

## Rise to Thrive

### **Introduction**

In India, 35% of the population is living below the poverty (BPL) line, which means they're making at most 40 rupees per day [1]. Of this low-income demographic, 60% of them lack the proper documentation to obtain a BPL card [2]. Without a BPL card, these individuals, are unable to access government and CSR-funded subsidies. CSR or Corporate Social Responsibility funds, are money allocated by companies for initiatives that benefit society and the environment. When interviewing healthcare workers at rural medical outreach events, we learned one reason obtaining a BPL card may be difficult is that one of the documents you need to apply for a BPL card is an identity card. To get the identity card, you must have proof of identity and address, documents many who are BPL lack.

Applying this population statistic ratio, this means that of the 1.77 crore disabled people living in India with physical, hearing, seeing, or a combination of these disabilities, 37 lakh people don't have a BPL card and face obstacles paying for medical assistive devices [3]. Even so, these subsidized devices are often low-quality and cause further health issues down the line.

### **Problem**

We are working to increase access to medical assistive devices for people living in poverty. BPL individuals who lack the proper documentation and disabled individuals in general who do not have access to such devices. Additionally, medical assistive device companies who want to find or help more beneficiaries, want to find a cost-effective way to provide medical assistive devices.

We have collected evidence for the problems from several different sources. For BPL individuals who lack proper documentation having limited access to medical assistive devices, direct comments were made from Rise Bionics, the rural health clinics we visited, and individuals from an outreach event in Hanur while we were interviewing them. All sources mentioned the impossibly large upfront costs of medical assistive devices compared to the average daily wages made by people in poverty. Additionally, medical assistive device companies struggle to expand their outreach, unable to find the people who need their services the most. Our evidence for this problem is that Rise Bionics has enough CSR money and resources to provide a lot of medical assistive devices for free to the user but lacks customers that qualify for them.

BPL people who lack the proper documentation to qualify for a BPL card, face difficulties accessing government and CSR-funded subsidized medical devices. One reason obtaining a BPL card can be difficult is because one of the documents you need

to obtain a BPL card is an identity card and to get the card, you need to bring proof of identity and address, documents many who are BPL lack. Medical assistive device companies struggle to expand their outreach, unable to find the people who need their services the most because it's difficult for medical assistive device companies to find wards because of the current stigma surrounding disabilities.

## **Customer**

Our customers are Rise Bionics and other medical assistive device companies who are trying to expand their outreach and provide devices to people of all income levels. Our beneficiaries are impoverished disabled individuals who lack proper BPL documentation and those who are slightly above the BPL threshold, as both parties are living in poverty and cannot afford the medical additive devices. Disenfranchised individuals who do not have BPL certificates cannot be helped through CSR funds or government subsidies which means they struggle to obtain medical assistive devices. Additionally, medical assistive device companies have trouble finding wards due to different cultural stigmas that prevent individuals from seeking disability-related help. In addition, they want to expand their outreach to these individuals, but can't without ensuring that they'll have enough funding to maintain their business.

We know that individuals who are BPL but lack documentation consider not having access to medical assistive devices a problem, through interviews with people at outreach events where they discussed how life-changing these medical devices would be for them. The interviewees expressed dismay over not being able to work and feeling like a burden on their families because of their inability to find work given their disability. They said that these conditions would change after receiving a proper medical assistive device as they would be able to return to work and be more independent. We know that medical assistive device companies consider this a problem because Rise Bionics has talked about having CSR funds sitting around, waiting to be used but are struggling to find the proper beneficiaries. In addition, during our outreach events with Rise, the healthcare workers and patients receiving medical devices expressed the problem of those who lack documentation not being able to access medical devices.

BPL individuals who lack proper documentation cannot solve the problem of access to these medical assistive devices themselves because they cannot afford the upfront costs of medical assistive devices, access government-funded subsidies, or easily obtain the documents required to become BPL certified. Medical assistive device companies cannot easily expand their outreach into these communities, as they are outsider entities that these communities do not trust. Additionally, Rise Bionics just recently learned about the struggles of accessing medical devices when individuals lack BPL documentation, which means it's not a widely known issue. Medical assistive

device companies can't reach more of our beneficiaries because they don't have the right contacts to help them find them.

## **Solution**

Our solution is a referral-based program that is designed to leverage existing support networks to increase access to life-changing medical devices. Low-income individuals (or someone on their behalf) find a set amount of people and earn a discount with each legitimate referral. A legitimate referral means that these 10 people have been verified for their disabilities and have been approved by the medical device company medic team or a local medical officer. From interviews with disability-related NGOs and physiotherapists, we discovered that it is becoming much more common for disabled people to be part of support groups. Additionally, at outreach events, the patients we talked to said that they had found out about said event through their neighbors and friends. These two reasons are why we consider this referral model feasible. 80% of these referrals must be able to pay in full or qualify for private charities for this model to be financially viable for medical device companies. After completing the 10 referrals, we would extend an offer to continue the partnership on a commission basis. Individuals could either continue to find more people to refer to or speak about how their lives have changed since receiving the medical device. Disability-related NGOs stated that sharing personal experiences with people within the community builds trust, and support groups help create robust networks. This commission-based model has been utilized and successful in organizations like St. John's Teaching Hospital as well as the government Ayushamti scheme. Additionally, we have been receiving continual mentorship and guidance on our solution from Rise Bionics who intends to implement large portions of our solution after we leave. Both extensions of the partnership would continually increase the accessibility and reach of our services.

Our solution will help the problem as it provides an opportunity for impoverished people who lack proper documentation to work for previously unaffordable medical devices. By utilizing disabled people's existing networks, we increase the reach of medical device manufacturers by connecting with people who lack documentation that these companies may otherwise not be aware of.

We would sustain ourselves financially by operating on commissions received from partner medical device companies. We would offer services like tracking patient referrals, expanding outreach between medical device companies and patients, and coordinating patient evaluation and device acquisition

## **Make It Real**

Throughout the last few weeks, to gather our primary data, we have conducted several interviews with various organizations such as the Institute of Public Health, St. John Hospital, AIFO, Voice of Needy, and The Samarthanam Trust Foundation to guide us in making our solution real. Additionally, we have attended multiple Help Lives Walk and Help Children Walk events with Rise Bionics to interview different patients with physical disabilities at health clinics and rehabilitation centers to understand the reality of whether our solution would be feasible through the lens of our beneficiaries.

The evidence and feedback these organizations and patients have provided us on our prototype have led us to believe in its success. Our main contributor to the feedback on our prototype is Arun from Rise Bionics, who has mentored us and constructively criticized its viability. After many conversations, Arun expressed an interest in our commission-based referral program and believed it was a valuable idea worth testing. During the Help Lives Walk event in Hanur, we brought a brochure of our referral program and interviewed 10 physically disabled individuals who did not have BPL cards. From our interview questions, we learned that all 10 out of 10 of these patients were interested in participating in our referral program. Additionally, we found that all of them did not have a job and knew others who were physically disabled. After asking how many hours a week they would spend to find referrals for 500 rupees a week, almost all of them disregarded the time it would take as they were willing to do whatever it took to find people in exchange for a free prosthetic device. Additionally, on a scale of 1-5, patients gave an average of 3-5, being comfortable and very comfortable sharing their stories at outreach events. This suggests a promising likelihood of people following through on our program.

To test our solution we've devised a three-month action plan. In the first month, we'll attend multiple Help Lives Walk outreach events with Rise Bionics to recruit 20 individuals who are BPL without documentation to enroll in our patient referral program. We would monitor their progress and track how they are finding people to refer, how long on average it takes to find people, and offering support if they need any. During the second month, we would expand and bring on 30 more people. Additionally, we would coordinate the delivery of the devices as the initial 20 people complete their 10 referrals. After receiving the medical device, we will offer opportunities to continue the referral program and share their stories at outreach events. Throughout these three months, we would continually evaluate and improve the referral program model.

Our business partners would be medical device companies like Rise Bionics. To successfully operate our business, we would need to hire a small 2-person team. One of the employees would need experience in business administration to help maintain the

patient database and organize the timely delivery of the devices to our beneficiaries. The second would be in charge of outreach and would interact with our partner medical device companies during outreach events and also work on onboarding more beneficiaries.

## Sources

[1] "Poverty Estimates for 2011-12." *Pib.gov.in*, 2014,

[pib.gov.in/newsite/ereelcontent.aspx?reid=97365](http://pib.gov.in/newsite/ereelcontent.aspx?reid=97365). Accessed 2 Mar. 2024.

[2] Ram, F, et al. "Understanding the Distribution of BPL Cards: All-India and Selected States." *Economic & Political Weekly*, vol. 44, no. 7, 14 Feb. 2009, <https://www.epw.in/journal/2009/07>.

This article was written with data from the National Family and Health Survey-3 (NFHS) data. NFHS is a large-scale, multi-round survey conducted of households throughout India. It is overseen by the Ministry of Health and Family Welfare.

[3] "Disability in India | Office of Chief Commissioner for Persons with Disabilities."

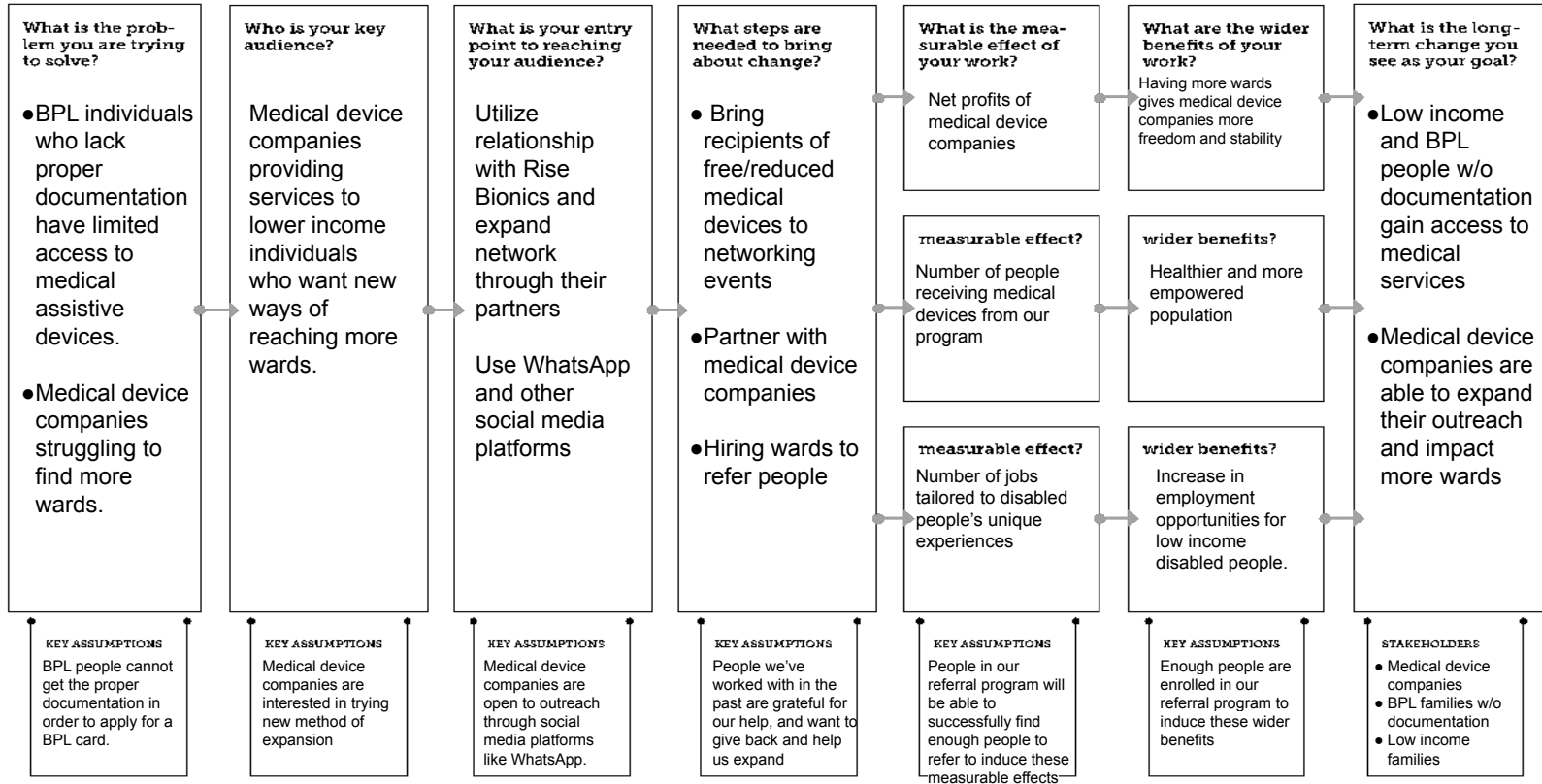
*Ccdisabilities.nic.in*, 2016,

[www.ccdisabilities.nic.in/resources/disability-india#:~:text=The%20infirmities%20include%20insanity%2C%20deaf%2Dmuteness%2C%20blindness%20and%20leprosy.&text=In%20India%20out%20of%20the,2.21%25%20of%20the%20total%20population.](http://www.ccdisabilities.nic.in/resources/disability-india#:~:text=The%20infirmities%20include%20insanity%2C%20deaf%2Dmuteness%2C%20blindness%20and%20leprosy.&text=In%20India%20out%20of%20the,2.21%25%20of%20the%20total%20population.)

Accessed 2 Mar. 2024.

# Rise to Thrive

## THEORY OF CHANGE



## Rise to Thrive Randomized Control Trial

Hypothesis: People who do not want or cannot afford to pay can use their time in exchange for a discounted or free medical device. The amount of discount provided will depend on how many referrals they bring to our enterprise

Control group: Individuals not utilizing our payment scheme (waiting for CSR funds, not eligible, or paying full price)

Experimental group: Individuals using our payment scheme

### Sample Selection:

Select a representative sample of 50 people with physical disabilities by ensuring diversity in the demographics of the target population to enhance the generalizability of findings. Randomly assign selected medical assistive device companies to either the control or experimental group.

### Outcome Measures:

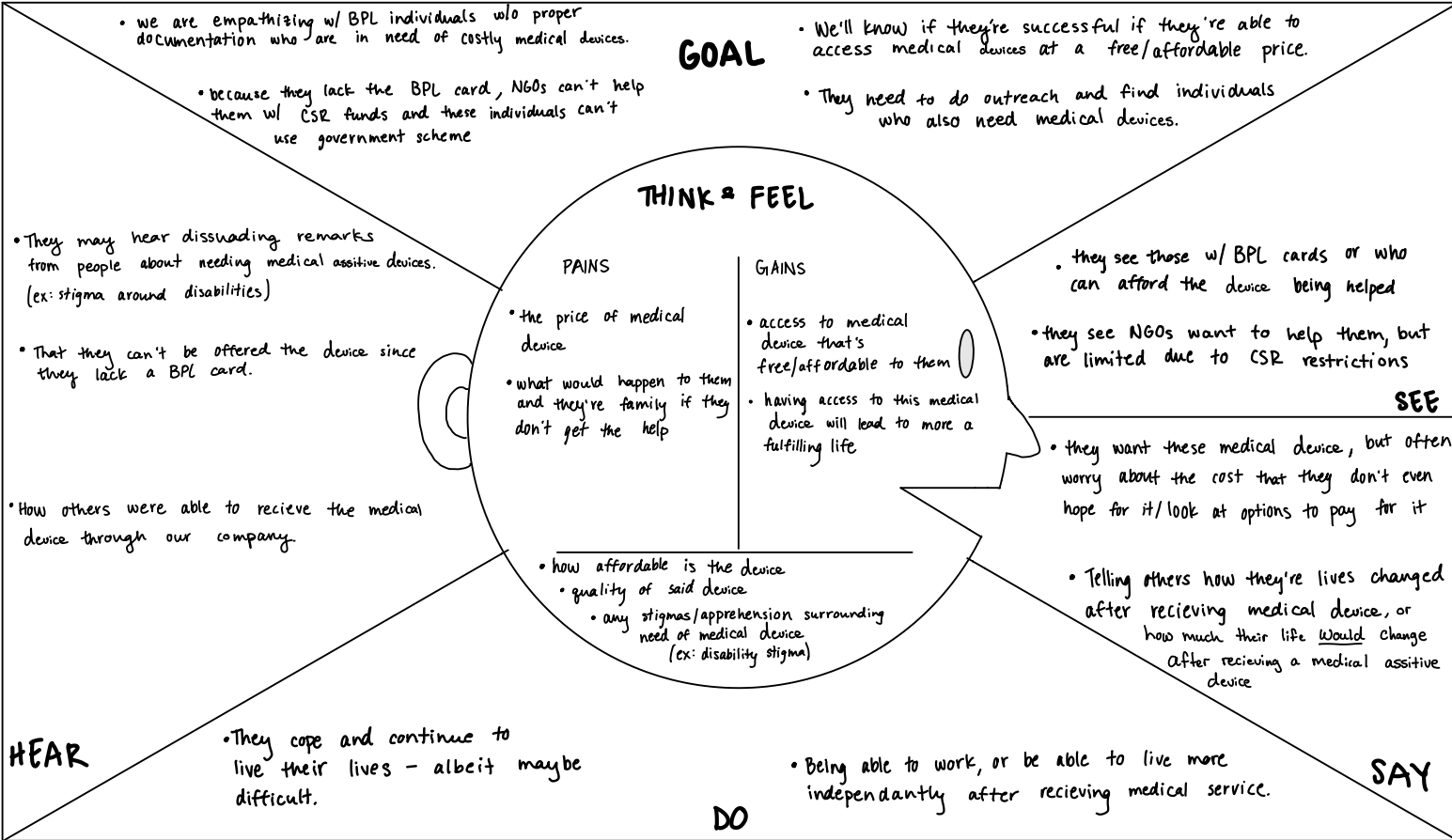
The primary outcome measure will be the number of community members who have successfully bought (either through our payment scheme or otherwise) and received a medical device. The secondary outcome will measure the net profit received by the medical assistive device companies.

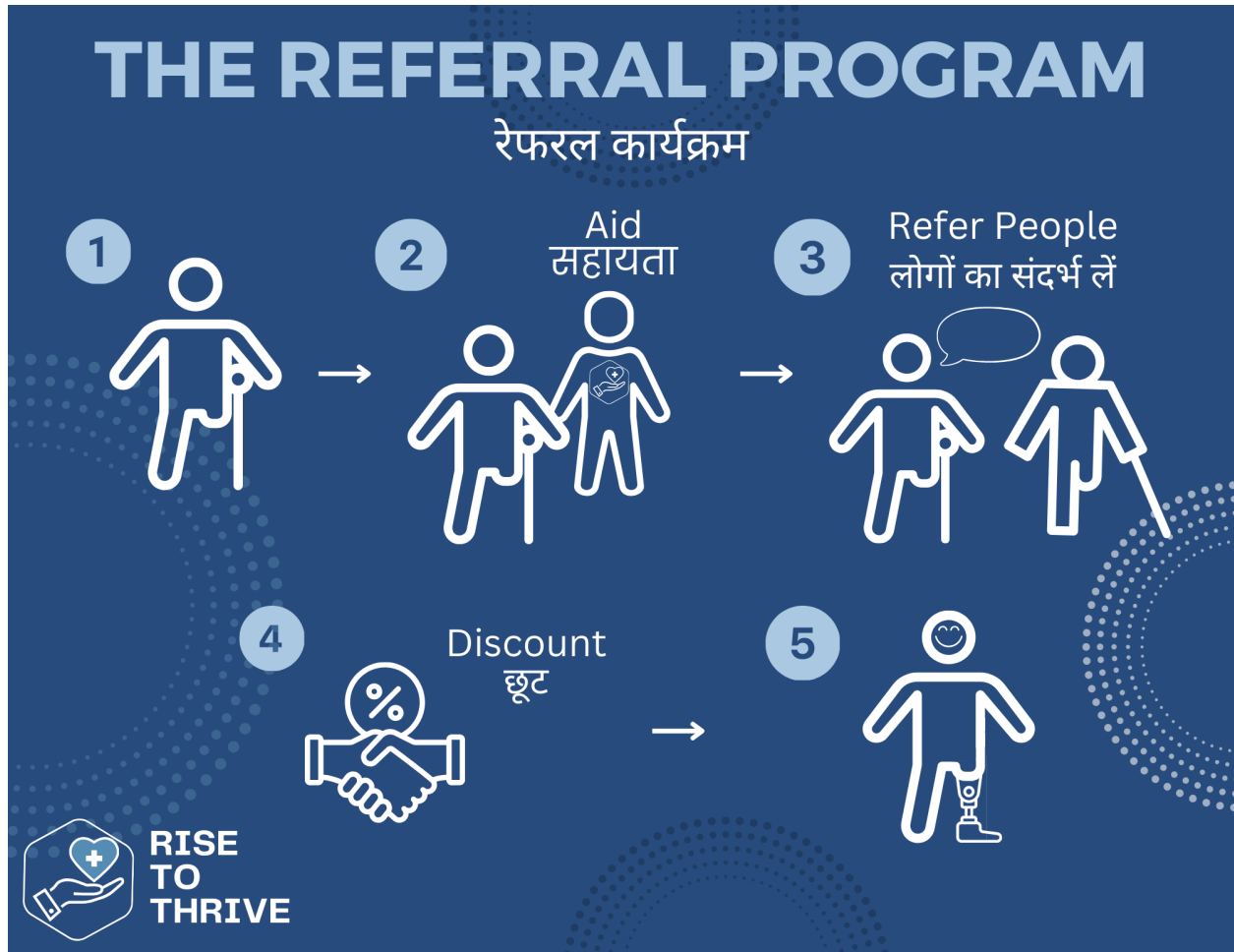
### Data Collection:

Data will be collected over a 12-month follow-up period retrospectively comparing how many individuals received medical devices from medical assistive device companies and their net profits from the year before the study data collected retrospectively for the year before the study.



# Designed for Disabled BPL People who lack BPL Cards & Need Medical Assistive Devices





We gathered valuable feedback on our prototype iterations from various sources. Initially, we consulted a Bangalore native residing in Seattle, who helped refine the icons and identify areas of confusion. The first time we used our prototype at a community outreach event in Hanur, participants found the distinction between the payment routes unclear, particularly the "paying in full" option, which was unhelpful as it's the normal transaction method. Additionally, we realized that we had an excessive number of icons to display the participant journey, including concerns about finances which was redundant for our target audience, causing unnecessary confusion. As a result, we simplified the model to ensure clarity for our intended participants. Additionally, we received feedback from our mentors who further urged us to refine our prototype. We added numbers for ease of following the story and switched out a few icons to make the journey more consistent and clear. Following the incorporation of these feedback suggestions, the revised prototype presented above demonstrates significant improvements in clarity, making it easier to understand and effectively conveying the program's objectives.

# Rise to Thrive - Business Model Canvas

|  |  |   |   |   |
|--|--|---|---|---|
| <p><b>Key Partners</b></p> <p>Whom will you work with to run the business? Name your partners and the roles they will take on.</p>   | <p><b>Key Activities</b></p> <p>What are the tasks and activities to keep the business running every day?</p>  | <p><b>Value Proposition</b></p> <p>What need are you trying to address? What value will your product bring to the target audience?</p>  | <p><b>Customer Relationships</b></p> <p>What relationships will you establish with each customer segment?</p>   | <p><b>Customer Segments</b></p> <p>Who is your target market? What are the characteristics of your early adopters? List the groups that you expect to use your product.</p>   |
| <p>Medical assistive device manufacturing companies - providing products and paying us to find customers</p> <p>Beneficiaries: BPL individuals with physical disabilities who lack a BPL card - providing the customers for the medical assistive devices as well as doing outreach for them</p> | <ul style="list-style-type: none"> <li>• Patient referral management</li> <li>• Outreach expansion</li> <li>• Commission tracking and management</li> <li>• Company coordination</li> </ul>                                  | <ul style="list-style-type: none"> <li>• Beneficiaries: Make medical assistive devices more accessible to low income individuals who can't afford them</li> <li>• Customers: Expanding their outreach to more individuals</li> <li>• Providing medical devices and even high quality ones to beneficiary</li> <li>• Customers: Managing day to day tasks so they can solely focus on manufacturing devices</li> </ul> | <p>Tailor the commission rates to the prices of their medical assistive devices</p>   | <ul style="list-style-type: none"> <li>• Medical device companies are our target market.</li> <li>• Early Adoptors: Rise Bionics             <ul style="list-style-type: none"> <li>◦ Characteristics: looking to expand their outreach and have the resources to do so, but are having trouble finding patients.</li> </ul> </li> <li>• We expect medical device companies and physically disabled BPL people to use our product.</li> </ul> |
| <p><b>Cost Structure</b></p> <p>What are the fixed and variable costs of launching your product? Consider the cost at each stage - from setting up and hiring all the way to marketing and distribution.</p>   | <p><b>Key Resources</b></p> <p>What are the tangible and intangible things you will use to make the product?</p> <p>Utilizing network of people who need medical devices knowing other people who also need such devices</p> | <p><b>Revenue Streams</b></p> <p>How will you generate income? Show a pricing model of your product or service and include other revenue sources, such as sales and subscription fees.</p>  | <p><b>Channels</b></p> <p>Where will your product be available? List the ways you plan to reach your target audience.</p> <ul style="list-style-type: none"> <li>• WhatsApp</li> <li>• Website</li> <li>• Word of Mouth</li> <li>• Networking events</li> </ul> | <p>Costs to be paid: Employee Wages, Commissions to people who find more than their allotted referrals and those who choose to speak at outreach events, and travel costs</p>   |
| <p>9</p>   | <p>6</p> <p>7</p> <p>8</p>   | <p>2</p>  | <p>3</p> <p>4</p>   | <p>1</p> <p>5</p>   |