

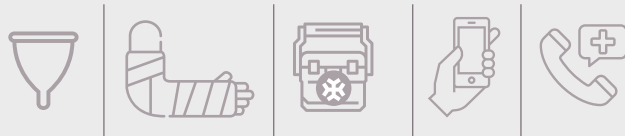


PUNE INTERNATIONAL CENTRE

Social Innovation in Healthcare

Enabling Access and Affordability

A Playbook



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1

Introduction

Over the past eight years, the Social Innovation Lab (SIL) at Pune International Centre (PIC) has provided mentorship to founders and leaders of more than 80 organisations dedicated to generating social impact through their products or services. These organisations, which include a mix of entrepreneurial startups and both established and emerging NGOs, work across various sectors to serve their beneficiaries. This playbook, the second from PIC's SIL, focuses on enabling affordable healthcare access.

The term “healthcare” encompasses a vast sector. In this playbook, it should be understood in the context of the social entrepreneurs and NGOs aspiring to provide healthcare to the underprivileged, mostly in rural and tribal regions, and the limitations they face. These entrepreneurs and NGOs offer innovative products/services they have designed, often enabled by technology, at prices significantly lower than commercial, market-driven alternatives, and of higher quality than those provided by government agencies. However, they obviously do not have the expertise, experience, or resources needed to start and operate healthcare facilities such as diagnostic centres or hospitals, or to organise large-scale health camps.

This document follows the concept of a ‘playbook’ used in sports to devise game strategies to secure victory. It is crafted with the goal of guiding organisations towards achieving their social impact objectives by drawing upon the rich experiences and lessons learnt from those we have mentored.



Objective

The playbook is designed to be a resource for founders of both existing and future organisations to:

1. Help them accelerate and grow their social impact
2. Gain a deeper understanding of both general and sector-specific risks they need to be aware of and manage
3. Learn about broad systemic challenges in providing healthcare access, particularly for underprivileged communities, some of which they may have already encountered.

By sharing the experiences of healthcare entrepreneurs featured in this playbook, as well as insights from our mentoring experiences, we aim to accelerate the growth and impact of these entrepreneurs and the organisations they run. The successful strategies and cautionary tales mentioned in the playbook aim to help leaders not only to replicate the successes but also to avoid common pitfalls.

For those interested in exploring the topic further, references to relevant blogs by PIC mentors are provided as numbered superscripts in the sections below. The blogs are listed at the bottom of the playbook, along with their titles, authors, and dates, and can be read on PIC's SI Lab website: <https://si.puneinternationalcentre.org/blogs/>

Here's a list of what is and what isn't within the scope of this playbook:

In Scope:

- **Key Insights:** Patterns and lessons learnt from the experiences of other startups.
- **Roadmap for Entrepreneurs:** A comprehensive guide providing entrepreneurs in this sector with the knowledge needed to navigate various stages, meet requirements, and adopt best practices for scaling their ventures.
- **Risk Awareness:** A focus on identifying and mitigating both general and sector-specific risks.
- **Stakeholders:** Identifying and managing stakeholders for success.

Out of Scope:

- **Foundational Knowledge:** As this playbook is compiled assuming that the reader is familiar with the basic principles of starting and running an organisation, it does not cover the fundamentals.
- **Business Basics:** Does not address general business principles.
- **Prescriptive Measures:** Refrains from offering rigid guidelines or standard operating procedures.



As always, we encourage founders to engage with PIC SIL for advice and insights specific to their challenges, and regarding any questions based on the contents of this playbook.

Ultimately, the success of an organisation hinges on the vision, passion, and competence of its founders and leaders, and how well their value proposition resonates with the needs of their target beneficiaries. This playbook aims to be a catalyst for meaningful social change by empowering those committed to improving affordable healthcare access for the underprivileged.



2

A Typical Healthcare Social Innovation Story

Manoj, let's give him a name, worked in Pune but hailed from a small village in Maharashtra. His life took a turn after he met with an accident on one of his trips to his village. Finding a good doctor to attend to his injuries was very difficult. The only available facility – the government-run Primary Health Centre (PHC) – was overloaded with patients, ill-equipped, and did not have doctors qualified enough to treat the type of injuries Manoj had. The nearest “good” doctor was 95 kms away in the district headquarters. Getting there would take time. Transport was a problem. In pain, he felt helpless and frustrated.

Eventually, he managed to get a taxi to get to the district HQ. It was a painful journey. But it was on this journey that Manoj got the idea of doing something to get “good” doctors to his village.

Manoj was a software engineer. He had studied in a good college and was working in a big software company. He had imagination and drive. The thought of villagers not having good medical facilities troubled him. He wanted to help. He thought through it and came up with a solution to connect rural patients with the city doctors.

Excited, he got together a couple of close friends and over a period of time they developed the product. It was a technology solution. Soon they realised they needed professional advice to create a better solution. So, they approached a few doctors they knew personally. The doctors seemed happy with the technology solution. The team of social innovators then set up a company and developed the proof-of-concept (POC). They were impressed with the final product and were sure the villagers would benefit from improved medical consultations. They felt they were on the cusp of a rural medical revolution!



Manoj returned to his village to “test” the product. The villagers were aware of the challenges in getting good medical consultation and heard him out and saw his product. They were not enthusiastic but said they were willing to try. Manoj took that as a positive gesture and decided to work at getting his product to the market. He funded the enterprise using his own savings and funds collected from close friends and relatives, and launched a pilot.

However, the team soon discovered that things were not as easy as they had initially thought. Getting villagers on board was difficult and it required setting up infrastructure in the villages. They had not budgeted for this. Moreover, it was difficult to get villagers to “trust” someone from the city who showed them solutions on a mobile phone. Building that trust was a long process. Manoj worried about whether the funds would last.

Then they hit other unanticipated hurdles. The local medical community dissuaded villagers from trying out the new tech solution, persuading them to stick to the tried and tested instead.

Getting government permission to operate in the village turned out to be time-consuming, as the government viewed them as a hospital/medical practice. As a result, it took months to get the necessary permissions and licences from the District Headquarters.

Furthermore, the online doctors prescribed medicines that were not easily available in the villages or even in the smaller towns nearby. That led to disappointment and a decline in the use of Manoj’s technology solution.

Within 18 months, Manoj saw his social initiative begin to falter, leaving him wondering where he had gone wrong.

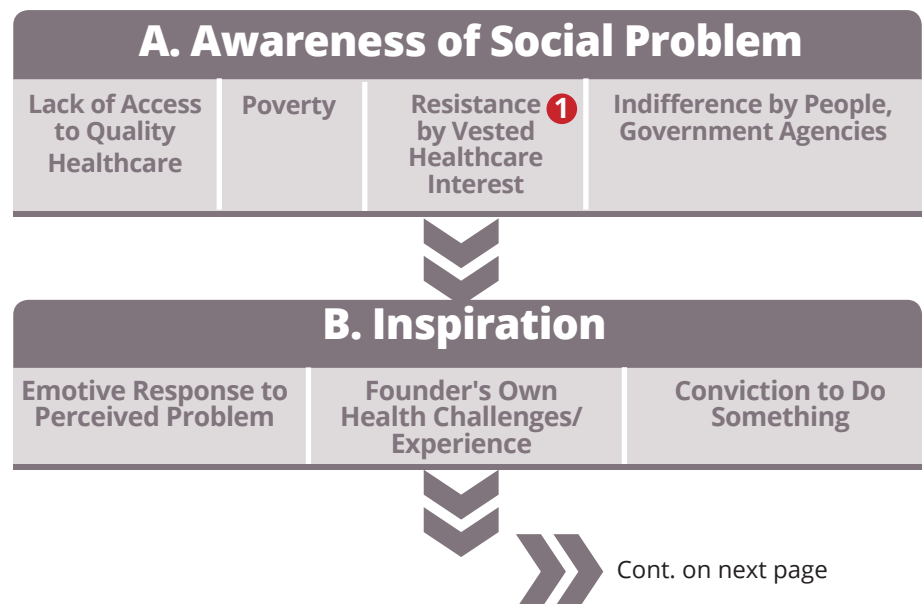
In the forthcoming sections, readers will gain valuable insights into similar and other common challenges/risks encountered by social entrepreneurs and possible solutions. These include a list of both general and specific risks, and also authors’ observations from their mentoring experiences. Additionally, the examples of social enterprises featured towards the end offer practical lessons beneficial for both aspiring and established entrepreneurs.



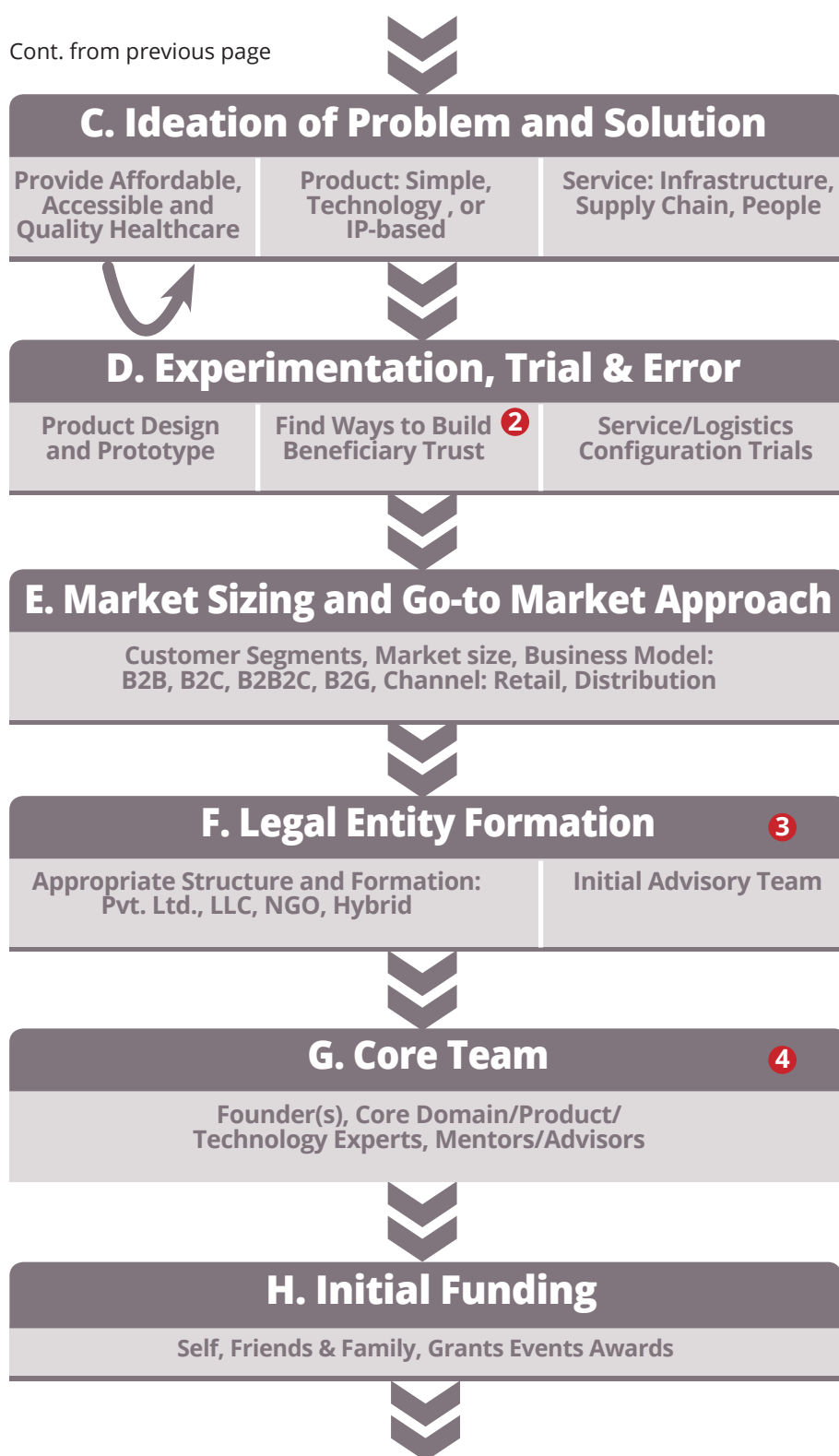



Journey of a Social Enterprise: From Problem Awareness to Sustainable Operations and Scaling

The flow chart below illustrates how a social enterprise grows from problem awareness to sustainable operations and scaling. While this is a general roadmap for any enterprise, we have focused on aspects relevant to this document's theme: Healthcare Access for the Underprivileged. Remember, real life is not linear like the flowchart! The numbers in red circles in the flow chart also correspond to the serial numbers of the topics listed in the 'Risks' section on page number 14.



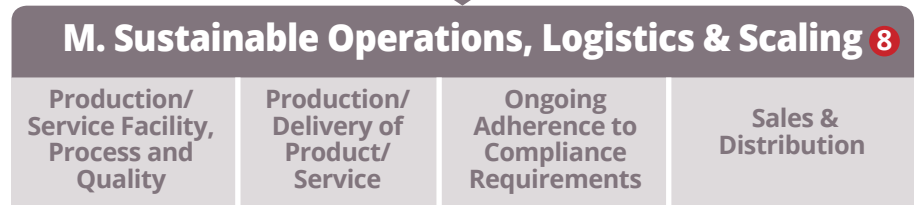
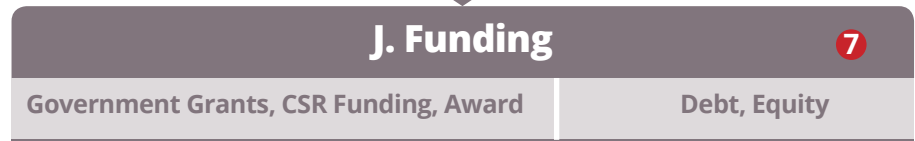
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Risks

This section aims to make founders of social organisations aware of the various risks they might face, so they can be better prepared to manage them. The risks are broadly categorised as:

- Specific risks in the healthcare sector
- General risks a new organisation faces.

Specific risks in healthcare are influenced by the significant differences between urban and rural geographies, such as in terms of awareness and attitudes of beneficiaries, their socioeconomic conditions, and healthcare infrastructure. These differences are elaborated below, followed by the list of specific and general risks.

First, let us look at the urban-rural differences.

Understanding Urban and Rural Beneficiaries

The challenges in providing healthcare vary between urban and rural areas.

- Urban beneficiaries (including the poor who access government/subsidised facilities) see themselves more as consumers with rights rather than as just patients with a need. This impacts solution delivery in multiple ways.
- On the other hand, rural people are particularly disadvantaged in this regard as they may not even be aware of their basic rights.
- Urban beneficiaries exposed to the internet, including the possibly erroneous/erratic information through social media, are aware of different treatment options and their costs.



- Rural beneficiaries, on the other hand, often have fewer options when it comes to solution providers as they do not have adequate information or exposure.
- Physical (like roads) and digital (internet connectivity) highways have bridged the gap between urban and semi-urban areas, thus enabling comparable healthcare in the latter.
- In contrast, rural dwellers do not necessarily have accessible roads and may not have digital connectivity.

Specific and General Risks

We have identified risks specific to the healthcare sector, mainly from the perspective of providing healthcare to the rural underprivileged segment. Additionally, several general risks, not specific to the healthcare sector, have also been identified and listed below. The serial numbers below correspond to the numbers in red circles in the flow chart above.

1. Challenges from Existing Operators (Specific Risk)

The biggest challenge is from existing providers/incumbent players in the healthcare ecosystem. For instance, the government service centres may actively or covertly hinder new providers to maintain their influence. This risk is further aggravated by the need of most of the new providers to share available facilities with existing operators.

Furthermore, entrenched corporate players often actively stifle innovation or new products/services, hindering social enterprises from serving their target beneficiaries.

For example, a healthcare social enterprise developed a technically superior prosthetics product at a competitive price but could not penetrate the market due to resistance from incumbent practitioners and distributors. These incumbent practitioners were reluctant to change their customary practices and adopt new practices. As a result, the distributors too favoured existing solutions from larger, established players in the industry.

2. Adoption Risks (Specific Risk)⁸

Beneficiaries have diverse responses when it comes to adopting proposed alternative healthcare solutions. Two major factors that determine their responses are geography and user mindset.

Geography factors as challenges to the adoption of any proposed solution will vary from region to region, even within the same state, especially in



geographically large and diverse states like Maharashtra. What would work in the rural regions of the Deccan plains may not work in the arid regions of Marathwada or Vidarbha. Hence, any solution provider will have to conduct multiple pilot studies, which can impact the enterprise's scalability and sustainability.

Another critical factor is user mindset towards accepting an alternative solution over traditional ones, especially in healthcare. But mindset change is a time-consuming process. Therefore, providers must factor in long lead times for a solution to gain acceptability.

Mindset is determined by various factors. For instance, taboos and beliefs attached to modern medicine/technology influence receptivity towards alternative healthcare solutions, especially within rural and tribal populations.

Also, due to lack of education and general awareness in rural and tribal populations, village/tribe leaders play an important role in driving the adoption of alternative healthcare solutions.

Furthermore, solution providers need to tailor messaging specifically for male and female populations for it to be relevant. Often, females tend to be more receptive to innovative ideas but communicating with them in rural areas is a very different proposition, given their lower levels of education and more conservative mindset compared to their urban counterparts.

For example, the decision to use a medicine or undergo a treatment is usually a group/family decision. Founders need to keep this in mind while formulating a marketing strategy and reaching out to them.

3. Inappropriate Entity Structure Hinders Fundraising (General Risk) ^{7, 11}

An organisation's structure plays an important role in its ability to source funding, which is central to the success of any social enterprise as it cannot always rely on customer revenue. This is important when a new or innovative product or service is being developed by the startup and there is no immediate customer revenue to support the innovation. At this stage, CSR or grant funding becomes critical.

Depending upon whether revenue or grants or CSR funds are sought, the entity could be:

- Non-profit and/or for-profit
- NGO, Trust, LLP, or Private Limited.



4. Team Dynamics (General Risk)²

Having the right set of team members, co-founders or otherwise, is crucial for any startup. This is particularly important for a healthcare startup, considering the unique problems/risks they encounter, such as regulatory barriers, adoption challenges, change management, funding, and manufacturing.

Therefore, a diverse set of capabilities amongst the co-founders or key team members is very important to handle these varied tasks and risks.

5. Ignoring IP Issues in the Early Days (Specific Risk)

Many startups eagerly proceed with product development in their enthusiasm to get to the market quickly, forgetting that IP is an essential requirement for them to do so. Applying and processing the patent is a long journey, and the earlier the journey begins the better. While this is true for commercialising innovation, it is absolutely essential in healthcare.

6. Regulatory Risks/Government Intervention (Specific Risk)³

Obtaining regulatory approvals for a healthcare product or service is mandatory for any organisation. This, however, is often time-consuming and expensive. Failure to get regulatory approvals on time could put the survival of the enterprise at risk.

7. Fundraising (General Risk)¹¹

Fundraising is always challenging, particularly for social enterprises in the healthcare sector. Investors take their own time in exercising due diligence, thus stretching overall fundraising timelines. Investors also consider regulatory and adoption risks while evaluating the growth potential of a startup.

Fundraising delays could pose a survival risk for many healthcare enterprises.

8. Sustainability and Scalability (Specific Risk)^{9,10}

Very few social enterprises are able to achieve sustainability and then go on to scale. Building scalable manufacturing, supply chains, and marketing capabilities are the biggest hurdles. Most healthcare social innovators have technical backgrounds but lack the experience and expertise required to manufacture at scale even after establishing product-market fit. Founders need to keep this in mind before commercialising their offerings.





What Works, What Doesn't

After listing the typical challenges and potential solutions, this section presents a ground-up view of the experiences of various social enterprises in our Social Enterprise Mentoring Programme (SEMP) cohorts in their journey over the past eight years. More than just finding a solution to a particular challenge, this section aims to help the reader avoid having to encounter challenging situations. Individual stories of the social enterprises appear later in this playbook.

What works

1. Founder's Personal or Professional Experience

Many organisations have been founded by individuals with first-hand experience in the field and have faced the difficult situations they are now trying to address. In the healthcare sector, having founders with medical domain background helps as they are familiar with the intricacies of the industry and are more pragmatic and objective in their approach to the solution.

- **Examples:** DigiSwasthya, Rnisarg, MediAsha

2. Relevant Tie-ups and Collaboration with Other Players in the Ecosystem

Organisations that build strong tie-ups with both upstream and downstream players in the ecosystem were found to be more effective in sustaining their business operations. For instance, an organisation in telemedicine did well when it tied up with pharmaceutical companies for supply of medicines, and with diagnostic centres for investigation of problems reported by patients. A similar approach was also found beneficial in organisations dealing with health and hygiene.

- **Example:** DigiSwasthya



3. Use of Technology to Build a Scalable Solution⁹

Using a technology solution, such as an app, helped acquire customers and build large databases, and ensured seamless, responsive service. Technology also helped the enterprise provide consistent and reliable service and thus build trust with patients. This increased the credibility of the organisation.

Examples: Aarodaas-DK Health, Blackfrog Technologies Private Limited, The Bombay Mothers and Children Welfare Society

4. Steps to Scale Up Operations

Many organisations have solutions that can be applied across India and globally too. Implementing operational best practices such as clear, value-adding processes, standardisation, SMART metrics, data capture, procurement and logistics, and training, including a train-the-trainer model helps achieve scale while maintaining the quality of the product or service. Along with that, building appropriate content and certifications for the training also helps in scaling and standardising operations.

Examples: Blackfrog Technologies, Rnisarg

5. Other Factors

The following factors are not specific to healthcare organisations and apply to all social impact entities:

- **Founder Conviction:** We have seen that the founders are very committed to the cause. They truly believe in making a difference. This helps them stay the course even in the face of adversities, which invariably happens.
- **Founder Openness:** The more successful founders exhibited a hunger for suggestions and were able to internalise feedback from various sources, such as customers, distributors, and mentors. They were quick to respond and act decisively.

What Doesn't Work

1. Lack of Documented Procedures and Processes³

For healthcare organisations, standardisation and documentation of processes is very important. If these are not up to the mark, it can lead to ramp-up challenges at new locations or while introducing complementary products. Robust processes can be a key differentiator if the organisation has several competitors.

Examples: DigiSwasthya, Blackfrog Technologies, Aarodaas-DK Health



2. Lack of Focus from the Founders⁶

Simultaneous involvement of the founder in multiple initiatives can prove to be a challenge in prioritising and delegating activities. It harms the operating health of the organisation. The temptation to venture into neighbouring areas invariably leads to sub-optimal performance.

Example: Rnisarg

3. Excessive Geography Spread

Often, founders start off operations in one particular geography and assume that they can replicate operations in other areas. If they do so without first establishing operational excellence in the existing location, it can lead to poor overall performance and serious capacity issues. Training and ongoing support is needed to ensure consistency in operations. Expansion is easier once the operating model is well established,

Example: DigiSwasthya

4) Lack of Funding and Cash Flow^{4, 7, 11}

Most start-ups require upfront investment for their setup and ongoing operations. This makes it very difficult to scale such ventures solely through customer revenues. One needs to secure some cash cushion, either through grants or investments. Some of the government benefits are often inadequate or unavailable in a timely manner. CSR funds are not an entirely dependable stream and should be treated as one-off. Further, for most ventures, expenditures for activities such as skilling need to be funded, without necessarily relying on revenue. These funding sources could be CSR and grants. Therefore, the venture formation has to be aligned accordingly to facilitate for-profit and non-profit activities.

Examples: DigiSwasthya, Blackfrog Technologies, MediAsha, The Bombay Mothers and Children Welfare Society

5. Other Factors

The following factors are not specific to healthcare and apply to all social startups:

- **Lack of Stakeholder Management:** A common shortcoming observed is the lack of communication on an on-going basis with existing and potential stakeholders. In order to get them excited and keep them engaged so they can contribute when the need arises, founders have to share their vision and expertise with them.
- **Chasing Awards over Business Focus:** Visibility is important and initially awards from social organisations bring that, along with some much needed cash. However, many founders have gone overboard in the pursuit of fund-raising and awards and lost focus on their business. This needs to be avoided.





Policy Recommendations

Based on our experience, we offer a few policy insights and actionable measures that can help accelerate the formation and scaling up of healthcare-related organisations and their impact on the health and wellbeing of the nation and the world.

1. Accelerate Innovation and Entrepreneurship:

As part of the 'Startup India' initiative, several hundred Atal Innovation Hubs and DST (Department of Science and Technology) lead Incubators have been created in the country. Efforts by the Department of Biotechnology (DBT) through BIRAC (Biotechnology Industry Research Assistance Council) have been particularly effective. In addition, several fund-of-funds have enabled capital formation for funding these startups in a more sustainable and long-term manner. These initiatives are an existing asset to drive innovation in the healthcare space. The following additional initiatives will bring more focus on the healthcare theme:

- a. Infrastructure:** Continue to build out and expand shared infrastructure that startups can leverage for a nominal usage fee; for example, in the testing and certification area. In addition, Digital Public Goods (DPG) and Digital Public Infrastructure (DPI) should be made available to startups, along with creating awareness and providing training on them through incubators and accelerators.
- b. Regulations:** Streamline regulations in a way that balances protection of consumers and innovation. Startups will always innovate but often get bogged down by regulations that lag behind and ultimately don't have a rhythm to match the limited life of a startup. Therefore, they should be invited to participate in the process of creating regulations.



- c. Cross-agency Coordination:** There should be efforts to accelerate and expand integrated decision making across various government departments and agencies. For instance, MedTech Mitra is a valuable step in this direction.

2. Accelerate Capital Formation

- a. Fund of Funds and New Fund Formation:** Deep tech innovation in the healthcare space takes time, especially for certain classes of devices and pharma products. Startups in this space have a longer time to market which requires multiple rounds of funding. More funds that address the different stages of startup growth need to be formed to fund these startups. A fund-of-funds approach can be utilised to support formation of new funds.
- b. Leveraged Funding Mechanisms:** Build an ecosystem for innovative leveraged funding mechanisms from donors and grant givers to enable banks to support the working capital needs of startups in healthcare.

3. Adoption:

Government has at its disposal various means and mechanisms to facilitate largescale adoption of innovative solutions with potential for high impact on public health; private entities simply don't have these resources.

- a.** Government can use various “nudges” across both public and private sectors to accelerate adoption of solutions, such as by making them free or subsidised, or even rewarding adopters. Often these nudges pay off.
- b.** Government itself could procure at scale, thus accelerating adoption, creating nation-wide impact, and even building export potential.
- c.** Government can fast-track qualifications of technology and pilots for ROÍ (Return on Investment) assessment, prioritising those aligned with national health missions for improving public health, or those with potential for exports and global impact.

4. Awareness

- a. Problem Statements and Challenges:** The top public health areas for innovation and particular solutions sought by the government should be established and widely publicised for startups. This will create a fertile ground for the startups to pick important problems to solve.
- b. Public General Awareness:** Governments should continue to invest in public awareness campaigns to educate citizens about the importance of preventive healthcare, hygiene practices, and timely seeking of medical help. Social media and various new channels of digital communication for direct and targeted communication with citizens should be deployed under a well-coordinated communications strategy.



5. Increasing Government Investment in Public Health and Healthcare:

Public investment in public health and healthcare falls short of what is required. However, including the following factors in the RoI (Return on Investment) calculation could boost investment significantly.

- a. Healthcare can be one of the largest employment generators because the nature of the work requires a human touch. The incomes generated by this employment must be considered in investment decisions in healthcare. Skilling/Re-skilling itself could present business opportunities for entrepreneurs if they get support through skill development initiatives of the government.
- b. The data generated by public health and healthcare initiatives can be extremely valuable for stakeholders. With its focus on Digital Public Goods and Infrastructure (DPI/DPG), the government is already facilitating such data collection. Government can anonymise and monetise this data, thus leveraging it to influence investment decisions.





Stories of Social Innovation

Blackfrog Technologies Private Limited

► Founders: **Mayur Shetty, Donson D Souza**

► Website: <https://blackfrog.in/>



About:

Blackfrog Technologies Private Limited (Blackfrog) is the maker of Emvolio®, a World Health Organization (WHO)-certified system. Blackfrog originally started in 2015 as a tech consulting and design service company working with academia and MSMEs. In 2017, a fortuitous meeting with a mentor at the Manipal University Technology Business Incubator (MUTBI) led them to explore the immunisation space. This exploration spawned the idea to build a portable medical refrigeration system that has more reliability, compared to an ice box with melting ice, without the use of an external power source. With their product design experience, they solved the problem and built a battery-powered solid-state cooling system prototype that became the Emvolio product. Winning a Government of India Biotechnology Industry Research Assistance Council (BIRAC) grant got Blackfrog started on a product commercialisation journey.



Early Customers and Rapid Iteration:

An early purchase of the devices by the SELCO Foundation for use in rural hospitals allowed Blackfrog to evolve the product in rapid iterations based on feedback from actual field users. The MUTBI incubation support and testing facilities at the university also greatly helped Blackfrog in their product development journey. The early usage of the product gave the team very valuable data. It helped establish the ROI of the product and craft the product messaging, which they used for fundraising to continue the long journey to get their product nationally and globally certified.



Focus on Building a Global Product:

When the World Health Organisation (WHO) formally established the need for a portable last-mile refrigeration solution, Blackfrog worked rapidly to meet their specifications in terms of performance, safety, and quality with an eye on global markets. Blackfrog became the first company globally to get the Emvolio® product certified by the WHO. During the COVID-19 pandemic, as part of the national response, Emvolio® devices were used to successfully deliver vaccines in some of the most remote parts of India, thereby raising the profile of the product among public sector health officials.

Understanding of Stakeholders:

Having a holistic understanding of their key stakeholders and developing a plan for engaging each of them has been important to Blackfrog's progress. The public procurement system, the Ministry of Health and Family Welfare, and the National Health Missions are the most critical stakeholders. The incubators, accelerators, and mentors in these centres played a major role in developing the product. Early sponsors such as the SELCO Foundation helped accelerate early market engagement. Finally, a very active and helpful Board of Advisors and Investors, with whom the management team could bounce ideas and seek guidance, proved crucial in addressing challenges that came along the way.

Biggest Challenge:

The biggest challenge Blackfrog has faced as a young startup has been the rate of adoption of the devices in the public healthcare delivery system. This is largely because the conventional icebox solutions have



been there for a long time, are easy to use, and practical. To accelerate adoption, the team focused on engaging stakeholders at multiple levels, such as policymakers, procurement personnel, medical personnel and final beneficiaries. Blackfrog realised that a data driven approach to the benefits of the system (ROI etc.) cannot significantly influence the public procurement process. Instead, what worked much better was a focus on value add over existing solutions and reframing their product positioning from a “vaccine carrier” to a “portable medical refrigerator” that works for all kinds of biologics (serum, organ transplant, etc.).

Lessons Learnt from Fundraising¹¹:

Fundraising has been a big challenge for the team. The time and effort it took to close funding rounds and unexpected delays in the process put an enormous strain on the founders and the company. Even after the Term-Sheet is signed, the time to ‘money in the bank’ is very significant and delays here could break a young startup. Adequate allocation of time and effort to fundraising and keeping enough time buffers with a margin of safety is important for every startup. On the other hand, being in the impact space, Blackfrog has benefited from leveraged depth programmes (e.g., from IPE Global, USAID, Rockefeller Foundation) that provide guarantees on behalf of the company to the debt investors. This approach could help other companies with their debt financing needs.

Difficulties in Manufacturing at Scale⁹:

Blackfrog had a good process and deep expertise in technology development and testing, but moving towards production and scaled manufacturing was a very difficult experience. This is largely due to dependencies on the supply chain that was at times inefficient and slow. Blackfrog is committed to making in India, but working with a nascent electronics manufacturing supply chain took a big toll on the team.

A Diverse Team:

Blackfrog started with four people and now has over 50 employees. A key principle the management team has followed in building up the team was to have a team with a diversity of temperaments. Founders tend to hire persons similar to their personalities, while a great company needs a wide diversity of skills, mindsets, and experiences. A diverse team at the founder, core management, and staff levels has been key to the success of Blackfrog.

Making a global product in India takes an incredible amount of vision and determination by the founders, ably backed by a large group of supporters. With the WHO certification and launch of the Emvolio product globally, the Blackfrog team is well on their way to saving millions of lives globally by ensuring quality vaccines and other medical products safely reach the remotest parts of the world.



Aarodaas-DKHealth

- Founder: **Dayanand Patil Aarodaas-DKHealth**
- Website: <http://dkhealthaccess.org/> <http://www.aarodaas.com/>



Dayanand Patil, a corporate veteran with 14 years of industry experience, embarked on a mission to provide healthcare to rural communities through two entities: DKHealth Access Foundation, a non-profit, and Aarodaas, a for-profit social enterprise. While both aim to bridge the healthcare gap, Aarodaas is the focus of this narrative.

About

Raised in rural Maharashtra, Dayanand ventured into the pharmaceutical sector after college. His tenure as a product manager left him yearning to contribute more directly to societal welfare. This calling was amplified during his mentorship in Dantewada, where he engaged with the healthcare needs of the tribal populace. The hesitation caused by financial security concerns disappeared in 2019 when he founded DKHealth in Pune to facilitate healthcare access for the rural and underserved, such as through government camps for basic surgeries.

The Rise of Aarodaas: Bridging the Gap

Dayanand's second venture, Aarodaas Pvt. Ltd., provides an app-enabled service to deliver prescription medications for chronic diseases to the patients' doorsteps in Pune and Osmanabad's rural areas. The app has



also been instrumental in creating a patient database that helps Aarodaas understand their broader healthcare needs to partner with other healthcare providers.



Overcoming Initial Scepticism

Despite Dayanand's deep understanding of the rural healthcare landscape, winning the trust of patients accustomed to traditional pharmacies posed a significant challenge. Initial orders were small, as doubts about the authenticity of the delivered medications lingered. Quality assurance and unfailing delivery commitments gradually turned scepticism into trust.

Tackling Operational Hurdles

Aarodaas grappled with the critical issue of ensuring repeat prescriptions. Early methods relied on manual processes and healthcare agents, which proved inefficient. Miscommunications and the absence of follow-ups further complicated the situation.

Key Pivot: Embracing Technology

The turning point for Aarodaas came with the decision to harness technology fully. The implementation of a comprehensive app streamlined the ordering process and bolstered customer acquisition, turning sporadic orders into a steady stream of repeat prescriptions.

Funding^{4,11}

Funding came from diverse sources, including the founder, philanthropists, CSR initiatives, and government grants. This patchwork of contributions, alongside growing revenues, has sustained Aarodaas through its developmental phase. They are now in the process of raising external funding.

Regulatory Navigation and Partnerships³

Compliance with stringent FDA norms and meticulous record-keeping are among Dayanand's ongoing commitments. Collaborations with the Maharashtra government enhance DKHealth's impact, while Aarodaas is exploring synergies with health insurance offerings from non-banking financial corporations (NBFCs).

Sustainable Growth and Revenue

In three short years, Aarodaas has become a lifeline for over 43,000 patients, offering them services like diagnostics, doctor consultation, and hospitalisation using available facilities. With a solid business model, expansion into six districts is on the horizon for 2024-25.



Aarodaas has seen its monthly revenue swell from Rs 2,000 to Rs 3,50,000. This is attributed to the team's commitment to refining their operations through rapid iterations.

The Aarodaas team has grown organically from two to nine. They select individuals for their dedication to service rather than immediate skill proficiency, a strategy that has inverted a typical recruitment philosophy.

Dayanand's once tentative journey has morphed into a confident stride towards expanding Aarodaas. His fear of returning to the corporate world has been replaced by a steadfast resolve to serve the healthcare needs of rural India.

Key Success Factors

The founder cites several factors:

- A commitment to iterative operations and technology enhancements
- Overcoming initial trust barriers with patients
- Using external resources, such as mentorship and incubator support, which provided both capital and crucial human resources.

Founder's Advice

For aspiring social entrepreneurs, Dayanand advises acquiring a deep understanding of the targeted problem, achieving a precise product-market fit, and securing funding with a well-conceived strategy from the outset.



The Bombay Mothers and Children Welfare Society (BMCWS)

► Website: <https://www.thebmcws.com/>



About

BMCWS is a unique case in that it is not a startup – it is a Mumbai-based exemplar of enduring social enterprise. For over a century, it has provided a range of care and development programmes across northwestern Maharashtra. This example focuses on factors that helped regain and grow their mission of serving the underprivileged after a successful turnaround in three sectors:

1. Access to healthcare, including facilities for cancer patients
2. Rural/tribal development, including schools
3. Daycare services

Here, the focus is on healthcare. BMCWS provides access to a range of healthcare services to underprivileged communities in urban, rural, and tribal locations through their hospitals, as well as outreach programmes.



Turning Point

The resurgence of BMCWS, established in 1919, pivoted on a critical juncture in 1985. The organisation stood at the brink of closure, until Dr. Madhav Sathe, a young anesthesiologist, accepted the challenge to steer the entity out of its crisis. Despite his initial reluctance stemming from a feeling of under-qualification, his leadership marked the beginning of an organisational metamorphosis.

Dr. Sathe attributes the remarkable turnaround and sustained growth of BMCWS to its steadfast adherence to:

1. Culture

Core Values:

- Empathy and Compassion: Every initiative is imbued with heartfelt compassion for those served. For example, BMCWS has counselling rooms for the family for emotional support, which is unheard of in regular hospitals.
- Transparency: Clear communication, reporting, decisioning, and actions build trust within and beyond BMCWS. These helped the organisation effectively work with unions, facility shutdown and employee relocation, and termination of a few unethical employees.
- Inclusivity: Valuing the voice of their people ensures collective wisdom guides the way forward.
- Unwavering Integrity: It is the moral compass that directs every action towards ethical and honest practices with patients, doctors, employees, and stakeholders.
- Continuous Improvement: This is enabled through constant observation and learning.

2. Innovation⁹

Creative solutions by being agile and flexible to respond to the needs of the served communities and changing circumstances.

- Adaptive reuse of infrastructure, such as transforming the Dr. Mhaskar Hospital into a nurturing crèche and cancer convalescence centre.
- Embracing technological advancements for diagnostic procedures and operational efficiency through automation in their medical facilities.
- The introduction of new services tailored to the evolving needs of the communities they serve, such as deworming initiatives for schoolchildren, and nutritional support programmes for over 1,000 tribal children.

3. Governance¹⁰

Governance at BMCWS is marked by:

- A mission-driven approach to decision-making, underpinned by fiscal and operational prudence and intuitive foresight.



- An agility in adapting to evolving circumstances, while staying true to foundational missions and values despite challenges.
- Making rational financial decisions in equipment purchase, salaries and incentives, and responsive services pricing based on the philosophy of “not for loss, and not for profit”, as well as with the aim of providing long-term benefits to patients, with a focus on financial health instead of return on investment (ROI). BMCWS appreciates that investment isn't just financial; it also includes in-kind contributions by many supporters, volunteers, and providers like doctors and employees.
- A relentless pursuit of quality that reflects in every dimension of their work, from the aesthetics and hygiene of their facilities to the patient-centric processes they implement.

4. Engaging Stakeholders

Through earned credibility and collaboration.

BMCWS's culture and diligent service has fostered a robust bond of trust with beneficiaries and key stakeholders, including governmental bodies. The organisation credits its board for being the guiding force that upholds its esteemed reputation — a shield against challenges they occasionally face from vested interests or government officials.

Advice for Healthcare Organisations

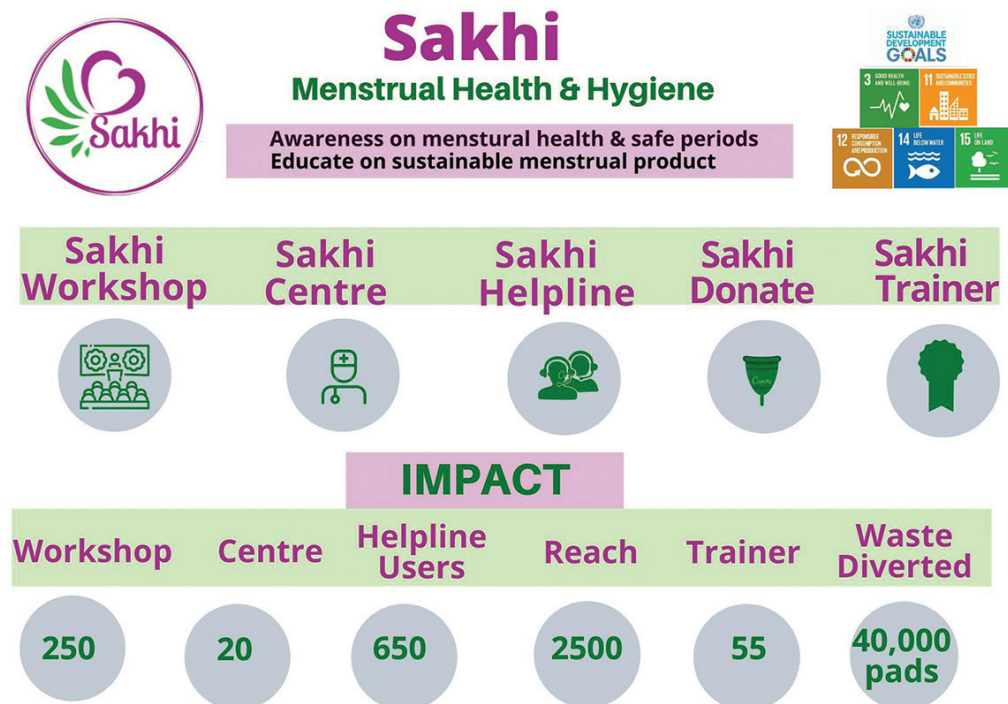
- BMCWS has demonstrated over many years it is possible to create a healthcare services organisation that is self-funded. Money need not be an issue, nor is there any need to ask for it once the “services model” is in place. Government should promote the creation of such organisations, not just fund them.
- Care equally for the four pillars of transparency: patients, doctors, employees, and the organisation itself.
- Do not hesitate to invest if it could yield long-term benefits to patients and the organisation. “Not for loss, and not for profit” is a key mindset. The benefits realised through this investment will encourage donors to donate even more.
- Embrace technology in constantly improving services and organisational administration.



Rnisarg Foundation – Project Sakhi

- Founder: **Dr. Lata Ghanshamnani**
- Website: <https://rnisargfoundation.com/>

Rnisarg was selected for the National Conference on Social Innovation (NCSI) 2022 for its work in tribal and rural regions. The organisation focuses on women's health and other social innovation projects such as waste management and road safety.





Project Sakhi

Menstrual Health & Sustainable Menstrual Practice



Timelines

	Sakhi Launch	Sep 2019	COVID-19 Pandemic	2020	2021	2022
Project Campaign		<ul style="list-style-type: none"> Sakhi Centre Mesakhi Househelp 	<ul style="list-style-type: none"> Sakhi century Week (8th March, Women's day) Sakhi trainers Program (Online) 	<ul style="list-style-type: none"> Covid Frontline Warrior Aarey Adivasi Women 	<ul style="list-style-type: none"> Urban Slum & Rural (Under CSR) 	<ul style="list-style-type: none"> Adivasi Women Urban Slum (Under CSR)
Impact		Educated 1500 Cup Taken 700 Cupversion 30% Sakhi Trainer 10		1500 635 67% 30	4000 2220 74% 20	2000 1150 52% 20
Learnings		<ul style="list-style-type: none"> Ease of Cup availability User support 		<ul style="list-style-type: none"> Online Platform 	<ul style="list-style-type: none"> Incentivised Program 	<ul style="list-style-type: none"> Digitalization is essential for ease of Documentation
Value Addition		<ul style="list-style-type: none"> Medical trainers Whatsapp helpline 		<ul style="list-style-type: none"> AMOGS certified Sakhi trainers course MeSakhi Contest 	Digital Rescources • Youtube • Microsoft Sway	<ul style="list-style-type: none"> Digital Automation



Problem and Solution

Dr. Lata Ghanshamnani, who is also a social innovator, found that while solutions existed for wet and dry waste management, a solution for sanitary pads disposal was unavailable. This was the starting point of her journey.

As a doctor, she discussed the challenges in the area with her colleagues and friends. It was in one such interaction that she was introduced to the concept of menstrual cups. She tried them out herself to validate the concept and was happy with the results. She then went on to speak to close friends and family who readily agreed to try the same under her guidance. She started working with small hospitals, which were converted to Sakhi centres that would be pad-free.

However, the initial centre setup did not work too well. They then started with seminars and workshops in banks and offices for female employees. Adoption by women in urban areas proved to be a challenge because they preferred branded disposable sanitary pads.



But without the sale of cups, the objective of creating an eco-friendly impact was not successful. So, next they started selling cups in the workshops. This proved somewhat more successful in changing customer behaviour. The next step was to get feedback from the customers about their experience of using the cups. This proved to be the turning point and they got a lot of first-hand insights and feedback into the process.

Creating Awareness among Urban and Rural Women

The modified version of the workshops with sale of the cups and feedback tracking of the participants proved to be more effective. These workshops had to be conducted by a member of the medical fraternity to train medical staff. They then created a curriculum, conducted training, and built the whole ecosystem around it. The training was readily accepted as people respected the opinion of a doctor.

Monetary, health, and environment concerns were the three main pitching points that worked well with rural and tribal populations. As someone with an urban background, Dr. Lata had misconceptions that these women would not be familiar with sanitary pads. To her surprise, almost 90% of the women were using sanitary products. They effortlessly adopted hygienic menstrual practices when she advocated sustainable menstruation hygiene as part of the Rnisarg initiative.

One issue lay in the eco-friendly disposal of traditional sanitary products. To address this, Dr. Lata encouraged the women to switch to menstrual cups.

She has successfully encouraged tribal and rural women to switch to menstrual cups as a sustainable alternative to sanitary pads. Rnisarg Foundation has benefitted over 5,000 women and they aim to reach even more in the future.

Tracking Outcomes

The two main outcomes which were tracked were:

- Education amongst women about their own bodies and menstrual health and passing on of that knowledge.
- Environmental impact in terms of the benefits of Cash Free, Trash Free and Rash Free!



Key Success Factors

Continuous work and patience helped the team build credibility with patients and colleagues. Other factors that made the initiative stand out were strong documentation, support and accountability of conversion, effective teaching tools, and an overall flexibility in approach. While the team started with five people, they now have more than 20 gynaecologists, 50 on-ground Sakhi workers, and 100+ trainers for online and offline training.

Help from Stakeholders

The initiative received good support from CSR contributors since it focused on the core issues of women empowerment, livelihood generation and waste management. Mentorship from PIC helped them to be more accountable and diligent, and served as a constant reminder to keep focus on key areas or organisational development.

Lessons Learnt

Overall, Rnisarg's success demonstrates that patience and persistence are key virtues to success.



DigiSwasthya Foundation

► Founder: **Sandeep Kumar**

► Website: <https://digiswasthya.org/>

The Inspiration

In 2007, Sandeep was unwell. He wandered from one hospital to another but did not get the right diagnosis due to lack of qualified doctors and under-equipped hospitals in Sant Kabir Nagar, a small district in Uttar Pradesh. Lack of access to guidance of what needed to be done added to his worries.

After six months, he got a biopsy done and was diagnosed with Ewing-Sarcoma (a type of bone cancer). His whole right-humerus-bone was replaced. Doctors later proclaimed that Sandeep would have become immobilised if the diagnosis had been delayed.

Over the next few months, he gradually recovered at Tata Memorial Hospital, Mumbai. However, the journey from being completely clueless as to what was the cause of his ailment to being detected with cancer, to gradually recovering was nothing less than a miracle for him and his family. Sandeep was determined to give back to society and started working with social-sector health organisations from 2015, until 2020. He devoted himself to work for thousands of cancer patients, cancer survivors, and their families, providing them guidance, emotional and financial support for their diagnostics, treatment, care, and education.

While his work created a positive impact on the lives of several patients, he realised that his ultimate calling was to go back to the grassroots and address the challenges from where they originate – villages, where there is lack of awareness of health issues and access to healthcare infrastructure is limited.

The Solution

Sandeep took a break from his job and started conceiving an idea around how to leverage technology to address the challenges of making primary healthcare affordable and accessible in rural areas, where more than 65% of India's 1.4 billion population live. He had numerous interactions with residents in these areas, senior hospital administrators, academicians and government officials. He also evaluated how other developing nations were handling the problem. Sandeep then conceived the idea of DigiSwasthya (Digi = Digital, Swasthya = Health). He invested most of his savings to establish DigiSwasthya's first telemedicine clinic in July 2020 in



his home district, Sant Kabir Nagar.

Sandeep created a full stack primary healthcare platform, with a safe and hygienic physical space for patients to come, with trained nursing staff, and tie-ups with doctors at prominent city hospitals, using telemedicine software and hardware. In addition, he provided prescriptions from adjoining pharmacies. Sandeep thus created one of the state's initial hybrid medical consultation facilities.

By creating a network of such standardised clinics across India, Sandeep and his motivated team is on a mission “to transform the country's primary healthcare system and make healthcare services affordable and accessible for rural communities by leveraging technology”.

Customer engagement was quite difficult in the early days, but what really helped was word of mouth from people who benefitted from online consultation. House visits and awareness camps really helped in increasing the outreach. Development of the platform took some time, and the team now has in-house technical capability for the developments on the platform.

The components of the offering from DigiSwasthya include:

- Awareness campaigns in villages
- Primary health check-up at centres
- Referral pathways to expert opinion from specialists
- Accurate information storage and Electronic Medical Record for patients who visit the centres or the camps
- Timely diagnosis and follow-ups.

Scaling Up⁹

Funding was a challenge initially but now tie-ups with bigger companies have helped smoothen the operations. Government collaboration and participation has also increased, which has enabled them to further increase their scope of operation.

The team had set up one centre to start off with but now has expanded to five centres based on research of the requirements and the demand. Operational centres are shown below:





5 DigiSwasthya Telemedicine centres have been set up till date, 2 located in Uttar Pradesh, 2 in Maharashtra, and 1 in Bihar.

The team had a clear vision of what outcomes they wished to achieve. These outcomes were in terms of depth of the engagement with patients and satisfactory resolution of their issues. Some of the outcomes tracked are as follows:

Lessons Learnt

Overall, the lessons from the experience of DigiSwasthya would be that there is immense scope in this area, but ventures need to be patient and dedicated in their approach. Ignore the negative sentiments and focus on the positives! DigiSwasthya now has 3 years of audited results and is looking to sign up more CSR partnerships that will provide a long-term visibility to the centres already established.



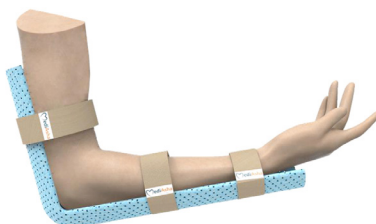
MediAsha

- Founder: **Mayur Sanas**
- Website: <https://www.mediasha.com/>

About⁵

MediAsha is the manufacturer of “FractoAid”. It is a simple yet impactful product to support the injured limb and can be applied in just five minutes. FractoAid helps promote better and faster healing and prevent disabilities caused by fractures due to lack of pre-hospital care in the golden hour.

MediAsha was incorporated as a corporate entity in 2018, though the idea took hold much earlier when Mayur Sanas saw how painful a broken bone was for children who could not get to a nearby hospital quickly. It was a coincidence that at that time he was working at College of Engineering Pune. He got a breakthrough when he was selected to the Biomedical Engineering Technology Incubation Centre (BETIC) for medical innovation. Here he was mentored by Dr. Ashish Ranade, Dr. A V Mulay and Dr. B B Ahuja. Then there was no looking back. To make things better, Mayur got a Biotechnology Ignition Grant from BIRAC.



It was at the incubation centre that he spoke to many doctors to understand the issues faced during the golden hour, or pre-hospitalisation stage, and the product started taking shape.

Rapid Iteration⁸

While the product itself was created early and did not require too much change, the founder spent a lot of time with iterations on packaging.

FractoAid[®]

Early and Instant Immobilization of Fractured Limbs



Simple but very important questions were addressed, like quick identification on the shelf, ease of opening, and way of use, all with the intention of making it more user friendly. Mayur spent a lot of time with end users like ambulance staff and hospital nurses to understand what needed to change. There were over six packaging iterations before he settled on an acceptable one.



Along the way he applied for a patent, which was granted in 2021.

Focus on Building a Social Manufacturing Setup

With the product and packaging in place, the time had come to set up manufacturing. Mayur was very clear that this innovation must be “social” from beginning to end. And they planned this very well. They ensured that the facility was set up at a distance from Pune and that they employed only women from the nearby village. It had its problems as training the women took longer, and rejects were higher than expected. But over time the women understood what needed to be done and the product and packaging stabilised. Mayur has built the organisation like a family right from the early days and this has paid dividends. Absenteeism is really low and the work ethic is high. These are qualities that any entrepreneur looks for. In addition, hiring women from the village has helped the social development in that area.

What they had not anticipated was the investment in packaging. The minimum order quantities (MOQs) were large and they had to store months of inventory. This was a learning experience for them.

Understanding the Medical/Pharma Ecosystem

The pharma and medical ecosystem in India is evolved. Relationships between stakeholders have formed over the years and in some cases have even become entrenched.

MediAsha chose to go in for an external sales team through a distributor rather than hiring their own sales team. While this kept fixed costs down, it meant that they lost significant control to an external party. But that was the logical thing to do as funds were scarce.

If there is one thing that Mayur has learnt it is that while speed is necessary, it is equally important to get to know the distribution ecosystem really well before plunging into a relationship with a distributor. His advice to healthcare innovators is that creating the product is easier than getting a good distributor. Social innovators must pay focused attention to the pharma distribution ecosystem.

The regulatory approval system was another bottleneck. In the earlier years (before 2020), regulatory approval took a long time and they had not planned for this; though MediAsha acknowledges that the regulatory approvals now in 2024 are faster and more streamlined.

Some doctors were very supportive of the new product and clearly saw its advantages. What surprised the MediAsha team was the inability of many doctors to accept the new product. There was clearly a resistance to change.



Biggest Challenge

Mayur and his team had earlier envisaged that the product would find ready acceptance by paramedics in ambulances that appear first at the accident site. That did not happen and they learnt that buy-in by doctors in the hospitals was the first necessary step. The paramedics' use of the product would follow. So they moved their focus to hospitals and found much better acceptance of their product.

Lessons Learnt from Fundraising¹¹

The biggest lesson that the founders learnt was that they should have gone in for fundraising much earlier in the game. They relied on grants in the early days. But that had its advantages as well, as their innovation had caught the eye of not only the government of India but other incubators as well. Awards and grants flowed in.

Difficulties in Manufacturing at Scale

As mentioned earlier, MediAsha had been clear from the outset that they were a social organisation from beginning to end. So while they had orders, they took time in training the village women in the process of manufacturing. Consistency and quality took time to come up to the level of an internationally accepted product.

MediAsha has a small team but has successfully built strong commercial relationships adjacent to the organisation.



Qonect

► Founder: **Lian Thangvung**

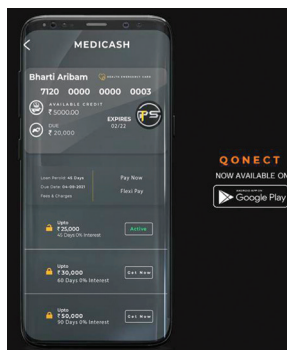
► Website: <https://www.tpsqonect.com/>

Overview:

Lian is a very driven entrepreneur. Based out of a small village in Manipur, he saw the problem of lack of financing for the healthcare related requirements of people around him, who typically had no loans and no credits. To solve this problem, he founded Qonect, initially on his own. He overcame the challenges of being in an extremely remote part of India, solely through his entrepreneurial drive. The startup ecosystem that we take for granted in the metros of India does not exist in Manipur. He has kept Qonect going by exploring various options, getting incubated by renowned institutions in India, and raising funds domestically and internationally. He has kept on working at it in spite of the challenges of violence in Manipur severely curtailing his progress. He always has a positive outlook and a smile on his face.

Initial Inspiration

Lian's inspiration to start Qonect came from personal experience of medical emergencies in his family. His brush with the system that provided no financial facilities for these medical emergencies made him think of finding solutions for a large number of people around him with the same problem.



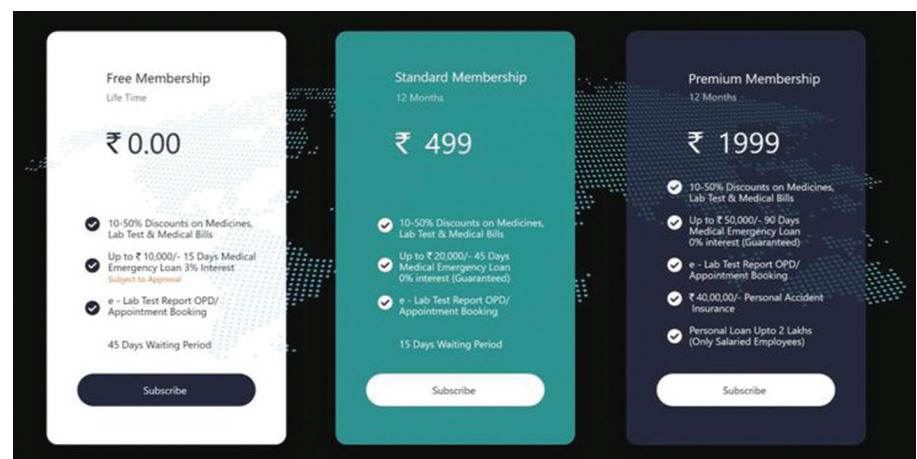
Product/Service Journey

Lian explored many different ideas to solve the problem of lack of financial facilities for medical emergencies. The first was to approach hospitals to get them to provide discounts on their treatments. He distributed discount cards to his members so that they could avail of these discounts from the hospitals. But it was clear that the main constraint was financing. Primary market research indicated a need for a lending platform for people earning below Rs 15,000. A minimum credit rating score of 750 is required by NBFCs and Qonect is working on the 0-to-600 credit rating journey of their members. At the moment, when these members receive reimbursement from insurance, that is the only data NBFCs get from them. There are no other guarantees apart from the insurance receivables for them to decide how much they can finance. Lian also did a pilot of giving minimal loans himself for 6 months, without the NBFCs! Finding success, they partnered with a local lending company with first loss default guarantee (FLDG) of Rs 10 lakh to try out giving loans of Rs 30-40 lakh.



The number of people availing the membership had to be increased for NBFCs to get interested. This required sales people on the ground to personally convince people of the benefits. First, contractual resources were tried but the sales people had to be trained. So employment was given on a sales+commission basis. This worked but then the challenge moved to hiring sales people at scale and training them. Initially, these were junior college graduates, but Lian eventually found that census workers were the best fit for this job. Subscription was also tried for the membership, not so much for revenue; it was refundable and also used to create fixed deposits (FDs). Insurance and lending were the focus; discounts would just be the icing on the cake.

However, the problems of people with no loan and no credit still remain – low income, lack of financial discipline and no credibility. Qonect is trying



to track activities related to loan origination and performance, understand financial discipline, and use data to increase credit scores.

Customer Engagement⁸

This was a new offering, although quite critical for the target segment. The target segment needed the service but it was difficult for them to trust a local young entrepreneur. Trusted advisors are needed to convince customers to on-board, download the app, and subscribe. This is operations-heavy and costly. With a Customer Acquisition Cost (CAC) of Rs 50 per customer, to reach even 10% of the 6 crore population of Northeast India would require Rs 30 crore!

As the CAC is high due to the team deployment on the ground, digital media was also used. Sales people were incentivised for user downloads as well as subscriptions.

The plan was to start in Manipur, expand in the Northeast, and then to the rest of India. But the revenue target has taken a big hit due to the violence in Manipur. Therefore, this expansion has not materialised.

Outcomes

The business is not yet financially stable and has suffered massively due to the violence in Manipur. Instead of the targeted revenue of Rs 2.5 crore, it is at Rs 74 lakh. Qonect derives satisfaction in creating a product which meets a big market need. The number of users has grown from 8,000 two years ago to 47,000 now, of which 60% are in Manipur, and the rest are in Mizoram. Once the situation improves, revenue will also increase.

What Worked Well/Didn't Work Well

Government funds are available for tribals but it's hard to get a response from them. Otherwise, government grants would be the most fitting source of funding, at least in the initial stages, to grow membership. They have connected with Samhita, who give returnable grants, without interest, to migrant workers, and with CSRs to break the loop of no loan, no credit on a returnable basis.

Violence in Manipur has caused immense problems. Imphal has been completely cut off. The Internet has not been available for six months.

Support from Stakeholders

Obviously, funds are required to grow. Lian has connected with many investors in India and abroad. He has raised Rs 30 lakh from a UK investor as well as Rs 25 lakh from Indian investors.

The support from marquee accelerators has been heartening and they have kept Qonect going with funds and advice on building the business. This includes prestigious organisations such as IIM-A's CIIE, UnLtd India, and Earth Company in Bali.

Hospitals have been supportive. But insurance and lending is at the core of the Qonect offering and there the regulatory constraints are significant.

Specific schemes of government, if used correctly, would make a huge difference.

Team

The communal tension also caused the founding team to disband, leaving Lian as the sole member of Qonect.



Advice for Other Founders

Lian stressed on founders always remembering why they started the venture. This keeps him going through the tough times. Partnering with a national player would have helped a remotely placed startup.

Establishing the model in a more fertile environment first and then expanding to more challenging environments may work better.

Way Forward

Lian keeps on thinking of new ideas despite facing current challenges. Now he is thinking of creating a B2B platform to build consumer credit and at the same time offer medical benefits, so that patients get the financial help at precisely the time they need it.



Stakeholder Map and Engagement

Working in the healthcare sector is complex, involving many stakeholders who need to be carefully managed at each stage of the organisation's journey. A list of stakeholders we have encountered in the course of our mentoring experiences is provided below. It can serve as a starter stakeholder map for new initiatives. New stakeholders can be added to the map; those not relevant can be removed, and critical stakeholders highlighted. Once the map is firmed up, the enterprise should develop an engagement plan for each stakeholder and execute it meticulously as per the plan timelines.

Each stakeholder is listed under individual columns.

Funding/ Financial	Product/ Service Development	Go To Market and Scaling				
Source of Funds	Incubators, Advisors & Service Providers	Government	Companies	Civil	Talent	Media
Friends and Family	Incubators	Regulatory Agencies	Component Suppliers	NGOs	Interns	Traditional Media
Grant Makers - Government	Accelerators	Certification Entities	Manufacturing Partners	Foundations	Freshouts	Startup- related Publications
Grant Makers - Foundations	Mentors	Intellectual Property / Patents/Trademarks related Agencies	Private Hospitals - Individual		Mid-Career Hires	Social Media
Debt Guarantors - Foundations/ Agencies	Board of Advisors	Ministry of Health and Family Welfare	Private Hospitals - Chains		Leadership Team	Influencers
CSR Donors	Subject Matter Experts	NITI Aayog	Medical Schools		Recruiting Portals	Shark-Tank
Angel Networks	Financial Advisors, CA	National Health Missions	Teaching Hospitals			
Venture Capital - Equity/Debt	Company Secretary Services	State/District Health Authorities	E-Commerce Platforms			
Banks	Legal Advisors and Service Providers	Defence Health Network	Pharma Companies			
Individual Donors - HNIs, 80G related	Real-estate Partners	Procurement Agencies and Portal - e.g., GEM	Insurance Companies			
		Health Workers				



Blogs by SI Lab Mentors

1. **Branding & Marketing:** *Why Social Enterprises should Invest in Branding and Marketing*, by Nandita Khaire, 16 April 2024
2. **HR:** *Building a Heartbeat: Human Resources for the Social Startup*, by Minakshi Kotwani, 1 February 2024
3. **Compliance:** *Navigating the Legal Landscape: A Comprehensive Guide to Compliance for Social Enterprises*, by Hemant Kelkar, 1 December 2023
4. **CSR Funding:** *Maximizing Your Impact: A Roadmap to CSR Funding*, by Dr. Anil Dhaneshwar, 1 October 2023
5. **Mentor-Mentee Relationship:** *Creating relationship between mentor and mentee*, by Pramod Athalye and Amit Bhargava, 1 August 2023
6. **Time Management:** *How Founders allocate time share & mind share*, by Sanjay Kanvinde and Gireendra Kasmalkar, 1 June 2023
7. **Financial Aspects:** *Managing Financial Aspects of Start-ups and Social Enterprises*, by Shekhar Jadhav and Amit Bhargava, Aug 2022
8. **Customer Experience:** *Social Entrepreneurs must create a great Customer Experience to succeed*, by Anil Kulkarni and Pramod Athalye, May 2022
9. **Scale & Sustain:** *Scale and Sustain*, by Gireendra Kasmalkar and Amit Bhargava, 2021
10. **Sustainability:** *Mentoring Social Innovators towards sustainability*, by Pramod Athalye and Sanjay Kanvinde, November 2020
11. **Fundraising:** *Fund Raising for Social Entrepreneurs*, by Sanjay Kanvinde and Gireendra Kasmalkar, March 2022



About the Authors

Amit Bhargava



Mr. Amit Bhargava, VP at BiofuelCircle, is a seasoned professional with over 20 years of experience in diverse fields such as Strategy, Sales Operations, and IT consulting. He is skilled in business analysis, stakeholder management, and programme/project management, having worked on both traditional and Agile projects. Amit is recognised for his excellence

in selling, thought leadership, and holds a Green Belt Certification for Six Sigma. With an MBA in International Business from the Indian Institute of Foreign Trade and a Bachelor's degree in Electronics and Telecommunications from College of Engineering, Pune (COEP) Technological University, he has held positions such as Senior Manager at KPIT Cummins, Consulting Manager at Cognizant, and Associate Vice President at Birlasoft. Currently leading Customer Success and Inside Sales at BiofuelCircle, Amit excels in bridging the gap between business and technology teams, ensuring successful project execution.

Anil Kulkarni



Mr. Anil Kulkarni is an experienced professional with over 30 years in marketing, sales, and business management. He has worked with companies such as Britannia, Unilever, and Raymond, gaining expertise in building brands, launching new products, and growing businesses. Anil is passionate about helping young companies succeed, focusing on customer

satisfaction and effective distribution. He is also a certified Leadership Coach, assisting senior managers and entrepreneurs in improving their performance. Anil enjoys writing thought-provoking articles, and photography. As the CEO of JK Helene Curtis, he tripled business growth in six years, notably with the Park Avenue brand. Anil brings a blend of industry experience and talent development passion to his coaching sessions, helping leaders navigate challenges and achieve their goals.



Gireendra Kasmalkar



Mr. Gireendra Kasmalkar is the Founder and CMD of Ideas to Impacts Innovations Pvt. Ltd; Founder and Managing Partner at Pentathlon Ventures; and owner of the Ideas to Impacts Hub, which promotes innovative ideas that can create significant positive impacts for both customers and the small towns of India.

India's leading software testing entrepreneur, Gireendra exited from his earlier venture, VeriSoft (now Expleo), after being in global and Indian leadership positions, where the India operations grew to over 2000 people. Prior to that, he worked in the CAD-CAM space with Tata Consultancy Services, and then moved on to work independently. Gireendra is active in industry forums, taking up leadership roles such as a Founder Member and President at the Inter-Institutional Inclusive Innovation Centre, and previously at SPIN-Pune, CSI-Pune, TiE Pune, and MCCIA. He is a Mechanical Engineer from IIT Mumbai and the University of South Carolina, USA, with management programmes at IMD and Columbia University.

Pramod Athalye



Mr. Pramod Athalye is a co-founder of Bourton Consulting India, a management consultancy focused on operational excellence through strategy execution and continuous improvements. His corporate experience in the US includes asset management, finance, and business development in MNCs like AT&T and GE. He also set up asset management analytics

services in India for various GE Capital units in the US and Europe.

He is passionate about leveraging his expertise to support social enterprises as a mentor. Mr. Athalye travels frequently to immerse himself in diverse cultures and is dedicated to lifelong learning. He holds an MBA from UC Berkeley's Haas School of Business and a B.Tech. from IIT Madras. He is also a Chartered Financial Analyst (CFA) from the CFA Institute, VA, USA.



Ram Iyer



Mr. Ram Iyer is an experienced Business Strategy Consultant from the Indian Institute of Management, Ahmedabad (IIMA). After a career as an energy sector investment banker and software businessman, he has now segued to enabling social innovation enterprises and alternative education.

Mr. Sandeep Chawda



Mr. Sandeep Chawda is a seasoned leader with over 25 years of experience in the global software development and venture capital eco-system. He is Managing Partner at Pentathlon Ventures, a Pune-based VC fund focused on early-stage B2B SaaS companies. Previously, Sandeep was founder CEO of Clarice Technologies, which was acquired by Globant.

He is skilled in metrics-driven insights, change management, and scaling startups. Sandeep has a B.E. from Bhilai Institute of Technology and an M.Tech from IIT Delhi. His expertise lies in organisational leadership, product delivery management, and multi-channel platform development. Sandeep has a track record of driving growth and fostering talent in diverse software development setups, making him a valuable mentor and contributor in the startup ecosystem.

Sanjay Kanvinde



Mr. Sanjay Kanvinde is the co-founder and General Partner at Lavni Ventures, which invests in tech-enabled social impact startups. He is on the Investment/Selection Committees of several Government of India Startup India Funding Schemes. Sanjay also serves as a board member/advisor, mentor, and trustee at several startups, charities and social organisations.

Prior to his current role, Sanjay had a full career in the Oil & Gas Industry with SLB (formerly known as Schlumberger). Over diverse international assignments, he has worked in the functional areas of Research and Development, Knowledge Management, Corporate IT Management, Business Development, and Operations. In his last assignment, he was VP for IT Operations with global responsibilities.

Mr. Kanvinde has a MSEE degree from The University of Texas at Austin, USA, and a BE degree from the College of Engineering, Pune, India.



Shekhar Jadhav



Mr. Shekhar Jadhav has over 20 years of multidisciplinary experience in Corporate Finance, Software Development, and Consulting, including stints with Virgo Valves, Oracle India, Ernst & Young, and PricewaterhouseCoopers (PwC). He runs a multi-family office based in Pune, managing investments across multiple asset classes, including Public Markets and Direct Private Equity/Venture investments. Jadhav is a gold medallist Chartered Accountant.

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Pune International Centre

Pune International Centre (PIC) is an independent, multi-faceted, action-oriented policy research think tank that seeks to foster the values enshrined in the Indian Constitution and the UN Charter.

It has five research verticals focused on Social Innovation, National Security, Energy Environment and Climate Change, Science, Technology, Innovation and National Growth, and Economic Reforms & Urbanisation.

PIC was established on 24 September 2011 under the leadership of renowned scientist Dr R A Mashelkar, FRS (President), senior economist and ex-bureaucrat Dr Vijay Kelkar (Vice President), and others. Today, PIC has grown into an institution with more than 450 distinguished members, 56 Institutional Members (ITs, IIMs universities, etc.) and 13 Corporate Members.

In addition to undertaking public policy research, PIC hosts major national and international conferences, promotes an environment for free and fair public debates, and provides a platform to promote the arts and culture.



Social Innovation Lab

The Social Innovation (SI) Lab works towards easing the challenges of scarcity and aspirations of entrepreneurs. We foster entrepreneurship while concentrating on developing socially responsible business people.

The initiatives under the SI Lab are as follows:

- National Conference on Social Innovation (NCSI)
- Social Enterprise Mentorship Programme (SEMP)
- Shared Service Centre for Social Enterprise (SSC-SE)
- Expert Talk Sessions
- Policy Papers and Blogs



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