## 

**SAVE & LOGOUT** 

Team Name

Note that your team name will be publicly revealed.

Team Logo

Sakhi LogoVIEWREMOVE

While uploading a Team Logo is not required, please note that, should you choose to upload one, that image will be displayed publicly.

Keywords:

## Select all the keywords that apply to your business venture.

Agriculture

Architecture

Artificial intelligence

B<sub>2</sub>B

B<sub>2</sub>C

Big Data

Biotech

**Consumer Goods** 

Civic participation

Creative Arts

Design

eCommerce

Education

**Emerging Markets** 

Energy

Environment

Entertainment

Fashion

FinTech

Food

Hardware

Health and Wellness

Horticulture

Information technology

Internet of Things

Media/Entertainment

Materials science

**Medical Devices** 

Mobile

Peer to peer

Pets

Robotics

Social Enterprise

Social Media

Software

**Smart Cities** 

Transportation

Wearables

Other

URL to your team and/or project website

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## Adding Delta V Form details here

We have finalized one research pilot working with the queen of an indigenous tribe that speaks a dying language (Marma community), to launch a local intervention advancing digital literacy about menstrual hygiene. The IRB approval for this came through last week, and our partners in their community are preparing workshops at schools and community centers to launch the chatbot in rural populations.

The Spreeha Foundation, a local nonprofit, confirmed a few hours ago that they would like to launch our intervention at 6 healthcare centers they run and they have ethics approval to conduct this study in urban slums.

We create a 10x cheaper hygiene intervention than current costs for deploying in person programs, at numbers indicated by the UNICEF. They operate programs for 3 million children at a cost of 150 million dollars, and even conservatively, ours are much cheaper. We account for the costs of providing materials related to menstrual hygiene to our target populations in this estimate.

Our chatbot demonstrates viability beyond just menstrual health and hygiene since it is a retrieval augmented generation mechanism, and we can repurpose it to disseminate accurate and verified information about children's vaccinations, pre and post natal care, both of which are topics on which we are partnering with the Aadhar Bahuddeshiya Sanstha (nonprofit in rural Maharashtra, India) for a pilot in over 100 villages to be launched in 4 months, following our Bangladesh pilots. Our MoU is secured and we are supporting their data collection efforts in the months leading up to the pilot so we can better understand the target population (our team is on the ground as well since they're Mumbai-based and can travel to the interiors).

We can, quite realistically, revolutionize the way digital literacy in the global south is approached through evidence-backed interventions. We have confirmed a separate (related to misinformation) project partnership with the United Nations Office of the Secretary General and have an upcoming presentation to the World Bank on this subject of interventions.

We are at a pilot stage: we have built v1 of the tech that works and scales, from a technical standpoint. Month 1 will be about launching pilots and monitoring and evaluation, understanding whether our product is satisfying all of the consumer pain points we were planning to fix.

Month 2 will be about scaling the pilots across sites, testing the robustness of our assumptions as well as the technical capacities of our multilingual system.

Month 3 will be reporting and analysis from our customers and data acquisition systems to validate if the final results align with the trajectories from M&E efforts. It will include time to explore multimodal abilities if possible.

We have included some buffer time to allow us flexibility to deliver on these targets and by the end of the program we aim to be market-ready to launch a state-wide digital literacy interventional program at that point.