



WORLD HEALTH PARTNERS

# Managing scale – WHP's experience

**Prachi Shukla**  
**General Manager**

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## Background

- Broad lessons from experience of large-scale programming
- Applying lessons to develop a project--the WHP experience

**My background: associated with Janani program in Bihar, arguably the largest program in the world using private resources to target the rural poor. Founder member of WHP.**

**WHP is an international NGO, with HQ in US and first project in India. Builds on lessons from Janani.**



## A Focus on RURAL & SCALE

- Program in **Uttar Pradesh, India**
  - 1,120 Rural Centres
  - 16 Franchisee Clinics
  - 9 Labs
  - 3,000 Shops
- Program in **Bihar, India**
  - 16,000 Rural Centers
  - 60 Franchisee Clinics
  - 120 Labs
  - 12,000 Shops



## **WHPs operational strategy**

- **Minimize variables-large programs cannot manage too many variables**
- **Use technology to bridge deficient medical skills**
- **Improve rural supplies by combining modern logistics management with traditional practices**
- **Adequate financial incentives**
- **Stringent monitoring & supervision**

**Program plan needs to be dynamic & flexible**



# Key management decisions

- Small team – less bureaucracy
- Outsourced implementation- core team oversees implementation
- Best efficiencies achieved by relating earnings to performance
- Weekly data review for quick course correction
- Violation of norms leads to elimination



## Use of technology

- Low end, cost effective ICT solutions to bridge urban & rural divide
  - PC based tele consultations to provide credible medical advice
  - Use of cell phones for generating alerts, reminders to clients, mass media & IPC, financial transactions & mobile banking
  - Handheld device for monitoring



# Rural logistics & supply chain

- **Bottleneck of rural service delivery**
- Two parts of supply chain:
  - Existing distribution system
  - Combining traditional practice of RHPs travelling short distances to procure products with WHP dropping off supplies close to providers
- All transactions by field officer through web-based mobile application; provision of real time data



# Lessons learnt in the WHP project- community perspective

- Immense need for the entire range of health services
- Rural clients look for one single contact point where all their health needs, preventive and curative, can be addressed
- Rural clients not intimidated by the use of technology





# Lessons learnt in the WHP project- providers perspective

- Providers with entrepreneurial sense are real asset to the project
- Providers willing to invest 100%, if they see value in the network
- Eagerness to learn medical as well as technical skills
- Women especially eager to learn and subsequently use technology
- Enthusiasm for working with various Govt. schemes



## What still remains a challenge

- Inordinate delays & bureaucracy in dealing with public sector
- Persistent community demand for quick therapies
- Franchisee value addition



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**Thank you**