



Thematic Track Record

Health Partners International is a leading provider of health sector expertise and programme management services. Supporting international targets for health, including the Millennium Development Goals, we assist low and middle income countries to strengthen health care for the poor. Health Partners International is an employee-owned partnership of health professionals. We are part of a dynamic network, which includes sister companies in Southern Africa, Ghana and Denmark and long-term partners in Nigeria and Europe.

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List of Abbreviations

CAP	Change Agents Programme
CARICOM	Caribbean Community
CHAN	Christian Health Association of Nigeria
CRSF	Caribbean Regional Strategic Framework
DANIDA	Danish International Development Agency
D&E	Deferral and exemption
DFID	Department for International Development (UK)
DOTS	Directly Observed Treatment, Short course
DRF	Drug revolving fund
EC	European Commission
EMU	Estates Management Unit
EOC	Emergency obstetric care
EU	European Union
FINNIDA	Finnish International Development Agency
GFATM	Global Fund to fight AIDS, TB and Malaria
GHEN	Gender and Health Equity Network
GHS	Ghana Health Services
HAPAC	HIV/AIDS Prevention and Care programme
HAST	HIV/AIDS, sexually transmitted diseases and TB
HCP	Health Commodities project
HDA	Health Development Africa
HERFON	Health Reform Foundation of Nigeria
HERA	Health Research for Action
HMIS	Health management information system
HPI	Health Partners International
HPG	Health Partners Ghana
HPSA	Health Partners South Africa
HSSSP II	Health and Social Sector Support Programme Phase II
IDS	Institute of Development Studies (University of Sussex)
IMCI	Integrated management of childhood illness
IMPACT	Improved management through participatory appraisal and continuous transformation
JHU-CCP	John Hopkins University –Centre for Communication Programmes
MAMaZ	Mobilising Access to Maternal Health Services in Zambia
MeTA	Medicines Transparency Alliance
MNCH	Maternal, Newborn and Child Health
MCP	Malaria Control Programme
MDG	Millennium Development Goal
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
NAC	National AIDS Commission
NACC	National AIDS Control Council
NGO	Non-governmental organisation
NMCP	National Malaria Control Programme

List of Abbreviations

PANCAP	Pan Caribbean HIV/AIDS Partnership
PATH	Program for Appropriate Technology in Health
PATHS	Partnership for Transforming Health Systems
PPRHAA	Peer Participatory Rapid Health Appraisal for Action
PRRINN	Partnership for Reviving Routine Immunization in Northern Nigeria
PRSP	Poverty reduction strategy paper
PRBS	Poverty reduction budget support
SMOH	State Ministry of Health
SSI	Sight Savers International
SuNMap	Support to Nigeria's National Malaria Control Programme
SWAp	Sector-wide approach
TSF	Technical Support Facility
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organisation

Health systems development

Zambia

Mar 2007 –
Aug 2008

Strengthening of health management information systems

Client: *European Union*

Under poverty reduction budget support (PRBS), the European Union provides substantial funds to Zambia for poverty reduction. The poverty reduction strategy paper (PRSP) emphasises health and has a number of indicators to monitor the health sector in line with the National Health Strategic Plan 2006–2011. HPI was contracted to set up a modern, integrated health management information systems (HMIS) database that is flexible, user-friendly and able to handle all necessary data sources. The objective was to improve the efficiency and effectiveness of health care delivery through the strengthening of HMIS, which is seen as the combination of people, equipment and procedures to provide health information, enabling stakeholders to make timely and informed decisions and use information appropriately at various levels.

Nigeria

May 2002 –
Sept 2008

Partnership for Transforming Health Systems (PATHS)

Client: *Ministry of Health/DFID*

The Partnership for Transforming Health Systems programme (PATHS) was a five-year programme of assistance to the government of Nigeria. The goal of the programme was to improve the health status of poor Nigerians. Key outputs were: a strengthened stewardship role for government; improved management systems in the public health sector; better quality preventative and curative services; and increased awareness among consumers of their rights and entitlement to quality health services. PATHS was a process programme with an approach to the management of change that sought to achieve sustainable benefits for the poor by helping to get basic health services functioning effectively and efficiently. Funded by the UK Department for International Development (DFID), it operated in five states (Benue, Ekiti, Enugu, Jigawa and Kano) as well as at national level. One of the key partners in the consortium that managed PATHS, HPI was a member of the programme's technical management group and also provided ongoing technical advisory support in health systems strengthening and social development.

Nigeria

Sept 2007

Restructuring and repositioning of Jigawa state Ministry of Health

Client: *DFID/PATHS programme*

HPI supported the State Ministry of Health (SMOH) in Jigawa to look at options for restructuring and repositioning itself following the establishment of a new district health system (known locally as the *gunduma* health system). An integrated and decentralised health system had been established, and responsibility for all aspects of service delivery transferred to the Gunduma Management Team; this created the need for the SMOH to reposition itself, taking on a stewardship role, with considerably more focus on policy development, macro-planning, regulation, and sector financing. HPI facilitated a process whereby key stakeholders within the SMOH, the *gunduma* and related ministries and departments considered a number of different restructuring options to decide which fitted best in the Jigawa context. Building consensus around the need to reposition the ministry has been the first step in what is likely to be a long process of change.

Nigeria
Oct 2004 –
Jan 2005

Development of a model drug revolving fund (DRF) for Nigeria
Client: *DFID/PATHS programme*

After several years of implementation of drug revolving funds (DRFs), and drawing on the experience of other health programmes in Nigeria, the DFID-funded Partnership for Transforming Health Systems programme has amassed significant experience in the area of DRF design and implementation. HPI provided health change management and social development expertise to the six-person team that contributed to the preparation of technical guidelines on the design and implementation of DRFs and deferral and exemption schemes at primary and secondary levels of health care. The aim was to develop a simple and dynamic instrument to be used in implementing sustainable DRFs. The guidelines were widely disseminated within Nigeria as a means of sharing good practice, and have been used by PATHS and its stakeholders in rolling out DRF and deferral and exemption schemes in other states.

South Africa
July – Aug
2004

Capacity-building within the Department of Health
Client: *Belgian Technical Cooperation/HERA*

HPI provided public health and financial management support for the design of a Belgian Technical Cooperation project with South Africa's Department of Health. The design team worked with stakeholders within the Department to assess overall capacity-building needs in the health sector in health management, primary health care, service delivery at district level, quality assurance, and management of re-emerging diseases such as cholera and malaria. The priority capacity-building needs of four of the poorest provinces in the country (Eastern Cape, Mpumalanga, Limpopo and Kwazulu Natal) were highlighted. Recommendations were made to the Belgian Government on the areas that could be supported by Belgian Technical Cooperation.

Nigeria
Ongoing
since Aug
2003

Strengthening health management information systems
Client: *DFID/PATHS programme*

Problems with data quality undermine planning and assessment activities within the health system. HPI consultants introduced open source district health information system software in five states in Nigeria. This software was developed by HPI's partner, HISP in South Africa and was used extensively across the developing world. The introduction process involved: standardising indicator-based minimum datasets; ratifying facility lists; developing data collection tools; building the capacity of HMIS staff; and data capture. Support was provided in five states for improving the quality of HMIS data; analysing what was in the system; and using the information for planning purposes. All five states have shown significant improvement in data capture, analysis and use.

Nigeria
Jul – Aug
2003

Institutional analysis of the public health sector
Client: *DFID/PATHS programme*

As part of the DFID-funded PATHS programme, an institutional analysis was undertaken to facilitate a review of the policy-making and management bodies responsible for the delivery of public health services in Jigawa state. HPI provided health managers who worked with state health officials to analyse the strengths and weaknesses of existing health institutions. Findings were discussed through participatory workshops from which recommendations for changes in roles and structures were made. This work formed the basis for plans for institutional reforms within the Jigawa health sector.

Nigeria
Ongoing
since 2003

Improved management through participatory appraisal and continuous transformation (IMPACT)

Client: *DFID/PATHS programme*

This was a multi-state initiative in Nigeria to strengthen the management of health services. HPI and Health Partners Ghana (HPG) designed and facilitated the IMPACT process, which incorporated facility and health system appraisal; operational planning and support; systems strengthening; capacity-building for managers at all levels; and mentoring and supervision. There were three components: an annual appraisal (by peers); systems and capacity-strengthening initiatives (for example in financial management, safe motherhood or HMIS); and support and follow-up on implementing plans and systems strengthening. IMPACT used teams of local health workers who were supported by national and international consultants. The process stimulated facility managers to identify and resolve (as far as possible) their own problems and involved senior managers at local government and state level in the process. Extensive work was done to develop manuals and other guidelines to support the initiative and to enable roll-out in other states.

Namibia
Feb – Jun
1999

Design of the Health and Social Sector Support Programme Phase II (HSSSP II)

Client: *FINNIDA/Ministry of Health*

HPI provided support to the Ministry of Health and Social Services to design a complex six-component, four-year programme to improve the efficiency of core health and social welfare programmes in seven regions of Namibia. The programme aimed to improve: health and social services management at regional and district levels; training networks (with improved management systems to support pre- and in-service training); management and delivery of priority social welfare services; policy, planning and management capacity at national level (facilitated by a functional management information system); mental health programme management systems and case management of mental health at all levels, and to sustain use of health care technology and physical facilities. HPI consultants provided specialised technical assistance in regional and district management; public health services; human resources management and capacity-building; social welfare assessment and planning; health facilities assessment and planning; and equipment management.

Hospital management and reform

Ghana

Feb 2000 –
Aug 2004

Support to hospital management reform

Client: *DANIDA/Ministry of Health*

The Regional Health Management Team in Upper West Region launched a hospital appraisal, planning and management strengthening process for all public and NGO hospitals. HPI supported the design and implementation of an annual peer appraisal methodology and provided technical support in the review, analysis, planning and reform of hospital management systems. Computerised accounting and financial management systems and patient-focused quality assurance systems were introduced in all hospitals. HPI provided capacity-building support to Ghanaian staff, enabling the take-over of the appraisal and management strengthening process, and helped to establish organisational structures to sustain those processes.

Tanzania

Oct 1997 –
Dec 2002

Hospital reform programme

Client: *DFID*

HPI provided technical support to the Tanzanian Ministry of Health (MOH) in the conceptualisation, planning, implementation and monitoring of a major initiative for the reform of hospital services. This work took place within the context of wider reforms within the health sector and the introduction of a sector-wide approach (SWAp) to health service development. HPI led the design of new systems and procedures for the MOH to contract and finance hospital services; carried out strategic planning of capital development for the national referral centre; and prepared for the nationwide reorganisation and reform of public laboratory services.

Tanzania

Sept – Oct
2003

Peer and Participatory Rapid Hospital Appraisal for Action (PPRHAA)

Client: *DFID*

HPI undertook a detailed, comprehensive and rapid appraisal of the services, management and performance of three large teaching and referral hospitals as part of a wider hospital reform programme in Tanzania. The process, Peer Participatory Rapid Health Appraisal for Action (PPRHAA), involved identification of priorities for hospital reform, the preparation of an annual action plan for each hospital, and development of guidelines and Tanzanian capacity to implement the PPRHAA process independently. HPI experts in public health and social development led a multi-disciplinary team of 20 health managers and staff from the MOH and the three hospitals. A detailed Facilitator's Guide on the client and community aspects of the PPRHAA process was prepared for use in future PPRHAA processes.

Vietnam

Oct 2001 –
Apr 2002

Management support to strengthening of Hung Yen provincial hospital

Client: *Lux Development*

A team of consultants investigated the viability of a five-year programme of health care strengthening support from Lux Development to Hung Yen Province. HPI provided hospital management support to the project to help improve and strengthen operational management. This involved assisting in the liaison between hospital and provincial health authorities; assessing hospital performance and providing recommendations to improve organisation and management; developing and improving strategic services planning, organisation and evaluation; assessing

the health workforce requirements for the hospital and providing recommendations for improved performance; and the development and field testing of management tools.

Zambia
Sept 1994 –
Mar 2000

Strengthening of hospital management
Client: *DFID*

HPI participated in a five-year technical support initiative that helped to establish semi-autonomous management in Zambia's hospitals. Far-reaching management reforms were tested at three central hospitals and national procedures, systems and guidelines were developed for hospital management. HPI consultants helped to develop national guidelines and plans on hospital autonomy and model management systems for wider roll-out. Specialist technical support for the reform of financial and accounting systems, human resource management, internal management, quality assurance, organisational structures and other hospital management systems was also provided.

Health planning and financing

St Lucia
Apr – Sept
2005

Development of a national strategic health plan
Client: *European Commission/HERA*

The St Lucia health sector was in the process of implementing significant health sector reforms. This project assisted the MOH to plan the reforms via a process of preparation of a national strategic health sector plan. A long-term project coordinator was supported by a number of specialists in health economics, institutional development, hospital reform and HMIS, who made short-term visits to support the planning process. HPI provided the team leader to coordinate external support to the Corporate Planning Unit of the MOH. A number of studies were undertaken in support of the health sector reform process, including a socio-economic assessment of the universal health care scheme and an institutional review of the MOH.

Nigeria
May 2004

Strategic and operational planning with the state Ministry of Health
Client: *DFID/PATHS programme*

As part of the DFID-funded PATHS programme, an HPI consultant provided assistance to the SMOH and other stakeholders for the development of a medium-term strategic health plan in Benue state. The plan focused on state strategies for attaining the Millennium Development Goals of reducing maternal and child mortality and the spread of HIV/AIDS. These were to be achieved through the provision of a minimum service package, consisting of improved reproductive health, promotion of child health and routine immunization and promotion of an integrated approach to HIV/AIDS, sexually transmitted diseases and TB (HAST). The planning process took as a starting point poverty reduction initiatives such as the national, state and local government economic empowerment development strategies.

Nigeria
May 2004

Study on financing options for easy access to safe motherhood
Client: *DFID/PATHS programme*

A safe motherhood scoping mission undertaken in Jigawa state, Nigeria found that paying for health emergencies, particularly obstetric emergencies, is financially crippling for many people. The study also found that demand for emergency obstetric care (EOC) is unlikely to increase unless the significant financial burden associated with accessing public health services can be reduced. In response, the SMOH commissioned a study to investigate the feasibility of providing free EOC services on a sustainable basis. An HPI consultant investigated options for lowering the high costs associated with accessing emergency maternal health care, including the cost of providing a deferral and exemption mechanism for drugs. This fed into SMOH thinking about a health financing strategy for the state.

Nigeria
Mar 2003

Support to strategic health planning
Client: *DFID/PATHS programme*

HPI provided health systems and social development support to the strategic planning process of Enugu state's health services. The health systems consultant reviewed state health plans and policy documents, a process that revealed limited planning capacity and a lack of reliable data for informing the planning process. The social development consultant worked with stakeholders within the Enugu SMOH to review the methodology and the quality of outputs derived from

the state health planning process. The review involved wide consultation with civil society organisations. Key recommendations were that the SMOH should strive to move to a more inclusive and participatory planning process involving wide consultation with stakeholders outside the ministry, to equip managers with the skills to analyse problems within the health sector and to develop appropriate strategies and interventions to deal with the underlying causes.

Ghana
Sept 2001

Design of a unit-costing study for health services

Client: *Oxford Policy Management/DFID*

An HPI health financing consultant worked in a team that assisted the Ghana MOH in the design of a unit-costing study for health services. The team worked with the MOH to determine the most appropriate unit costs to suit the current needs of the Ministry. Based on this initial work, a methodology and study design was developed by the team to guide implementation of the costing study, which was to be undertaken by the MOH.

**UK/
Bangladesh**
April 2001

Financial review of health card scheme

Client: *Marie Stopes International*

An HPI consultant undertook a financial review of a health card scheme implemented by a Bangladeshi affiliate of the UK NGO Marie Stopes International. The scheme, which was funded by DFID, was designed to support the provision of a basic package of sexual, reproductive and general health to the urban poor. Based on financial information provided from Bangladesh, the review estimated the current levels of cost recovery and compared the performance of clinics in different parts of the country. Potential areas where savings could be made through efficiency measures in the management of the scheme in clinics in Dhaka and Chittagong were identified for further analysis.

Tanzania
May – Sept
1999

Health care financing – a costing study of health services

Client: *DANIDA/Ministry of Health*

An HPI health economist led a costing study that was undertaken in four districts in Tanzania. The study, taking six months, reviewed cost and activity data at three levels of health care in four districts. The aim was to estimate costs of existing health services and make projections for potential future scenarios. The findings demonstrated significant variations in the unit costs for similar services from different health service providers (both between non-governmental organisations [NGOs] and government providers but also between NGOs themselves and between government providers) as well as variations in the efficiency of delivery of health care. The data from the study was used in an interactive model that simulated health expenditure in a district and that was used to analyse the costs of the essential package of health services at district level.

Private sector development

Nigeria

Aug 2004 –
Feb 2005

Setting up a nativity bulk pharmacy store

Client: *DFID/PATHS programme*

HPI undertook a scoping mission to assess the feasibility of setting up a public–private partnership in drug procurement and supply in the context of the Benue state strategic health plan. The feasibility study identified potential stakeholders and clarified their possible roles in the public–private mix; assessed financial and logistic implications of a public–private partnership; clarified managerial and administrative requirements; and assessed initial drug needs and costs. The study found the initiative not only viable, but also critical for sustaining drug revolving funds (DRFs) at hospital and primary care level and strengthening health systems at state level. Different organisational options for the implementation of the initiative were explored. Following a consultation exercise, state stakeholders opted to set up an organisation jointly owned by public and private parties, undertaking to improve drug supply. Ongoing support to the implementation process was provided to review implementation of the work plan, re-engage with potential shareholders, review operations, advise on governance and develop management systems.

Nigeria

June –
Nov 2004

NGO contributions to Benue state’s strategic health care plan

Client: *DFID/PATHS programme*

HPI provided support for the design and implementation of a survey of health facilities which aimed to determine the extent to which missions were delivering the minimum service package in Benue state and their capacity to do so. This was the first step in the implementation of a health care strategic plan, a key objective of which was to establish formal partnerships between the Government and missions. HPI also provided technical support in strategic planning and facilitated the process of producing a joint mission sector strategic framework for health with the main Christian churches in Benue state.

Nigeria

Aug 2003 -
2008

Design of a civil society health advocacy fund

Client: *DFID/PATHS programme*

The PATHS programme in Nigeria supported facility-based and provider-led initiatives to introduce a stronger client focus in service delivery within the public sector. The programme also supported rights-based initiatives outside the health sector. In Enugu state an HPI social development consultant helped design a challenge fund to support the health advocacy initiatives of civil society organisations. The intention was that the fund would provide an enabling mechanism for NGOs, community-based organisations, media organisations, and research institutes to become involved in health reform debates, and to promote and support improvements in health systems and the quality of service delivery.

Nigeria
Jan 2000
– Dec 2003

Institutional strengthening of the Christian Health Association of Nigeria
Client: *DFID/Options Consultancy Services*

The Christian Health Association of Nigeria (CHAN) is the umbrella organisation for Nigeria's 4,400 church-based health centres and hospitals, which are distributed across the country and provide up to 40 per cent of primary and secondary health services. HPI worked with CHAN to help strengthen the organisation's management systems. Support was also provided for the development of CHAN's support services for member institutions, including provision of drugs and other medical supplies, advocacy, strengthening of management systems and improvement in care provided for vulnerable populations. HPI supplied the team leader and other technical advisers who reviewed the needs of CHAN's member institutions and management systems, designed and introduced organisational and management reforms, supported the computerisation of accounting and financial management systems, and strengthened CHAN's communications system.

Health sector reviews

South Africa
Apr - May
2009

Review of the South African Health Sector
Client: DFID

Concerns on the trend of overspending in the health sector in South Africa have recently emerged. The new Health Minister appointed teams (consisting of financial, health systems strengthening and management/organisational development consultants) to undertake a health sector review in each of the nine provinces and at national level. The purpose of the review was to document and analyse the reasons for the over-expenditure. These reports would be used to support reforms on an ongoing basis in each province. HPI provided health systems strengthening expertise.

Barbados
Mar 2009

Mid-Term Evaluation of the Barbados Health Programme
Client: EC

HPI provided technical support to undertake the Mid-term evaluation of the European Development Funded Barbados Health Programme (BHP). The overall objective of the evaluation was to make an independent assessment with regard to the performance of the project thus far, to identify areas of significant challenge and make practical recommendations for mitigation. HPI provided support in the following areas: commenting on the relevance and design of the programme; assessing the progress and efficiency of implementation of the activities; assessing the effectiveness and impact of the programme to date; assessing the appropriateness of the refocusing of the programme into 5 high impact areas by the consultants providing technical assistance to the Ministry of Health; determining the extent to which health sector reform and operational changes at the Ministry of Health have been effective in improving management efficiency and activity implementation; examining the relevance of the programme in the context of public sector reform; examining the steps undertaken by the Government of Barbados with regard to the commitments made in the Health Sector; and making specific recommendations for improvements in the overall implementation of the programme over the time remaining and for the long term sustainability of the Barbados Health Programme's achievements in the sector.

Caribbean
Jul - Oct
2007

Evaluation of the Caribbean Regional Strategic Framework (CRSF) 2002–2007 to combat AIDS/HIV and Development of the CRSF 2008–2012
Client: PANCAP/HERA

HIV is a major development issue in the Caribbean, which has the second highest rate of HIV in the world after sub-Saharan Africa. An HPI consultant led the team that evaluated the Caribbean Regional Strategic Framework for AIDS/HIV 2002–2007 implemented by the Pan Caribbean HIV/AIDS Partnership (PANCAP). The team then worked with the PANCAP Coordination Unit to prepare a second CRSF for the period 2008–2012. This work was supported by the Caribbean Community (CARICOM). The new Framework builds on the achievements of the first CRSF while addressing weaknesses identified in the evaluation, learning lessons both from the regional and the wider international environment. The central theme of the new CRSF is that an effective response to the HIV/AIDS epidemic primarily depends on the commitment, capacity and leadership of the Region's national authorities. Caribbean countries will be at the heart of the response, and the supporting regional response will help to ensure a favourable

policy and legislative environment, adequate resources, good coordination, technical assistance and support for the country responses. The CRSF defines the links and interface between the countries and the regional support programmes.

Malawi
Feb 2005 –
Aug 2007

Monitoring of the National AIDS Programme
Client: Malawi National Aids Commission/HERA

An external team of international, regional and national experts monitored progress of the Malawi AIDS programme against targets established in the annual national AIDS/HIV work plan. Monitoring visits were undertaken every six months. The plan encompassed almost all AIDS-related activities in Malawi. Implementation of the plan was coordinated by the National AIDS Commission (NAC), and implementing organisations included a wide variety of government and non-government agencies. The findings of the reviews were discussed with the NAC and its partners and agreed recommendations were incorporated into the subsequent implementation of the work programme. The monitoring team also undertook special studies to look at particular aspects of the programme in more detail. The team, led by an HPI consultant, included experts in clinical, preventative, HIV/AIDS mainstreaming and social development aspects of AIDS programmes.

Ghana
Mar – Apr
2004

Annual health sector performance review
Client: Ministry of Health/DANIDA

Each year a joint health sector review is organised by the Ghana MOH and its development partners. Special studies are carried out in support of this review, in addition to an overall examination of progress across the health sector against agreed plans and objectives. HPI provided one member of the main review team and the team leaders for two of the special studies undertaken as part of the review. A hospital management specialist led the review of the quality of clinical care at a sample of primary health care facilities and district, regional and tertiary-level hospitals across the country. In addition, an HPI social development consultant reviewed the health sector component of the Ghana Poverty Reduction Strategy and the second five-year programme of work from a poverty perspective. The consultant examined health service supply and demand issues from the perspectives of the poor, reviewed mechanisms for identifying and targeting the poor, and examined inter-sectoral collaboration in support of pro-poor strategies. Recommendations were made on how to fine-tune the health sector response to poverty alleviation, and options were outlined for improving systems for identifying the poor, developing a framework for allocating resources to the poor, and strengthening multi-sectoral responses towards pro-poor action.

**Occupied
Palestinian
Territories**
Feb 2003 –
Sept 2004

Review of the health sector
Client: Ministry of Health/DFID

Working with a multi-donor team from the EU, Italian Cooperation, the World Bank and DFID, an HPI consultant provided support to the MOH of the Palestinian Authority to undertake a strategic planning process. This examined key choices for the future development of health services in Palestine. During a series of visits over 18 months the team worked with MOH officials in both parts of the Occupied Palestinian Territories, undertaking studies, and facilitating discussions of local strategic priorities. Three national seminars on options for the health sector were conducted in Cyprus and Rome in order to start developing a consensus on realistic policy options for the nascent Palestinian state. An HPI health-planning adviser reviewed the legislative framework for health and provided technical advice on planning processes and procedures.

Bangladesh
Aug – Sept
2003

Review of technical assistance to health and population sector programme
Client: World Bank/Oxford Policy Management

In 1998 the Government of Bangladesh launched a five-year sector-wide approach involving extensive health sector reform, with the aim of improving the health status of the least advantaged. Towards the end of the programme the Government's development partners jointly commissioned a review of the technical support provided to the programme. Working as part of a five-person review team, an HPI social development consultant reviewed the quality, appropriateness and impact of social development technical assistance, particularly in relation to gender mainstreaming, stakeholder participation and NGO contracting. The aim of the review was to generate discussion between the Government and its partners about what models of technical assistance might be appropriate under the next health sector programme.

Papua New Guinea
Sept – Dec
2002

Review of the health sector
Client: Asian Development Bank/HERA

The MOH, supported by the Asian Development Bank, undertook a process review of the health sector in Papua New Guinea that examined the reasons for recent poor performance. This review identified a number of key constraints, including problems stemming from decentralisation, human resources constraints and inadequate resources. An HPI health economist participated in the third and final review mission, in which discussions on future directions of health services were facilitated and international lessons from sector-wide approaches were shared during seminars with senior health managers. Proposals for future reforms of the health sector were developed.

Social development

UK
Ongoing since
July 2006

From information to accountability: strengthening citizen voice and accountability for better service delivery
Client: DFID

An HPI information and communications consultant contributed to a DFID best practice guide on strengthening citizen voice and accountability for better service delivery, particularly regarding the use of information and communications. The work maps examples of DFID programmes (or parts of programmes), and research including studies into drivers of change, where voice and accountability have contributed to better service delivery (coverage, access, quality and responsiveness).

Nigeria
Nov – Mar
2007

Design of a health sector voice and accountability initiative
Client: DFID/PATHS programme

The PATHS programme in Nigeria supported the design of deferral and exemption (D&E) mechanisms linked to drug revolving funds at primary and secondary levels of health care in Ekiti and Jigawa states. An HPI social development consultant worked with government stakeholders to agree appropriate mechanisms for managing the schemes. A community-level consultation process was implemented to establish access criteria, based on local understandings of poverty, and to consider how women could be involved in the management of the schemes, and what the implications of their participation might be. The D&E design approach was later adapted for implementation in other Nigerian states.

UK
May 2005

Compilation of an online dossier on meeting the health-related needs of the very poor
Client: DFID Health Systems Resource Centre

An HPI social development consultant compiled an online dossier on meeting the health-related needs of the very poor. Aimed at policy-makers and development practitioners, the dossier provides narrative and up-to-date resources to guide readers through key issues and debates on this development topic. It looks at different strategies for reaching the very poor within the health sector, and at the institutional challenges associated with scaling up health-related interventions to cover broader segments of the population. It also highlights the fact that there are ways outside the health sector to improve health or reduce the impoverishing impact of disease, and that in some contexts these may benefit the poor most.

Nigeria
Sept 2004 and
Feb 2005

Design of exemptions and deferral schemes for health care
Client: DFID/PATHS programme

The PATHS programme in Nigeria is supporting the design of deferral and exemption (D&E) mechanisms linked to drug revolving funds at primary and secondary levels of health care in Ekiti and Jigawa states. An HPI social development consultant worked with government stakeholders to agree appropriate mechanisms for managing the schemes. A community-level consultation process was implemented to establish access criteria, based on local understandings of poverty, and to consider how women could be involved in the management of the schemes, and what the implications of their participation might be. The D&E design approach was later adapted for implementation in other Nigerian states.

UK
July 2004

Social development support to design of health commodities project
Client: DFID Nigeria

The Nigerian government and its development partners are committed to significantly scaling up work within the health sector in support of the Millennium Development Goals (MDG) health targets. In support of these efforts DFID funded the supply of essential drugs and medical equipment over a three-year period, and supported investment in systems building. HPI provided a social development consultant to support the design of the £30 million health commodities project (HCP). The consultant undertook an appraisal of the overall social context to project implementation and advised on how the HCP could contribute towards lessening some of the very significant barriers of access to essential health services faced by those using health services, especially the very poor.

Ghana
Mar 2004

Review of the Ghana health sector's pro-poor agenda
Client: DANIDA

In recent years the Ghana Government has explicitly attempted to address existing inequities in access to health services and health outcomes, and to give greater priority to meeting the health needs of the poor. As part of the annual health sector review process, an HPI social development consultant reviewed the health sector component of the Ghana Poverty Reduction Strategy and the second five-year programme of work from a poverty perspective, examined health service supply and demand issues from the perspectives of the poor, reviewed mechanisms for identifying and targeting the poor, and examined inter-sectoral collaboration in support of pro-poor strategies. Recommendations were made on how to fine-tune the health sector response to poverty alleviation, and options were outlined for improving systems for identifying the poor, developing a framework for allocating resources to the poor, and strengthening multi-sectoral responses towards pro-poor action.

Malawi
Mar – Apr
2004

Integration of social development perspectives into hospital reform processes
Client: USAID/Ministry of Health

Since 1995 the MOH in Malawi has been making extensive reforms to the country's health sector. A core strategy within the reform process is decentralisation of health management, and within this, hospital autonomy. The USAID-funded Hospital Autonomy project, which is being implemented by Health Partners Southern Africa, is supporting the hospital reform efforts. An HPI consultant worked with the project facilitation team and national and district MOH stakeholders to determine strategic entry points for integrating social development approaches and perspectives into the hospital reform process. Support was also provided to two District Health Offices to design a client survey that investigated the phenomenon of people bypassing lower-level health facilities in favour of tertiary facilities. The survey findings were used to inform the development of strategies for re-orientating consumers to lower levels of health care provision.

**UK, India,
China and
Mozambique**
Sept 2002 -
April 2009

Support to Gender and Health Equity Network (GHEN)
Client: Institute of Development Studies, University of Sussex

An HPI social development consultant provided ongoing technical and project management support to the international Gender and Health Equity Network (GHEN). GHEN was a partnership concerned with developing and implementing policies to improve gender and health equity in resource-constrained environments. Core activities of the network included the design and implementation of action research studies in India, China and Mozambique, and dissemination

of research findings to policy-makers and practitioners. Support included the co-facilitation of an annual planning and advisory meeting for the network.

UK
Dec 2001 –
Jan 2002

Social development contributions to global evaluation of Roll Back Malaria initiative
Client: *DFID*

An HPI social development consultant designed a rapid assessment tool and held in-depth interviews with key government, donor, academic and private, NGO and civil society sector personnel involved in Roll Back Malaria activities in Kenya, Zambia, Eritrea, Malawi, Burkina Faso, Bolivia and India. Key themes and recommendations emerging from the interviews were presented in a synthesis report. The work was undertaken as part of the DFID-funded external evaluation of the WHO Roll Back Malaria Cabinet Project and Global Partnership and was published in the DFID report 'Achieving Impact: Roll Back Malaria in the Next Phase' (2003).

Bangladesh
Nov – Dec
2001

Review of community-based rehabilitation programme for blind and low-vision clients
Client: *Sight Savers International*

An HPI health and social development consultant evaluated community-based rehabilitation projects supported by Sight Savers International (SSI) in six districts of Bangladesh. The consultant assessed the management and technical capabilities of the organisations involved in project implementation, and undertook an impact assessment of the effect of the projects on blind and low-vision beneficiaries, looking in detail at gender issues affecting implementation and impact. Recommendations were made about how SSI might be best placed to support rehabilitation for blind and low-vision people in Bangladesh in the future.

Priority health conditions

Nigeria

April 2008 –
Mar 2013

Support to Nigeria's National Malaria Control Programme (SuNMap)

Client: *DFID*

HPI is a partner in the new DFID-funded programme of support to the National Malaria Control Programme (NMCP) in Nigeria. The programme will strengthen delivery of Nigeria's national malaria control effort by: strengthening national and state level capacity to effectively plan, manage and coordinate malaria control activities; providing technical assistance to the Federal Ministry of Health to help develop its capacity in policy development, national planning, operational research and monitoring and evaluation; capacity building in up to 12 states to develop and implement plans for effective malaria control; increasing the active involvement of community leaders and women's groups in malaria prevention and control, direct support of the delivery of effective malaria prevention and treatment activities, such as the distribution of impregnated bed nets and health promotion activities. The programme will aim to harmonise efforts of donors and funding agencies around agreed national policies and plans for malaria control. HPI is represented on the programme management board and provides technical advisors in the areas of health systems strengthening and social development.

Uganda

June 2005 –
May 2008

Support to malaria prevention and control, phase II

Client: *DFID/Malaria Consortium*

Malaria remains the main cause of death in Uganda, especially among under-fives, and a major cause of morbidity in all age groups. DFID has provided considerable project support to malaria prevention and control in Uganda to date. The second phase of its support aimed to support the Malaria Control Programme (MCP) to deliver a new drug policy, based on research data, and to ensure that the MCP is able to effectively manage its programme and absorb new resources. HPI was an associate partner in the consortium managing this project and was responsible for the management and administrative strengthening component of the programme.

UK and Nigeria

Oct – Nov
2004

Social development contributions to technical meeting on child health

Client: *DFID/PATHS programme*

The PATHS programme in Nigeria supported stakeholders at state level and below to strengthen the supply of essential child health services, including routine immunization. In order to learn from good practice on immunization and the integrated management of childhood illness approach (IMCI) in Nigeria and internationally, PATHS held a technical workshop to which technical experts in child health and programme stakeholders from federal, state and local government levels were invited. An HPI consultant prepared a technical background paper in advance of the meeting on experience and good practice in Nigeria and elsewhere on demand-side issues in child health. The consultant also provided social development technical inputs to the meeting, particularly on health equity issues in relation to child health and the community-based aspects of IMCI.

Kenya

Apr 2003 –
Aug 2008

HIV/AIDS Prevention and Care III (HAPAC) programme

Client: *DFID*

HPI is a member of the consortium providing support to the third DFID-funded HIV/AIDS Prevention and Care programme. The programme aims to decrease HIV/AIDS transmission in

Kenya with the purpose of supporting the implementation of the National HIV/AIDS strategy. The main outputs of the programme are: enabling the National AIDS Control Council (NACC) to take strategic leadership in seeking resources and coordinating the implementation of the National AIDS Strategic Plan; effective implementation of prevention and behaviour change activities; and the development of cost-effective sustainable models of home-based care.

Nigeria
Ongoing
since 2003

Ongoing support to increasing access component of safe motherhood programme
Client: DFID/PATHS programme

Since late 2003 the PATHS programme has supported the Ministry of Women's Affairs and Social Development in Jigawa state to build its capacity to coordinate government, civil society and private sector efforts to tackle gender-based and other demand-side barriers of access to emergency obstetric care. HPI social development consultants provided ongoing technical support to this initiative. At state-level, increasing access to safe motherhood services group were formed and gender-sensitive strategies for increasing utilisation of emergency obstetric care services were agreed, with wide stakeholder input. The key strands of the increasing access strategy were: awareness-raising on danger signs and the need to access care urgently in the event of a complication, establishment of emergency health funds and emergency transport schemes, and the introduction of a community identifier scheme linked to a referral system.

Nigeria
Nov – Dec
2003

Planning and coordination of CAP/PATHS immunization initiatives
Client: DFID/PATHS programme

HPI provided an immunization specialist to recommend ways of integrating and coordinating immunization-related activities of the DFID-funded Change Agents Programme (CAP) with the PATHS programme. The consultant was required to develop a methodology and plan of action to jointly implement surveys on vaccines forecasting and availability at point of use, on monitoring and evaluation, and on consumer perceptions and preferences in relation to immunization services. The consultant recommended that the proposed focus of PATHS and CAP immunization activities should be a survey on client decision-making behaviour on immunization, a survey on public and private immunization service providers, and the provision of operations management training.

India
Dec 2002 –
Jan 2003

Social development support for appraisal of national tuberculosis programme
Client: Euro Health Group

As part of its plans to support expansion of Directly Observed Treatment, Short course (DOTS) services across the state of Orissa, the Danish International Development Agency (DANIDA) contracted a team to appraise its proposed second phase programme of support to the revised national tuberculosis control programme. An HPI social development and HIV/AIDS specialist reviewed proposed strategies for expanding DOTS in urban areas, for addressing the growing incidence and prevalence of TB and HIV/AIDS, and assessed the capacity of the state government to manage the process of expansion. The consultant also reviewed proposed strategies for reaching the poor and vulnerable with TB services and advised on how these could be strengthened.

**Malawi and
Ghana**
Aug – Sept
2002

Review of the Global Fund application process
Client: DFID

DFID funded a five-country review of the Global Fund to fight AIDS, TB and Malaria (GFATM) application process in anticipation of the fund's 2002 board meeting. It was recognised that fund application procedures would need to be revised, based on lessons learnt during the first round of applications. HPI provided consultants for the case studies undertaken in Malawi and

Ghana. For both countries, the process by which proposals had been developed, how these processes were integrated with country-led development processes, and the effectiveness of country coordination mechanisms were analysed. The findings contributed to a synthesis report that highlighted recommendations to the GFATM board on how to streamline and improve the application process.

Zambia
Mar 2002

Programme design for DFID support to HIV/AIDS
Client: DFID

HPI provided support to the Zambia National AIDS Council to prepare a project design document for DFID support in the fight against AIDS. The team evaluated the content and scope of existing work plans and strategic plans in HIV/AIDS and prioritised interventions based on their impact on poverty reduction, gender inequality, equity of access to health care, and capacity of government and other key providers to manage or deliver them. HPI participated in the preparation of an economic justification for the project, and also prepared cost estimates of project expenditure.

Health care technology management

Liberia

Oct 2009 –
Feb 2010

Inventory of Medical Equipment in all Governmental Hospitals

Client: *Swiss Agency for Development and Cooperation*

After years of civil war, Liberia is making a significant effort rebuilding its healthcare infrastructure. A key part of this involves ensuring all hospitals have essential medical equipment. HPI supervised a country wide inventory of 20 hospitals in order to provide the Ministry of Health and Social Welfare with evidence based information to accurately plan their immediate procurement needs and future maintenance structure. As supporting infrastructure is often a precondition to the proper functioning of equipment, the inventory also provided information on the availability of power, water, and waste management, and the status of each. The project involved building capacity for the effective planning and management of procurement and maintenance of medical equipment at both hospital and national level, including training of inventory teams, logistics, quality control data collection, analysis and reporting and on using healthcare technology management software and the development of a maintenance plan. HPI produced a proposal for a Healthcare Technology Maintenance system to safeguard the investments in buildings, utilities and medical equipment.

Nepal

2009 -
Ongoing

Contracting out Maintenance Services, Sector Programme Health and Family Planning

Client: *EPOS*

HPI provided services to the Health and Family Planning Sector Programme in Nepal to improve the maintenance services in order to safeguard Government investments in medical equipment. Services were contracted out through a Public Private Partnership. HPI supervised a complete methodology and software solution for medical asset management. The work in Nepal consisted of three components: The hardware specification, procurement and configuration; The preparation of an initial Nepal version and subsequent customization of the PLAMAHS software to Nepal requirements which are identified over the project period; and the training of software users in the different PLAMAHS components in order to build Inventory, Maintenance Management, Procurement and System Management capacity.

Ghana

Oct -
Dec 2005

Tamale Hospital review

Client: *Ministry of Health*

Over the past decade there has been significant deterioration in specialist staffing levels, the physical infrastructure, and diagnostic and therapeutic equipment available to Tamale Teaching Hospital in Ghana. With support from the MOH, Tamale is to be rehabilitated to function as a competent regional referral hospital and is to make its facilities available for medical education. This involves the redevelopment and expansion of the physical infrastructure and complete re-equipping of the hospital. An HPI medical equipment specialist provided support to determine the equipment levels needed and prepared indicative cost estimates based on the intended level of care that will be delivered by the hospital. The consultant also identified medical equipment or systems that require detailed planning and coordination with construction activities; and agreed timelines for different aspects of the rehabilitation work.

UK
Jun 2001 –
Aug 2005

Preparation of a series of practical health care technology management procedure guides
Client: DFID/Ziken

HPI and its sister company, Ziken International developed the 'How To Manage' series for health care technology. Funded by DFID, the guides were the result of an international collaboration that brought together health care technology specialists from the UK and Germany. The aim of the project was to provide resource materials for medical equipment users, health service managers and donor organisations in developing countries. Six practical guides were developed to help improve the effectiveness of health care technology management tasks on a daily operational level. The guides focus on: 1) How to organise a system of health care technology for management; 2) How to plan and budget for health care technology; 3) How to procure and commission health care technology; 4) How to operate health care technology effectively and safely; 5) How to organise the maintenance of health care technology; and 6) How to manage the finances of health care technology management teams.

Nigeria
Nov 2003 –
Jan 2004

Medical equipment inventory and review of equipment maintenance system
Client: DFID/PATHS programme

As part of the PATHS programme, an HPI medical equipment specialist produced a comprehensive inventory of medical equipment in all public health facilities in collaboration with state health officials in Jigawa state. The work included an assessment of the current status of equipment and the capacity within the state to repair and maintain existing equipment stocks. Inventory management software was installed and training provided in its use. A detailed report of the medical equipment available in health facilities, by location and functional status, was compiled. The assessment highlighted the very poor state of medical equipment in Jigawa and also the limited resources, financial and human, available to improve the situation. Practical recommendations were made to assist the MOH in its assessment of how to improve the situation.

Zambia
Sept 1994 –
Mar 2000

Implementation of Kitwe and Ndola hospital reform project
Client: DFID/Ministry of Health

HPI and its sister company, Ziken, led a five-year technical support initiative in Zambia that helped to establish semi-autonomous management in the country's hospitals. The project was designed in the context of a decentralising health sector and implemented as a pilot to test reforms and assist in the development of a national hospital policy and systems, procedures and methods of management. The project contained many management components for different aspects of health care provision, with one major component being health care technology management. Over five years, various HPI and Ziken consultants worked with managers, maintainers, equipment users, and procurement and stores personnel to develop their skills in managing the life cycle in equipment. The work involved developing systems and management 'tools', such as inventories, equipment development plans and budgets, equipment specifications, a maintenance record system, and planned preventative maintenance schedules.

Namibia
Feb –
Jun 1999

Developing Namibia's health care technology policy
Client: *FINNIDA/Ministry of Health*

With support from the Finnish Government, HPI and its sister company Ziken worked with senior planners and technical staff in the Ministry of Health and Social Services (MOHSS) to develop a health care technology policy appropriate for the country. A situation analysis of the state of equipment and its management was undertaken and this drew out the main constraints and recommended actions for change. Findings were presented and discussed at a national workshop of health staff and equipment suppliers and recommendations fine-tuned based on the inputs at this workshop. Working closely with the MOHSS, the consultants used the recommendations as the basis for a national equipment policy and implementation plan, a five-year expenditure plan, a human resources development plan, and a draft procedures manual for health care technology.

Hospital infrastructure

Nigeria
Jan – Feb
2004

Developing a planned and preventative maintenance system for public sector hospitals
Client: *DFID/PATHS programme*

As part of the PATHS programme, HPI provided support for the establishment of systems and capacity for planned preventative maintenance in six public sector facilities in Enugu state. The initial focus of the work was on infrastructure and plant, and on improving facilities to enable them to provide emergency obstetric care. The consultant assisted the state MOH and state Hospital Management Board to develop a prioritised capital development plan for rehabilitation and establish a planned and preventative maintenance system for the six public health facilities. A key recommendation was to establish a project management unit to oversee and guide the rehabilitation of the state hospitals and provide training to hospital maintenance personnel.

Ghana
Nov 2003

Review of the estates management unit
Client: *DANIDA/Ministry of Health*

A review of the operation of the Estates Management Unit (EMU) of the Ghana Health Services (GHS) was undertaken on behalf of the MOH. This unit is responsible for the development and implementation of infrastructure development plans for Ghana Health Services and the aim was to review issues relating to strategic planning within the sector. An HPI management specialist led a consultancy team that undertook an assessment of the progress towards the implementation of policies to guide definition, planning and implementation of capital projects; of the institutional arrangements for implementation, including the coordination between different stakeholders; and of the appropriateness and effectiveness of financial management and monitoring systems. The team provided recommendations to improve procedures and systems within the EMU that would ultimately improve decision-making and financial management.

Botswana
Aug 1994 –
Apr 1996

Hospital rehabilitation and expansion planning
Client: *Ministry of Health*

HPI participated in a comprehensive review for the Botswana MOH of all district hospitals and national psychiatric facilities. A detailed functional analysis of all hospitals and equipment, infrastructure and human resource needs and requirements for district and referral services was undertaken. National norms and standards for service provision, medical equipment, plant and staffing of district hospitals and national psychiatric hospitals were developed. Detailed hospital design guidelines for a district hospital and the national psychiatric hospitals were prepared, and architectural briefs were prepared. HPI consultants collaborated in the preparation of master plans, schematic designs, redevelopment options and cost estimates for seven hospitals.

Project management

Zambia

Mar 2010 –
Mar 2013

Mobilising Access to Maternal Health Services in Zambia (MAMaZ)

Client: *DFID*

HPI is leading a consortium of partners to implement a three-year maternal, neonatal and child health programme in Zambia. This includes a community-based component, and a research component. The programme will focus on increasing access to and use of skilled attendance at birth and post-natal care by educating families on the benefits of these services and removing barriers that prevent women from using them. The research component will focus on secondary analysis of the 2007 Zambia Demographic and Health Survey (ZDHS) data to identify key drivers of the reported reduction in Maternal Mortality Ratio (MMR) from 729 to 591 per 100,000 live births. MAMaZ is framed as a programme of operations research aimed to generate evidence and insight related to reducing demand side barriers in specific setting where supply side capacity is strengthened with quality services in the continuum of care already in place.

China

Apr 2009 –
Mar 2011

Project Support Facility (PSF)

Client: *DFID*

The China Rural Health Project provides support to forty rural counties in the development and testing of cost-effective, sustainable models to improve the delivery of health services. The objectives are to improve access to effective services in these counties and contribute to the implementation of nation-wide health reforms by generating systematic lessons from the experience. HPI will provide technical assistance to the China Rural Health Project through a Project Support Facility (PSF). The PSF is responsible for providing those responsible for leading and guiding the implementation of the project with access to international experience and expertise. The PSF will organise training courses, study tours and short visits by international experts.

Nigeria

Sept 2008 –
Dec 2012

Maternal, Newborn and Child Health Programme (MNCH)

Client: *DFID*

The MNCH Programme is designed to revitalize primary health care in poorly served states in northern Nigeria, with a particular focus on improving maternal, newborn and child health (MNCH). The purpose is to improve quality and access to MNCH services in 3 states, through the delivery of six outputs: strengthen State and LGA governance of PHC systems; improved human resource policies and practices; improved delivery of MNCH services via the PHC system; operational research providing evidence for PHC stewardship, MNCH policy and planning, service delivery, and effective demand; improved information generation with knowledge used in policy and practice; and increased demand for MNCH Services. The MNCH Programme has been designed specifically to be implemented in collaboration with PRRINN (Programme for Reviving Routine Immunization in Northern Nigeria), which has been operational since 2006. Although contractual arrangements for PRRINN and MNCH are different, programme implementation is to be undertaken as a single integrated programme with a combined planning and reporting framework. It is managed through a Joint Venture Partnership between HPI, Save the Children UK and GRID Consulting Ltd. Other consortium partners include Liverpool Associates in Tropical Health (LATH); Mailman School of Public Health, Columbia University; Amadu Bello University (ABU); and Health Reform Foundation of Nigeria (HERFON).

Multinational
Mar 2008 –
Feb 2010

Medicines Transparency Alliance (MeTA) Secretariat
Client: DFID

HPI is leading the overall management of the MeTA International Secretariat. MeTA is a new global initiative that aims to improve access to essential medicines by improving transparency and accountability in the selection, procurement, sale, distribution and use of medicines in developing countries. The Secretariat supports MeTA pilot countries (Jordan, Kyrgyzstan, Ghana, the Philippines, Peru, Uganda, and Zambia) by facilitating their access to technical assistance and capacity building support; building local ownership at country level; providing support and guidance on the establishment and operation of national multi-stakeholder groups and secretariats; and managing the flow of finances to pilot countries. The Secretariat also manages MeTA communications, promotes knowledge sharing between MeTA stakeholders, facilitates discussion and dialogue between MeTA and related global level initiatives and strengthens the capacity of civil society to advocate for increased accountability and transparency.

Nigeria
Oct 2006 –
Sept 2011

Partnership for Reviving Routine Immunization in Northern Nigeria (PRRINN)
Client: DFID

PRRINN is a five-year, £19 million DFID-funded programme to revive routine immunization in selected states of Northern Nigeria. The aim of PRRINN is that by the end of the programme, 60 per cent of children will have been fully immunized before their first birthday and 70 per cent of women aged 15–49 will have had the appropriate tetanus toxoid (TT) doses. The programme plans to use routine immunization as an entry point for broader health systems strengthening. The programme has started in four states: Zamfara, Katsina, Jigawa and Yobe. It is managed through a Joint Venture Partnership between HPI, Save the Children UK and GRID Consulting Ltd. Other consortium partners include Health Reform Foundation of Nigeria (HERFON), Program for Appropriate Technology in Health (PATH) and John Hopkins University, Centre for Communication Programs (JHU-CCP).

International
Sept 2005 –
Sept 2011

Lot 8 Framework Contract for Health
Client: European Commission

HPI is a core member of the Ecorys Health Consortium that has been awarded a framework contract by the European Commission's EuropeAid Cooperation Office. The contract will provide short- and long-term technical assistance in health to European Delegations in countries with aid agreements with the European Union. Technical assistance will focus on the following core areas: public health, health economics and health financing, health care, human resources development, pharmaceutical sector and health promotion.

Southern Africa
Oct 2005 -
Sept 2007

UNAIDS technical support facility
Client: UNAIDS

HPI collaborated with Health Development Africa (HDA) to provide support to the HIV/AIDS Technical Support Facility (TSF) for Southern Africa. The TSF facilitated access to timely, high-quality, short-term technical assistance for scaling up national HIV/AIDS programmes. The TSF was funded by UNAIDS and supported 13 southern African countries in a number of key technical areas: monitoring and evaluation, resource tracking, strategic planning, costing and budgeting, management (including financial management), partnership development, organisational development and gender issues. A function of the TSF was to build the capacity of regional consultants, and governments and agencies, to manage technical assistance more effectively.

Nigeria
May 2002 -
Mar 2008

Partnership for Transforming Health Systems (PATHS)
Client: *Ministry of Health/DFID*

HPI collaborated with Health Development Africa (HDA) to provide support to the HIV/AIDS Technical Support Facility (TSF) for Southern Africa. The TSF facilitated access to timely, high-quality, short-term technical assistance for scaling up national HIV/AIDS programmes. The TSF was funded by UNAIDS and supported 13 southern African countries in a number of key technical areas: monitoring and evaluation, resource tracking, strategic planning, costing and budgeting, management (including financial management), partnership development, organisational development and gender issues. A function of the TSF was to build the capacity of regional consultants, and governments and agencies, to manage technical assistance more effectively.