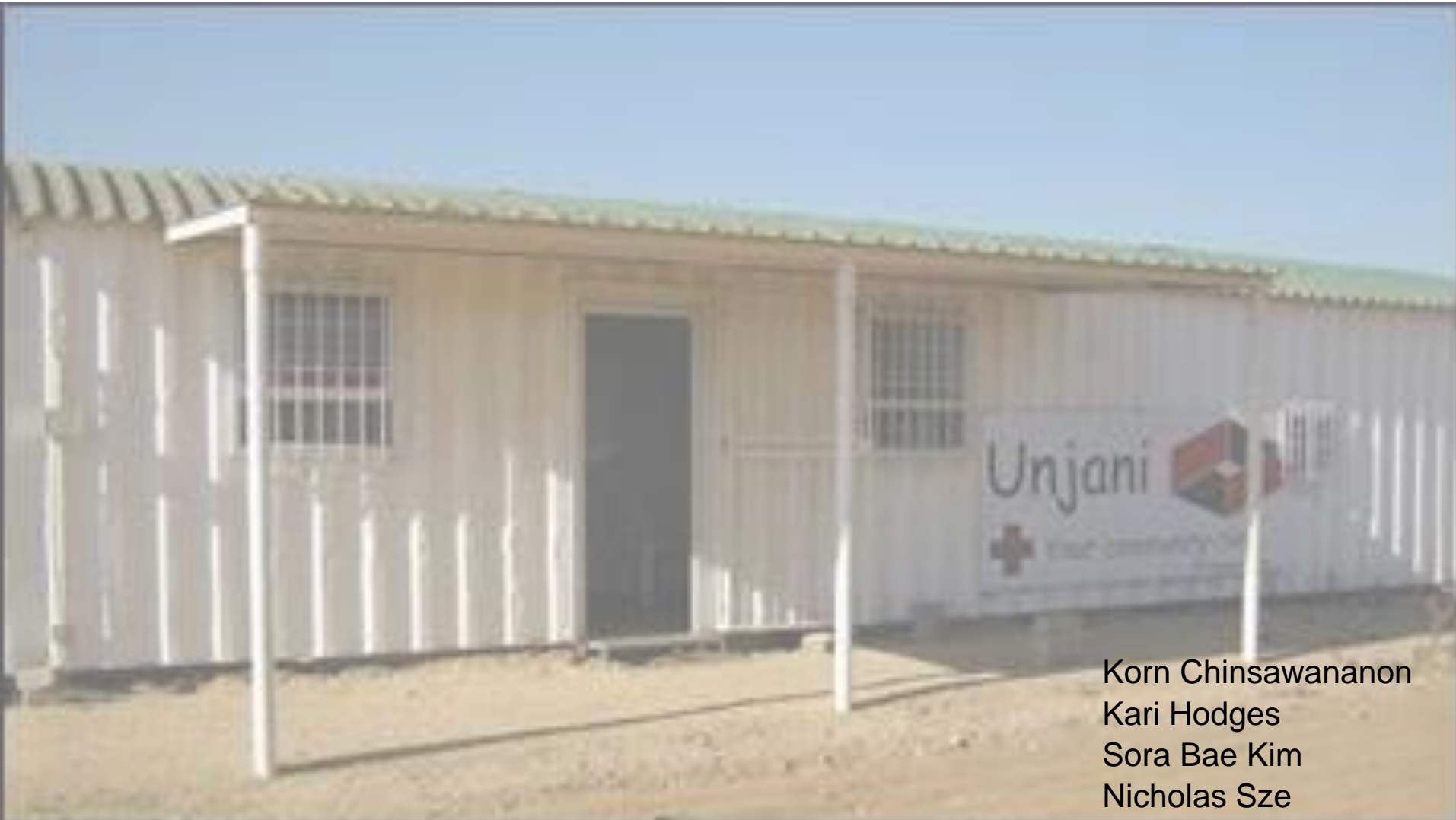


# Unjani Clinics: Quality, Affordable Healthcare

*April 2013*



Korn Chinsawanon  
Kari Hodges  
Sora Bae Kim  
Nicholas Sze

# Agenda

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- I) **Executive Summary**
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# Executive Summary

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The MIT Team spent two weeks in Johannesburg, South Africa, working with Imperial Health Sciences (IHS) to improve the marketing methods and financial sustainability of the Unjani Clinics. Unjani currently has 7 franchised clinics located around Johannesburg and Cape Town that are owned and run by licensed nurses. The goal of these clinics is to deliver affordable, quality healthcare solutions to communities of South Africa. Unjani management's vision is to scale Unjani to over 2500+ individual clinics in the next few years.

While on the ground, the team visited six of the clinics and conducted over 80 interviews with four main constituency groups:

**Competitors:** information gathered from public clinics, private doctors' offices and Spazas (local shops)/ pharmacies to assess market size, segmentation, and value proposition.

**Unjani nurses and staff:** MIT team assessed current processes and gathered "on-the-ground" best practices to be standardized across clinics.

**Customers:** current clients shared insights on Unjani's value proposition, as well as the decision making process that lead to utilizing Unjani Clinics' services.

**Consumers:** Interviewed clinic communities to assess needs/services alignment, health care perceptions and assumptions, and willingness to pay.

Lastly, the MIT team observed day-to-day clinic operations and engaged in marketing activities to test for ease of implementation and strategy effectiveness.

## General Recommendations:

- *Big Picture:* Evaluate the objectives and goal of Unjani in the context of Imperial's overall objectives
- *Training:* Focus future training sessions on actual cases and problems that nurses have faced in their businesses
- *Pricing:* Implement a tiered pricing strategy with a fast-turn, low-priced offering (ie. vaccinations) for a low-price to drive customer demand and continue to differentiate prices based on clinic location
- *Awareness:* Continued attention on building awareness in the community and marketing is necessary, as actual awareness is much lower than expected

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## Team Introductions

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### ***Korn Chinsawananon***

*MIT Sloan MBA Candidate – 2014*

Korn is a first year MBA student at MIT Sloan where he is focusing on competitive strategy and operations management. Korn spent 4 years working as an IT and operations consultant in Thailand, Malaysia, and Philippines in industries ranging from retail to manufacturing prior to his MBA studies. He holds a Computer Engineering degree from Chulalongkorn University.

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### ***Kari Hodges***

*MIT Sloan MBA Candidate – 2013*

Kari is a second year MBA student at MIT Sloan where she is focusing on marketing and business development. Prior to Sloan, Kari worked in research and research compliance at New York University, and in policy at the Cato Institute. Her research has contributed to numerous articles, books, and accolades including the written thanks of Avinash Dixit in his book Lawlessness and Economics. Kari Holds a BA from Brown University.

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### ***Sora Bae Kim***

*MIT Sloan MBA Candidate – 2014*

Sora Bae Kim is a first year MBA student at MIT Sloan. Prior coming to Sloan she worked as a structural engineer in London with topnotch architects on projects ranging from temporary art installations to big development projects in Egypt and the Middle East. She speaks multiple languages, enjoys running, and majored Civil Engineering at Imperial College London.

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### ***Nick Sze***

*MIT Sloan MBA Candidate – 2014*

Nick is a first year MBA student at MIT Sloan where he is focusing on strategy, marketing, and healthcare. Prior to Sloan, Nick worked at Accenture as an IT Consultant in the Healthcare industry. He worked on the delivery of large systems implementations for a health insurance client and a pharmacy client. Nick holds a B.S. in Industrial Engineering and Management Sciences (IEMS) as well as a B.A. in Economics from Northwestern University.

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## Project Background – Company History

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- Imperial, a Logistics company with market capitalization of approximate R20 billion, has recently purchased RTT Health Services for R500 million to be incorporated into their Imperial Health Sciences (IHS) Division
- In 2010, RTT launched a program to leverage its logistical expertise in the social enterprise sector by creating a clinic-in-a-box CSI initiative named Unjani to:
  - Tackle the primary healthcare shortage among low income population in the country
  - Promote entrepreneurship among the salaried nurses through franchising model
- Pilot program started in September 2010 with two clinics in Etwatwa and Wattville, has now grown to 7 fully functioning clinics.
- Initial price point was R60 for consultations, and currently charging a price ranging from R100 to R150 (depending on the clinic location) for all treatments and medication provided.
- IHS's vision within the next 4 years is to build a sustainable network of 2,500 Unjani clinics across the country, including in rural and semi-rural areas, where public health care facilities are often far away.

## Project Background – South African Primary Healthcare System

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- The South African primary healthcare system currently has two primary options:
  - 1) Public Clinics – located throughout communities across South Africa, the public clinics have a reputation for long queues, poor service, and being understaffed. Service is free, as long as people are willing to wait. Medications are prescribed and given on-site, but are often out of stock.
  - 2) Private General Practitioners (GPs) – many communities will also have one or more GPs. Typically, only people with Medical Aid (South African form of Health Insurance) or wealthy can afford to go to GPs, where an average visit will cost R250 with medication as an additional cost. GPs have the community reputation of providing excellent service and no waiting.
- South Africa has a form of health insurance called Medical Aid. It works very similarly to health insurance in the US and is typically employer-provided. Most GPs accept Medical Aid. Unjani clinics currently do not accept Medical Aid but have plans to implement an IT system with the capability to handle Medical Aid.

Map of South Africa removed due to copyright restrictions.



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## Problem Statement

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- While the pilot has been moderately successful in its mission to deliver an affordable healthcare solution, the main challenge is making the franchise model financially and operationally sustainable.
- The main problems facing the existing clinics are:
  - Lack (and volatility) of patient volume
  - Lack of awareness in the community
  - Lack of standardized nurse selection process
  - Unclear roles and responsibilities between franchiser and franchisees
  - Poor clinic-location choice in communities with very high unemployment
- The goal of scaling from 7 existing clinics to a future vision of 2,500 clinics within the next few years presents Unjani with a significant logistical, operational and strategic challenge.

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## Summary of On-Site Observations and Interviews

General Observation	Details and Examples
Patients are willing to be mobile (within reason) to access healthcare	There is an abundance of private transportation ranging from taxis (only a few rands) and people have high mobility to choose the clinic they want for healthcare. This was highly visible in the people we talked to in both Etwatwa and Villa Lisa.
Quality-of-care difference between public clinics and Unjani clinics differs from location to location	Certain communities had very impressive public clinics (i.e. the Villa Lisa public clinic is very clean and well-run with no significant service difference from Unjani clinic), while other communities had public clinics that met our initial expectations. Most public clinics did report some problems with medication stock-outs from time to time.
Patients experience significant wait times at Unjani, sometimes even <i>more</i> than at public clinics	3 hour patient wait times were observed in both Etwatwa and Villa Lisa Unjani clinics. Wait times at public clinics differs from location to location and by time of day (ie. high wait times in Etwatwa, vs. low wait times in Villa Lisa).
Target market mismatch	The target market for Unjani is supposed to be employed people with lack of healthcare access. However, the neighborhoods that the clinics are in are full of unemployed people where R100 is the equivalent of selling 14 bottles of water or 10 haircuts.
Lack of community awareness	Even people around the clinic within 500 meters are not aware of the clinic.

## Summary of On-Site Observations and Interviews (cont.)

General Observation	Details and Examples
Services offered at Unjani are not what the community needs the most	Vaccines/immunizations, hypertension, and diabetic medications are most needed by the community.
Clinic is not at operating as efficiently as expected (expectation is 15 minutes per patient on average)	From the wait time we have observed the average time per patient is more likely to be closer to 30 minutes than 15. This reduces the total capacity by half.
Most nurses have intuitive business sense, even if they may not have traditional business training	Nurses know the their communities and their business well. They adjust treatment prices based on the observed willingness to pay and location.
There is strong competition for selling OTC medicines in the spazas.	Spazas in general sell well-diversified medicine (grandpa powder, flu medicine, and painkillers) at lower or equal to price points to Unjani.
Community unemployment and willingness to pay is much lower than expected for most clinic locations	Except for the Unjani Clinics in Kwaggafontein and Soweto, most of the clinics were located in communities with extremely high unemployment and very low willingness to pay. Not only are people in these communities willing to wait in long public queues for healthcare, but they also survive on grants of R280 per month, so paying R150 is out of the question.

## Publics Clinics are not always overcrowded and can be quite nice

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Photograph of public clinic removed due to copyright restrictions.

## Wait times at the Unjani clinic can exceed 3 hours

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# There is a great deal of competition for OTC drugs at local Spazas





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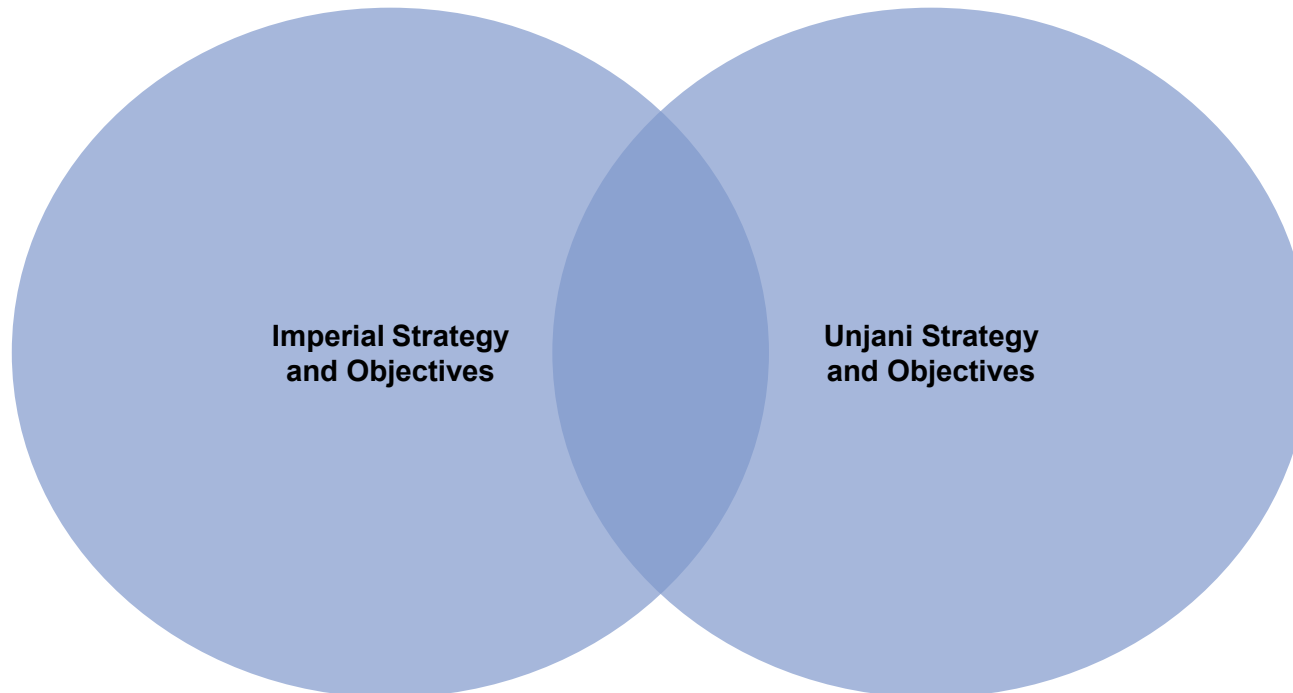
## “Big-Picture” Recommendations

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**Based on our conversations and observations, we are not clear on the true objective of the Unjani Clinics and how this initiative supports Imperial's strategy as a whole.**

*We recommend for management to:*

- 1) Evaluate the true rationale for Unjani in the context of Imperial’s overall strategy
- 2) Evaluate if there are more effective ways for Imperial to leverage its core competencies to meet its overall objectives



## “Big-Picture” Questions For Discussion

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### *Suggested Questions for Discussion:*

- 1) What is the true goal of the Unjani clinics and how does it fit within the overall goals of Imperial? What does Imperial gain from having the Unjani Clinics?
- 2) If Unjani is a CSI initiative, why doesn't Unjani get more limelight/publicity and funding? Why is it not a more important initiative for Imperial?
- 3) Why is Unjani structuring the financials so that it takes a significant net loss on every clinic it opens? Why is Imperial willing to take this loss? Is this loss sustainable for the 2500-clinic end vision?

### *Additional Clarifying Questions:*

- 1) If the true objective is for Imperial to be able to have Market Access to the BOP to distribute for partner pharmaceutical companies, why not consider trying to become exclusive suppliers for the public clinics that already exist?
- 2) If Imperial wants to deliver an affordable healthcare option to the market segment just above the BOP, should income data play a role in determining clinic location? In communities with over 80% unemployment and very low willingness-to-pay, should clinics exist?
- 3) If the true objective is to scale to 2500 clinics within the next few years, why is scaling quickly critical for success? How does the timing help meet your objectives? Should the pilot scenarios play out first to ensure the clinics can be sustainable before scaling?

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# Recommendations for Existing Clinics

Our recommendations can be classified into 4 major areas:

## Nurse Skills & Training

Future training sessions should focus on actual cases and problems that nurses have faced in their businesses

- Casebook
- More relevant, interactive, and applicable
- Use extensive training approach and lessons from Warehouse-in-a-Box to train nurses

## Services & Pricing

Clinics should vary the services offered as well as the corresponding prices based on each community's willingness to pay and availability/accessibility of competition

- Offer a fast-turn, high-revenue service (ie. vaccinations) at a lower price point, R50.
  - Drives awareness
  - Additional revenue-stream
- SMS or call to remind patients about adhering to follow-up consultations

## Awareness & Marketing

Awareness in the community is actually much lower expectations – a focus on additional marketing and awareness is necessary to drive volume.

- Partner with Public Clinics to “share the burden”
- Market through Town Meetings and events
- If nurses cannot handle the responsibility of Marketing in addition to clinical duties, consider hiring a central marketing person to oversee these tasks

## Management Dynamics

Set expectations and responsibilities between Nurses and Management

- Management should not be overseeing daily clinic tasks
- Nurses should assume ownership and responsibility for clinic day-to-day operations without requiring input of management
- The roles and responsibilities between management and the nurses should be more clearly defined upfront

## Overall Pricing Strategy and Recommendations

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- Our initial hypothesis was to charge a uniform set of prices across all clinics in order to standardize prices to allow for scalability.
- However, after visiting the clinics and communities, we have concluded each clinic should continue to charge different prices ranging from R100-R150 based on:
  - Community unemployment and willingness to pay
  - Availability and service of local public clinics
  - Availability of private GPs
  - Location and proximity to town centers, shopping centers, etc.
- In addition, we continue to believe the greatest obstacle to breaking even is to achieve consistent patient volumes. To address this, we recommend:
  - Instilling a focus on patient throughput and operational efficiency. In our observations we noticed some Unjani clinics with 3 hour wait times and patients being treated for over an hour.
  - Implementing a fast-turn, low-price offering such as vaccinations to drive awareness.

## Pricing Recommendations – Additional Revenue Stream Analysis

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- To increase awareness and drive demand, we recommend offering a fast-turn, low-priced offering (ie. vaccinations) for a low-price (R50-R75) to drive customer demand and build awareness for other clinic services. Ideally, a vaccination day should be offered on a Saturday with scheduled appointments to maximize throughput and to reduce impact on normal clinic business
- Consider leveraging the strong supply chain capabilities of Imperial to become the drug suppliers for public clinics, which frequently face stock-out issues
- We also considered the following revenue streams:
  - Chronic Prescription Dispensing – ruled out because nurses cannot dispense a prescription they did not prescribe
  - Reading Glasses – currently sourced from Visionspring and under pilot program
  - Sonar – ruled out because of low demand and breakeven on a sonar machine would take over 2 years
  - OTC Medications (ie. Panadol) – Lots of competition from spazas and pharmacies
  - Nappies/Diapers – Price competition from spazas

## Suggested Delineation of Responsibilities

We recommend clearly defining the responsibilities of management and nurses

IHS Management Responsibilities	Unjani Nurse Business Owner Responsibilities
Analysis of clinic reports	Providing accurate and timely financial, patient volume and stock reports to management
Confirming stock orders	Marketing in local community
Business development – expansion of new clinics, growth strategy, etc.	Addressing problems that may arise for their clinic (plumbing issues, marketing issues, community relationship issues)
Planning ongoing training efforts, assessing effectiveness of training, determining future training needs	Overall management and running of clinic
Addressing poor-performing clinics	Hiring and firing of clinic employees
Hiring and managing of middle management (field managers)	Landscaping and clinic aesthetics
Schedule and perform quarterly reviews with nurses	Preparing analysis of past quarter performance, as well as 1-month, 3-month, and 1-year goals for quarterly review with management



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# Recommendations for Scaling and Future Growth

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## Current Approach

## Suggested Approach

### Location Choice

Location choice primarily based on nurse preference and community surveys

**Careful analysis of clinic location choice based on following factors**

- In-depth analysis of community employment and willingness-to-pay
- Availability and accessibility of competition (ie. public clinics and other private clinics)

### Timing

Future Vision is to scale to 2500 clinics over five year period

**Understand how to make existing model financially sustainable and successful before scaling**

- Allow pilot to complete to see if clinics can be successful without supporting working capital
- Restructure nurse contracts to be financially sustainable for IHS in long-term or shut down initiative

### Building Awareness

Major marketing events are planned only when clinic is opened (ie. Diabetes testing for taxi drivers)

**Community awareness events are a small portion of overall Marketing efforts needed**

- Partner with local public clinics to obtain referrals and market at local public clinics
- Plan ongoing community awareness events based on focus-topic of the month (ie. TB, HIV)

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# Unjani Clinic – Pre-Clinic Launch Milestones and Goals



## **1) Nurse Choice**

*Develop a more rigorous process for selection of nurses based on the following factors:*

- Business knowledge
- Problem solving ability
- Outspokenness, personality and sociability
- Patient Presence
- Resistance to adversity
- Connection to community
- Target clinical nurses

Suggestion: Have a successful Unjani clinic nurse interview potential nurses

## **4) Establish clear relationship between Nurse and Management**

- Clearly delineate responsibilities of nurses and management
- Develop layer of middle-management (Mabatu?) to oversee daily operations, finances and nurse oversight

## **2) Location Choice**

*Develop a more rigorous process for selecting clinic locations based on following criteria:*

- Availability and quality of Public Clinics
- Income level of community
- Employment status of community members
- Availability of Private GPs
- Proximity to community

## **5) Community Awareness**

*Build community awareness and hype for clinic BEFORE the clinic has been launched*

- Build relationship with Counselor
- Build relationships with Ministry of Health for vaccinations
- Build relationship with Public Clinic management for cross-referrals and stock-outs
- Build awareness at Town Halls, churches, schools
- Plan large marketing events to build awareness

## **3) Training and Materials**

*Develop an extensive, comprehensive multi-week nurse training program as well as provide a “welcome packet” of useful information*

- Leverage best practices from Warehouse-in-a-box training program
- Training should include how to hire a good assistant
- Training materials should include a casebook of Unjani-specific business problems and how they were resolved
- Welcome Packet includes contact information for IT, Facilities, Maintenance
- Welcome Packet includes marketing plan templates
- Welcome Packet clearly designates roles and responsibilities of Nurse-owner and Management

# Unjani Clinic – Year 1 Milestones and Goals

Pre-Clinic  
Launch

Year 1

Year 2 &  
Onwards

## **1) Marketing**

*In the first year of operations, it is critical to develop awareness of the clinic in the community and build patient volume*

- ❑ Develop a marketing calendar of required events (ie. HIV Awareness program, etc.)
- ❑ Share success of individual clinic's marketing initiatives with other clinics

## **4) Community Relationships**

*It is important to community to leverage community relationships to build awareness for the clinic in the first year.*

- ❑ Co-Plan Awareness Days with local Public Clinics 1x / Month
- ❑ Develop relationships with management at Public Clinics and distribute pamphlets
- ❑ Cross-refer patients with public clinics
- ❑ Establish stock-out plan with public clinics
- ❑ Establish vaccination sourcing with Ministry of Health

## **2) Pricing**

*Create a two-tiered price structure for each clinic based on community economic status and cost*

- ❑ Price Point 1: R50-75 for high-volume, quick turnaround, low-cost new services such as Immunizations, Eye Test, Birth Control shots
- ❑ Price Point 2: R100-150 (dependent on clinic location) for consultation and meds
- ❑ Develop a structured and data-driven price review process based on historic clinic sales

## **5) Quarterly Review**

*Establish a quarterly review process with each clinic to reflect on the past quarter's performance and establish an improvement plan for the future*

- ❑ Nurse-owner is expected to be prepared to discuss past quarter performance (patient volume trends, financials, what went well and poorly)
- ❑ Management is expected to help the nurse draft a plan for how to improve their specific clinic in the upcoming quarter

## **3) Training**

*It is essential to continue to train the nurses through off-site, action-oriented and targeted training programs that teach specific strategies applicable in their businesses*

- ❑ Provide a "casebook" of real business problems and present group-based training where nurses can discuss solutions and finally the successful implemented practice
- ❑ Provide on-site training at clinics in IT, Accounting and Finance where someone comes to the clinics bi-weekly and reviews each clinics' practices and teaches best practices

## **6) End of Year Clinic Performance Review**

*At the end of year 1, Management should establish a formal review process to review clinic performance in the following areas:*

- ❑ Patient Volume and Financials
- ❑ Quality of Care
- ❑ Nurse Performance
- ❑ Improvement opportunities

# Unjani Clinic – Year 2 & Onward Milestones and Goals



## 1) Marketing

*Assessment of first year strategy effectiveness is necessary before pursuing new strategies. Proven best practices should be integrated into training curriculum.*

- ❑ Introduce follow-up bundles/ appointments based on patient data
- ❑ Design specific treatment days
- ❑ Partner with non-health organizations (fluoride rinse at school)
- ❑ Expand marketing/ services to other neighborhoods.
- ❑ Create specific program packages such as maternity and specialty higher price services.
- ❑ Expand events with public clinic to increase reach

Note: Repeat all year one tactics for marketing and training.

## 2) Pricing

*Integrating pricing complexities create opportunities to maximize value to customers and capture greatest market share.*

- ❑ Assess and Adjust prices to fit customers and costs.
- ❑ Price product bundles to support volume increases.

## 4) Management

- ❑ Conduct quarterly reviews
- ❑ Facilitate group sessions
- ❑ Develop and execute training of Field Agents
- ❑ Set strategic direction of Unjani brand and communicate goals to nurses

## 3) Operational

- ❑ Electronic Medical Records
- ❑ Eliminate underutilized services– revise product mix to suit community needs
- ❑ Home/ site visits to create high volume opportunities
- ❑ Call/ text reminders for chronic disease appointments

## 5) Training

- ❑ Continue “casebook” group session to discuss new challenges and possible solutions as a group
- ❑ Continuous data entry skills development
- ❑ Action-oriented training updates in marketing and service.

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## Conclusion

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While the pilot has been moderately successful in its mission to deliver an affordable healthcare solution, the main challenge is making the franchise model financially and operationally sustainable.

To this end, our team has the following recommendations:

- *Big Picture*: Evaluate the objectives and goal of Unjani in the context of Imperial's overall objectives
- *Training*: Focus future training sessions on actual cases and problems that nurses have faced in their businesses
- *Pricing*: Implement a tiered pricing strategy with a fast-turn, low-priced offering (ie. vaccinations) for a low-price to drive customer demand and awareness, and continue to differentiate prices based on clinic location
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## Appendix A: Clinic Specific Observations and Field Notes

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We have compiled a presentation of our “Field Journal” – a summary of site visits to each clinic, the questions we asked to patients, as well as their responses. This detailed account of our observations will be invaluable data to support our recommendations.

## Appendix B: Recommended Follow-up Studies and Projects

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- 1) Further evaluation and discussion of “Big-Picture” questions
- 2) Casebook compilation of business cases and business problems that Unjani nurses have faced to be used in future training sessions
- 3) Field testing of recommended Pricing Strategy (ie. charging a low price for a quick-turn service like vaccinations) to drive volume and clinic awareness
- 4) Further evaluation of operational efficiency within clinics (ie. testing effectiveness of implementing a check-in process, strict adherence to timing guidelines per patient)
- 5) Nurse training and change management initiatives for implementation of new IT system to improve patient records and check-in process



## Appendix D: Pricing and Clinic Financial Analysis Files

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Attached Pricing and Clinic Financial Analysis

Data and analysis on patient volume trends, clinic financial, and cost breakdowns removed due to copyright restrictions.

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