

Nirog / निरोग



Contents

1. Problem

- a. Impact of Covid-19 lockdown
- b. LMI - sickness and income loss
- c. Results

2. Solution

- a. HospiCash
- b. Benefits
- c. Chiranjeevi Yojna
- d. Target Group
- e. Sample Case

3. Plan

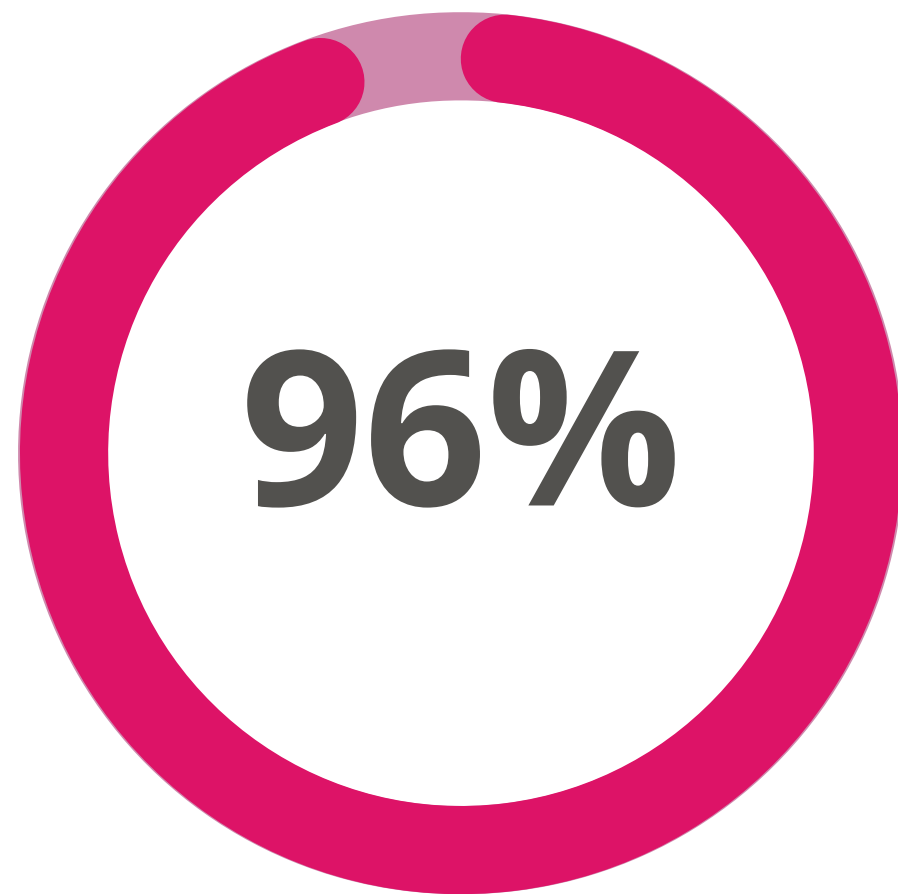
- a. Scope
- b. Cost
- c. Impact Measurement
- d. Why us

4. About us

- a. Who are we
- b. About Pink Capital
- c. About PO Box Trust



Impact of Covid-19 lockdown on rural households

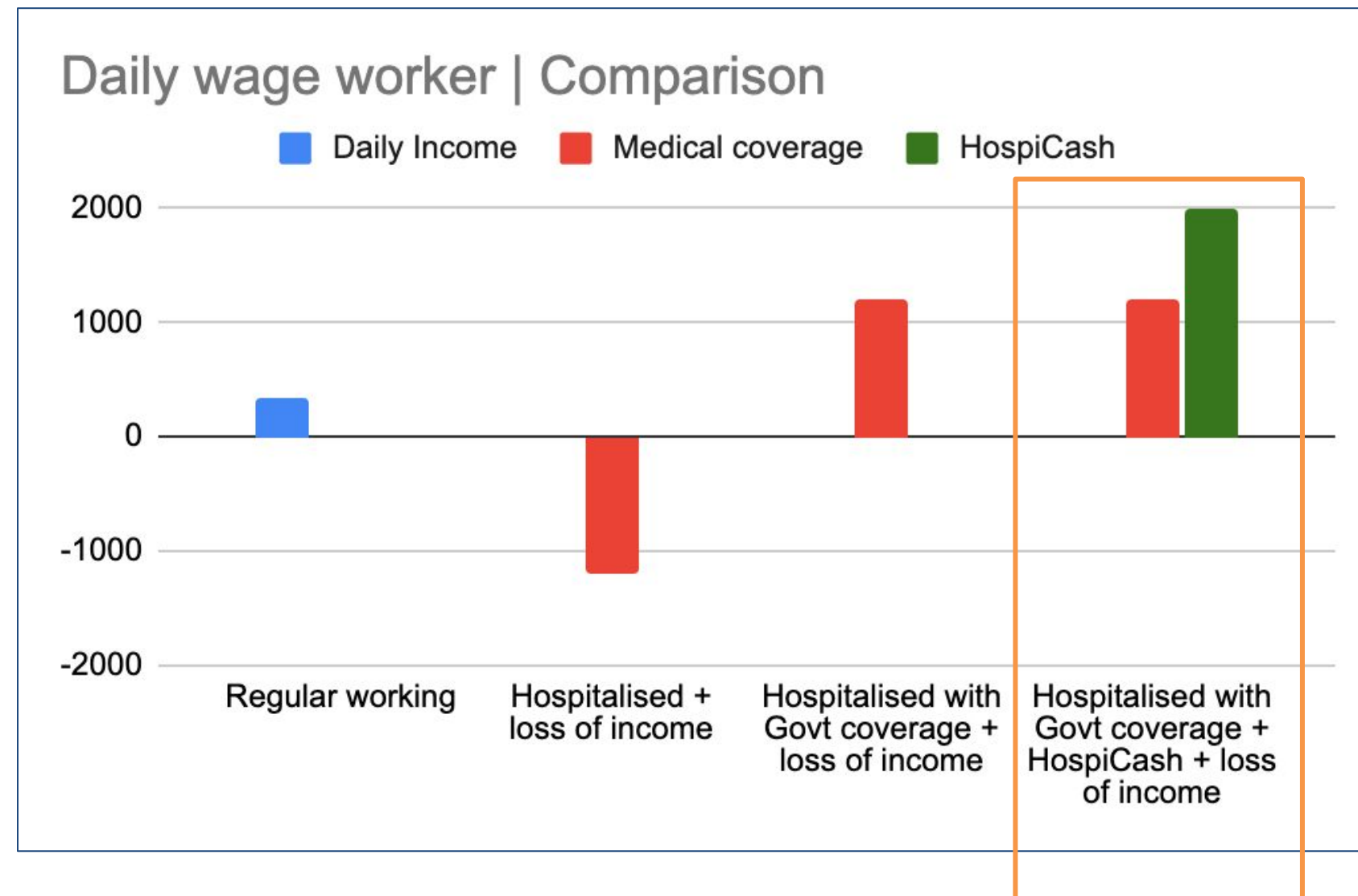


Households have not been able to build resilience for sustenance beyond 4 months



Households unable to sustain themselves even for a month without external support

What happens if people from rural LMI group fall sick?



This chart showcases how the cash inflow of a daily wage earner is impacted if they are hospitalized and what difference would Project Nirog make in ensuring their financial stability.

1. In low income households, especially in the rural segment, a huge percentage of the population are **daily wage earners**, such as **MGNREGA workers**
2. Even 1 day's hospitalization can **cost** them and their family significantly **more than an entire day's earnings** (Rs. 200/day)
3. On the other hand, **Disabled & Widow pensioners** receive a **small monthly amount** from the government (Rs. 500-1000)
4. Even meeting household expense is difficult with the pension amount, hence any illness or **hospitalization** can **cripple their financial stability**



What does this result in?



Poor are less likely
to avail
hospitalization.

In rural India 74% of
out of pocket
expenses are
medicine related.

1. Families in the poorest **20%** of the rural households make up the **fewest cases of hospitalisation**
2. Only **12.9%** of poor rural households record cases of **hospitalisation**; this could be caused by an inability to fund medical expenses **because of low household savings**.
3. Out-of-pocket health expenses have resulted in financial de-growth for many and drove **55 million Indians** – more than the population of South Korea, Spain or Kenya – **into poverty in 2017**
4. Out of the 55 million Indians, **38 million (69%)** were impoverished by **expenditure on medicines alone**.

HospiCash

Health insurance product for hospitalization expenses

HospiCash insurance offers **daily cash benefits** for **hospitalization** during the policy period for medically necessary treatment of an illness or an injury.

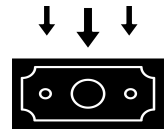


The policy ensures that the **insured receive a fixed benefit amount** in case of hospitalization, so that their **earnings and household requirements** remain **unaffected**, even if they fall sick.

HospiParam Benefits



Ancillary costs covered



Provides for loss of income



Blanket cover for extra hospital bills



Coverage from day 1; 0 waiting period



Accidental death insurance of INR 1 Lakh



Hospitalization upto 30 days in a year



Chiranjeevi Swasthya Bima Yojna



Chiranjeevi Yojana is the Rajasthan government's universal health insurance scheme. The main eligibility criteria is to be a permanent resident of the state of Rajasthan.

This campaign will help us spread awareness and offer enrollment support for this initiative

1. Health insurance cover under this scheme is up to **Rs. 5 Lakh** for the **entire family**.
2. Costs of tests, medical expenses, etc upto **15 days post getting discharged** are also covered.
3. Residents who fall under BPL, Antodaya, State BPL, National Food Security Act are automatically covered under the scheme.



Project Nirog *Target Group in Jawaja, Rajasthan*

People relying on minimum guarantee daily earnings or on meager pensions from the government

1

MGNREGA workers

Individuals enrolled: 151684

Households enrolled: 64030

2

Disabled & Widow pensioners

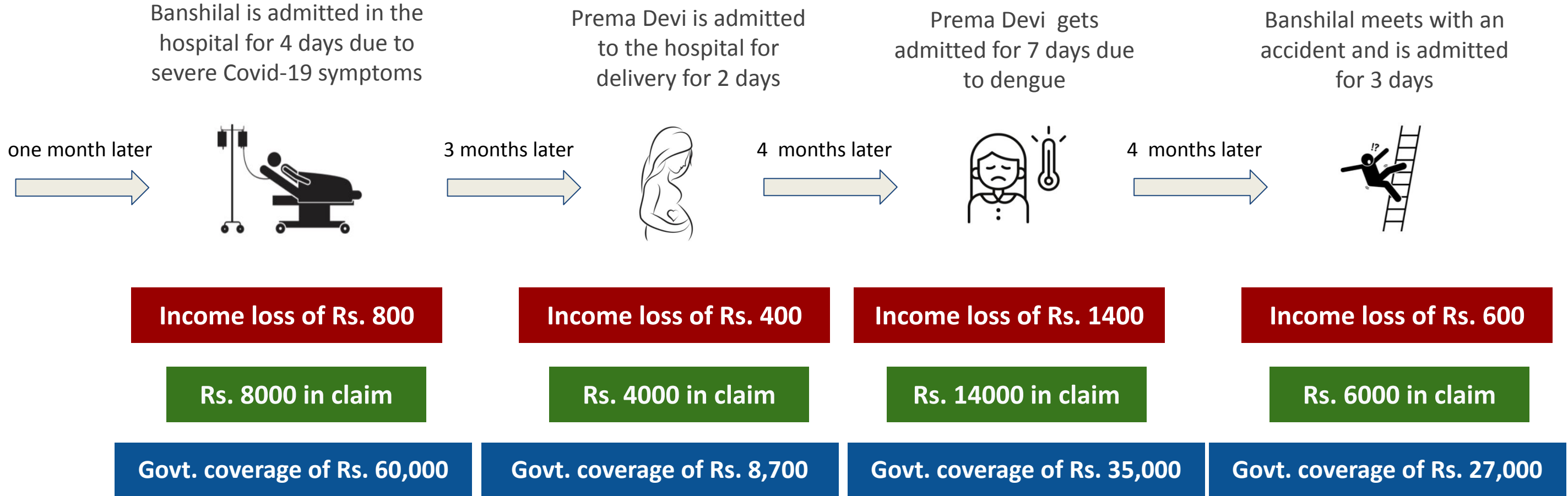
Widow pensioners: 8892

Disabled pensioners: 2997

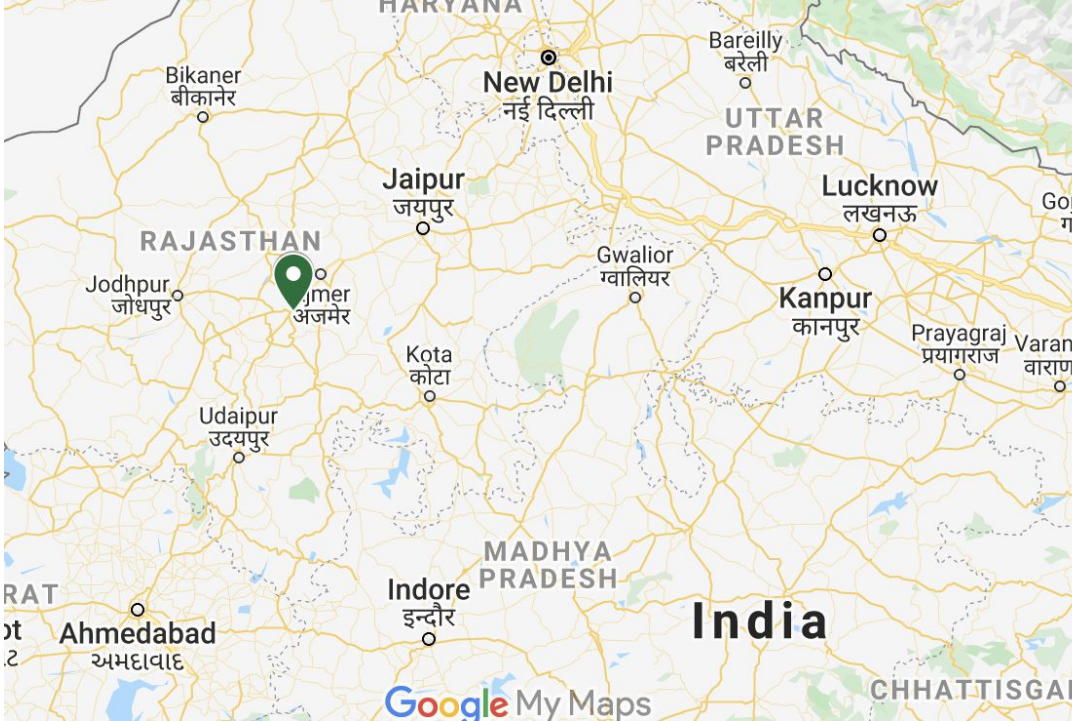


*Source: MGNREGA, Ministry of Rural Development & Social Security Pension, Finance Department

Banshilal and Prema Devi are covered under Project Nirog



What is the scope of Project Nirog?



Jawaja, Ajmer **5000** **x** **2** **= 10,000**

(Rajasthan)

Area of project rollout

Initial target of
number of families

Main working age
adults per family to be
covered

Total beneficiaries
covered under Project
XYZ



How much will it cost to cover 5000 families?

| Yearly premium per person | Daily limit (Normal ward) | Daily limit (ICU) |
|------------------------------|------------------------------|----------------------|
| 600 | 2000 | 4000 |
| 300 | 1000 | 2000 |

600

Yearly
Premium

x

10,000

Policies

=

INR 60,00,000

Pilot (3 months)

INR 5 Lac

Raised by PO Box Trust &
Crowd-Funding

Phase 1 (4 months)

INR 15 Lac

Initial funding of CSR foundations

Phase 2 (6 months)

INR 40 Lac

Follow-on funding of CSR
foundations



How will we measure the impact of this campaign?

120 Cr

Financial
Coverage

Total Financial Coverage
available to beneficiaries for
hospitalisation services

3000

Current avg.
Claim Amount

Avg. Claim amount per
hospitalisation would be their saving
on out of pocket expenses

10%

Non-peak
Covid months

Claim Frequency Rate to be tracked for
insights on % of beneficiaries who availed
benefits of this project

**Public
Dashboard**

Public Dashboard to be updated weekly
for maintaining high transparency on
fund usage and beneficiary coverage

Customer experience



Name: Sunita

Region: Bhilwara, Rajasthan

Daily wage worker

Earnings: 350/day

"I tested positive for Covid-19 in February and was hospitalized for 6 days. Due to my sickness, I could not work and earn for my family. But through my HospiCash insurance claim of Rs. 6000, I was able to cover not only my medical bills but also my daily household expenses."

Why are we the right people to do this?

1000+

Families
covered

100%

Claim Rate

490

Days of earnings
claimed

We interact with this community on a regular basis, because of our existing on-ground presence. We gather regular insights, feedback & offer continuous training:

1. Check their understanding of the product
2. Test ease of submitting claims by being the POC
3. Ensure claim turnaround time of 7 days
4. Provide financial and digital literacy



INR 300 considered as Avg. Daily Earning



Anish Gupta

Founder & CEO, Pink Capital

A University of Toronto alumnus, Anish has over 3 years of experience working in the social impact sector. Prior to founding Pink Capital, he founded Aadhar India, a financial institution digitally lending to urban and rural LMI households. Before this, Anish also built Fam Agro, a social initiative that offered support to small & marginalized farmers in Punjab, Haryana, and Rajasthan.



Pranav Obhrai

Founder & Managing Trustee, PO Box Trust

An ISB & SRCC alumnus, Pranav was until recently working as a Senior Associate at Boston Consulting Group. He is a startup enthusiast having spent time at Uber and Amplify.ai. He found his charitable organisation PO Box Trust in 2016, focusing on Education and Art.



Pink Capital

Neobank for Underserved households in Rural India

An impact-first platform that provides affordable access and financial education to underserved households in rural India.



All-in-one account

Customised Savings, Investment, Insurance and Credit products under One Umbrella. Flexible and affordable bundled plans at best rates



Easy access

Products built around financial education, that suit the volatile incomes of rural India and can be easily accessed through an app enabled physi-digital model

PO Box Trust



They are continuously working on the following projects with various partners

PO Box Trust was registered in 2016 & extends support to the causes of child education and arts. Besides contributing financially to existing projects across cities they provide strategic inputs to conceptualize new initiatives, & facilitate partnerships



Public Artwork & Murals



Art therapy through painting



Development of infrastructure



Rural immersion program

CSR compliant since 2017
Tax exemptions as per 12A and 80G of Indian tax law