

Idea Prize Winner! Sucre Blue

Bangalore, IndiaLee's Summit, United States

Erin Little

Year Founded:

2013

Organization type:

nonprofit/ngo/citizen sector

Budget:

\$50,000 - \$100,000

Website:

<http://www.sucreblue.org>

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Project Summary

Elevator Pitch

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

Our mission at Sucre Blue is to bring next generation diagnostics and medical delivery to the doors of patients who believe in the right of every human being to receive quality care. The aim of our work is to lower the burden of disease on existing medical infrastructure through improved early prevention, detection, and treatment of chronic diseases and eliminate poverty as a result.

About Project

Problem: What problem is this project trying to address?

With over 60 million sufferers, Type II diabetes is a major public health issue in India (IDF Diabetes Atlas). Many studies have shown the high prevalence of diabetes risk factors among Indians (Radha, 2006) and the country is estimated to have 30 million pre-diabetics (Mohan, 2006). In the Bangalore Urban Diabetes study (Rayappa, 1999), it was shown that while the group of subjects with higher socio-economic conditions were more likely to have diabetes, diabetics from lower socio-economic levels were more likely to suffer from complications due to the co-morbidities.

Solution: What is the proposed solution? Please be specific!

Sucre Blue enables diabetes patients and people at risk of developing diabetes to measure and record their blood glucose levels in a way that is both affordable and accessible to them. This will be done through the establishment of Community Healthcare Workers (CHWs) who provide door-to-door diagnostic and monitoring services in their local communities, supported by Primary Health Centers (PHCs) that provide training, logistical support, and a referral pathway. CHW will provide diabetes screening and monitoring by administering blood sugar tests in exchange for a fee. Visiting diabetics in their home to administer testing and results interpretation provides diabetics and their doctors with better data for disease management and comp, while CHWs are incentivized by profit.

Impact: How does it Work

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

Our mission at Sucre Blue is to bring next generation diagnostics and medical delivery to the doors of patients who believe in the right of every human being to receive quality care. The aim of our work is to lower the burden of disease on existing medical infrastructure through improved early prevention, detection, and treatment of chronic diseases. Our goal is to eliminate poverty by increasing patient compliance and enhancing an individual's livelihood.

Impact: What is the impact of the work to date? Also describe the projected future impact for the coming years.

Near year-end 2012, the villages we tested the initial idea in we identified two female CHWs, and were able to screen over 100 patients yielding 30 new cases of previously undiagnosed diabetics.

Sustainability

Financial Sustainability Plan: What is this solution's plan to ensure financial sustainability?

Sucre Blue hopes to be self-sustainable in the course of the next four years. Our key milestones will be completing a successful pilot which will inform our best move forward: whether salaries should be provided or microfinance for female CHWs can be offered. Achieving 15% market penetration of our customers is our key metric for success of the pilot. Over the next 18 months, we will have an in-country office which will enable us ease of transactions between US-India. After pilot phase, it will be ensuring quality and training of PHC across Karnataka- since the clinic we partner with are experts in clinical work, it is our job to use their patients to ensure this approach remains at a community level.

Marketplace: Who else is addressing the problem outlined here? How does the proposed project differ from these approaches?

Sanjivani Health and Relief Committee is currently screening 100,000 people in rural Gurajat, yet has no way to provide free-of-cost medicines to low-income patients . Health Action by People, a similar program based in Kerala, trained 120 personnel to support a population of 200,000. Each health worker averaged Rs. 6000 in profit per month. Sanjeevini Diagnostics goal is to combine the learnings from both pilots to provide screen entire population in peri-urban Bangalore, provide free medicines for diabetes, have CHW follow generate enough revenue where the program is financially sustainable.

Team

Founding Story

When I joined Portapure, a social startup, but found it increasingly difficult to run a startup while working without insurance and bearing the expense of over-the-counter care for my Type 1 diabetes. My diabetic pump had broken, and the price tag for a new model was over \$5,000 that I could not pay out of pocket. I am determined to eliminate poverty caused by the incredible burden of NCDs.

Organization Name

Sucre Blue

About You

About You

First Name

Erin

Last Name

Little

Twitter URL

Facebook URL

<https://www.facebook.com/pages/Sucre-Blue/623256567688020>

The information you provide here will be used to fill in any parts of your profile that have been left blank, such as interests, organization information, and website. No contact information will be made public. Please uncheck here if you do not want this to happen..

Innovation

Explain what the "innovation" is about, e.g., is it the idea and/or the model you use to accomplish the idea, or your understanding of the target population, etc.?

Outside of Tier I and Tier II cities, there is currently no distribution blood glucose strips within villages. Patients are also unable to purchase them individually, unlike many products in India, which results in higher upfront costs and increases the barriers to purchasing the product. Blood glucose monitors currently retail at 4000 rupees, or roughly \$80. We believe by lowering the cost of the strip, and layering it with a peer-based service model where the monitor is used free-of-cost, the patient will be financially empowered to make informed decisions regarding their own health purchases.

This model is meant to ensure scalability across states within India and even beyond as it addresses a critical need in the public health system. It provides a win-win for all stakeholders; free marketing to institutions for affordable follow-up treatment; increases patient flow; and provides significant opportunity for employing women and educating entire communities.

Describe how your innovation model is distinct from any other organization in your field?

Sucre Blue trains and employs low-income village women outside of Bangalore to be community health workers within their communities. This peer-based approach uses women who have a background in either treating a diabetic within their household, or themselves. Each community health worker is responsible for going door-to-door to screen, diagnose, and provide affordable blood glucose strips to those with hypertension, diabetes, or cardiac issues.

For each diagnosis, the community health worker follows up with the individual patient and uses SMS technology to collect and send patient data across to the partnered clinical institution. Each patient will also have the ability to buy the blood glucose strips, which currently retail at 25 rupees for a discounted rate of 15.

What type of operating environment and internal organizational factors make your innovation successful?

Sucre Blue leverages existing resources within the healthcare system and uses it to connect on a grassroots level. What this means is we establish partnerships across stakeholders- from clinics, to the government, and the public health system. We provide incentives to get everyone involved despite their differences to ensure patients have every available option to them, but they agree on the basic need for this program as a way to prevent unnecessary strain on an already burdened system by empowering women with the tools they need to take care of their community.

How do you make sure you constantly innovate in light of (potential) external challenges, or your growth plan?

Our first priority is listening to the needs of our customers and our community health workers. Since our model relies off the peer mentoring and support of those with chronic illness, our obligation lies with making sure they are healthy before going into the field. That they are able to bring the right message, because their own lives have improved with this program, or the lives of those they are caregiving for. These village women are our ultimate support, and without their continued faith in our efforts, we would be unable to move forward.

Organization Country

, MO, Lee's Summit, Jackson County

Business Model

The systemic challenge you are trying to overcome (select one)

Bring accessible healthcare to communities in emerging markets

Health area (target market) where the need is [select only one]

Chronic care

Categories along the health continuum you are covering [select all that apply]

Prevention, Detection, Intervention, Follow-up, Long-term care.

Stage that best applies to your solution [select only one]

Idea (poised to launch)

Core strategies of your business model [select all that apply]

Patient-centered design, Redesign of the public healthcare system for more efficiency (in terms of processes, structure etc.), New approaches to distribution of health products and services, Unconventional partnerships (between traditional healthcare players and players outside healthcare).

If other, specify here:**Most relevant tools you are using to implement the strategies outlined above [select only two]**

Technology, Education/training.

If other, specify here:**What is your value proposition?**

Sucre Blue provides leverage to existing medical infrastructure by providing data, access, and affordability to empower and educate patients to self-management of chronic illnesses.

Who is your customer(s)?

Our primary customers are rural and peri-urban Indians earning less than \$2 a day at-risk or already diagnosed with a chronic illness which requires consistent data and inputs from medical practitioners. These individuals live in communities without current access to hospitals, doctors, or pharmacies within 20 kilometers.

What approaches to you use to reach your customers?

We primarily use our community health workers to provide free screenings to the public for diabetes, hypertension, and cardiovascular disease. By providing a free door-to-door screening we receive data up front that will allow the CHW to follow up appropriately with each customer, as well as provide a strong relationship between the patient and peer leader who is trained to provide these services within their communities.

What are your primary activities?

Service – this business plan revolves around the offering of the following services:

- Community Health Workers (CHWs) will provide glucometer-based diabetes screening for non-diabetics and monitoring for diabetic patients. In addition, they will also conduct blood pressure monitoring and BMI calculations.
- Each CHW will be associated with a hospital (Primary Health Center (PHC)) to whom they will refer at-risk patients.
- CHWs will keep logs of all patient data collected,
- For follow up patients, blood sugar readings will be sent to the PHC through SMS. This data will form the basis for the metrics we will use to quantify the impact of our business model. CHW advise patients based on their current blood sugar level, as well as selling affordable products.

What other challenges - individual, organizational, or environmental – are you currently facing or might hinder future success of your business, and how do you plan to overcome those?

We face organizational challenges based on the difficulty of implementing medical work internationally. There have been several significant changes by the IRS that make raising funds, especially under fiscal sponsors, more difficult. Improving our M&E and assuring quality of our programs is difficult as well; and we are coordinating with our CHW to provide monthly check-ins with all female chw in order to ensure lessons are shared and collaborated to retain best practices of these microbusinesses. And of course, working with the government in any capacity is a continued challenge for a variety of reasons- from constant lobbying, follow ups, and ensuring the working relationship with the government stays strong.

Briefly describe your growth strategy going forward

We will implement our service model in 3 phases:

Phase 1: Pilot roll-out from a single PHC supporting 20 CHWs

Phase 2: Expand operations to 4 PHCs serving 400 CHWs

Phase 3: Scale up operations to 50 PHCs serving 5000 CHWs

Phase 4: Optional for-profit expansion

What dimensions for growth are you currently targeting for your innovation [select all that apply]

New customer group(s), New regions(s).

What makes your business "ready" for growth?

We also differ significantly in terms of timing; the Indian government has recently developed a 2 rps blood strip prototype in association with BITS Pilani which aims to test men over the age of 30 and women that are pregnant for diabetes. There are currently no inlays of how they can distribute as well as keep their costs low aside from our model available in the Indian market.

What are your key growth objectives?

Our focus is on improved patient compliance, financial sustainability for CHWs (revenue generation), and ensuring that patients are empowered to make educated health decisions for themselves. We believe that impact at an individual level and providing high-quality service component and technical and customer service training to our female CHWs will enable us to be a leader in NCD treatment.

Organization's Country of Operation

, KA, Bangalore

Social Impact

What methods for quantification of social impact are you applying (if at all)?

1. Number of PL/CHWs trained (target = 15)
2. Number of adults pre-screened using Diabetes Risk Score [N=25000]
3. Number of adults screened: blood glucose and blood pressure [N=25000]
4. Number of adults referred to JSMC [N=2000] for initial, quarterly and annual medical review.
5. Number of newly diagnosed diabetics [and hypertensives]; also IFG, IGT, and Prehypertension.
6. Number of diabetics provided regular monitoring
7. Number/percent of diabetics with improved health outcomes [comparison of Pre and Post health parameters].
8. Number of blood glucose strips sold; revenues generated from sale of blood glucose per CHW

Could your solution work in other geographies or regions? If so, where?

Yes, this solution could be rolled out in any country where basic diagnostics and door-to-door services could be implemented .

What is your projected impact over the next 1-3 years?

We believe in 3 years we have reached 200,000 patients directly, and have reached over 1 million indirectly from our free screening efforts as well as partnerships with PHC across India and at the government level.

Sustainability

Elaborate on your current financing strategy

Our currently financing strategy depends entirely on donations until the pilot has been completed. We have a diversified strategy of support ranging from individual donors, companies, foundations, and events to contribute to a multi-pronged approach to fundraising. We will be setting up a Section 25 company under Indian law which will allow us to take on revenue as a part of our program, however since we are in early stage that is not an option for us at this time.

Share of revenue generation in total income of organization (in percent)

Approximately 10 once full pilot has been reached

Direct sales to patients or other beneficiaries (in percent)

Approximately 10 once full pilot has been reached

Of the possible sources of these sales listed below, check all that apply to your current strategy

Friends and family, Patients, Private businesses, Other beneficiaries.

Licensing fees, e.g., for technology/franchise model (in percent)

N/A

Of the possible sources of these licensing opportunities listed below, check all that apply to your current strategy

Private businesses, Regional government, National government.

Service contract with organizations, e.g., government, NGOs (in percent)

Approximately 10 once pilot has been completed

Of the possible sources of the service contracts listed below, check all that apply to your current strategy

NGOs, Regional government, National government.

Explain your revenue generation strategy in more detail

Each female CHW will generate revenues from the cost of her service coupled with low-cost blood glucose (BCG) strips set at 15 rps as opposed to market retail price of 25 for each individual strip.

Share of philanthropy in total income of organization (in percent)

80

Philanthropy strategies you are using

Diversified strategy.

Explain your philanthropic approach in more detail

We have received a lot of interest from pharmaceutical companies interested in connecting their current markets and entering more frontier spaces, as blood glucose strips are currently only available in Tier II cities throughout India for the market leaders in BCG strips, Lifescan (One Touch).

Sucre Blue offers a significant opportunity to any private sector company looking to connect and develop rural and urban markets within India, as well as develop a rural distribution system across India. As this screens not just for diabetes, but hypertension and cardiac complications, the public health benefits are for a variety of NCD which have long or lifetime-management required from the patient.

Expand on your selections; explain how you will sustain funding over the next 1-3 years.

We hope to have each community health worker generate enough income from the sale of the strips and her services to make this program sustainable within two years.

Years in Operation

Idea phase

Has the organization received awards or honors? Please tell us about them

N/A

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