



Second Place

case 1-429-385 April 1, 2014

Narayana Nethralaya: Expanding Affordable Eye Care

I wonder how KIDROP would spread beyond Bangalore and South Karnataka. India has more than 2.3 million underweight premature babies, who need to be screened and treated if required. We have the technology. We need to train people, we need to get funds, and we need to reach out to those babies. We need to expand fast!

—Dr. Anand Vinekar, Head of Department, Pediatric Retina, Narayana Nethralaya, Bangalore (June 2011)

Dr. Anand Vinekar was walking toward his office after a meeting with Dr. Bhujang Shetty, founder, chairman, and managing director, and Dr. Rohit Shetty, vice chairman, at the Narayana Nethralaya (NN) head office in Bangalore. Both were extremely supportive of Vinekar's bid to expand the Karnataka Internet-assisted Diagnosis of Retinopathy of Prematurity (KIDROP) program. However, they were concerned about funding and service delivery options. NN had been funding the program since its inception, but the expansion would require an efficient service delivery model. The government had pledged support, but getting the capital and operational support on the ground had its own bureaucratic issues.

In June 2011, the KIDROP initiative had completed four years, and had screened 24,899 babies and had treated 436 for retinopathy of prematurity (ROP).¹ Nevertheless, an ROP epidemic was spreading across India. Around 8% of babies were at risk of ROP, a condition that resulted in permanent blindness.² The KIDROP initiative was operational in Bangalore and surrounding areas, but there was a need to screen all premature babies in Karnataka and across the country. Hence, Vinekar was evaluating various service delivery models that would enable maximum reach with the highest service quality and with lowest societal cost, which is the sum of cost to the service provider and cost to the consumer.

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Writing Competition

Narayana Nethralaya –

Narayana Nethralaya (NN) was a super specialty eye care hospital in Bangalore established by Dr. Bhujang Shetty.³ It began as an eye clinic in 1983 and had three facilities in Bangalore—Rajaji Nagar (NN1), Bommasandra (NN2), and Ashok Nagar (NN3).⁴

ⁱ Bangalore is the capital of the Indian state of Karnataka.



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This case was developed under the supervision of Professor G. Shainesh of the Indian Institute of Management, Bangalore (IIMB) by Case Writer Suhruta Kulkarni of the Indian Institute of Management, Bangalore (IIMB) .This case was created to be a basis for class discussion rather than to illustrate either the effective or ineffective handling of a situation.