Lean Canvas

Let's use this model to evaluate our business idea's opportunities and risks.

01 Problem

- Climate change is increasing heat-related illnesses, vector-borne diseases (malaria, dengue), and respiratory issues in rural areas.
- Rural areas lack timely access to healthcare facilities, diagnostics, and preventive information.
- Early detection of disease outbreaks and individual health risks is poor due to limited data and monitoring.

Existing Alternatives

- Manual disease surveillance and reporting (slow, often inaccurate).
- Periodic health camps (not predictive or continuous).
- Urban-focused health apps (not accessible or relevant to rural populations).

02 Solution

- An Al-powered health monitoring and prediction platform for rural areas that:
 - Analyzes weather, environmental, and health data to predict disease risks.
 - Sends personalized health alerts & guidance via SMS and community kinsks
 - Assists local healthcare workers with Aldriven diagnostic support for heat stress and climate-related diseases.

03 Key Metrics

- Number of users enrolled and actively receiving alerts.
- Reduction in heat/disease-related emergency cases.
- Accuracy of AI predictions (validated by health outcomes).
- User satisfaction and retention rates.

04 Unique Value Proposition

- Tailored to rural needs (low literacy, low internet)
- Local language, accessible via basic phones & kinsks.
- Focused specifically on climate-health linkages
- Localized & climate-aware predictions.
- Low-cost, scalable solution.
- Data-driven policy support.
- Proactive & preventive care.

05 Unfair Advantage

- Proprietary AI models trained on localized climate-health datasets.
- Partnerships with public health departments & NGOs already active in rural areas.
- Community trust built through trained local health workers embedding the system.

07 Customer Segments

- Primary: Rural households & farmers vulnerable to climate-related health risks.
- Secondary: Rural healthcare providers (PHCs ASHA workers).
- Tertiary: NGOs & government health agencies implementing public health programs.

06 Channels

- Through village health workers and local clinics
- NGO partnerships for on-ground deployment.
- SMS & IVR (voice) systems for direct-to-community communication.
- Demonstration kiosks in village centers.

Early Adopters

- Villages in heatwave- and malaria-prone districts.
- NGOs already running rural health programs
- Rural PHCs facing frequent disease outbreaks.

08 Cost Structure

- · Al model development & training on regional data.
- Field deployment: kiosks, SMS platform, training.Maintenance, updates & customer support.
- Partnerships with NGOs/government.

09 Revenue Streams

- Government contracts for rural public health programs.
- NGO grants for rural health technology.
- Subscription-based service for healthcare providers.
- CSR (corporate social responsibility) funding.

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