance of key supply chain indicators.

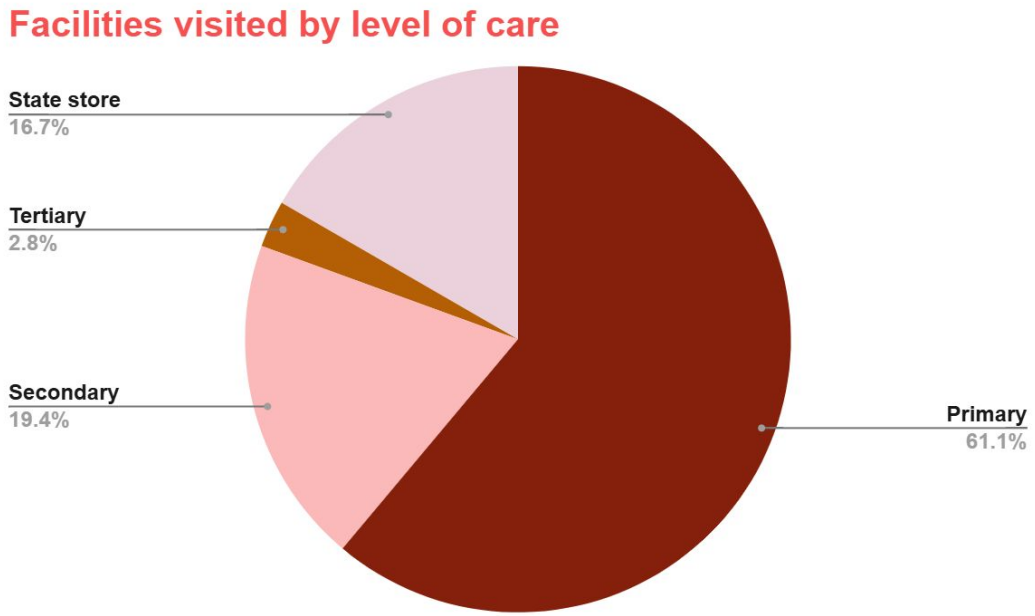
Group Discussion Workshops: A National Focus Group Discussion was held in Abuja along with six State Focus Group discussions held in Gombe (Gombe State), Kano (Kano State), Enugu (Enugu State), Port Harcourt (Rivers) and Abeokuta (Ogun State). Critical components of the logistics system were assessed with the aim of identifying strengths, challenges and recommendations for each supply chain function. The National level FGD included participants from MOH, NPHCDA, Implementing Partners and Development Partners. A list of participants can be found in the annex. The team designed and administered a comprehensive questionnaire where participants were broken up into small groups to answer questions pertaining to each component of the supply chain system. All responses were captured electronically. Each group developed a list of strengths, challenges, and recommendations for their component and presented it to the larger group for feedback and validation.

Facility Visits: Field visits were conducted to 36 government health facilities and 6 State warehouses. The majority of sites visited were primary facilities (61%), followed by secondary facilities (19%), State warehouses (16.7%), and tertiary facilities (2.8%). Each visit included interviews with facility supply chain staff, a physical count of sample FP commodities stock on hand (SOH), a review of logistics records and reports, and observations of storage conditions. All responses were captured electronically in an excel based tool.

Results Validation and action planning: Following the data collection phase, the team analyzed the data collected to develop preliminary findings and recommendations. A consensus building meeting was held with stakeholders to obtain feedback and agree on the recommendations. Priority recommendations were then identified and an action plan developed for them.

Figure 12: Facilities visited

National FGDs	State FGDs	Field Visits
1	6	36



Findings and recommendations

The findings and recommendations in this report are based on the observations and opinions of the respondents and the assessment team. Many of the assessment findings are based on information provided by respondents and are therefore affected by the knowledge, opinions, truthfulness, and biases of the respondents. Responses may have also varied by facility, as different facilities have varied opinions and knowledge with regards to the system. Some of the findings are based on data collector observations and interpretations. Any findings shown are based on desk review, interviews with a sample of facilities and individuals, and may or may not represent the situation in all facilities in Nigeria.

I. Product availability

Product availability

Key figures

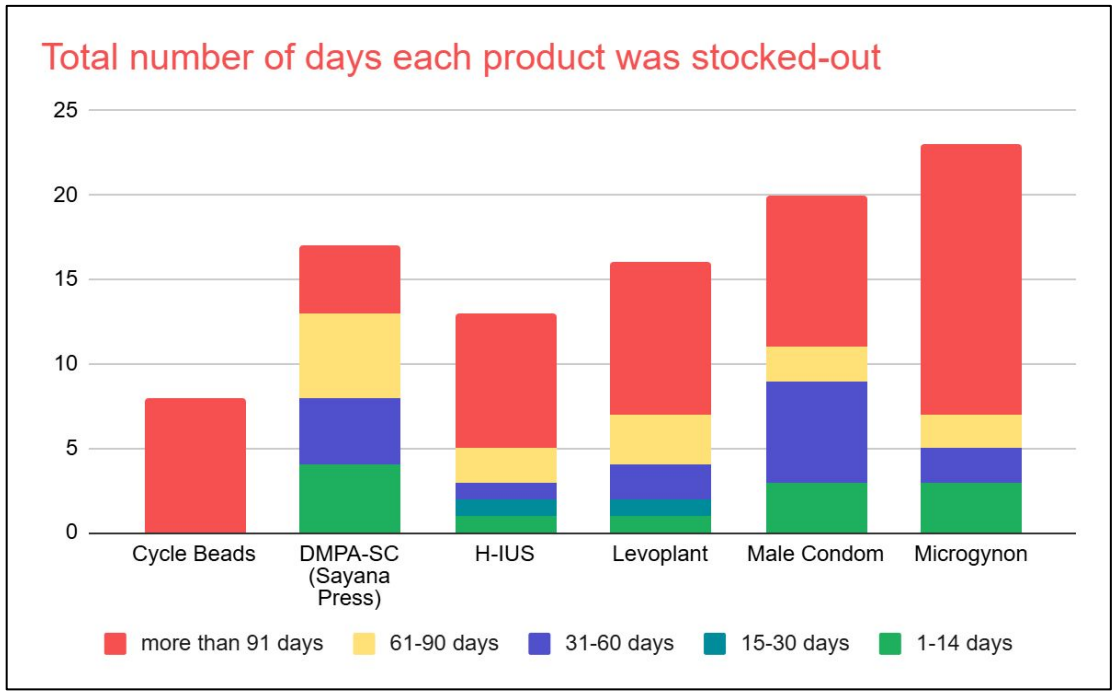


Figure 13: Stock out days: Microgynon, Levoplant, Cycle beads, Male condoms and H-IUS were stocked out for more than 3 months in most of the facilities visited during the assessment as compared to other contraceptives, Nationwide shortage and uneven distribution was the main reasons.

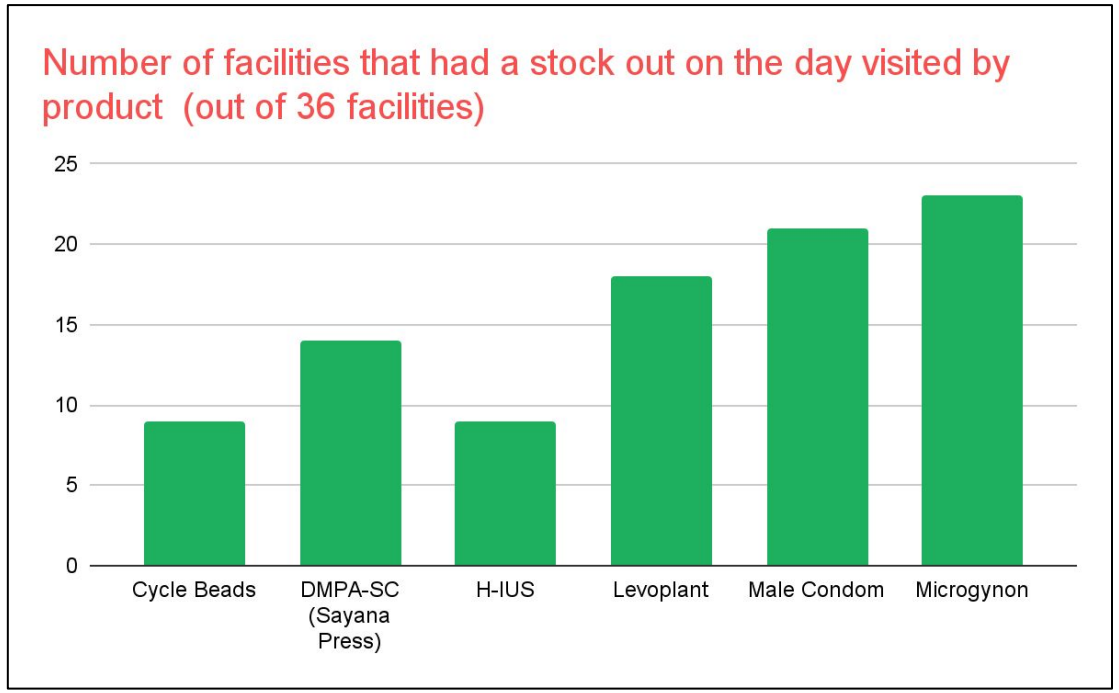


Figure 14: Stock out days: Microgynon, Levoplant, and Male condoms were available on the day of visit in more than 50% of the visited 36 facilities covered in the assessment,

Product availability

High Level Process Activities

- The availability of family planning products is crucial for the provision of contraceptive services in Nigeria. Despite the existence of a National Family Planning Blueprint aimed at improving access, challenges remain, including stockouts and inadequate supply chain management, which directly impact the availability of family planning (FP) products. Several factors affecting the availability of FP products in the country have been highlighted in the literature, including:
- Funding Availability: Over 90% of the procurement of FP products in Nigeria relies on donor funding. To address the shortage of essential commodities, increased funding commitments from the Federal Ministry of Health & Social Welfare (FMOH & SW) and State Ministries of Health (SMOH) are needed. Delays in the release of funds from donors only worsen the situation.
- **Product Delivery:** Delivering family planning products in Nigeria requires dedicated program vehicles, as it is not integrated with other programs. Unfortunately, the availability of vehicles and funds for maintenance, particularly at the state level, remains a challenge, affecting delivery schedules from states to service delivery points (SDPs). This issue exacerbates the availability challenge, as many facilities are left with no choice but to either pick up the products themselves or wait for support from partners.
- **Ordering and Reporting:** At the SDP level, ordering and reporting are still paper-based, which presents logistical challenges. For example, the Requisition and Issue Reporting Form (RIRF) used is not comprehensive. The list of FP products is incomplete, with some items—such as HIUS and DMPA-SC—missing from the form. Additionally, the number of stock-out days is not recorded, which often leads to ordering insufficient or zero quantities of products if they were partially or not available during a previous ordering cycle.
- There is currently no provision for a facility-based family planning (FP) nurse to override the quantity of products ordered based on updated consumption patterns, even if these patterns have changed or are expected to change. This results in smaller or zero orders, leading to stockouts.
- The assessment focused on six key commodities: Exluton, Male Condoms, DMPA-SC, Depo, Implanon, and H-IUS. Below is the stock status for each:
    - Exluton was available in excess in most state warehouses and service delivery points (SDPs).
    - Male condoms were unavailable in all state warehouses and most SDPs. The small quantities available were donations from partners.
    - Depo was unavailable in most state warehouses and was found in only a few facilities due to a national shortage.
    - DMPA-SC and H-IUS were available in a few states and SDPs, but the stock was insufficient to meet the demand.
    - Implanon was available in most of the facilities and states visited, with fewer challenges related to its availability.

Product availability

Main observations

Pain points / gaps (Challenges)

- Persistent stock out of Male condoms, Noristerat and Depo at states level limiting clients of choices on the most preferred contraceptive methods.
- Limited availability of DMPA-SC both at states level and SDPs to carter for the demand of clients with specific needs for the product
- Overstock of female condoms and Exluton at states level, with some expiring in Nasarawa state warehouse.

Good practices (Strengths)

- Presence of at least one or more contraceptive methods at SDPs
- Support from implementing partners on ensuring FP products are available at the disposal of clients by supporting delivery from states
- Supply of contraceptives such as cycle beads and male condoms at SDPs by some partners to fill in the shortage from the main pipeline.

Improvement Areas

Critical/Urgent

- Redistribution of the available DMPA-SC and other contraceptives with stock imbalances to ensure continuity of service and minimize wastage through expiry.
- FMOH & SW and SMOH inject more funding for procurement and distribution of FP products with shortage.

Optimisation Opportunities/ Best practices (Low criticality)

- More lobbying for funding support from partners for procurement of FP commodities in order to fill the current gap on availability.

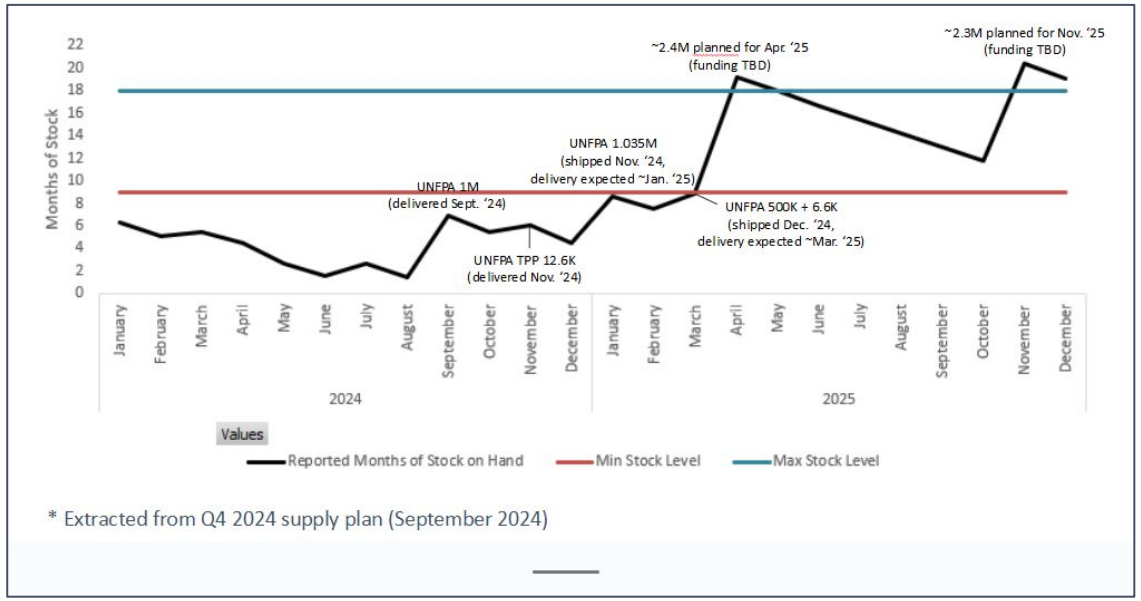


Figure 15: Availability of DMPA-SC: In 2024 the availability of DMPA-SC nationally has been operating below the minimum level accounting for the observed stock outs of the product at the states and SDPs visited during the assessment. For 2025 if all forecasts are procured and delivered as per plan the national stocks adequate to carter for the projected demand.

Recommended roadmap (Recommendations)

	Phase 1	Phase 2	Phase 3
Timeline	Next 6 months	6 to 18 months	
Initiatives	• States and LGAs should advocate and conduct redistribution of the available DMPA-SC and other contraceptives with stock imbalances to ensure continuity of service and minimize wastage through expiry.	• FMOH & SW and SMOH should inject more funding for procurement and distribution of FP products with shortage. • FMOH & SW and SMOH should lobby for more funding support from partners for the procurement of FP commodities in order to fill the current gap on availability.	
Benefits	• Improve access of the client's preferred contraceptives and prevent wastage through expiry.	• Improve availability and access to contraceptives	

II. Quantification and procurement

Quantification

Key figures

Forecast Accuracy (January - December 2024)			
Product	**Forecast**	**Actual**	**Forecast error**
Implanon	885,886	881,269	0.52%
Exluton	618,225	597,515	3.47%
Microgynon	1,094,723	1,048,596	4.40%
H-IUD	43,844	46,023	4.73%
Sayana Press	1,844,757	1,959,883	5.87%
Depo Provera	1,619,672	1,484,124	9.13%
Noristerat	1,445,005	1,292,875	11.77%
Jadelle	875,335	759,885	15.19%
Female Condom	1,014,700	861,942	17.72%
Cycle Bead	53,808	44,312	21.43%
IUCD	225,243	322,205	30.09%
Levoplant	289,652	185,418	56.22%
Male Condom	20,601,371	9,056,245	127.48%

Forecast error	Intepretation
10% or less	Highly accurate. Excellent forecast
10-20%	Good - Acceptable accuracy
20-30%	Moderate - Somewhat reliable but needs improvement
30-50%	Poor - Needs significant improvement
>50%	Very poor - Highly unreliable forecast

Figures 16: Forecast error
The 2024 forecasts for Implanon (0.52%), Exluton (3.47%), Microgynon (4.4%), H-IUD (4.73%), Sayana Press (5.87%), and Depo-Provera (9.13%) had the smallest margins of error, indicating that forecasted quantities closely matched actual product demand. Levoplant (56.22%) and male condoms (127.48%) had the highest forecast errors, attributed respectively to client preference for Implanon and Jadelle over Levoplant, and prolonged stock-outs of male condoms.

Source: Forecasts obtained from Nigeria Contraceptive Requirements & Funding Needs (2024–2028); consumption derived from NHLMIS.

Quantification

High Level Process Activities

Initiation of Forecasting Process

- National level is initiated and led by FMOH & SW and occurs annually in Q4, with a mid-year review in Q2.
- State level is often partner-led (UNFPA, GHSC-PSM) supporting the SMOH

Factors considered during forecasting

- Forecasts consider: impact of training on product demand, Population growth trends, introduction of new products (e.g., Hormonal IUDs replacing IUCDs), planned community outreaches and service expansions and Behavior Change Communication (BCC) campaigns affecting product uptake.

State level role in National Quantification

- Participate in National Quantification
- Provide raw data, clean and validate data, aggregate and analyze data.
- Draft quantification reports
- Conducting their own State level quantification with partner support

Forecast Validation and Updating

- Nationally, forecast accuracy is regularly monitored as part of mid year review and annual quantification exercises.
- At State level, minimal validation or updating occurs due to limited quantification exercises

Main observations

Pain points / gaps (Challenges)

- Only 3 of the 6 States visited (Gombe, Rivers and Ogun) have ever conducted a State-level Quantification once within the past 3 years

Good practices (Strengths)

- National level Quantification exercise is mature and well established
- Nationally, forecast accuracy is regularly monitored and in 2024, 9 out of 13 FP commodity forecasts rated as accurate.

Improvement Areas

Critical/Urgent

- Dissemination of the revised data capturing tools and training on the revised tools
- State Government should release funds for Quantification exercise
- SMOH should coordinate the review of the supply plans exercise with support from FMOH & SW and partners

Optimisation Opportunities/ Best practices (Low criticality)

- Capacity building for all relevant State officers on quantification with the support from partners

Recommended roadmap (Recommendations)

	Phase 1	Phase 2	Phase 3
Timeline	Next 6 months	6 to 18 months	>18months
Initiatives	• Include supply plan review exercise in the state's Annual Operational Plan • Print more copies of CLMS and disseminate them to all states • Conduct training on the CLMS tools.	• Conduct high advocacy to policy makers of the State to dedicate budget line and timely release fund for quantification exercise • Conduct Training/ re-training of relevant State officers on Quantification	
Benefits	• Improved forecast accuracy • Improved logistics data quality required for forecasting and supply planning	• State level Quantification exercises conducted as planned. • Reduction on dependency for technical support in conducting state level quantification	

Procurement

Key figures

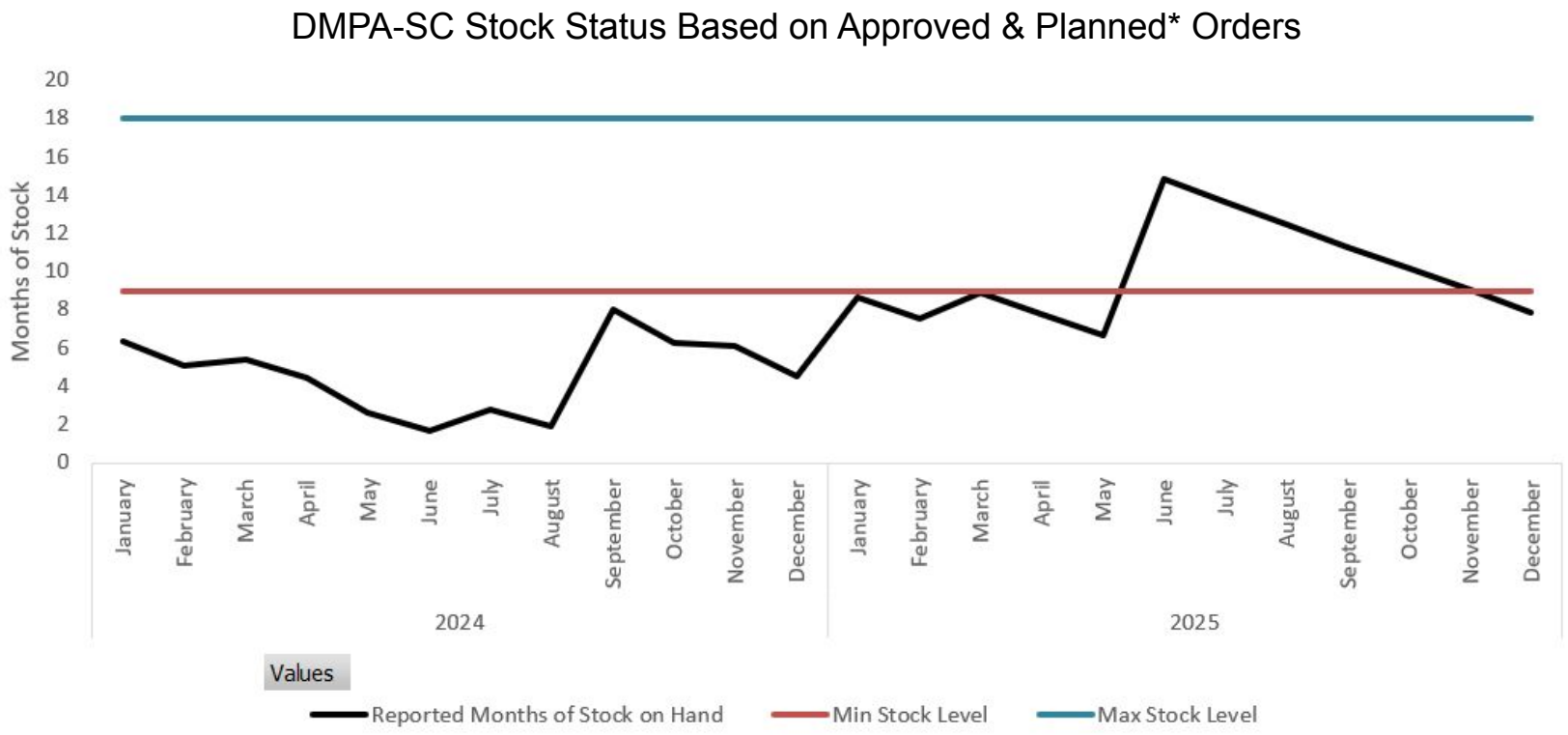


Figure 17: DMPA-SC Stock Status Based on Approved & Planned* Orders
Extracted from Q1 2025 supply plan (VAN January 2025)

- All shipments for DMPA-SC received in 2024 were inadequate to keep national inventory at optimal level, resulting in understocking throughout the year.
- Nigeria MOH's Q1 2025 supply plan, shared with the VAN, shows one large projected order (~2M vials) arriving in June, which is not yet confirmed. If approved, this quantity will carry them to the end of the year.

Procurement

High Level Process Activities

- UNFPA is the lead procurement agent for FP commodities in Nigeria, managing orders through a basket fund that pools contributions from the government and donors, with an estimated lead time of 6-9 months.
- Procurement plans take into account current inventory levels, consumption, losses and adjustments, required order lead times of suppliers/donors, established stock levels, shipment handling schedules, and the need for safety stock.
- Pipeline monitoring, using GFPVAN and NHLMIS is conducted every two months at the national level, with the RH/FP Logistics Unit overseeing the process. The Reproductive Health Supply Coalition (RHSC) also plays a role by receiving quarterly stock status reports from UNFPA to support monitoring efforts.

Main observations

Pain points / gaps (Challenges)

- All shipments for DMPA-SC received in 2024 were inadequate to keep National inventory at optimal level as the country was understocked for the entire period of 2024.
- There is no budget line for the procurement of FP commodities in some states
- UNFPA is the single procurement source for all FP products which results in delays in product supply

Good practices (Strengths)

- FMOH & SW has developed a National Guideline for State-Funded Procurement of FP Commodities which provide a structured approach to ensure sustainable funding, procurement, and distribution of FP commodities in Nigeria.
- In some States, there is a budget line for the procurement of Family Planning commodities in 2025 budget.

Improvement Areas

Critical/Urgent

- State government should provide budget line in their AOP for procurement of FP commodities.
- State governments should ensure timely release of funds for procurement.
- State Government to procure family planning commodities
- UNFPA should approve FMOH & SW order for DMPA-SC promptly as this quantity will carry them to the end of the year

Optimisation Opportunities/ Best practices (Low criticality)

- There is a need to decentralize FP product supply, however in line with National guidelines on FP product procurement.

Recommended roadmap (Recommendations)

	Phase 1	Phase 2	Phase 3
Timeline	Next 6 months	6 to 18 months	>18months
Initiatives	• Identify states that have a dedicated budget line in their Annual Operational Plan (AOP) and those without one. • Include budget provisions for FP commodities in the Annual Operation Plan.	• High-level advocacy to the relevant state's policy makers to ensure timely release of procurement funds by state governments, emphasizing the impact on commodity availability and service continuity.	• Advocacy to the FMOH & SW to see the need for decentralization of procurement of FP commodities.
Benefits	• To facilitate procurement planning and prevent commodity shortage	• To guarantee that procurement activities occur as scheduled	• Reduce dependency on a single procurement channel (UNFPA), minimize delays and enhance supply chain resilience

IV. Inventory management

Inventory Management

Key figures

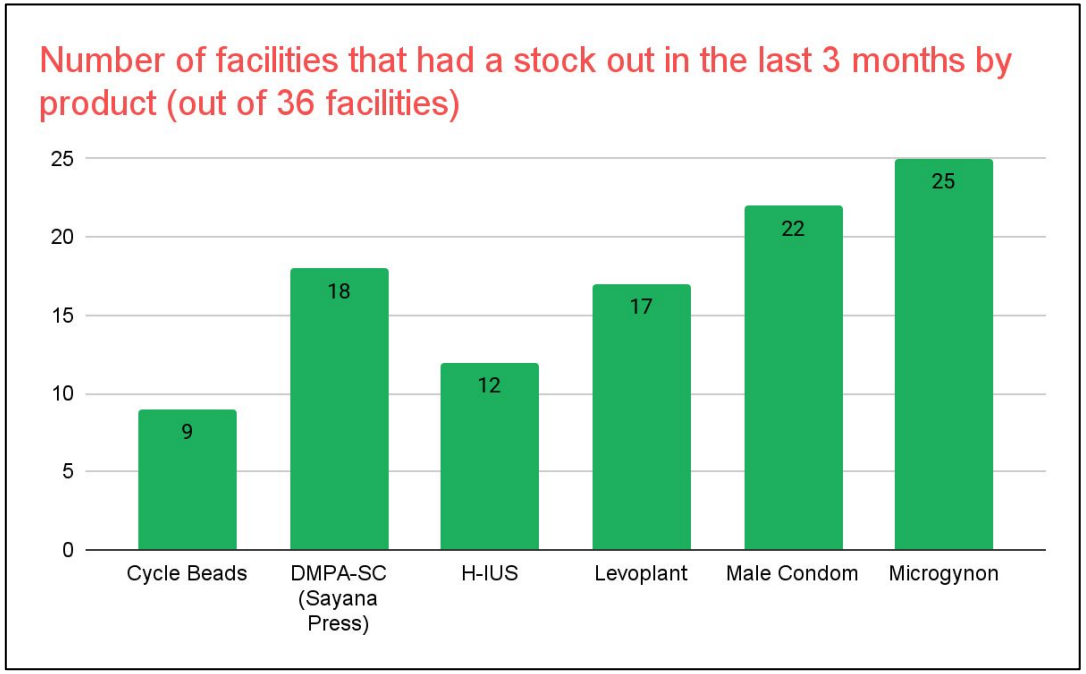


Figure 19: Facility stock outs by product: Stocked out facilities in the past 3 months for each of the six family planning products of focus across the 30 SDPs and 6 states warehouses visited for the FP supply chain assessment in Nigeria.

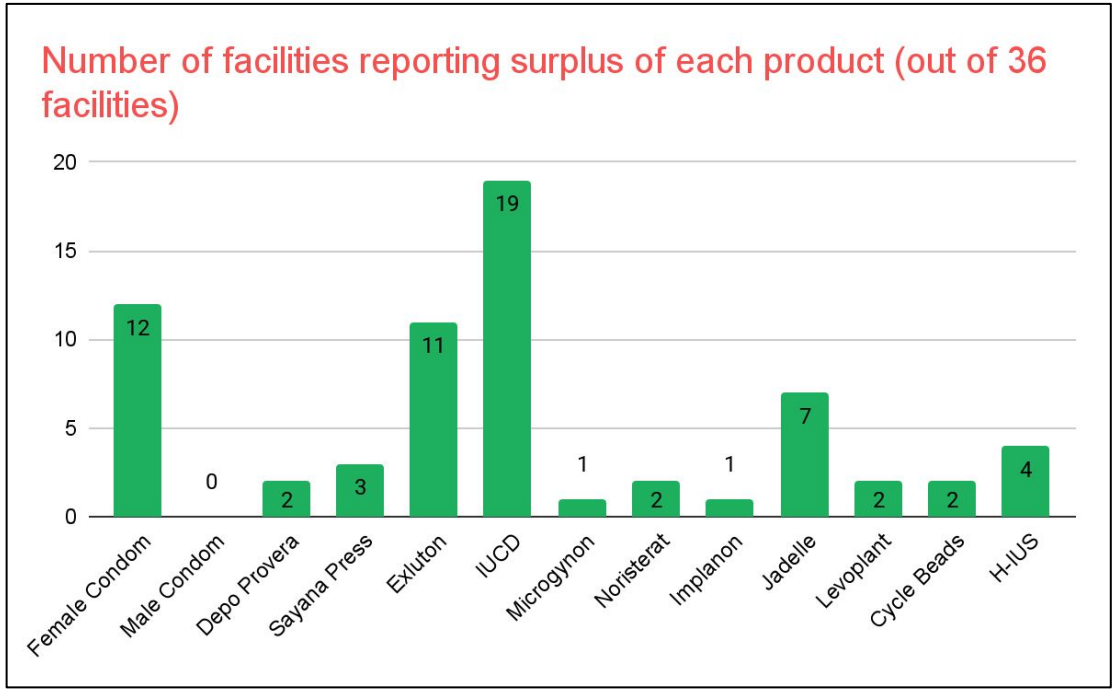


Figure 20: Facilities overstocked with FP products: Number of facilities presented with overstocks per family planning product on the day of assessment across the 30 SDPs and 6 states warehouses visited..

Inventory Management

High Level Process Activities

The resupply of family planning commodities and the associated procedures are guided by the established inventory control system. Commodities must be ordered and received according to the ordering and reporting cycle at each level. Each level of the system has defined minimum and maximum stock levels, as well as an ordering period. These levels are set to ensure the continuous availability of family planning services at Service Delivery Points (SDPs), preventing disruptions caused by shortages or stockouts, while also avoiding wastage due to expiration.

- **Maximum Stock Level:** The maximum inventory level for family planning commodities is set at 18 months at the national level, 8 months at the state level, and 4 months at the SDP level. These levels are achieved when the country's supply chain is fully stocked and when logistics operations, such as transportation and distribution, are carried out on time.
- **Minimum Stock Level:** The minimum inventory levels for family planning commodities are set at 9 months at the national level, 4 months at the state level, and 2 months at the SDP level. These minimum levels account for lead time while facilities wait for replenishment and also serve as a buffer for emergencies in case of delays in regular deliveries.
- **Reporting and Ordering**: At the state level, reporting and ordering occur every 4 months through an electronic platform using the aggregated Requisition, Issue, and Report Form (RIRF), which consolidates individual RIRFs from the SDPs. At the SDP level, reports and orders are submitted bimonthly using paper-based RIRFs, which are then forwarded through the respective Local Government Areas (LGAs).
- **Emergency Ordering:** Emergency orders are placed when states or SDPs experience shortages or stockouts before the regular ordering period, or when normal deliveries are delayed. A well-planned emergency order is initiated when there is only 2 months of stock remaining at the state level, and 1 month of stock remaining at the SDP level.
- **SOP and Guidelines:** The National CLMS guidelines for logistics officers (July 2023 version) and the National CLMS guidelines for service providers (also dated July 2023) are available to guide logisticians and commodity managers at all levels.
- **Waste Management:** Expired or unfit-for-use family planning products are separated from usable stock, clearly labeled, and stored awaiting disposal. At the SDP level, expired commodities are regularly collected and transported to the respective states via reverse logistics, where they are stored in state warehouses with sufficient space until disposal. Reverse logistics forms are completed and submitted to the state through the LGA RH/MCH coordinator.

Inventory Management

Main observations

Good practices (Strengths)

- The existence of established inventory control parameters at all levels which are being adhered to when the pipeline for family planning commodities is full.
- The reporting and ordering system is electronic from the LGA, state and national level enhancing access and visibility of data (NHLMIS & mSupply)

Pain points / gaps (Challenges)

- The reporting and ordering system is paper-based at the SDP level with facilities only reporting the key logistics data and calculating the order quantity guided with the formula but do not have the mandate to override the calculations for the quantity to order
- No provision to report for the days the FP commodities were stocked out hence facilities ordering less in case there were stock outs in a particular reporting period.
- The procedure for emergency ordering is available at the state and SDP level but practically rarely implemented due to shortage of FP commodities.
- There is inadequate supply from FMOH & SW to State level (Not based on requested quantity but on what is available)
- Underutilization of some product (e.g. female condoms) leading to expiry
- Capacity gap in inventory management in some states and facilities leading to poor documentation, poor reporting of product utilisation and poor calculation of reorder quantities.
- Some facilities have outdated tools that do not capture all the commodities

Improvement Areas

Critical/Urgent

- Improve awareness and demand generation for female condom and other slow moving commodities and conduct redistribution of commodities that are near to expire.
- Regular on-the-job training, supportive supervision, and mentoring at the facility level to build capacity on reporting and requisition.
- optimization of fill rate (100%) from state requisition and SMOH should commit more funding for procurement to complement FMOH & SW supply gap..
- Printing and distribute the updated Logistics Management Information System tools to SPDs such as the the RIRF, and daily dispensing registers that contains all family planning products.

Optimisation Opportunities/ Best practices (Low criticality)

- Scale up the NHLMIS to SDP level with infrastructure such as computers, connected to internet and supplied with power. electronic reporting and ordering will improve timeliness on order submission and quality of data.

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Recommended roadmap (Recommendations)

	Phase 1	Phase 2	Phase 3
Timeline	Next 6 months	Next 6 months	6 to 18 months
Initiatives	• SMOH should improve awareness and demand generation for female condom and other slow moving FP commodities • FP coordinators and logisticians should conduct redistribution of commodities that are near to expire • SMOH and LGAs should conduct regular on-the-job training, supervision, and mentoring at the facility level to build capacity on reporting and requisition	• State government should plan fill the vacancies with staff with relevant skills and cascade trainings to the untrained personnel • FMOH & SW and States should print and distribute the updated Logistics Management Information System tools to SPDs	• FMOH & SW should optimize fill rate (100%) from state requisition and SMOH should commit more funding for procurement to complement FMOH & SW supply gap..
Benefits	• minimize wastage by promoting utilization of the slow moving FP commodities and redistribution of excess stocks. • Improved data quality and accuracy on ordering	• Availability of trained personnel to perform supply chain functions • Proper documentation and accurate reporting of FP commodities data	Improved order fill rates, availability of FP commodities at SDPs and access to family planning services

V. Logistics management information system

LMIS

Key figures

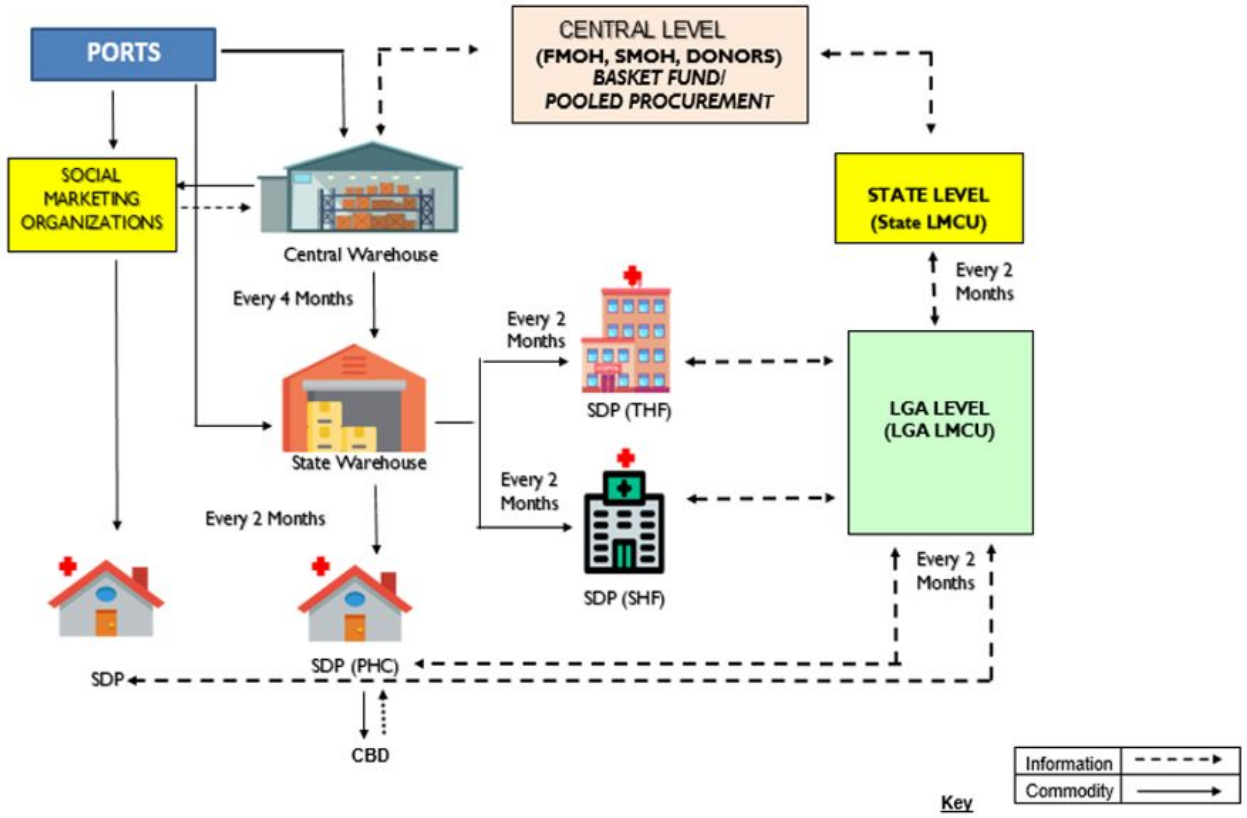

Figure 21- Flow of logistics information

- The national average reporting rate for LMIS reports in 2024 was 89%.
- The six states visited had a higher average reporting rate of 93%, reflecting strong availability of logistics data for informed decision-making. Gombe State recorded the highest average annual reporting rate at 99%. Rivers State had the lowest average reporting rate among the six states, at 89%.

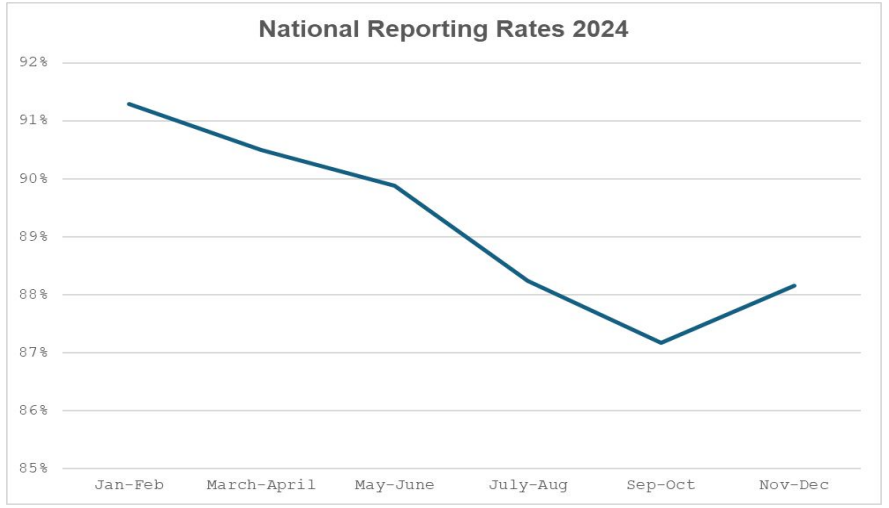

Figure 22: % LMIS Reporting Rates in 2024 Nationally

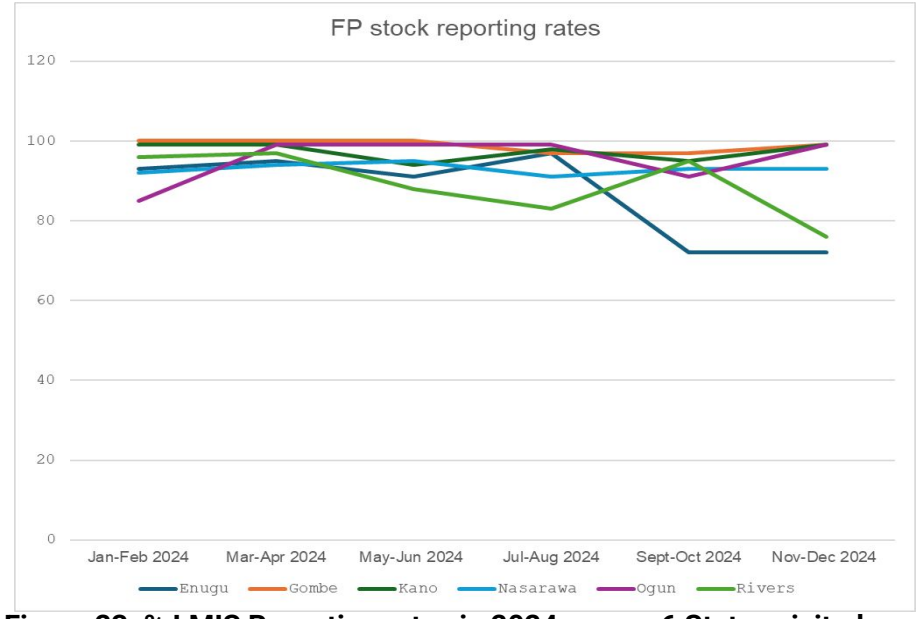

Figure 23: % LMIS Reporting rates in 2024 across 6 States visited

LMIS

High Level Process Activities

- Functional NHLMIS that captures essential logistics data at all levels.
- SDPs report bimonthly, submitting data to LGAs, who then upload to the NHLMIS.
- State CMS submit reports every four months to the FMOH & SW.
- Additional logistics data (quantities received and stock on hand) reported monthly via Form 1503A.
- **Stock-Keeping Records**: Inventory Control Cards or Stock Cards.
- **Requisition and Issue Records**: Requisition, Issue and Report Form; mSupply; Proof of Delivery (POD).
- **Consumption Records**: Daily Consumption Register and FP Register at SDPs.
- Collections and aggregation of logistics data is manual until the LGA level where data is entered into NHLMIS.

Main observations

Pain Points / Gaps / Challenges

- Current LMIS tools do not capture days out of stock, adjustments, and quantities near expiries at SDP
- New products (Levoplant, HIUD, Sayana Press) are not listed on existing LMIS tools
- M-supply is not available in all the states.
- In some states (e.g., Nasarawa), NHLMIS mapping is incomplete, includes duplicates and non-functional facilities, and contains inaccurate or misaligned facility data.

Good practices (Strengths)

- Functional NHLMIS that collects essential logistics data at all level
- Government ownership and commitment of the LMIS at all levels
- Multi Stakeholder collaboration and partnership in logistics management at all levels
- Existence of Logistics Management Coordinating Structure across all level
- Data availability to support decision making
- Availability of human resource at LGA and states to manage LMIS reporting
- Provision of basic working tools e.g Laptops and tablets
- Timely reporting of data
- Technical Support from Implementing Partners on tools development and utilization
- Use of m-supply to generate PODs which ensure visibility and record keeping without risk of missing data

Improvement Areas

Critical/Urgent

- Revise the LMIS tools to track days out of stock, adjustments and quantities near expiry at SDP and aggregated at the higher reporting levels.
- FMOH & SW should mandate and clearly communicate to states that partner-donated commodities must be captured in LMIS tools.
- All health related systems should align their facility list with the Health Facility Registry in the country

Optimisation Opportunities/ Best practices (Low criticality)

- FMOH & SW to ensure nationwide deployment of mSupply, while SMOHs enforce its utilization within their respective states.
- FMOH & SW/SMOH and Partners to provide capacity building on CLMS at all levels

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Recommended roadmap (Recommendations)

	Phase 1	Phase 2	Phase 3
Timeline	Next 6 months	6 to 18 months	>18 months
Initiatives	• Update, print and distribute LMIS tools with all new methods, a column for adjustments and include a provision for recording days out of stock at SDPs. • State to issue a directive to SDPs mandating the reporting of donated commodities through LMIS tools.	• FMOH & SW to mobilize additional funding and provide retraining to support the rollout of mSupply in the remaining states. • Planning department to clean the national health facility list and develop an API to link NHLMIS with the Health Facility Registry.	
Benefits	• Improved data accuracy and visibility • Enhanced accountability and traceability of donated commodities	• Expanded access to a standardized logistics system across all states, promoting uniform data practices and use. • Reliable, accurate and integrated facility data promoting better decision making and planning	

VI. Transport and distribution

Transport and distribution

Key figures

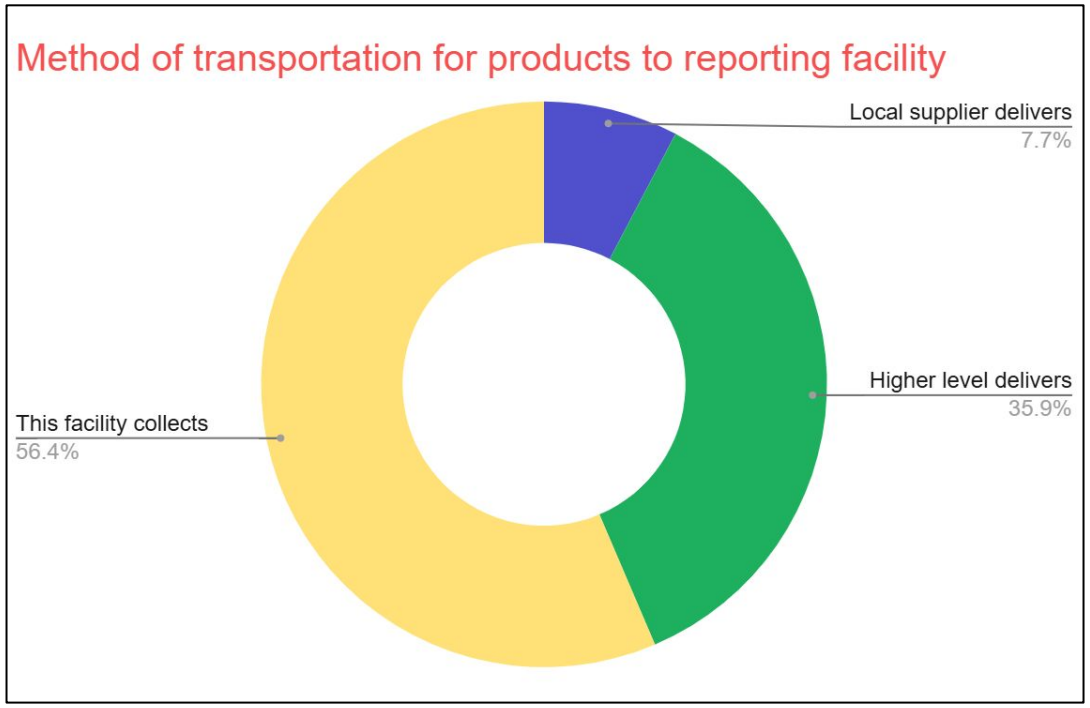

Figure 24: Method of transportation of FP products: It was found out that facility pick ups from the source as a common means of transportation to ensure timely delivery at the SDP where as delivery at the state warehouses was predominantly made by the national level vehicles,

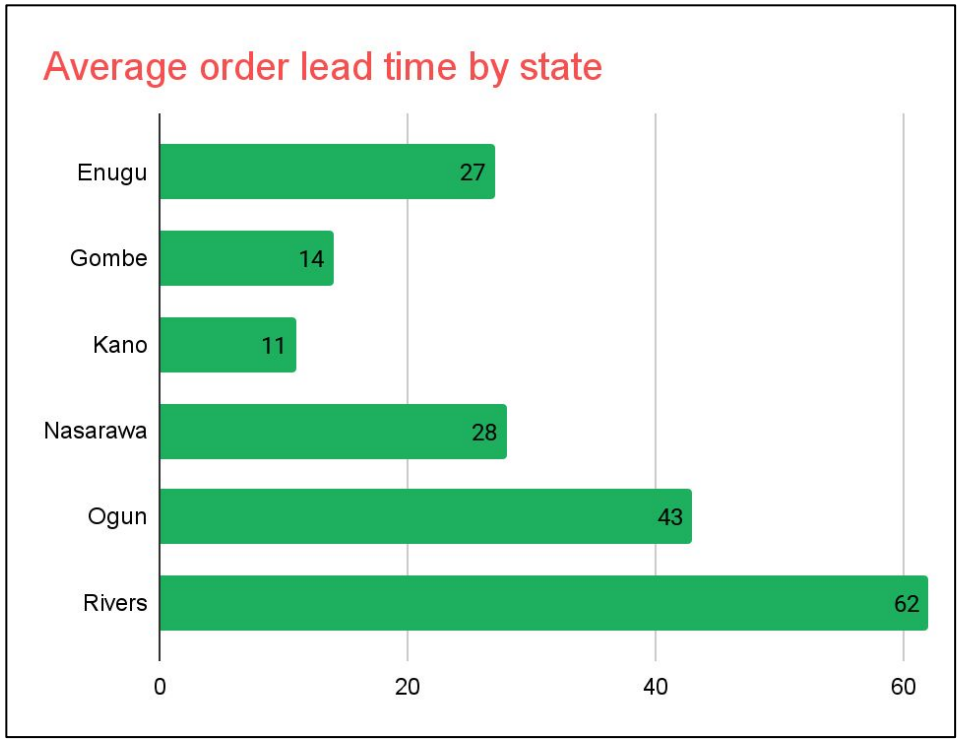

Figure 25: Lead time from states to SDPs: Ogun and Rivers states exceeded the designed lead time for delivery of FP commodities the major reason being unavailability of reliable transport.

Transport and distribution

High Level Process Activities

- In Nigeria, the transportation of family planning commodities involves a two-stage distribution system: long-haul distribution from the central warehouse to state stores, which occurs on after every 4 months. This stage one of distribution is overseen by the Federal Ministry of Health and supported by partners.
- Stage two of distribution is the last-mile distribution from state stores to service delivery points, with the state/local governments managing the last mile. The last mile distribution is carried out on a bi-monthly basis to sustain availability of FP commodities at the SDP level.
- Transport and distribution of family planning commodities is not integrated with other program or essential commodities throughout the country pipeline. Its is done by dedicated vehicles for distribution of FP commodities from the FMOH & SW or SMOH, support from partners using the partner's owned vehicle or outsourced.
- **Routine distribution:**
    - Distribution form the central medical store at the national level to the central medical stores at the states level is done by dedicated vehicles from the national level which are not adequate. In some cases the national level outsources transportation from the 3PL or supported by implementing partner.
    - Distribution from the state level to the SDP is done using the state owned vehicles. In most cases implementing partners support distribution to the last mile or facility pick by themselves from the states warehouses or LGA stores.
- **Redistribution:** Redistribution between SDPs is common due to shortage at states level attributed by the overall national shortage of some commodities. Redistribution between states is allowed but unavailability of transport mechanism hinders the process in some

- **Emergency ordering** for FP commodities is permitted by design but in practice it is rarely implemented at all levels due to availability challenges of the highly demanded contraceptives such as injectables and male condoms and the associated transportation cost of which should be covered by the recipient or wait for partner's support

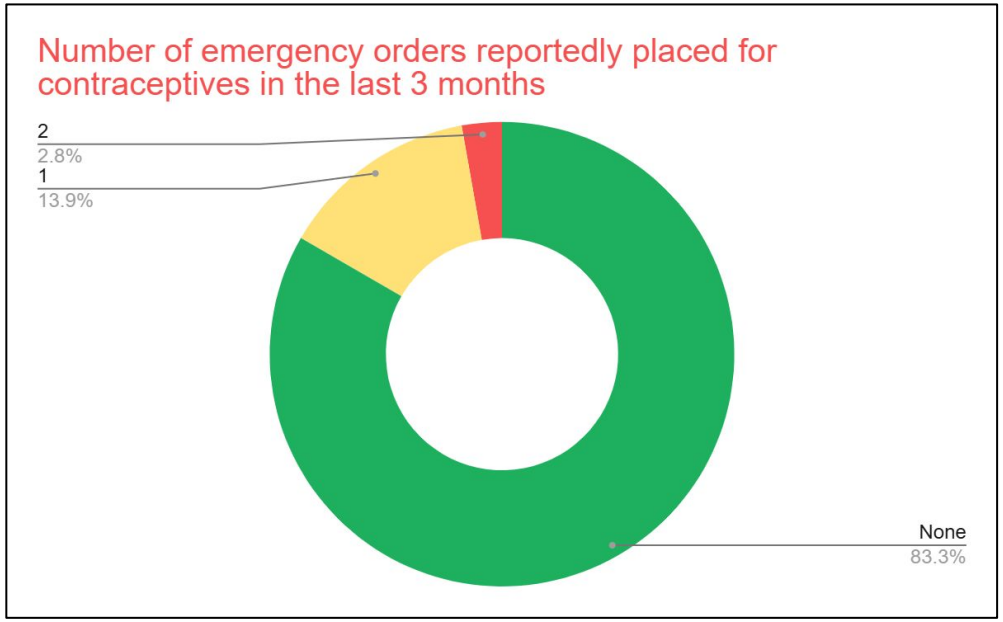

Figure 26: Emergency ordering: Percentage of emergency orders for FP commodities made across the 36 visited SDPs and state warehouses in the last 3 months indicated that about 83% of the facilities did not submit a single emergency order

Transport and distribution

Main observations

Good practices (Strengths)

- The distribution Schedule for FP products is available at every level and stakeholders are aware of its existence. Delivery is scheduled for every 4 months from Central to state and bi-monthly from state to SDPs.
- Support from FP partners on Last Mile delivery to ensure timely delivery and uninterrupted provision of FP services.

Pain points / gaps (Challenges)

- There is a limited number of vehicle to support timely distribution of FP commodities from the state to the SDP level
- There is poor funding for last mile distribution from State to SDPs. Not all 6 cycles of the year were supplied in some states.
- The distribution schedule is not adequately followed due to challenges with the availability of FP products and insufficient fleet.
- Delivery of FP Products is commonly done when commodities are available, most states and SDP were supplied twice instead of 3 and 6 times respectively in the year 2024.
- Delivery of FP commodities is not integrated with other program and essential commodities

Distribution Calendar for Different Levels of The Supply Chain

No	Name	Type	Jan.	Feb.	Mar.	April	May	June	July	Aug	Sept.	Oct.	Nov.	Dec.
1	National Distribution to States	Store	*				*				*			
2	State LMD to SDP	Store	*		*		*		*		*		*	

The national distribution is spearhead by the RHD/FMOH while at the state level the SMOH/SPHCDA is responsible for it

Figure 27: Delivery schedule: A tabular representation of the delivery schedule for FP products from central to states and states to SDPs. (National CLMS Guideline)

Improvement Areas

Critical/Urgent

- Ensuring approval and release of funds for the purchase and maintenance of FP vehicles.
- Advocacy for more support from partners for the distribution of FP commodities.
- liaison with the state government to facilitate pick up of their orders from the central stores when they are unable to deliver using the central level vehicles.
- A standard operating procedure and a monitoring mechanism should be put in place for 3PLs to optimize their operations.

Optimisation Opportunities/ Best practices (Low criticality)

- Exploring opportunities for integration of FP commodities distribution into other program which are adequately funded for distribution of commodities.

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Recommended roadmap (Recommendations)

	Phase 1	Phase 2	Phase 3
Timeline	Next 6 months	Next 6 months	6 to 18 months
Initiatives	• The state Governments should advocate for more support from partners for the distribution of FP commodities. • The central level should liaise with the state government to facilitate pick up of their commodities from the central stores when they are unable to deliver using the central level vehicles.	• A standard operating procedure and a monitoring mechanism should be put in place for 3PLs to optimize their operations.	• The FMOH & SW and SMOH should explore opportunities for integration of FP commodities distribution into other program funded for distribution of commodities • The Government should ensure approval and release of funds for the purchase and maintenance of FP vehicles.
Benefits	Timely delivery of FP commodities at states and SDPs to minimize interruption of FP services	Value for money when distribution is outsourced	Reliable distribution mechanism to ensure timely delivery of FP products to clients in need of contraceptives.

VII. Storage

Storage

Key figures

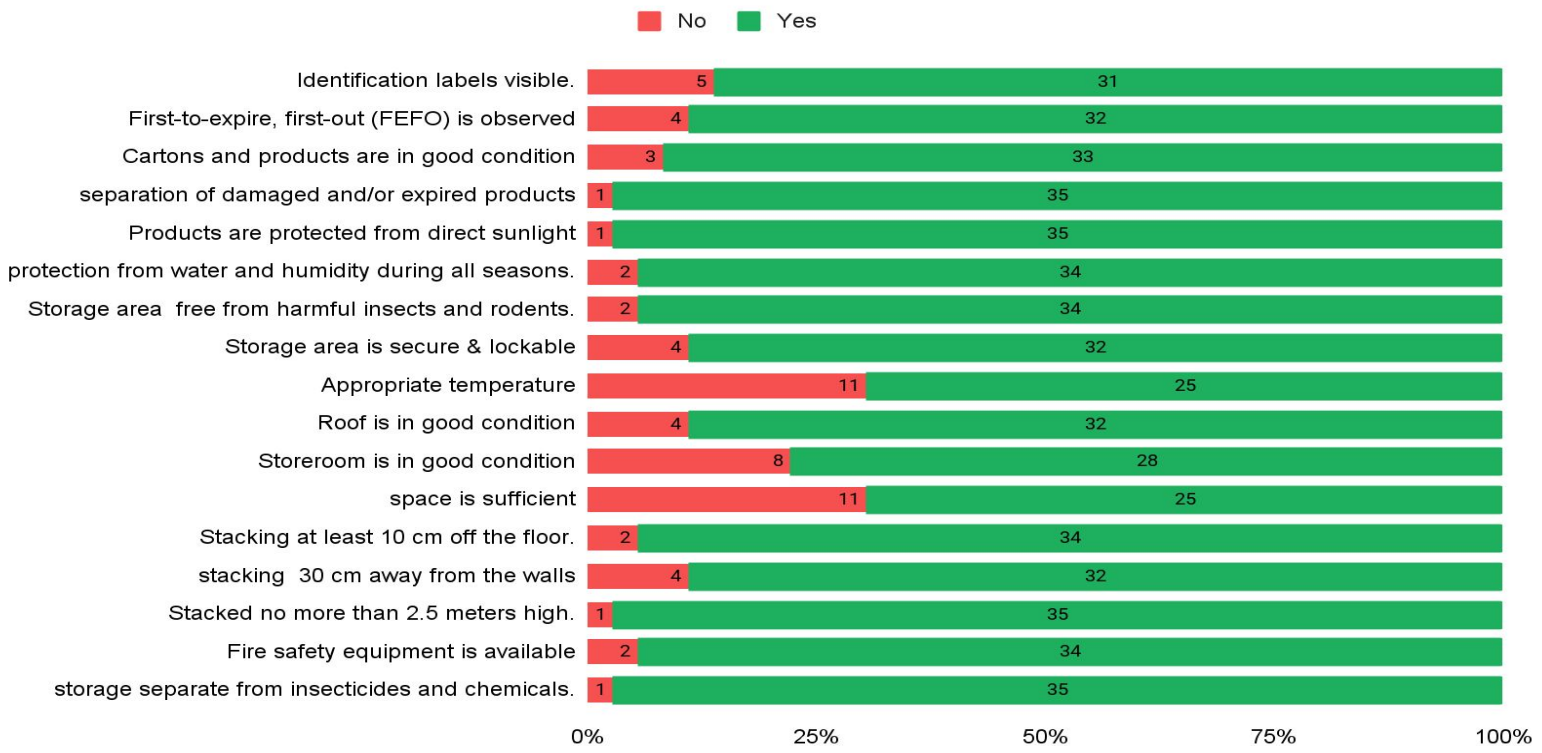

Figure 28: Storage practices: An aggregated performance on adherence to good storage practices across 36 visited SDP and state stores/ warehouses. Insufficient temperature control, storage space and maintenance of the store room in good condition was the major observed challenges.

Storage capacity improvement:
Figure 29: A typical pharma grade warehouse built in Ogun state installed with temperature cooling devices and equipped with the basic infrastructure to allow implementation of good storage practices

Storage

High Level Process Activities

Effective storage is essential to maintain the physical integrity and safety of family planning products and their packaging across all storage facilities until they are distributed to clients. The activities within a storage facility should be well-coordinated to ensure efficient product management and quick order fulfillment and distribution. Key requirements for proper storage practices can be summarized in the following categories::

- **Storage space: and infrastructure:** a facility that provides adequate storage and working space, along with infrastructure that protects products from harmful environmental conditions.
- **Process and procedures:** implementation of proper procedures to ensure that products are always available, accessible, in good condition, and do not pose any risk to workers.
- **Data and documentation:** timely and accurate inventory data to support decision-making.
- **Human resource for supply chain:** sufficiently qualified human resources to meet operational requirements.

- Family planning products are stored according to recommended storage guideline as prescribed by National CLMS Guideline for logistics. The commonly storage conditions required for this category of commodities include; keeping them at room temperature, away from direct sunlight and moisture.
- The storage conditions are verified routinely and during every supervisory visit through a Monitoring and Supportive Supervision Checklist. The checklist provides guidance to service providers and store officers on good storage practices and visual indications on quality of contraceptives.
- Physical count is conducted to compare the actual stock on hand for each commodity with the amount recorded on the ICC or bin card thus keeping records accurate.
- Visual inspection to ensure that the quality of FP commodities is maintained throughout the pipeline. Visual inspection is conducted during receipt of commodities, storage, physical counting, dispensing to clients or issuing at all levels

Good vs poor storage practices: R - Well arranged family planning products at Kano state warehouse simplifying visual inspection, physical counting, picking and packing. L - Poorly arranged FP products (no demarcation of expired and usable stock) at Nasarawa state warehouse making visual inspection, physical counting, picking and packing very difficult.

Storage

Main observations

Good practices (Strengths)

- **Storage space:** Nigeria has sufficient storage capacity at the national warehouse and in some states where pharma grade warehouses built by the support of Global Fund and domestic financing are available. A total 19 warehouses have been constructed and 3 constructions are on progress making a total of 22 pharma grade storage facilities out of the 36 states to ensure;
    - Adequate storage space for FP commodities
    - Good storage conditions to protect the quality of products
    - Infrastructure to allow implementation proper arrangement and commodity management.
- **SOPs and Guidelines:** general guidelines and SOPs for commodity storage are available at all levels, supplemented with posters for good storage practices on walls.
- **Good storage practices:** Good practices mostly followed eg. FEFO, separation of expired from usable stock in most states warehouses.

Pain points / gaps (Challenges)

- Pharma grade warehouses are available but not yet in use; 19 completed, 3 on construction.
- 5 out of the 6 States visited are using temporary storage facility while pharma grade warehouses have been completed.
- Gombe warehouse got burnt to the ground.
- In most SDPs, commodities are stored at the FP clinic, most of which do not meet good storage conditions.
- Lack of temperature cooling equipments at the CMS such as air conditioning in some states.
- Epileptic power supply and Inadequate funds to fuel generators.
- Absence of CCTV camera for monitoring at the warehouses.

Improvement Areas

Critical/Urgent

- Opening and equipping for use the upgraded warehouse with the national level monitoring the transition plan.
- Putting in place a sustainability plan to ensure there is adequate storage capacity for commodities at the states and SDPs.
- Advocacy to SDPs to store bulk FP commodities in the pharmacy where storage conditions are adequately adhered, with small amounts kept in the FP clinic cabinets.
- The state governments with support from partners to procure and install temperature cooling devices.

Optimisation Opportunities/ Best practices (Low criticality)

- Installation of solar panels to augment national grid and keep air conditioners running.
- Installation of CCTV cameras to enhance surveillance at the warehouses.
- Employ and train more staff to support warehousing and storage at all level by the the Government of Nigeria.
- Commitment from the government of Nigeria in providing land and construction of warehouse building.

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Recommended roadmap (Recommendations)

	Phase 1	Phase 2	Phase 3
Timeline	Next 6 months	6 to 18 months	> 18 months
Initiatives	• SMOH should open and equip for use the upgraded warehouse with the national level monitoring the transition plan. • The state government with support from partners should procure and install temperature cooling devices	• The State Government should put in place a sustainability plan to ensure there is adequate storage capacity for FP commodities. • Government of Nigeria should install solar panels and install CCTV cameras.	• The state Governments in collaboration with Global Fund and partners should build pharma grade warehouses in the 14 remaining states.
Benefits	• Improvement of the storage space and condition will allow implementation of good storage practices.	• Improvement of storage capacity at all levels, stable electricity supply will ensure safety and quality of the FP commodities.	• Accommodating the growing market and ensuring proper temperature control to ensure potency and safety of FP commodities.

VIII. Organization and staffing

Organization and staffing

Key figures

Gombe, Enugu, and Rivers states have the highest number of logistics staff at the state level

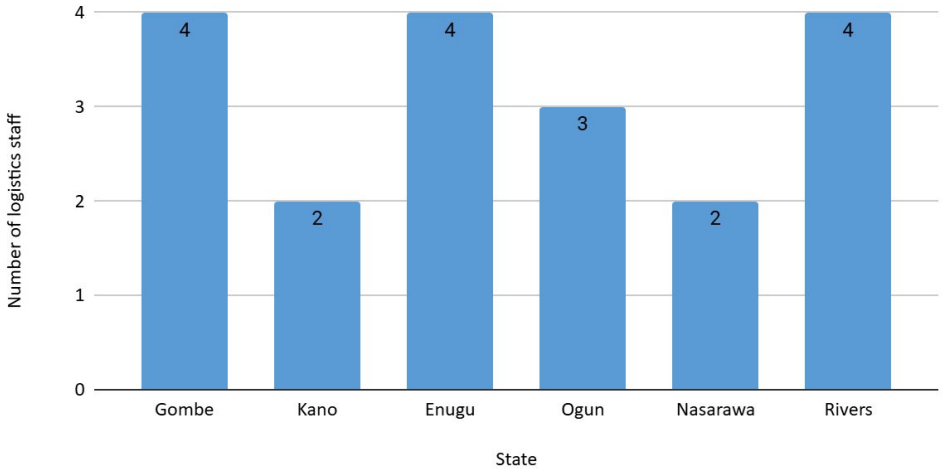

Figure 30: Number of logistics staff at state level as at January 2025

- Logistics staff include either FP logisticians, LMCU staff, or CMS staff.
- Nasarawa and Kano state have only 2 logistics staff at the state level, which might not be an adequate number to carry out logistics functions
- Gombe, Enugu, and Rivers states have the highest number of logistics staff.

Does the logistics system have a strategic plan that covers the next 1-3 years?

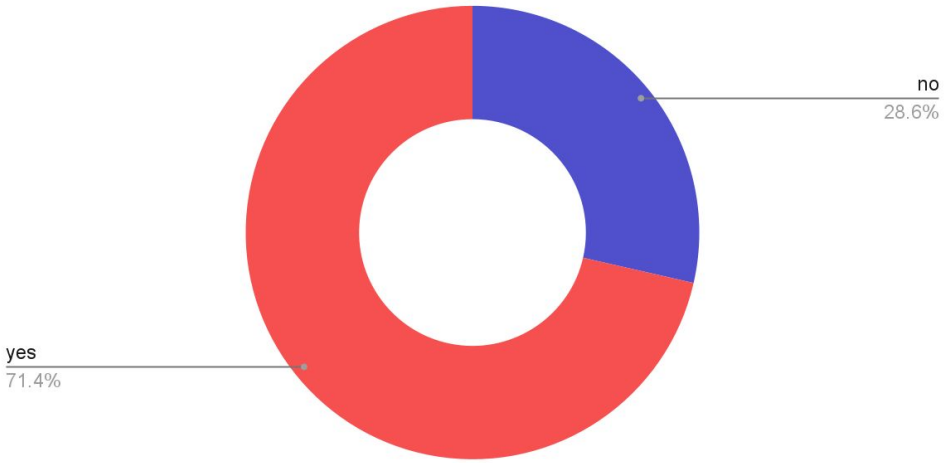

Figure 31: Availability of strategic plans

- Gombe and Nasarawa mentioned that they do not have a strategic plan for the logistics system that covers the next 1-3 years.

Organization and staffing

High Level Process Activities	Main observations

Enabling policies and guidelines

- The Central level has documented guidelines for managing and using the LMIS, forecasting quantities needed, procurement, inventory management storage and distribution, product selection, staffing of logistics/supply chain positions, budgeting for the logistics system, and supervision and staff development
    - Enugu does not have any of these documented guidelines and Gombe and Kano do not have some of these.
- Laws and regulations that promote importation and local production of health commodities exist in Kano and Central
- Kano, Nasarawa, and Enugu do not have policies/strategies/contingency plans/mechanisms in place to facilitate access and minimize disruption to voluntary FP services during a crisis. At the National level, respondents also cited that the DPMA SC expansion and sustainability strategy has considerations for humanitarian and fragile setting
- There are policies that enable or support the private sector (e.g. commercial sector, NGOs or social marketing) to provide contraceptive methods at the national level and in Gombe, Kano, Nasarawa, Rivers, and Ogun
- Various supply chain policies, strategies, and SOPs have been developed or updated at central and state level. Although some, such as the State Funded FP Procurement Guideline have not been contextualized or adopted in some states.

Pain points / gaps (Challenges)

- High staff attrition / turnover
- There are no pharmacists or pharmacy technicians in most PHCs
- Monitoring and supervision in hard to reach areas is difficult (security challenge, non motorable roads, vast distances)
- There is weak policy implementation and ownership especially at state level
- No contingency plan for RH activities during crisis in some states

Good practices (Strengths)

- There is an established and functional unit for coordination of supply chain activities (LMCU)
- There are existing policies, guidelines, strategies and SOPs supporting supply chain activities e.g. FP blueprint, RH policy

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Organization and staffing

High Level Process Activities

Organizational structure

To provide effective quality healthcare services, the health care system in Nigeria is devolved, with the Federal Ministry of Health & Social Welfare (FMOH & SW) being in charge of the Central level and the States Ministries of health (SMOH) being in charge of healthcare services at the state level. There is some level of coordination between the federal and state levels. The National Primary Health Care Development Agency (NPHCDA) also provides technical and programmatic support to states and LGAs,in the functioning, planning, implementation, supervision and monitoring of primary health care services including Family planning.

At the state level, the Family planning coordinator is the custodian of family planning commodities , and is supported by the Logistics Management and Coordination Unit (LMCU). Whilst there are clear roles and responsibilities across the different cadres, most facilities continue to face staffing challenges. Most of the supply chain functions are delegated as not all facilities have a pharmacy personnel or a dedicated commodity manager. At the lower level, CHEWs are expected to perform some supply chain functions such a reporting and ordering. Although this is mandated in the TS-TS guidelines, the CHEWs require training to build their capacity in supply chain management.

The program is not just limited to the formal structures. The FMOH & SW and SMOH have instituted other bodies for example the TWGs, and MTCs. The TWGs at various levels support in program monitoring, coordinating program activities, providing logistical and technical assistance in implementation of policies and guidelines.

Improvement Areas

Critical/Urgent

- FMOH & SW and SMOH should recruit more Pharmacy technicians to cover the remaining PHCs and strengthen the health workforce recruitment and retention strategy
- FMOH & SW, NPHCDA and partners should support the domestication of policies to the State level

Optimisation Opportunities/ Best practices (Low criticality)

- FMOH & SW should adopt an inclusive approach in policy formulation to ensure ownership
- States affected by security challenges should implement recommendations on special considerations for humanitarian and fragile settings of the DMPA-SC/SI expansion and sustainability strategy

Recommended roadmap (Recommendations)

	Phase 1	Phase 2	Phase 3
Timeline	Next 6 months	6 to 18 months	>18 months
Initiatives	• Policy dissemination workshops at State level • Policy advocacy engagements at State level	• Support participation of State, Regulatory and private sector in policy formulation	• Review, update and disseminate the Nigeria National HRH strategic plan - emphasizing on recruitment and retention of front line health workforce, system for transfers, incentivizing health workforce
Benefits	Implementation and domestication of important policies at state level	Better ownership of policies by the states	Better HRH retention

IX. Organizational support for logistics

Organizational support for logistics

Key figures

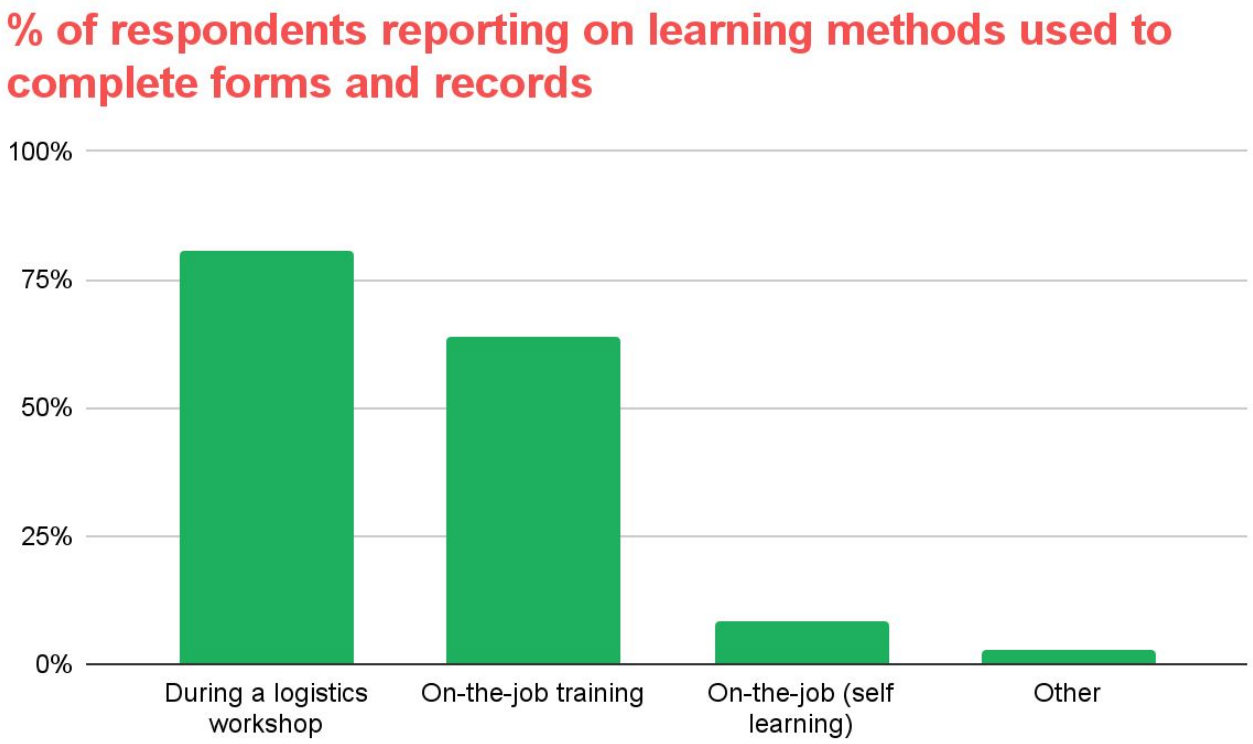

Figure 32: Learning methods used

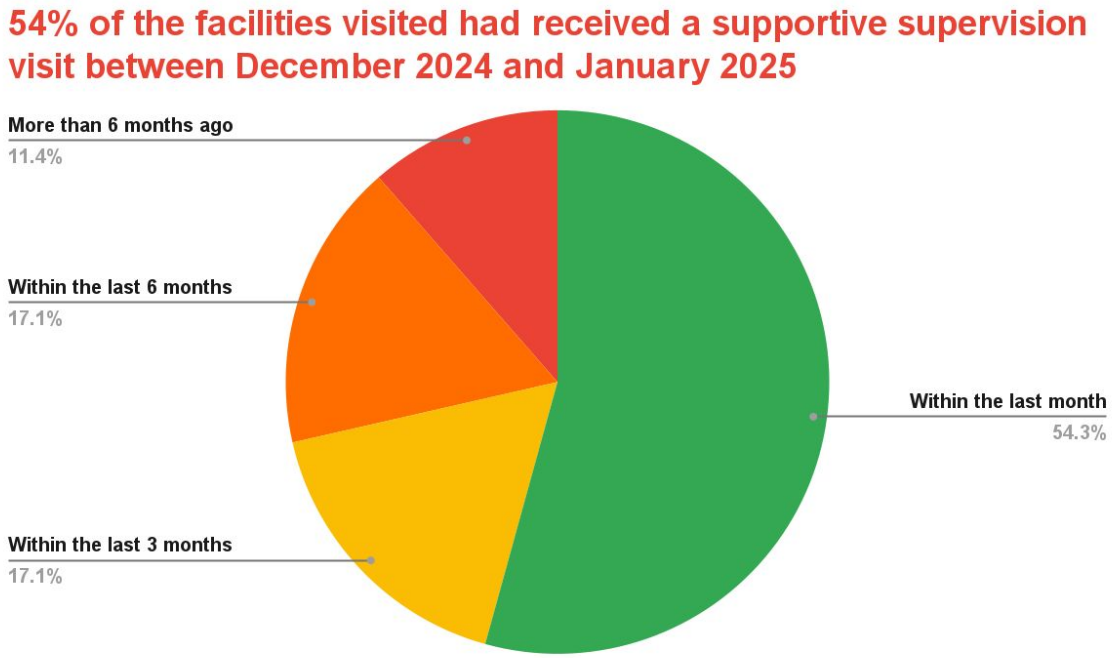

Figure 33: Supportive supervision visits
54% of the facilities visited had received a supportive supervision visit between December 2024 and January 2025

Organizational support for logistics

High Level Process Activities

1. **Capacity building and training on identified skills gap**
   - The biggest gap identified is the lack of skills in completing logistics forms and stock cards.
   - Identification of skills gaps is done during supportive supervision visits and during the reporting period.
   - The identified gaps are documented on feedback forms and a improvement plans identified.
   - Logistics training workshops are the most common method used to train providers on supply chain management. This is closely followed by OJT, as shown in figure 32 above
   - Mentoring is also done to improve on gaps. Mentors are identified based on performance where well performing staff are paired with staff with training needs. Mentoring was noted to be done at the State level but not at the National level.
   - Some level of capacity strengthening is also done during supportive supervision visits.
   - Supportive supervision visits and spot check are also used to follow up on skills improvement
2. **Formal/ structured training**
   - There are opportunities for staff to attend structured trainings, although these are few.
   - Structured training is offered mainly through workshops organized by the state or by partners
   - While the states also organize for training workshops, most of the trainings are partner supported in all the 6 states visited
   - In Rivers State, the state has trained Master trainers of trainers on logistics management. These master trainers are expected to train the rest of the state.

Main observations

Pain points / gaps (Challenges)

- There is no designated pharmacist as the FP supply chain officer- commodity management is majorly done by the FP coordinator (FP coordinator keeps commodity records and oversees commodity distribution)
- There is a capacity gap on supply chain management at all levels
- Lack of adequate funding for routine supervision at the state and LGA levels
- Inadequate revised / updated CLMS tools
- Significant capacity gaps among CHEWs at PHC level to take on supply chain responsibilities
- The private sector is not involved in training and other activities

Good practices (Strengths)

- Availability of trained staff to support the program
- Regular supervision by partners/NGOs
- Existence of a good feedback mechanism
- Utilisation of supervision mechanisms, including integrated support supervision and physical monitoring during review meetings to identify gaps
- The SDP are committed to FP service provision

Organizational support for logistics

High Level Process Activities

3. **Job Aids, Guidelines, and Written procedures**
   - Guidelines have been developed at the National level including CLMS guidelines and the Nigeria Supply chain policy.
   - However, the guidelines have not been made available fully at all levels.
   - At the state level, respondents mentioned that they have copies of the guidelines, but at LGA and facility level, this was not the case.
   - Most service delivery points do not have the developed guidelines. For example, In Gombe, 476 have the guidelines and in Enugu, only 74 facilities have the guidelines as mentioned during the FGDs
   - Family planning service provision job aids were available at all facilities.
4. **Tools and resources for logistics functions**
   - Majority of the respondents reported that tools and resources available are not sufficient
   - Reporting tools & Stock cards- The RIRF was available across all levels- either as an original copy or photocopy
   - The RIRF however, did not include all Family Planning commodities. Levoplant, Sayana Press, and H-IUD were most commonly added at the bottom using a pen
   - Majority of the facilities visited, especially in Enugu and Rivers, did not have any stock cards.
   - Vehicles to support logistics functions are not adequate at all levels, with most facilities not having any vehicles to support logistics
5. **Supportive supervision**
   - There is a schedule for supportive supervision, although it is not adhered to.
   - The main reason supportive supervision is not done regularly is the lack of sufficient resources to finance the activities
   - Checklists for supportive supervision are available in all the states
   - External assistance is used to complete management and supervision activities

Improvement Areas

Critical/Urgent

- Innovative refresher training methods such as e-learning, microlearning modules and robust OJT should be introduced at all levels
- FMOH & SW should print and disseminate the revised CLMS tools to State
- FMOH & SW /SMOH and NPHCDA/SPHCDA should leverage on private sector engagement strategy and other opportunities to involve the private sector more in FP activities
- SMOH and LGAs should designate a proportion of FP budget line for routine monitoring and supervision.

Optimisation Opportunities/ Best practices (Low criticality)

- Pharmacy staff should be engaged/ involved at the LGA and SDP for optimum service delivery
- FMOH & SW should routinely upload the latest policies, guidelines, job aids and SOPs to be utilized in digital format
- State should include the printing and or cascading of tools to SDPs in the Annual Operational Plan
- LMCUs should build capacity of the service providers on LMIS and other supply chain responsibilities

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Recommended roadmap (Recommendations)

	Phase 1	Phase 2	Phase 3
Timeline	Next 6 months	6 to 18 months	> 18 months
Initiatives	• Print and disseminated CLMS tools (DCR, RIRF, FP register, client cards, stock cards)	• Development, adapting,and testing of e-learning modules and tools	• Engage consultants for the: ○ Development of pricing model for FP in the private sector ○ Engage Pharmacy Council, DMMAs and private sector to adopt pricing model
Benefits	Availability of updated reporting tools, ensuring all commodities are captured and reported.	Learning materials will be readily available and e-learning is a sustainable way to build capacity	

III. Product use

Product Use

Key figures

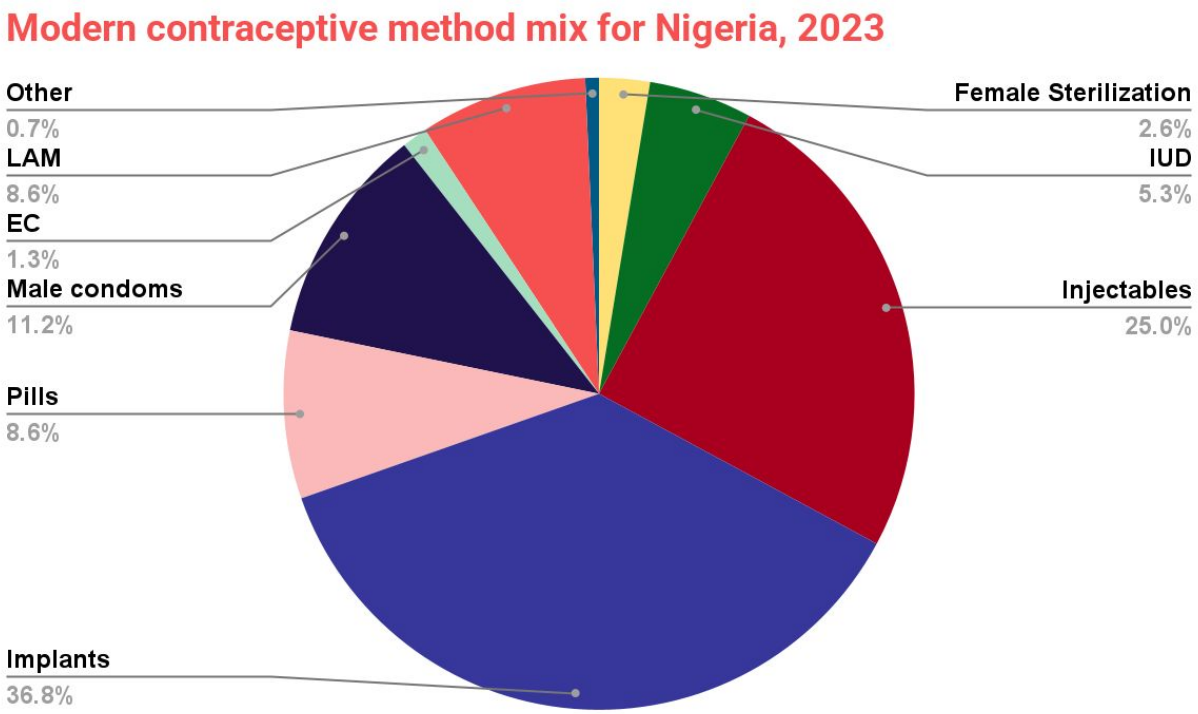

Figure 18: Contraceptive prevalence and Method mix

Contraceptive prevalence and Method mix

- The **mCPR** for Nigeria is **15.3%** as per the NDHS 2024
- The most preferred method in the country is Implants at 36.8%, while the least preferred methods include female condoms and cyclebeads represented under “others” as shown in figure 18

Product Use

High Level Process Activities

The primary objective of any logistics system is to ensure that the needs and demands of its customers are met efficiently and effectively. In the context of family planning (FP) services, this means providing a range of contraceptive options that are readily available, accessible, and tailored to the individual needs of the clients. In Nigeria, FP clients are offered a diverse selection of thirteen different modern contraceptive options.

Standard Treatment Guidelines & other service provision guidelines
Standard treatment guidelines are available and well distributed across all levels
Other FP guidelines available include the DMPA SC and Self injection (SI) guidelines which have also been disseminated across all levels
A National guideline for RH has also been developed and is available at some facilities.

Barriers to FP service provision
Insecurity in some parts of the country limits clients' access to FP services
Cultural beliefs were cited as a major barrier to FP access. For example, in some areas of Niger state, it is taboo for married women to use FP. Culture also influences method choice in some instances, for example, women from certain cultures are very shy to 'expose' themselves so they would generally not opt for methods such as IUDs.
Religious barriers- some catholics and muslims are against the use of FP
Policies requiring young girls to have parental consent in order to access FP services acts as a barrier to access by young girls who are sexually active
Inadequate youth friendly centres also limit adolescents' access to FP
Inconsistent/irregular commodity supply limits method choice

Main observations

Pain points / gaps (Challenges)

- Some of the service providers have not been trained on available method mix, especially on the newer methods
- Some methods such as the H-IUD are distributed to facilities where there are no trained providers, risking expiry.

Good practices (Strengths)

- There is a wide choice of FP methods for clients to choose from at all levels of the system
- The states visited described having vibrant, regular, state led behaviour change and demand generation campaigns for Family planning.

Improvement Areas

Critical/Urgent

- FMOH & SW in collaboration with IPs should champion the training of service providers on all methods
- FMOH & SW and SMOH to develop a framework for ensuring that trained personnel offer OJT and cascade training to other staff.

Optimisation Opportunities/ Best practices (Low criticality)

- Strengthening supportive supervision- Harmonise supportive supervision between FMOH & SW/SMOH and partners
- RH division to advise states to keep trained staff for at least 2 years before transfers to ensure adequate knowledge sharing
- Provision of additional youth friendly facility and services

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Recommended roadmap (Recommendations)

	Phase 1	Phase 2	Phase 3
Timeline	Next 6 months	6 to 18 months	> 18 months
Initiatives	• Conduct a refresher training for master trainers for all methods • Mandate Master trainers to step down training across all SDPs • Print and distribute SOPs for all methods to all SDPs	• Develop a checklist for cascading of training to be shared with MCH coordinators within one month post training • SMOH (FP/RHC) to the advocacy to the state policy makers to keep trained staff for at least 2 years before transfer through an advocacy meeting	• Recruitment of additional staff at SDP and provide OJT for recruited staff • Provision of additional youth friendly clinics/ facilities
Benefits	• FP Service providers will be able to provide all available methods, improving FP service provision at all levels • SOPs are a readily available reference for healthcare providers.	• Enhanced knowledge sharing and mentorship at facility level as a more sustainable training approach.	• Reduced workload on healthcare providers. This will give more time for important activities such as client counselling and quality reporting. • Improve FP access among the youth and adolescents

X. Finance and Donor Coordination

Finance and Donor coordination

Key figures

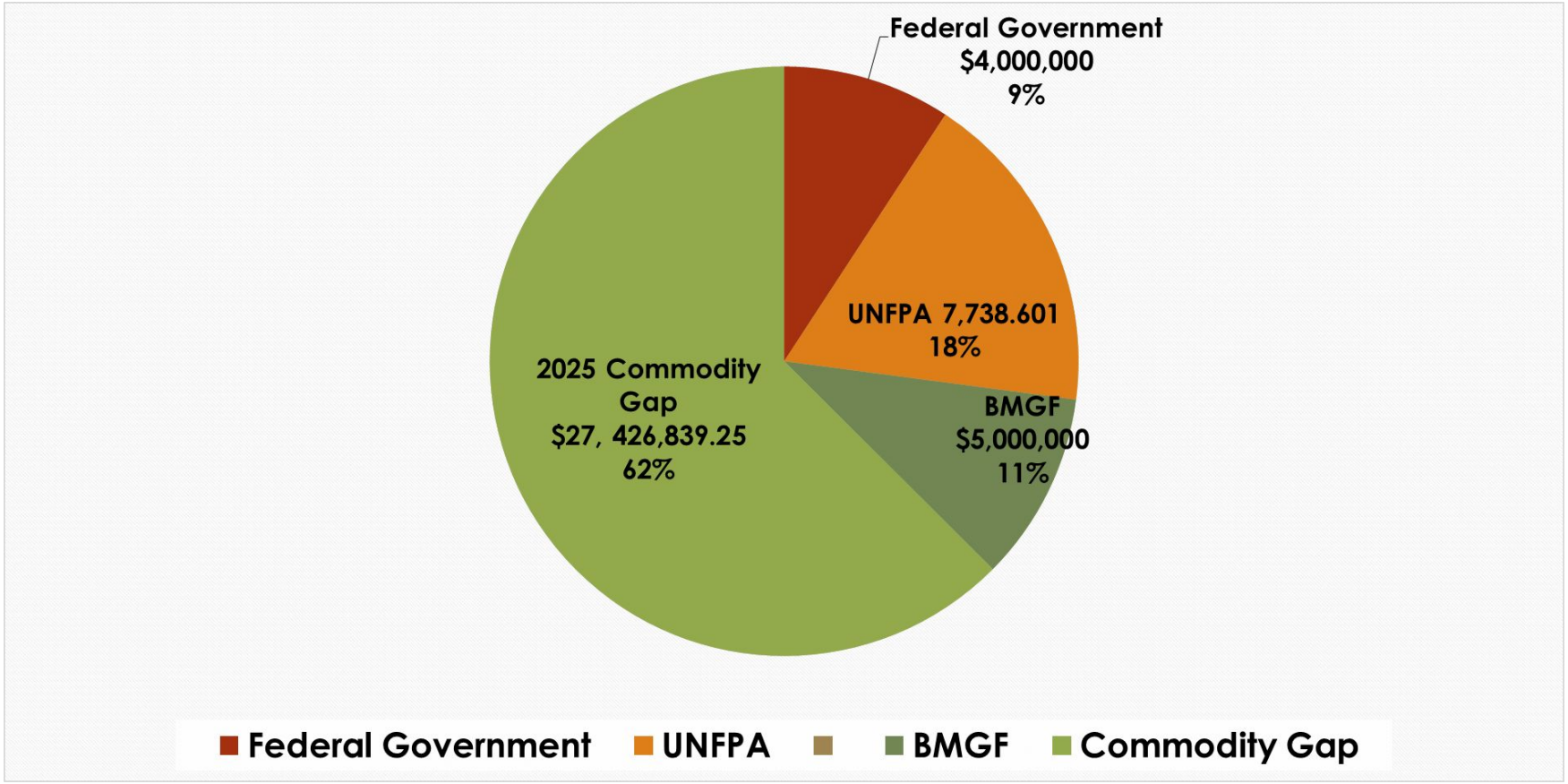

Figure 34: Funding commitments and funding gap as of March 2025

2025 Family Planning Commodity Financing Landscape

The total projected need for FP commodities in 2025 reveals a significant funding gap of **$27.4 million**, representing **62%** of the total requirement. Contributions from key stakeholders include:

- **UNFPA**: $7.74 million (18%)
- **BMGF**: $5.00 million (11%)
- **Federal Government**: $4.00 million (9%)

Finance and Donor coordination

High Level Process Activities

- At National level, procurement is funded by a mix of government and donor funding including: FMOH & SW, State Governments, BMGF, CIFF, UNFPA, FCDO
- Coordination mechanisms for commodity security include national-level RH TWG, PSM TWG, and New Product Introduction Committee, and state-level LMCUs, involving all relevant stakeholders through regular meetings.

Main observations

Pain points / gaps (Challenges)

- Untimely and inconsistent release of funds
- There was a 64% funding gap for FP commodity procurement in 2024
- Donor dependency on Financing for FP
- Lack of intergovernmental coordination (between the MOH and PHCDA)
- The lack of a commodity security strategic plan.

Good practices (Strengths)

- **National Level:** FP funding increased from ₦2 billion (2024) to ₦6 billion (2025), pending budget approval.
- **Kano:** Progressive FP budget increase from ₦100 million (2022) to ₦200 million (2023), reaching ₦500 million by 2025.
- **Ogun:** No federal FP procurement funding (2021–2023), but ₦2 billion allocated in 2024.
- **Gombe:** Budget increases observed, but gains offset by currency devaluation.

Improvement Areas

Critical/Urgent

- Smart high-level advocacy by key partners (e.g. UNFPA, FP2030) to key high level and influential government stakeholders to increase funding for FP and ensure timely release so that procurement can be done
- FMOH & SW should develop and implement an RH/FP commodity security strategy to be adopted/adapted by the States

Optimisation Opportunities/ Best practices (Low criticality)

- FMOH & SW and SMOH should increase domestic resource for FP procurement by : expanding the scope of social health insurance to include FP commodities and services and implementation of State funded procurement guidelines for FP
- States should establish a department of family health at the state to strengthen coordination among agencies and boards as approved by NCH and to advocate for budget allocation for FP
- Federal Ministry of Budget and Planning should require partners to co-create implementation initiatives prior to approval

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Recommended roadmap (Recommendations)

	Phase 1	Phase 2	Phase 3
Timeline	Next 6 months	6 to 18 months	>18 months
Initiatives	• Domestication of State funded Procurement guidelines for FP procurement in 36 states + FCT • Engage critical stakeholders (Ministry of Finance, Central Bank of Nigeria, Office of the Accountant General, Special Assistant to the President on Health, National Assembly) to address challenges related to the untimely release of funds.	Conduct targeted advocacy at the Ministry of Budget and Planning's bi-annual RH partners coordination forum. Advocate for funding to develop the CS strategy, engage a lead consultant, and facilitate strategy development, validation, and dissemination workshops. Support implementation and awareness creation for the inclusion of FP services in the health insurance benefits package.	Implementation and awareness creation of the inclusion of FP services in Health insurance benefits package
Benefits	Standardized, state-owned procurement practices for FP commodities across all 36 states and the FCT. timely release of FP funds	Expands access and utilization of FP services through inclusion in the health insurance benefits package, thereby improving service coverage and sustainability.	

Conclusion and way forward

Conclusion and way forward

The supply chain assessment for Family Planning Products concluded recently in Nigeria under the Injectables Access Collaborative Project has provided valuable insights into the challenges and opportunities for improving overall supply chain performance and enhancing the availability of contraceptives. The findings emphasize the urgent need to address supply chain gaps and improve the efficiency of family planning commodity distribution across the country.

To ensure sustainable progress, it is crucial for the Federal Ministry of Health & Social Welfare (FMOH & SW), and States Ministries of Health (SMOHs), in collaboration with development partners and key stakeholders, to prioritize the implementation of the recommendations and activities outlined in this report and the developed action plan. High-priority activities should be integrated into the Strategic Implementation Plan, while medium and lower-priority recommendations can be addressed as depending on the availability of resources. The successful execution of this action plan will lead to tangible improvements in Nigeria's family planning supply chain system.

As the next step, the FMOH & SW and SMOH should develop and maintain a monitoring and tracking tool to track the progress of implemented recommendations and action plans. This report will be shared with the FMOH & SW and cascaded down to SMOHs and lower levels of the health system to ensure complete ownership and accountability.

Appendix

Group Photo

Figure 35: Group photo- Validation & Action Planning workshop, Abuja.

List of figures

List of figures

Validation workshop participants

Participants Name	Organization	
Dr Samuel Ogeniyi	FMOH&SW	Director HRH
Ugochukwu Alex	FMOH&SW	DD
Ife Ale Tanko	FMOH & SW	P.Pharm
BELLO YAHAYA	NPHCDA	SMOI
ONWUKWE KENECHI	NPSCMP	LMIS
May Y. Ajayi	JSI	PO
Ayo Ayinla	ARFH	MEL Officer
Gbenga Ishola	JSI	SCAP Lead
Victor Dafe	JSI	SPO
Oyedokun Aliu Ope	FMOH & SW	SMLO
Yomi Lebaka	NPHCDA	CSD
Akinwole Adefalu	JSI	Project lead
Abiodun Hassan	JSI	Director
Zaneb Saidu	CHAI	Senior Program Manager
Maryam Abiodun	CHAI	PM
MIRANDA BUBA	JSI	AC County Coordinator
Dr Kayode Afolabi	CIFF	Senior HSS Advisor

JOHNSON ANYONA	inSupply Health	Supply Chain Manager
IKOMBOLA JUMA	inSupply Health	Manager SC
VICTORIA KAMAU	inSupply Health	S.C A
Mishael Kalu	JSI	SQPO
IJEOMA OKONKWO	CHAI	APO
Adebayo Stella	FMOH & SW	PPPO/FP
Damilola D. Tiyani	Reproductive Health Supplies Coalition (RHSC)	VAN Analyst
Fidelis Edet	SFH Nigeria	Business Manager
Olabisi Fumilayo	JSI	PO
Uba Saba	ARFH	PM
Umolu Ezinwa S.	DKT Nig	Regional Mgr
Iortyom Omobolade	FMOH&SW	CND / SMH
MOSES OBENG	MSI-NIGERIA	AD-PROGRAMS
Hadiza Umar Bugaje	FMOH&SW	PSO/SMH/RH
Kingsley Odogwu	MSI Nigeria	Director

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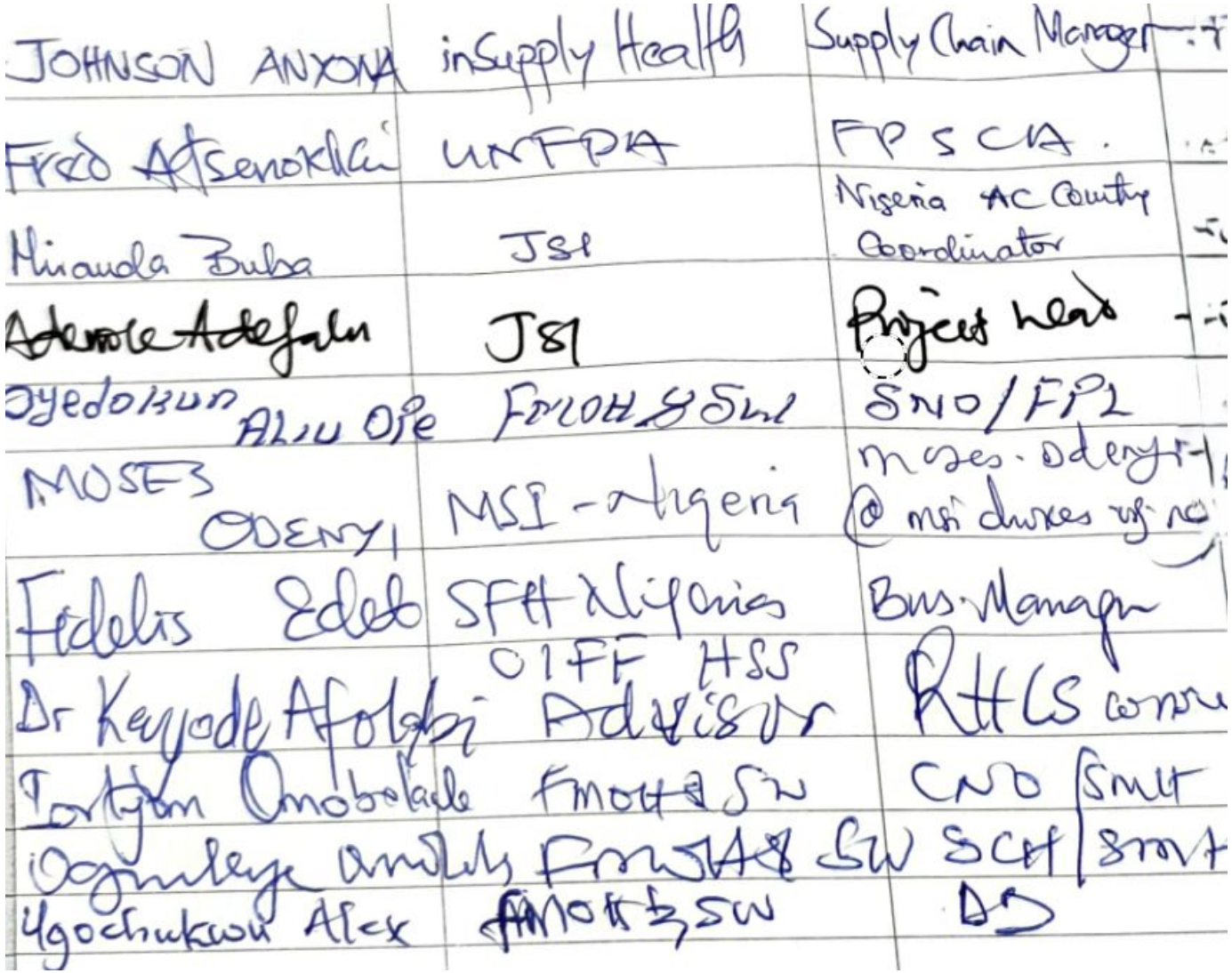
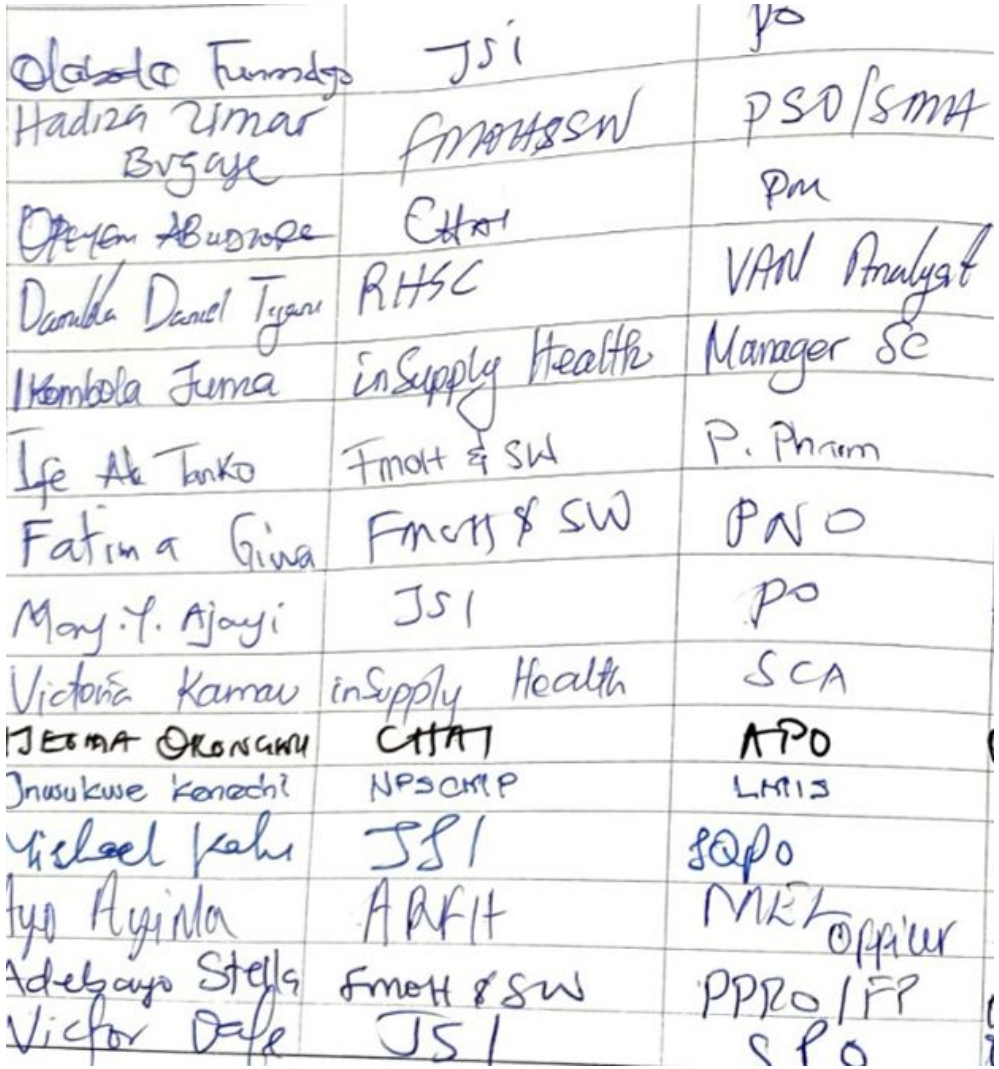
Action planning workshop participants



JOHNSON ANYONA	inSupply Health	Supply Chain Manager
Fred Afsenokhai	UNFPA	FP SCA
Miranda Buba	JSI	Nigeria AC Country Coordinator
Adenike Adefalu	JSI	Project Head
Oyedokun Alu Ope	FMOH&SW	SNO/FP2
MOSES ODENYI	MSI-Nigeria	moses.odenyi@msidukes.org NO
Fedelis Edeh	SFH Nigeria OIFF HSS	Bus. Manager
Dr Keyode Afolabi	Advisor	RHCS Coord
Tertyom Omobolade	FMOH&SW	CNO SMLT
Ogunleye Anuoluwa	FMOH&SW	SCM/SMLT
Ugochukwu Alex	FMOH&SW	DS



Olabode Funmilayo	JSI	PO
Hadiza Umar Bugaje	FMOH&SW	PSO/SMA
Oyeyemi Abudupe	CHAI	PM
Daniella Daniel Tyavi	RHSC	VAM Analyst
Ikembola Funmi	inSupply Health	Manager SC
Ife Ale Tanko	FMOH & SW	P. Pharm
Fatima Giwa	FMOH & SW	PNO
Mary.Y. Ajayi	JSI	PO
Victoria Kamau	inSupply Health	SCA
JEMIMA OKONGWU	CHAI	APO
Nwosukwe Kenechi	NPSCMP	LMIS
Michael Jahu	JSI	SOPO
Iyo Ayinla	ARFH	MEL Officer
Adelayo Stella	FMOH&SW	PPRO/FP
Victor Dafe	JSI	SPO

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State level FGD participants

Amb. Dr. (Mrs) Ati-Maigari Victoria	Prime Medical Consultant MOH	Secretary / Private Registered Nurse [illegible]
Beauty Emeji	SMOH	SMOH FP LMCU
Esther Vandy	MSIN Reproductive Choices	State Clinical Training Officer
Pharm. Nneka Okpara	RSMOH / CMS	CMS Pharm
Gbote Yorbe	RSMOH/LMCU	Lab FP
Dr Ndubuisi Akpuh	RSMOH	DPH
Ordu Ichema Ada	RSPHCMB	FP Desk Officer
Lenee Mary	CHAI	CC
Dr. Egelege A-P	RSMOH	FPC
Dr A. [illegible]	WHO	SC
Dr. Joy Wihioka	RSPHCMB	DCHS
Francas Rukor-Saki Chioma	RSPHCMB (MPHC Orogbum)	Facility FP Provider
Uzoije Fortune Emma	State Focal Person HALG	State Focal person
Linda Ogolo	RSPHCMB Obio-Akpor	DPHCC/RHS
Achilike Precious	RSPHCMB Obio-Akpor LGA	Assistant DPHCC/RHS
Dr. Ememobong Jaja	RSPHCMB	RMNCAH FP
Dr. Julienne Darlington-Nwoke	RSMoH	DHPRS
Anyagh barnabas	FMOH & SW	HCH 7
Yons Ishaku	NPHCDA	C&O NPHCDA
Victoria Kamau	inSupply Health	SCA
Victor Dafe	JSI	SPO

Emem Etukiren	CHAI	Independent Consultant
Ukar-Osuo Thomas	CHAI	"
Nwanyikwo Maureen	ENSPHCDA	Family Planning Coord.
Okolo Agu Stella Amara	ENSPHCDA	Planning Research [illegible]
Agba Chima	MSI NIG	SBCCO
Ugwoke Chuka	MSI NIG	SCTO
Igwe Esthy Eric	Rotary International	Rotary Rep. Enugu
Ikwueze Chukwuhonso-A	SMOH Enugu	Coord. LMCU
Victoria Kamau	inSupply Health	SCA
Victor Dafe	JSI	SPO
Ezeh Chinenye	PPFN	Regional Coord.
Ozioko Paschal	SMOH	DPS
Nnamani Ofili	SMOH	CMS Mgr
Ugwu Vincent	ENS PHCDA	Logistics FP
Chinecherem [illegible]	SMOH	FP Provider

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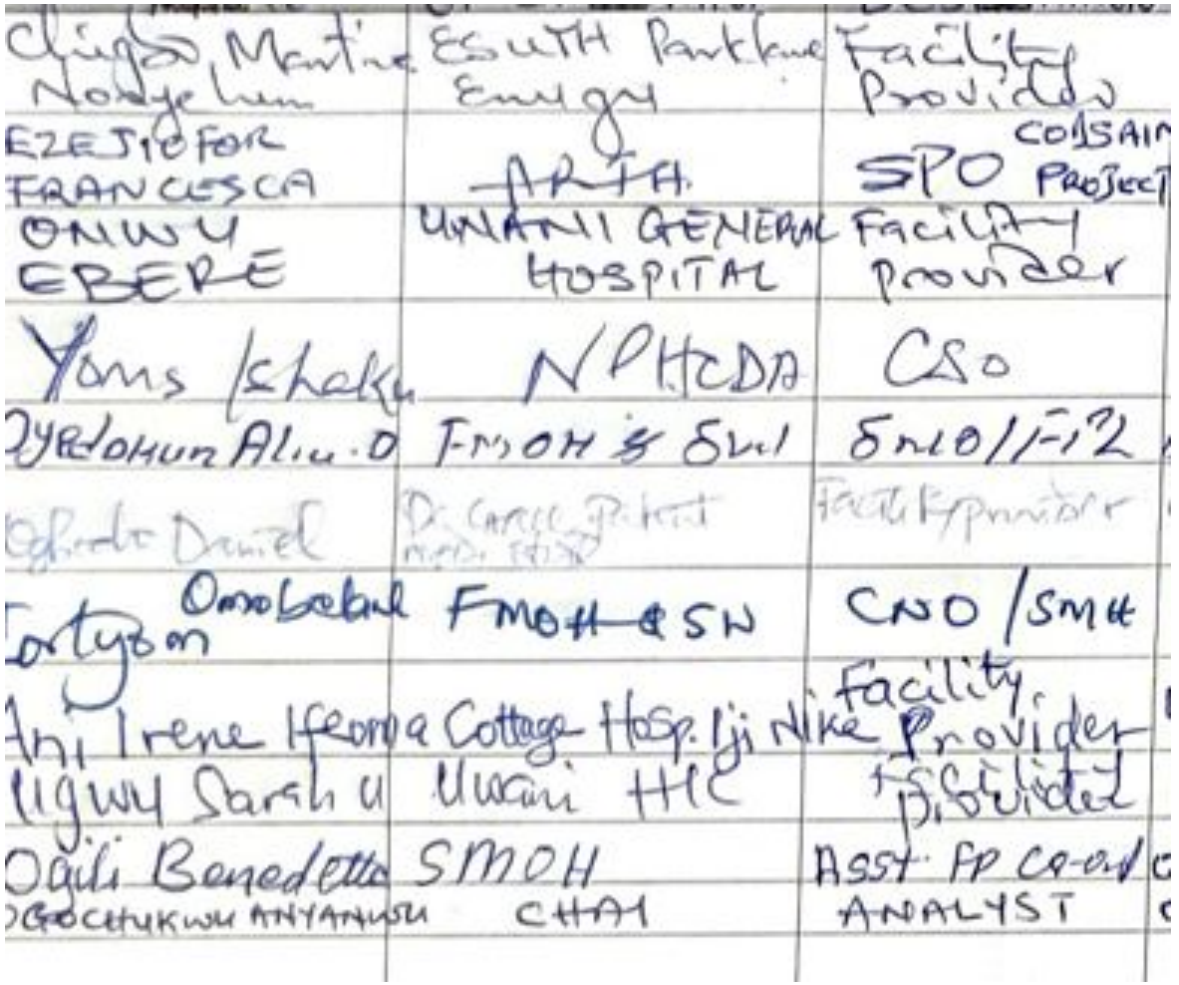
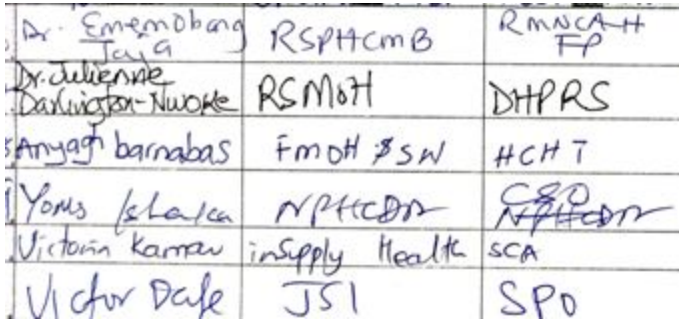
inSupplyHealth
jhpiego
JSI

State level FGD participants

Emem Etukiren	CHAI	Independent Consultant
UKAR-OSUO THOMAS	CHAI	"
NWAHUCHO MAUREEN	ENSPHCDA	FAMILY PLANNING COORD
Okoloagu Stella Amara	ENSPHCDA	Planning Research Statistician
Agla Chima	MSI NIG	SBCCO
Ugwoke Chuka	MSI NIG	SCTO
IGWESHI ERIC	ROTARY INTERNATIONAL	ROTARY REP. ENUGU
IKWUEZE CHUKWUMSO-A	SMOH ENUGU	COORD. LMCU
Victoria Kamau	inSupply Health.	SCA
Victor Dafe	JSI	SPO
Ezeh Chinenye	PPFN	Regional Coor
OZIOKO [illegible]	SMOH	DPS
NNAMANI OBILO	SMOH	CMS Mgr
Ugwu Vincent	Enug pHCDA	Logistics fp
Chijioke Ezeoba	SMOH	FP Provider

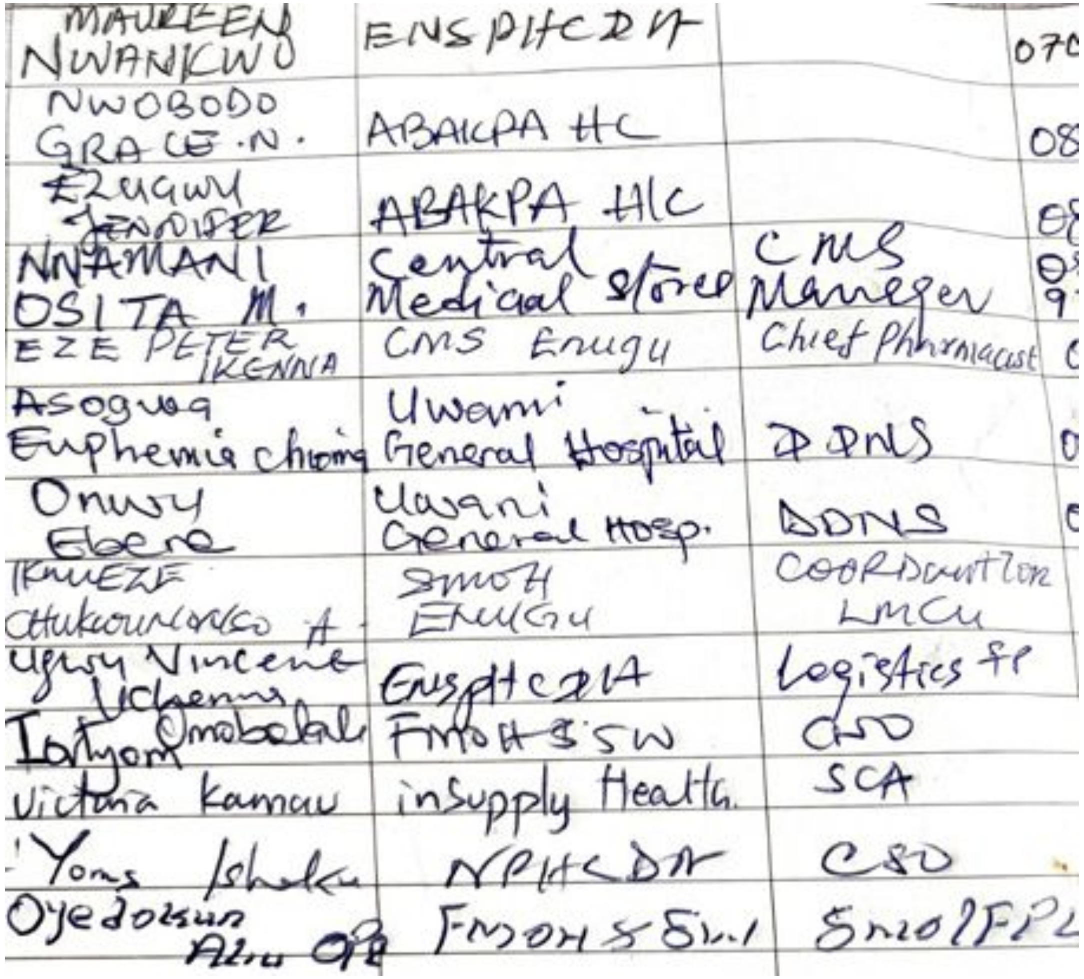


State level FGD participants

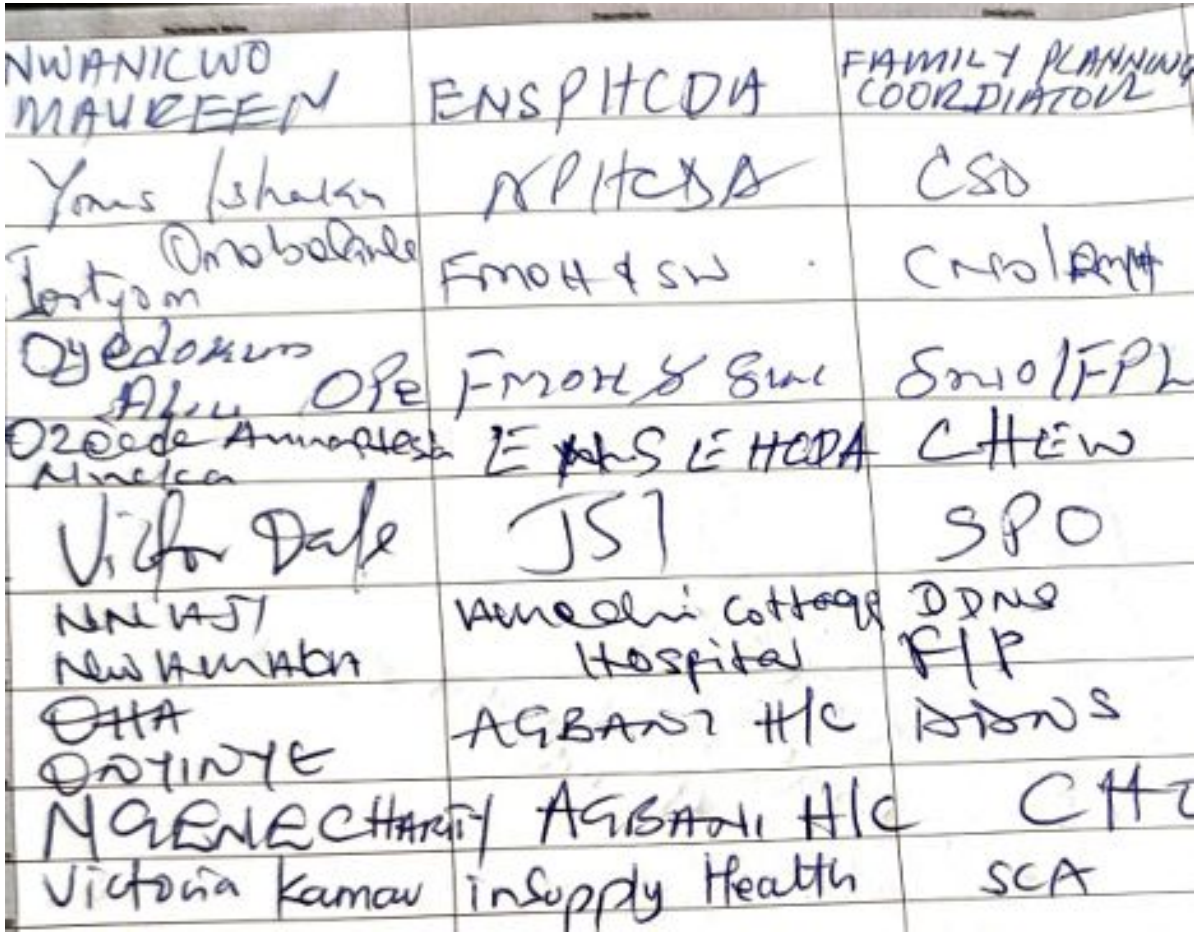


Dr. Ememobong Jaja	RSPHCMB	RMNCAH FP
Dr. Julienne Darlington-Nwoke	RSMoH	DHPRS
Anyagh barnabas	FMoH ~~S~~SW	HCHT
Yomi Ishaka	NPHCDA	CSO ~~NPHCDA~~
Victoria Kamau	inSupply Health	SCA
Victor Dafe	JSI	SPO

Facility respondents



MAUREEN NWANKWO	ENSPHCDA		070
NWOBODO GRACE .N.	ABAKPA HC		08
EZUGWU JENNIFER	ABAKPA H/C		0
NNAMANI OSITA M.	Central Medical Stores	CMS Manager	0 9
EZE PETER IKENNA	CMS Enugu	Chief Pharmacist	0
Asogwa Euphemia Chioma	Uwani General Hospital	DDNS	0
Onwu Ebere	Uwani General Hosp.	DDNS	0
IKWUEZE Chukwunonso A.	SMOH ENUGU	COORDINATOR LMCU	
Ugwu Vincent Uchenna	ENSPHCDA	Logistics FP	
Iortyom Omobolanle	FMOH & SW	CSO	
Victoria Kamau	inSupply Health	SCA	
Yons Ishaku	NPHCDA	CSO	
Oyedokun Afua Ope	FMOH & SW	SMO/FPL	



NWANKWO MAUREEN	ENSPHCDA	FAMILY PLANNING COORDINATOR
Yons Ishaku	NPHCDA	CSO
Iortyom Omobolanle	FMOH & SW	CSO/FPD
Oyedokun Afua Ope	FMOH & SW	SMO/FPL
Ozoede Amarachi Monica	ENSPHCDA	CHEW
Victor Dale	JSI	SPO
NNAJI NWAMAKA	Umuezeani Cottage Hospital	DDNS FP
OHA ONYINYE	AGBANI H/C	DDNS
NGENE CHARITY	AGBANI H/C	CHE
Victoria Kamau	inSupply Health	SCA

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