

2011

World Health Partners

World Health Partners (WHP) is an international non-profit organization that provides health and reproductive health services in developing countries by harnessing local market forces to work for the poor. They use the latest advances in communication, diagnostic and medical technology. They combine this with existing social and economic infrastructure to establish large scale, cost-effective health service networks in the rural areas. This case study captures the model piloted by WHP in three districts of Uttar Pradesh, India. The WHP model strives to strike a balance between curative and preventive services by creating incentives for the private sector to provide much needed health and family planning services and products in poverty stricken rural areas. The network of providers created by WHP addresses these needs with locally available resources and appropriate technology.



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Acknowledgements

This case study on World Health Partners has been compiled after thorough primary and secondary research on the organization. Information has been assimilated from several individuals who have made significant contribution in the development of this case study. ACCESS Health International would like to give special acknowledgement to Mr. Gopi Gopalakrishnan, President and Founder, Ms. Prachi Shukla, General Manager and Mr. Akhilesh Kumar Sharma, Deputy General Manager (Field and Operations) for granting us the permission to visit the organization and sharing with us the relevant information needed for the case study. We would also like to thank all the team members for sharing with us their inputs and hospitality.

And most importantly, we would like to express gratitude to Rockefeller Foundation, Results for Development Institute, Indian School of Business and all the team members working with Centre for Health Market Innovations (CHMI) for their support and contribution, without which the case study would not have been possible.

World Health Partners (WHP)



WHP is an international non-profit organization that provides health and reproductive health services in developing countries by harnessing local market forces to work for the poor. They use the latest advances in communication, diagnostic and medical technology. They combine this with existing social and economic infrastructure to establish large scale, cost-effective health service networks in the rural areas. This case study captures the model piloted by WHP in three districts of Uttar Pradesh, India. The WHP model strives to strike a balance between curative and preventive services by creating incentives for the private sector to provide much needed health and family planning services and products in poverty stricken rural areas. The network of providers created by WHP addresses these needs with resources available locally and appropriate technology. It combines technology with village entrepreneurs also known as Rural Health Practitioners (RHPs) and uses an incentive based system to motivate providers to deliver less lucrative preventive services. The RHPs act as providers to connect rural communities with formally qualified urban doctors.



World Health Partners- Uttar Pradesh Pilot

Gopi Gopalakrishnan (Gopi), founder of World Health Partners, envisions developing a scalable and replicable model to bring quality healthcare and family planning to the rural poor in low income countries.

He wanted to create a sustainable health care delivery system in the most remote rural parts of the developing world, in order

to improve access, not only to curative care services but also preventive services, like family planning, that are often not prioritized by providers in remote rural parts.

In keeping with this vision, in 2008, WHP initiated a pilot project in three districts of Uttar Pradesh – Meerut, Muzzafarnanagr and Bijour.

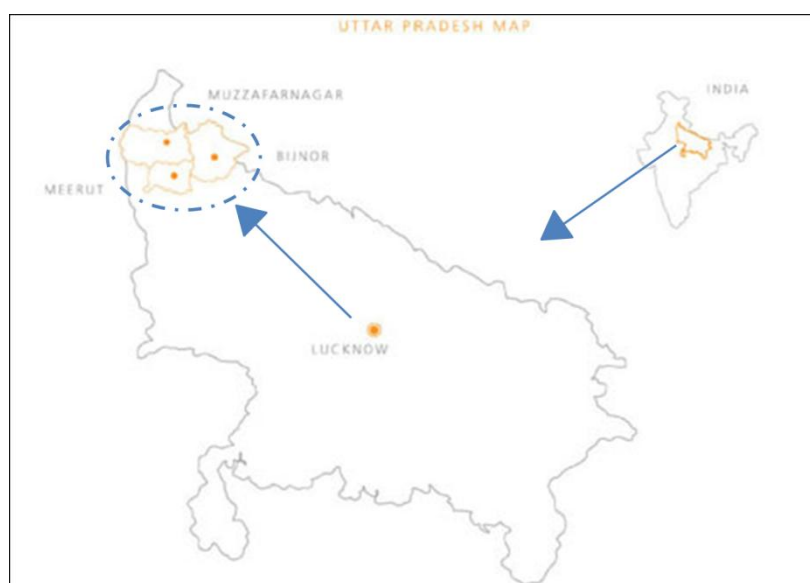


Figure 1: Pilot Districts

Under this pilot, WHP organized private sector resources comprising of existing human resources (rural health practitioners¹- RHP), skills and technology into a village health network. This network is supported by – (i) a supply chain for medicines and other medical products and (ii) a communications campaign.

The system is designed to be affordable to the rural community and provide the benefits of a virtual urban clinic.

The network has 1100 SKY Care Rural Providers, supported by –

- **110 Telemedicine Provision Centres known as Sky Health Centres connected to qualified doctors at a Central Medical Facility. The central medical facility handles 80 to 100 tele-consultations a day.**
- **9 pathology laboratories**
- **16 urban franchisee clinics**
- **1500 pharmacy shops²**

Uttar Pradesh Project Achievement 18 month Project Period (November 2008 – April 2010)				
Services	Project Goals	Achievements	Achievement (Percent)	CYP achieved*
Sterilization (users)	10,164	10,011	98	125,137
IUD (Users)	4,029	5,864	145	32,252
Injectable (doses)	22,120	19,240	87	4,810
Pill (cycles)	164,400	170,712	104	12,194
Condom (pieces)	972,000	1,400,800	144	14,008
			Total CYP	188401
<i>* Couple Years of Protection: Estimated protection provided by contraceptive methods during a period of one year (WHP website)</i> <i>Source: www.worldhealthpartners.org</i>				



The pilot project serves an area with a population of 3.6 million, predominantly rural and poor. The need for the project interventions arises because of poor accessibility to and availability of healthcare services.

As is typical in rural India, formally qualified providers are often unavailable and to compound this problem further, a weak infrastructure leads to inadequate availability of medical products, transportation and information.

¹ Rural Health Practitioners have not undergone any kind of formal medical training. They have a diverse background and have traditionally dealt with herbal medicines. Majority of them are self-trained.

The main healthcare providers, like in any other Indian village, are the doctors and nurses in the public sector, private clinics and informal providers. The public health system is viewed as inefficient and preferred only because the services are free. The bulk of the consultation falls on the individual practitioners and informal health providers. The services provided by these providers are limited and their quality is suspect. The patients have to travel a long distance (10 to 20 kilometers) to an urban centre for any specialist consultation. This means loss of daily wages and additional expenses for transport, food, medicines, investigations and consultation. The patient is invariably accompanied by another person which is also a financial burden. In most cases, the patient is required to revisit the doctor within a week for a review and further management. These factors deter the villagers from using the services of the private providers. They thus visit the private providers only if they are either referred by the rural health provider or if they find no relief by the treatment provided by him/ her.

Statistics	Project area	India statistics
Population (Total)	3.6 million	1.1 billion
Rural	2 million	770 million
Total fertility rate(percent)	4	3
Couples using modern methods of FP (percent)	29	48
Unmet need for FP – total (percent)	22	13
Unmet need for FP – rural (percent)	24	14.6
Need for limiting births – rural (percent)	14	7
Need for birth spacing – rural (percent)	10	7
Households with no electricity (percent)	57	32
Without access to safe water (percent)	90	58
Without toilet (percent)	67	55
Women illiterate (percent)	54	41

Source: www.worldhealthpartners.org

Operating model

The WHP model makes use of the available resources in the healthcare system and provides incentives to the private sector to provide much needed health and family planning services and products in poverty stricken rural areas. The network is supported by technology to improve the quality of care.

WHP works with rural health practitioners, who are located within the community and are recognized as health providers. It has created a referral system, the base of which is the SKY Care Provider, a rural health practitioner. The main responsibility of the SKY Care Provider is to refer patients to the SKY Health Telemedicine Centre. There is one SKY Care Provider per village.

SKY Health Centres are the most important component of the referral chain. The major responsibility includes facilitation of tele-consultation of the patient and based on the

doctor's advice appropriate referral to WHP approved clinics for further management or review, dispensing drugs as prescribed by the doctor and referral to diagnostic laboratories for investigations.

The doctors consulting the patients are located in the Central Medical Facility; Delhi (headquarters of WHP). The detailed description of each component is described below.

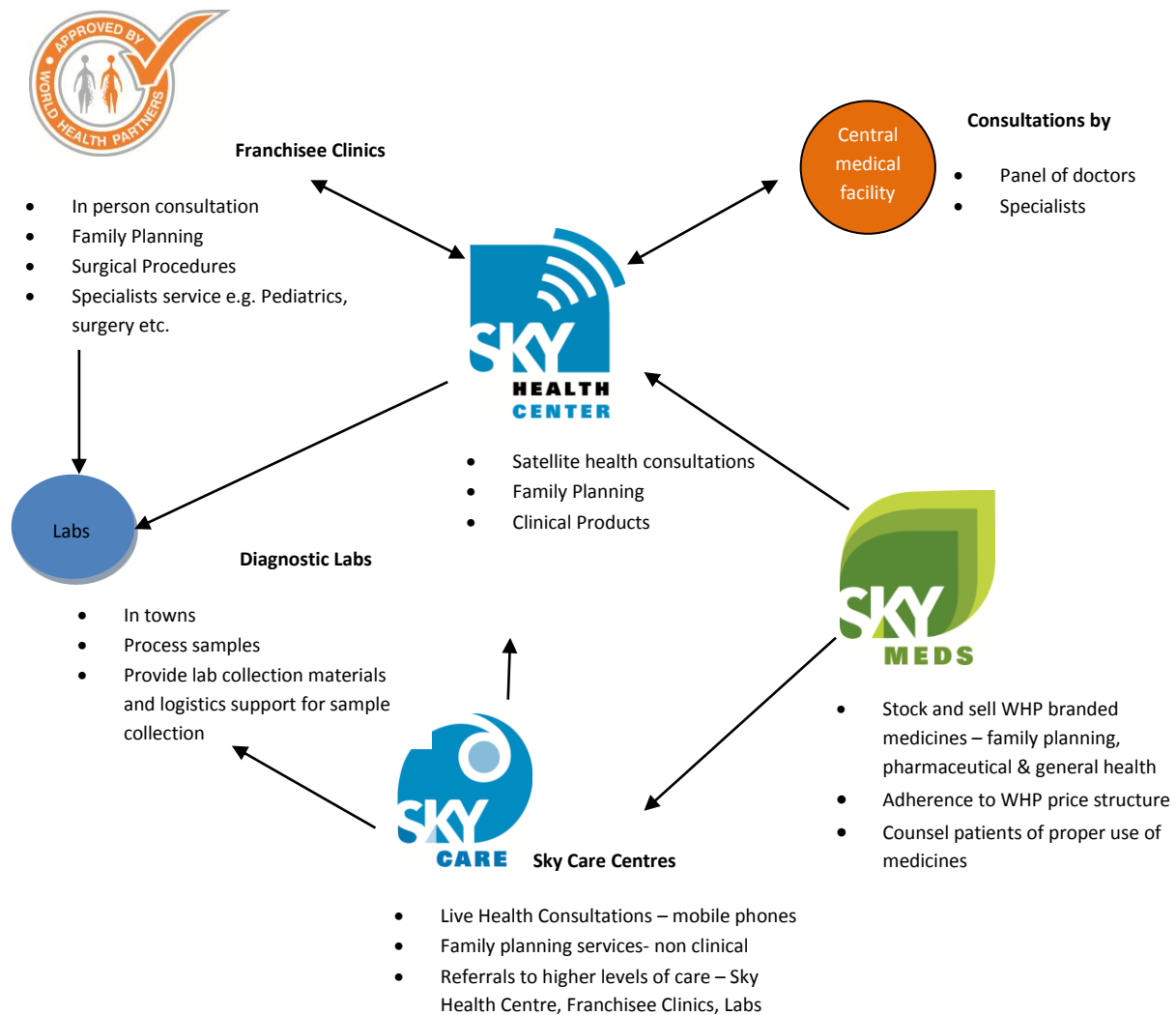


Figure 2: Service delivery model

Family planning activities are generally managed by the public sector. As family planning activities are a major part of WHP services, the WHP representatives ensure that the district medical officers from the government are regularly updated about the work of WHP. Prior to starting a project, the district medical officers are contacted and intimated about the activities to be undertaken. Thereafter, a report of the activities undertaken is sent to them on a monthly basis.

1 SKY Care Providers/basic care

Local rural health providers who already live in the villages are trained to act as WHP's direct local health agent. These local agents receive training in delivering basic diagnostic services, and also provide health products such as non-clinical contraceptives and over-the-counter products.

Working locally, the SKY Care Providers refer patients requiring more sophisticated or advanced treatment to other partners in the network. The Sky Care Providers earn an incentive for each referral. WHP is not managing these transactions; they are managed directly between the concerned providers. The Sky Care Providers also stock generic drugs supplied for free by WHP through the SKY Health Centre. The sales of these drugs are an additional source of revenue for the Sky Health Provider.

WHP invests in the rural health providers through the SKY branding and providing other marketing material. The benefit to the rural health practitioner is the recognition s/he receives from the community and incentives from the TPC for referring the patient to the telemedicine centre. The SKY Care provider is chosen by the SKY Health Centre facilitator, which is the central node of the network (as depicted in figure 2 above). This ensures that the referral link remains strong.

In the near future, these rural health practitioners will be empowered with mobile phone-based support for tele-consultations. The rural health practitioner will decide the price for such consultations. World Health Partners will act as the technical advisors and provide strategies on how to cost these services. An indirect benefit expected from this endeavour, would be the increase in the RHP's healthcare knowledge through the conversations he/she would have with the doctor.

2 SKY Health

Telemedicine Centres (TPC)

SKY Health Centres bridge the gap between the rural areas, where the clients reside, and the urban areas, where the required quality healthcare is available. Using the latest advances in communication technologies, reliable power backup and customized software available at a Central Medical Facility, SKY Health



Figure 3: SKY Care Centre

For the pilot project however, the entrepreneur only invested 25 percent of the start-up cost, with WHP providing the remaining 75 percent in the form of a loan. The repayment will begin after three years of operation when the center is expected to generating returns.

Centres enable remote diagnosis and audio-visual communication between rural, patients and qualified city doctors.

Each SKY Health Centre is established and run by a local woman entrepreneur in the village, who works in close partnership with a male member of the family, who is most often a rural health practitioner. This ensures the comfort of female patients, especially when seeking family planning services.

The cost of establishing a centre with the telecommunication devise, diagnostic tools, power back up facilities and software is INR 120,000 (USD 2,700). For the pilot project, WHP subsidized this cost with the SKY Health entrepreneurs making only 25 percent of the investment upfront.

A direct investment from the provider ensures a high stake in the provision of care as well as the safety and maintenance of the equipment.

In addition, WHP provides the SKY Health entrepreneurs with training on counselling, demand generation, telemedicine system operations, marketing materials, and technological support.

The criteria for selecting a SKY Health Centre location are -

- Population – each telemedicine centre can cater to a population of about 5,000 to 10,000
- Entrepreneur profile –healthcare related background. The current majority of owners of SKY Health Centre are already in the healthcare field, working either as rural health practitioners or as pharmacists. WHPs efforts at engaging families that could invest in such an initiative but had a general background failed as people in the village did not view them as healthcare providers.
- Location - usually a centre with an established patient load
- Availability of electricity and internet
- Investment capacity



Figure 4: SKY Health Centre

Facilities available at the centre:

- **ReMeDi™ Telemedicine solution:** This telemedicine system, comprising of software and hardware components, enables the facilitator to record temperature, blood pressure, ECG and auscultation². The telemedicine provider only needs to be able to navigate the simple software and attach probes and blood pressure cuff to patients, for the qualified physician at the Central Medical Facility to read and study.
- **Medicines and Family Planning Products:** The centre is stocked with generic drugs supplied by WHP, branded SKY Meds. The drugs are numerically coded and the prescription sent by the doctor has both the code number and the name of the drug. This allows ease of use even for the illiterate. Apart from drugs, the centre also stocks family planning products such as pills, condoms and intrauterine devices (multi-load).
- **Intrauterine device (IUD) insertion:** An auxiliary nurse midwife (ANM) visits the centre every month and performs IUD insertions and provides gynaecological services. The SKY Health provider informs interested clients and organizes monthly clinics. The IUDs are procured by WHP at a subsidised cost and sold to the SKY Health Centre. The client pays INR 150 (3.3 USD) for the IUD insertion. The TPC in turn pays the ANM INR 40 per insertion (less than a dollar). The ANM visits the centre on a fixed day every month. On an average she inserts 5 to 7 IUDs per visit.
- **Lab Collection point:** The centre also serves as the sample collection point for pathology laboratories in the network.

3

Central Medical Facility

The Central Medical Facility houses a panel of experienced, qualified physicians who consult with clients visiting the SKY Health Centres. These doctors not only provide medical consultations to patients but also train and educate the local rural physicians. This system not only benefits rural patients but also offers an opportunity to doctors and specialists to provide long-distance healthcare consultancy in their spare time and earn additional

revenue.

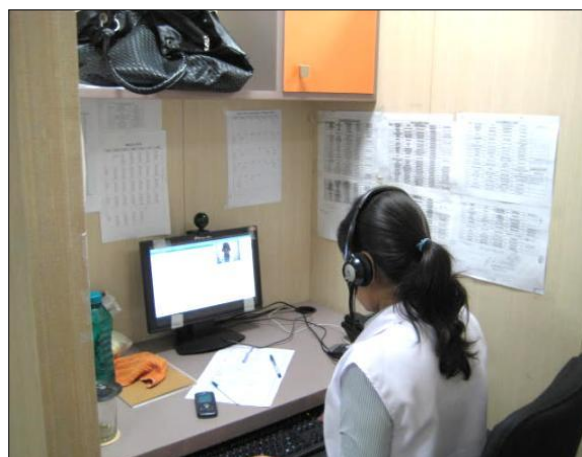


Figure 5: Counselor at Central Medical Facility

The facility is based in New Delhi and is currently located in the headquarter building of WHP. The service has been extended to doctors in other cities who can provide consultations virtually; the only requirement is an access to a computer with ReMeDi software, a webcam and a headset.

² The system is built to support other diagnostic tools. Ultrasound and microscopy attachments are currently under evaluation.

The central medical facility is also staffed with counsellors who are the first point contact for the telemedicine provider. They take down the history of the patient and enter it into the software. Once all the relevant details are entered into the software, they connect the patient to the doctor, who is then able to view the history online. WHP is currently in the process of adding specialists to its panel of doctors and is experimenting with an appointment-based system.

4 Franchisee clinics

These are existing clinics identified within the vicinity of the telemedicine centre and are usually located in the town closest to the village. The nearest clinic is about 25 kms from the village. These clinics are used for referrals from the telemedicine centre. The referral to the clinic is made by the doctor in the central medical facility, when the condition needs a more thorough physical examination.



Figure 6: Franchise Clinic

These clinics also have access to the ReMeDi software and patient medical records, where the clinic doctor can access and update the patient's records.

The franchise clinic's doctor invests up to INR 10,000 - 25,000 (USD 220 to 550) for the software.

The clinics also provide clinical family planning procedures. The benefits they receive from being a part of the WHP network are- increased patient flow, access to specialists, facilitation of government accreditation for clinical family planning provision and more timely government reimbursements.

5 Pathology laboratories

WHP engages with laboratories which can provide diagnostic services for SKY Health patients. These laboratories either collect samples from SKY Health Centres or have an arrangement with the SKY Health provider to deliver samples to the labs. WHP has negotiated prices affordable to the rural community with these centres. Laboratory reports are sent electronically to the central medical facility and the telemedicine centre. Currently,

this is done on the basis of mutual understanding and no legal agreement is signed between the laboratory and WHP.

6

Pharmacy Shops

World Health Partners field officers stocks and ensures availability of WHP-branded generic drugs and family planning products in the pharmacy shops already existing in the vicinity.



Marketing of the model

According to the feedback received from the telemedicine provider, it has been gathered that the people are slowly getting used to virtual consultation with the doctor. This is the result of significant social marketing activities.

WHP has branded its network providers- SKY Care (rural health providers) and SKY Health (telemedicine centers). Its logo, small dish antennae in blue and white color, is displayed at every centre and the franchisee clinics have a world health partner's approved signage.



Figure 7: Awareness Creation Posters

The project used banners, pamphlets and wall paintings with messages highlighting the benefits of visiting a SKY Health centre. Film shows interspersed with educational messages are also used to inform villagers of network services available. In the future, WHP plans to advertise on television as well (local channels).

WHP network providers mainly compete with services provided by

the public health system, private

clinics and other informal providers. It has been observed that people view services provided by the public sector clinics as being inferior and only use them due to financial constraints. In addition, the doctor in the primary health centres and nurse in the sub centre are rarely present.



Pricing mechanism

For the pilot project, World Health Partners applied a fixed price strategy. Thus, the SKY Health centres charge

In the one year survey conducted by WHP, it has been seen that 28 percent of the providers have seen a rise in their patient load.

INR 50 (USD One) per consultation for above poverty line clients and INR 30 (USD 0.6) for those living below the poverty line. The patients' out of pocket expenditure is reduced, as specialist consultations and medicines are available at the telemedicine centre, reducing the need to travel. WHP has recently made some changes to the pricing model, allowing the SKY Health providers to determine the prices. A fixed charge of INR 20 per consultation is charged by WHP.



Figure 8: Pricing Display



Financial Model

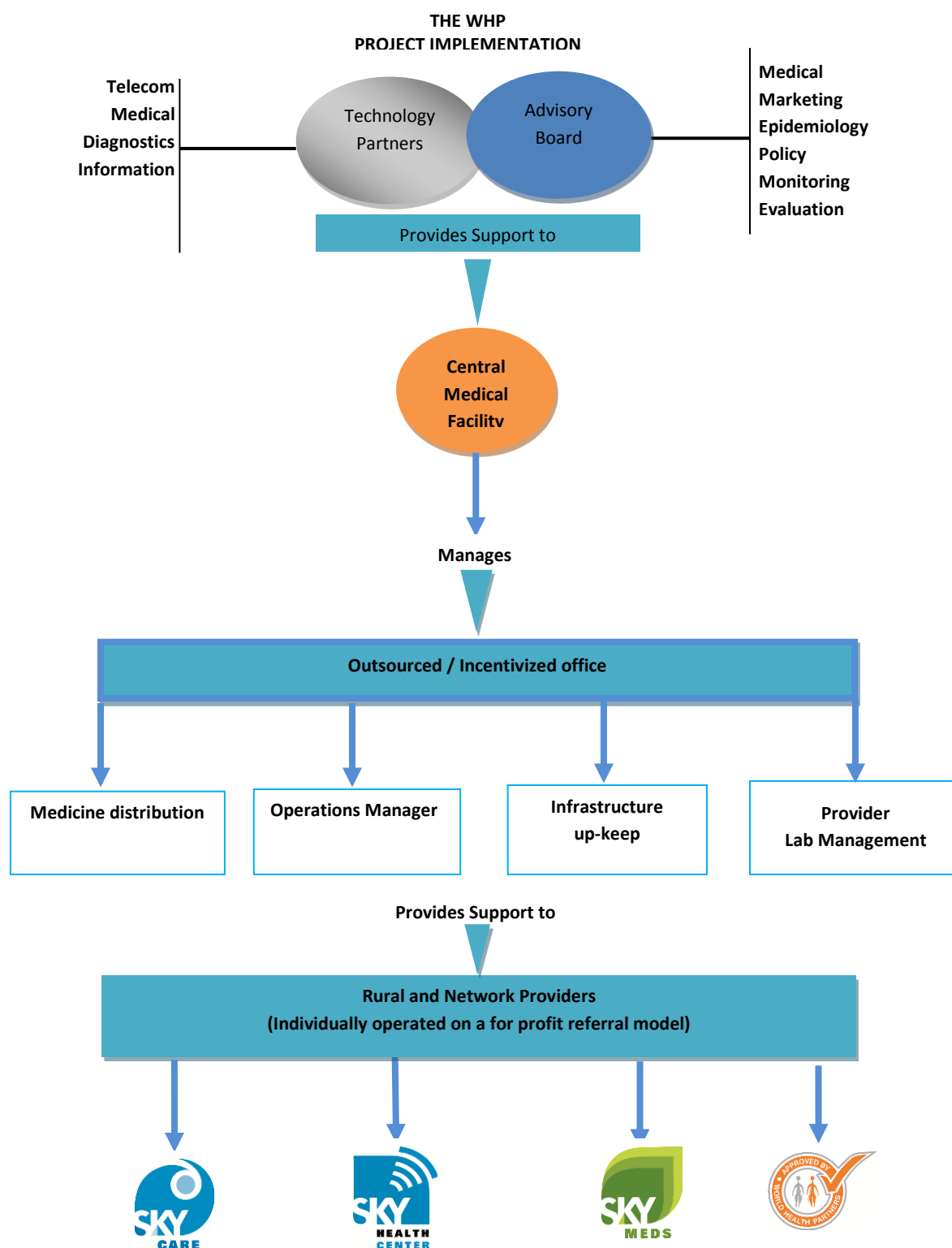
The business model is highly entrepreneurial and incentive-based. In the pilot phase, the consultation fee of INR 50 was split between the telemedicine provider (40 percent), WHP (40 percent) and the SKY care rural provider (10 percent). In addition, the telemedicine provider also got an incentive of INR 20 (USD 0.4) when referring patients to the franchisee clinic and INR 100 (USD Two) for every sterilization procedure referred. Margins have been built in for all the medicines sold through the WHP network and earnings through the procedures performed by ANMs³.

The Sky Health providers start to break even towards the end of second year with 150 patients a month. The doctors at the central medical facility are paid not only a fixed salary but also a commission based on the number and quality of the consultations conducted.

All the generic drugs are procured centrally by WHP and stored in a warehouse or at a stockist. The WHP appointed field officer in turn buys it from the stockist and supplies it to the pharmacy shops and the telemedicine centre. While selling it to the pharmacy shop the field officer earns a margin, but for the telemedicine centre, WHP mandates that the products are sold at cost price.

Donor funding is the only source of capital at the moment for World Health Partners. The entrepreneur pays 25% of the investment for the telemedicine. The organization is aiming towards a sustainable model where 100 percent investment is made by the providers and the services provided are on a chargeable basis. Continuous addition of value added and revenue generating services is also being explored.

³ ANM – Auxiliary nurse and midwifery visits the TPC periodically and performs family planning interventions.



⁴ Annexure I and II for monitoring formats

Periodic surveys are conducted to evaluate performance and satisfaction of SKY Health center providers. An example of a survey that included questions for ANMs and patients who visited the centre is attached⁵. There are set deliverables for family planning activities including IUD insertions, awareness campaigns organized, sterilization surgeries, family planning products dispensed and such others and each SKY Health centre submits a monthly report on their progress. The deliverables differ from centre to centre based on the population/location. Each centre has a log book where the patient details and activities are captured. A WHP appointed district coordinator oversees these activities.

WHP has developed accountability measures at various levels. This information is fed back in to the system, allowing for timely programmatic adjustments.

The field officers (FO) and the district project coordinator (DPC) oversee the work and compliance.

The field officers report to the DPCs who are the point of contact for WHP head office for information on activities at the field level.

The FO visits the pharmacy outlets, telemedicine provider centers and franchise clinics for collection of data on the activities and inventory management and maintains a list of centres for Daily Market Report⁶. The DPC also coordinates with the FO and visits these centres for measuring performance against targets set by WHP.

Human Resources

WHP's core team is compact to keep the coordination and efficiency levels high. There are no plans of increasing in the future. The senior management team is involved in strategy and planning and most of the support services are outsourced.

The field officer and the district project coordinator are the main people who are in direct contact with the field activities. The district project coordinator reports to an assigned manager in the WHP office.

The role of the field officer is to ensure availability of drugs, at the pharmacy shops and telemedicine provider centers, by buying it from stockists and selling them. In addition, s/he also collects data (as prescribed by the WHP office), organizes family planning clinics, generates patient flow at SKY

A year end survey of perception of the SKY Health providers upon their association with WHP revealed that 28 percent of TPC had an increased patient flow due to this association, while 60 percent indicated an increase in income also.

⁵ Annexure IV

⁶ Annexure III

Health centres and franchisee clinics and is responsible for all the IEC activities.⁷

The district project coordinator supervises the field officers (around three to four), reports to the WHP office on the field activities and assesses performances of the various centres against the set targets.

The corporate governance practices are-

- Common work environment for all class / sets of employee.
- Sharing of 'Rules Manual' during induction process.
- Monthly financial audit of the organization by the statutory auditors.
- 100 percent verification of financial transaction by statutory auditors.
- Ensuring legal compliances and timely deposit of taxes & returns.
- No cash payments are encouraged by the organizations to ensure the transparency.

The WHP Board comprises of-

- Gopi Gopalakrishnan, Founder President, WHP,
- Martha Campbell, President, CEO and Founder, Venture Strategies for Health and Development
- Phillip D. Harvey, President and Founder, DKT International.
- The Indian governing board has eminent personalities from the field of economics, public health, public policy and communication strategist.⁸

Initial Challenges

Some of the initial challenges involved electricity and internet availability and identification of telemedicine providers who were not only popular but also had the investment capacity.

Initially, WHP tried to select telemedicine entrepreneurs based only on the investment capacity, but the strategy was not successful as the community did not recognize the telemedicine provider as a healthcare provider. A second layer of screening was therefore incorporated, whereby the entrepreneur had to not only be involved in health but also already have a decent patient flow.

Moving ahead, the demand generation strategies would need to be further strengthened and more income generating strategies would need to be incorporated to improve the chances of financial sustainability.

⁷ IEC- information education and communication

⁸ Annexure V



Conclusion

The unique feature of the model created by WHP is the use of available resources. WHP invests in existing healthcare providers in the formal and the informal sector. This is done by training them, providing quality products, incentives for preventive healthcare services and the entire model is based on technology for improved access, transparency and quality. They have appropriately used technology and available human resources to reach the poorest segment of the rural population. They have harnessed the entrepreneurial energies and aligned it to deliver the services required of the project. The model has been created for scalability. The overhead costs are kept low by outsourcing most of the implementation work on the ground and establishing an efficient project management system.

World Health Partners model strives to strike a balance between curative and preventive services (usually the country's vertical program). The preventive services will remain the non-negotiable component of the program and incentives are built to ensure it remains so e.g. failure to deliver the targets of family planning services will lead to curtailing access to telemedicine services for the SKY Health Centre.

In future, to enhance the financial sustainability of the program, additional revenue streams can be added, given that significant resources and infrastructure are deployed – computers, internet connectivity, and supply chain.

Annexure -I

Questionnaire

Assessment of TPC & Associated Network Indicators

TPC:

Address / Mobile:

Monitoring Officer:

Visit Date:

1. ReMeDi Consultation Status

- a. How many consultations done at the TPC till date?
- b. How many patients referred by RHP till date for consultation?
- c. How many patients referred by any other source for consultation?
- d. Any reason for low ReMeDi Consultation (if MO find's the figures low comparative to the TPC's date of activation)?
- e. How many patients were prescribed diagnostic tests at the very first consultation?
- f. How many patients were referred by CMF doctor to a higher center, at the very first consultation?
- g. How many patients came back to the TPC for the follow-up visit after consultation?
- h. How many patients were prescribed diagnostic tests (out of the total consultations at the center) till date?
- i. How many patients came back for follow-up consultation, after getting the diagnostic tests report?
- j. Where do the patients go for getting the diagnostic tests done?
- k. Specify the key reasons for low follow-up consultation after patients are prescribed with diagnostic tests?
- l. Are you aware of the subsidy provided by WHP towards consultation for BPL patients?
- m. How many BPL patients have got consultations at your TPC till date?
- n. Any reason for low BPL consultation (if MO finds the figures low)?
- o. TPC's suggestion for improvement of overall ReMeDi consultation performance?

2. IUD Status

- a. How many clients inserted with an IUD at the TPC till date?
- b. How many IUD clients referred by the RHP till date?
- c. Specify how many IUD clients were referred by any other source?
- d. Out of the total IUDs inserted, how many were done at the TPC only?
- e. Out of the total IUDs inserted, how many were done at places other than the TPC?
- f. Do you organize IUD camps also on the specified camp dates or do the insertions happen over the period of the entire month?
- g. How many of the clients, who underwent IUD insertion at your TPC, actually complained about any complications?
- h. Can you please specify the category of complaints / complications?
- i. How many IUD clients got the IUD removed, after having complications?
- j. Any reason for low IUD insertion (if MO finds the figures low as compared to the TPC's date of activation)?
- k. Are you aware of the subsidy provided by WHP towards IUD insertion to BPL clients?
- l. How many BPL clients have got IUDs inserted at you center till date?
- m. Any reason for low BPL IUD insertion (if MO finds the figures low)?
- n. TPC's suggestion for improvement in family planning service delivery numbers at the center?

3. ReMeDi Camp Module Status

- a. Are you aware of the use of ReMeDi camp module?
- b. Do you currently use camp module at your TPC, during IUD camps?
- c. Have you faced any problem in submitting the camp module data?
- d. What is the most common problem you face in submitting the camp module data?
- e. Do you require training assistance for IUD camp module (MO himself will offer training assistance to the TPC, if required)?

4. ANM 's coordination with TPC's (this section not to be asked by ANM owned TPC)

- a. Are you aware of the WHP trained ANM attached to you TPC?
- b. Is the attached ANM doing IUD insertion during camps at TPC?
- c. Are you satisfied with the service provided by the ANM?
- d. If not satisfied, please specify the reason?
- e. TPC's suggestion for improvement of ANM's activity at the TPC (if any)?

5. Status of referrals to WHP Franchisee Clinics

- a. Was any patient who came for ReMeDi consultation, referred by CMF doctor to WHP FC?
- b. How many patients have been referred to the FC till date?

- c. How many patients referred to the Franchisee clinic actually visited the FC for treatment (if TPC is aware)?
- d. Do you refer family planning clients to WHP FC's?
- e. If yes, specify the services for which the clients are referred to the FC's?
- f. Mention the details of FP cases referred to the FC's (type of FP service and number)?

6. Status of DMPA Card

- a. How many DMPA have been injected to clients till date at the center?
- b. How many DMPA have been injected by your RHP (out of total service provided at the SKY Health Centre)?
- c. Do you have the DMPA card as provided by WHP?
- d. Are you currently using the DMPA card, for all the clients who get depo injections at your center?
- e. How many of the DMPA clients, who got the shots at your TPC, actually complained of any complication/failure?
- f. Mention the specific complaints / complications?
- g. What is your plan of action for clients who face complications after receiving the DMPA kit at the TPC?
- h. After taking initial shots at your TPC, how many DMPA clients discontinued the method, due to some complications?
- i. Specify the reasons for discontinuation (if any)?

7. General Medicine Availability at TPC (*This section is not be asked directly , only observations are to be listed*)

- a. Does the TPC have his own medical shop / pharmacy?
- b. Does the TPC stock medicine in general at his center, even though he may not be having a medical shop / pharmacy?
- c. If the TPC does not stock medicines and neither has a medical shop / pharmacy, then how does he make available the medicines prescribed by the CMF doctor to the patient?

8. WHP Product Supply Logistics

- a. Are you aware of all the medicines / products currently marketed / supplied by WHP?
- b. Are all the products available at the TPC (Discuss the complete range of WHP product as being supplied currently)?
- c. How frequently do the Field Officers visit your center for replenishment of products?

9. Status of Medical Abortion Kit at TPC's

- a. Are you aware of WHP's brand of Medical Abortion kit?

- b. How many MA (Plan- C) kit have you sold since joining the network?
- c. Do you brief/counsel the client about the correct way of using the MA kit?
- d. Do you also call the clients for follow-up visits, to look for complications (if any)?
- e. Have you heard of any complaints from a client, who used the Medical abortion kit, from the TPC?
- f. Specify the complaints?
- g. What is your plan of action for clients who face complications after using the MA kit at the TPC?

10. RHP post card status

- a. When did you last receive the RHP postcards?
- b. Did you distribute those postcards to all your RHP's?

11. Equipment Status / Technical problems

- a. What is the working status of all the equipment's at the TPC, as provided by WHP?
- b. In case of equipments not in working condition, how long has the problem been continuing?
- c. What is the most common technical problem which you face during the consultations?

Annexure -II

IUD monitoring questionnaire

IUD Monitoring Questionnaire		Response
1	How many patients were screened for insertion?	
2	How many IUD inserted today?	
3	Was the ANM present at the TPC?	
4	How many IUD camps organized at the TPC till date?	
5	How many IUD's inserted at the TPC till date, per your record?	
6	How many IUD's have you purchased from Field Officer till date?	
7	How many IUD's are left in your stock as on date at TPC?	
8	Record any difference between IUD inserted at SKY Health Centre and purchased by the SKY Health Centre?	
9	Is the sterilizer in packed condition, as provided by WHP?	
10	If Q 9 is Yes, then how is the TPC sterilizing IUD equipment's before camps?	
11	If Q 9 is No, then were all the equipments sterilized for the camp?	
12	Does the ANM uses her own set of IUD instruments during camps or the one provided by WHP?	
13	If Q-12 is yes, then are you aware as to whether these equipments are sterilized or not?	
14	Are all the insertions done at the TPC itself on the camp day?	
15	If not, where are the other IUD insertions happening and when?	
16	How does the TPC get the details of insertions not done at the TPC?	
17	Is the TPC aware of the address of all the clients, who underwent IUD insertion at the TPC?	
18	On every camp day, how does the TPC calculate the final figure of insertions at the end of day?	
19	Who does the communication at the WHP end, regarding the final figure of insertions on the camp day?	

Annexure -III

Daily Market Report

Working Period	08-05-2010
Date	08-05-2010
MO	Apoorva Sangal
District	Bijnour

[illegible]

Annexure -IV

A year end survey on perception of network providers upon their association with WHP

IEC activity status

1. Were Film shows conducted in your village and RHP catchment villages?

Response	Frequency	Percent (N=57)
Yes	55	96 percent
No	2	4 percent

2. Were wall paintings done in your village and RHP catchment villages?

Response	Frequency	Percent (N=57)
Yes	57	100 percent
No	0	0

3. If yes, were all the RHP villages covered during the activity?

Response	Frequency	Percent (N=57)
Yes	51	89 percent
No	4	7 percent
Not Aware	2	4 percent

4. How many wall paintings done in each RHP village?

Response	Frequency	Percent (N=57)
Yes (Aware of wall paintings)	52	91 percent
No (Not aware of wall paintings)	5	9 percent

5. Have you got Clients who came to your center after seeing the film shows?

Response	Frequency	Percent (N=57)
Yes	46	81 percent
No	11	19 percent

6. What percentage of your total client visited your center after seeing film show, for tele-consultation?

Range (percent) Clients came after film show	Frequency (TPC)	Percent (N=57)
0-10 percent	29	51 percent
11-20 percent	6	11 percent
21-30 percent	5	9 percent
31-40 percent	5	9 percent
41-50 percent	3	5 percent
>50 percent	4	7 percent
No clients visited after film show	5	9 percent

CMF consultation process/details:

1. What are the criteria used by the TPC to log in at the CMF to show select patients, i.e. are these patients that they cannot treat nor do the patients themselves ask to be seen by a Delhi doctor?

TPC's where patients come specifically for Tele consultation			TPC's where patients are pushed for Tele consultation		
Frequency (TPC)	Percent Client load	Percent TPC response (N=57)	Frequency (TPC)	Percent Client load	Percent TPC response (N=57)
23	100 percent	40	5	100 percent	9
3	90 percent	5	1	90 percent	2
5	70 percent	9	2	80 percent	4
2	60 percent	4	7	70 percent	12
8	50 percent	14	8	50 percent	14
7	30 percent	12	4	40 percent	7
2	20 percent	4	5	30 percent	9
1	10 percent	2	3	10 percent	5

2. Has any patient been referred to FC by CMF doctor after consultation?

Response	Frequency	Percent (N=57)
Yes	47	82 percent
No	10	18 percent

3. Do those patients referred to the FC, actually visit the FC for further treatment?

Response	Frequency	Percent (N=57)
Yes	19	33 percent
No	22	39 percent
Not Applicable (no patient referred to FC during teleconsultation)	16	28 percent

4. Do the TPCs have a stock of drugs that need to be prescribed to the patient?

Response	Frequency	Percent (N=57)
Yes	33	58 percent
No	24	42 percent

5. What does the TPC do when the prescribed medicine is not available at the center to be provided to the patient?

Response	Frequency	Percent (N=57)
Prescribed medicines arranged by patients themselves	18	32 percent
Prescribed medicines arranged/available at TPC	39	68 percent

6. Are you comfortable/ confident in taking ECGs (probe for lead points) and auscultation?

Response	Frequency	Percent (N=57)
Yes	46	81 percent
No	11	19 percent

7. Did you understand the directions given by CMF doctor properly, to be communicated to patients?

Response	Frequency	Percent (N=57)
Yes	57	100 percent
No	0	0

Increase in business / client load after association with WHP

1. On an average how many patients did you see before associating with the network, per general consultations?

Total general consultation at TPC before becoming SKY Health Center		
Average client load per day	Frequency (TPC)	Percent (N=57)
0 to 20	16	28
21 to 40	20	35
41 to 60	5	9
61 to 80	4	7
81 to 100	3	5
Not practicing earlier	9	16

2. On an average how many patients do you see after associating with the network, per general consultations?

Total general consultation at TPC after becoming SKY Health Center		
Average client load per day	Frequency (TPC)	Percent (N=57)
0 to 20	16	28
21 to 40	20	35
41 to 60	7	12
61 to 80	2	4
81 to 100	2	4
101 to 120	1	2
Not practicing earlier	9	16

3. Have you seen an increase in your general patient load since your association with the network?

Response	Frequency	Percent (N=57)
Yes	16	28 percent
No	32	56 percent
Not practicing earlier	9	16 percent

4. Did you have any patient/s that used to consult at your center before your joining the network, but has stopped consulting after your association with the network (if any)?

Response	Frequency	Percent (N=57)
Yes	6	11 percent
No	41	72 percent
Not practicing earlier	9	16 percent

RHP Network/ Referral /Product supply logistics

1. Do you visit your RHP's?

Response	Frequency	Percent (N=57)
Yes	31	54 percent
No	26	46 percent

2. How often do you visit your RHP's?

Response	Frequency	Percent (N=57)
Every two months	1	2 percent
Monthly	19	33 percent
Fortnightly	10	18 percent
Weekly	1	2 percent
Do not visit to RHP's	26	46 percent

3. Are you aware of the product availability status for your RHP's?

Response	Frequency	Percent (N=57)
Yes	26	46 percent
No	31	54 percent

4. How often do you visit your RHP's to deliver/replenish products to your RHP's?

Response	Frequency	Percent (N=57)
Half Yearly	2	4 percent
Quarterly	1	2 percent
Monthly	2	4 percent
On Demand by RHP	16	28 percent
During TPC visit to RHP's	3	5 percent
RHP not keeping product at all	32	56 percent
During RHP's visit to TPC	1	2 percent

5. Has your RHP/s referred any client for IUD camps, till date?

Response	Frequency	Percent (N=57)
Yes	41	72 percent
No	16	28 percent

6. Has your RHP/s referred any client for tele consultation, till date?

Response	Frequency	Percent (N=57)
Yes	52	91 percent
No	5	9 percent

Product availability status at TPC/ Visit by Field Officer

1. Do you have our products in stock, as of now?

Response	Frequency	Percent (N=57)
Yes	56	98 percent
No	1	2 percent

2. What is the current status of product availability at your center- Specify product wise?

Response	Frequency	Percent (N=57)
Both Apsara & Style in stock	48	84 percent
Either of product in stock	9	16 percent

3. Did the Field Officer visit you in the month of December 2009?

Response	Frequency	Percent (N=57)
Yes	53	93 percent
No	4	7 percent

Descriptive / Qualitative feedback

1. Give us three reasons that made you join this network/initiative?

Response	Frequency	Percent (N=57)
For Increase in Income	44	77 percent
Popularity / goodwill in society	35	61 percent
To provide quality health care at low cost	19	33 percent

2. Tell us of two benefits (socially) which you have derived from the network since inception?

Response	Frequency	Percent (N=57)
Popularity and good will in society / Service to society for good	57	100 percent

3. Tell us of two benefits (financially) which you have derived from the network since inception?

Response	Frequency	Percent (N=57)
Increase in income	34	60 percent
Income remains same	17	30 percent
Loss of income due to excess fuel consumption	6	11 percent

4. Tell us in case you miss out anything because of joining our network?

Response	Frequency	Percent (N=57)
None of the TPC miss out on anything by associating with WHP	57	100 percent

Disclaimer

The case study has been compiled after primary and secondary research on the organization and has been published after due approval from the organization. The case has been compiled after field visit(s) to the organization on June 2010. The author of the case or ACCESS Health International are not obliged or responsible for incorporating any changes occurred in the organization after receiving the due permission from the organization to publish the case. The case study has been developed with a specific focus to highlight some key practices/interventions of the organization and does not cover the organization in its entirety.

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