A Case for Social Entrepreneurship: Results from a Pilot Study in India

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Abstract - Social entrepreneurship is quickly becoming a crucial approach to address challenges in communities and situations, where government or the (private) for profit organizations. This project in India focused on testing a sustainable business model for fighting blindness and related issues in 2 rural regions in India. The initial results from the pilot study indicate that this could be a viable option for a solution in the region. This model potentially can be scaled to other regions in India and other countries. The locations, organizations and teams in this study were kept confidential due to the ongoing program.

Keywords: *social entrepreneurship, rural, India, blindness, sustainable, business model, mobile technology, empowerment*

INTRODUCTION

Social entrepreneurs are experts in helping develop business models based on the balance or people, planet and profit. "Social entrepreneurship is strikingly apart from the present different types of entrepreneurship routes due to its value proposition and the very fact that it gives the money making a heart and a noble social cause. Social entrepreneurships are intended to drive societal transformations and such entrepreneurs concurrently act to address particular cases of social issues and problems and empower transformational progress throughout the system" [1].

Social entrepreneurship combines the resourcefulness of traditional entrepreneurship with a mission to change society [4]. In 2015, there were an estimated 253 million people with visual impairment worldwide. Of these, 36 million were blind and a further 217 million had moderate to severe visual impairment (MSVI) [6]. Vision impairment and age-related eye diseases impacts individuals and families in multiple ways including economic and educational opportunities, quality of life, and an increase in the risk of death [7].
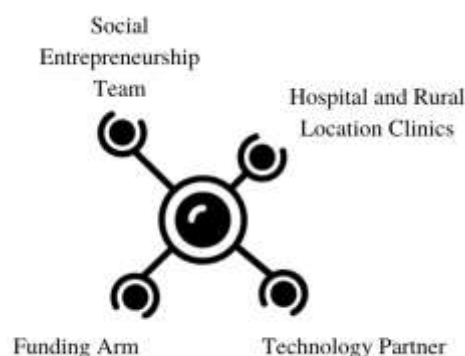

FIGURE 1: PARTNERS IN THE SOLUTION

The Social Entrepreneurship team first developed a reliable relationship with a foundation that would provide the funding for the pilot project. Together the two organizations identified the Eye Hospital with a rural network of clinics. In stage 1 of the project the organizations worked together to create a training program for young women to become trained nurses to help with the fight against blindness. This successful training efforts were led by the Eye Hospital team that quickly started addressing their "capacity planning" challenges in the patient pipeline. This enabled the project team to start planning the sustainable model for the entire program including findings ways for the trained girls to fund their future work while impacting the cause of blindness and vision programs in rural regions of India.

The COVID-19 pandemic disrupted life and business across the world particularly in 2020. The project team spent the downtime to work on two major components towards sustainability: (a) Identify and foster a relationship with a Technology Partner and (b) Start to identify areas for revenue to sustain the program as it grows. What emerged from the planning is titled Project S (the full name has been protected for confidentiality). The project was to empower the trained nurses with the right configuration of training, technology, tools and inventory to visit remote villages in India and conduct eye exams. There were four goals of Project S:

- Visit remote villages in India and conduct basic eye exams

- Dispense eyeglasses with the right prescription for minor visual correction issues (such as reading)

- Schedule referral and appointments for patients with serious issues with local clinics

- Collect invaluable data using a mobile app to track and monitor progress

The Funding arm for Project S were pleased with the concept and allocated funding to conduct a pilot in March 2020. Below we have provided few screenshots from the live tracking system. As seen from the data a team of eight trained girls were able to start meeting patients and collecting over 150 data points for the final version of the program. Figure 2 and 7 below show the trends and insights from the **pilot study for two locations**. The project team has not interfered with the pilot and is letting the team on the ground resolve logistics, social and technology issues. They are also encouraging the data collection team to problem solve some of the challenges to the project.
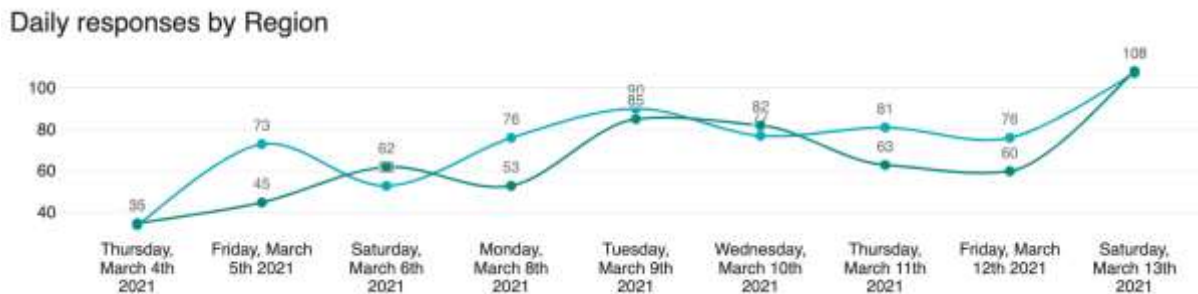

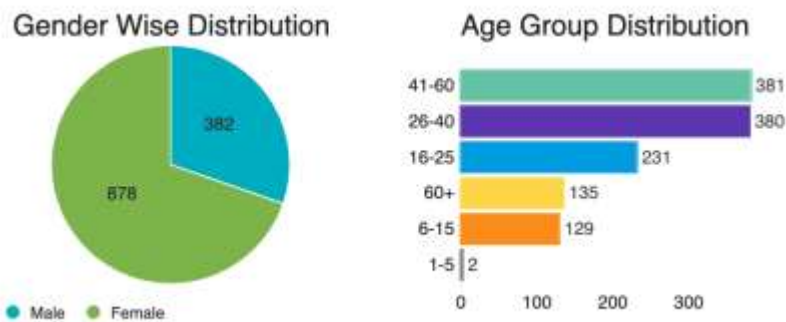FIGURE 2: NUMBER OF EYE EXAMS (FOR TWO REMOTE LOCATIONS)

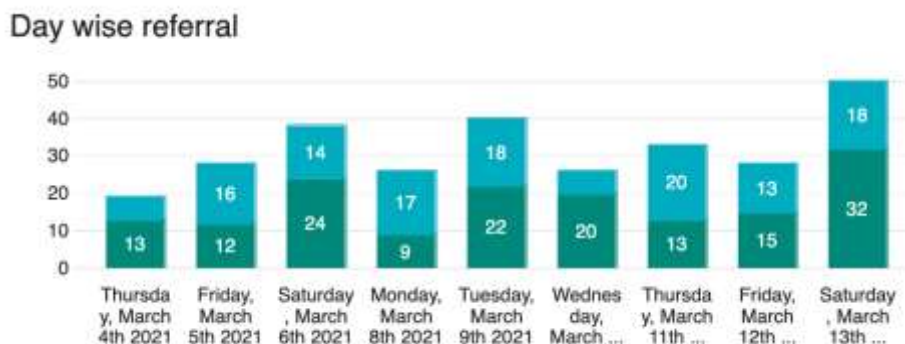FIGURE 3: AGE AND GENDER DISTRIBUTION OF PATIENT'S EXAMINED (TOTAL)

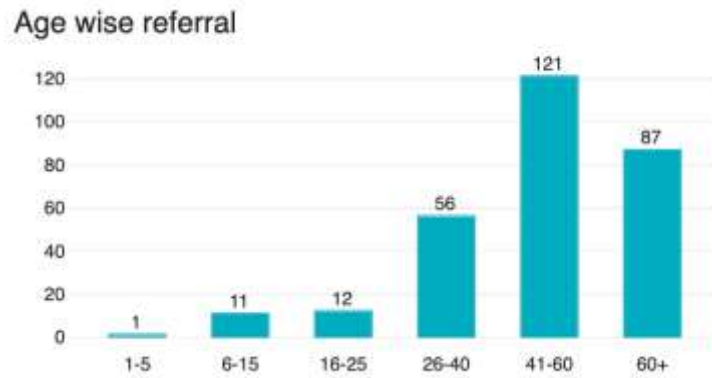FIGURE 4: REFERRAL OF APPOINTMENTS MADE FOR PATIENTS (LOCATIONS 1 & 2)
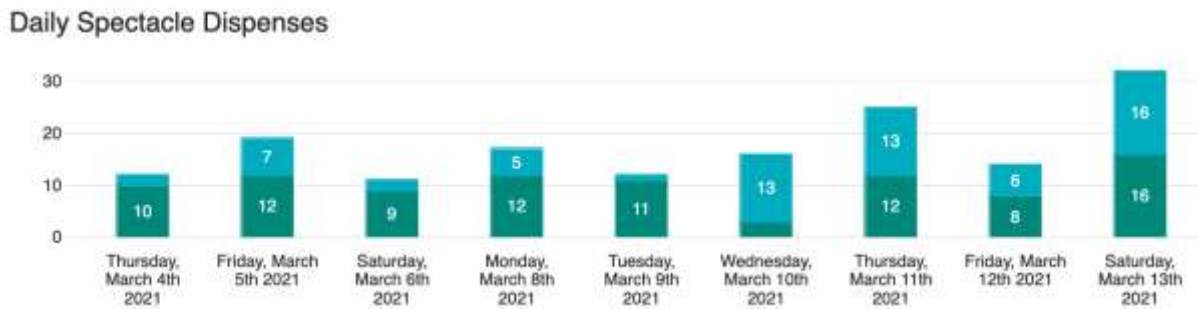
Age wise referral

FIGURE 5: AGE-WISE REFERRAL OF PATIENTS (TOTAL)

Daily Spectacle Dispenses

FIGURE 6: NUMBER OF SPECTACLES DISPENDED PER DAY ACROSS TWO LOCATIONS (LOCATIONS 1 & 2)

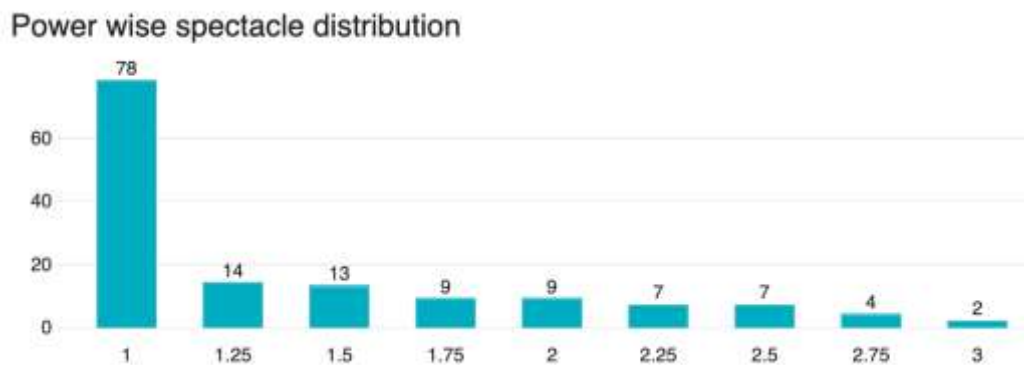## Power wise spectacle distribution

FIGURE 7: INSIGHT – POWER-WISE SPECTACLE DISTRIBUTION (TOTAL)

The figures 2 through 7 clearly show that that mobile data and eye-exam team is successfully making progress and improving every day. The training process was only for 8 days and they have been able to use the technologies and skills to examine the patients. The feedback from the pilot is very clear – this mobile process can be used to reach remote places in India and eventually (possibly) other parts of the world.

CONCLUSIONS AND FUTURE DIRECTIONS

The future of the project will focus on improving the program from both execution and the technology support dimensions. The role of the Social Entrepreneurship team becomes magnified now since they have to use the data to identify the costs of the program and the revenue generated from dispensing eyeglasses, making referrals and collecting data. There are also multiple sponsorship models that can be used to reduce the cost of the project – these types of models involve relationships with government agencies, NGOs and private sponsors. The future of Project S is very bright and the authors plan to provide an update at next year's conference.

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