

# Bive



## Impact Management Case Study



**Location** Colombia

**Sector** Health

**BOP Stakeholders** Customers

**Total Reach** 1,066 low income rural women



## Business Model

According to the Ministry of Health and Social Protection, 95% of Colombian families are covered by healthcare insurance. Nevertheless, there are still important gaps in some territories of the country where families are not receiving adequate healthcare. These gaps are more pronounced in municipalities with lower standards of living, and some areas with a high incidence of armed conflict. While 52% of women between the ages of 40 to 69 living in cities, have had a mammography, in rural areas only 26% have undergone this exam. In addition, rural families have to face delays caused by bureaucratic measures, with the added difficulty of having to travel to urban areas where healthcare services are centralized<sup>1</sup>.

Bive is a social enterprise that aims to close the existing health access gap between rural and urban communities. Bive develops partnerships with farmer associations in low-income communities to provide access to quick and high-quality health services that decrease preventable morbidity and mortality and promote appropriate diagnosis and treatment for diseases.

Over the last eight years, Bive has promoted access to healthcare services to more than 21,000 low-income and rural people through low-cost membership programmes, which allows them to access a network of 220 high-quality healthcare service providers at an affordable price, with savings of up to 50% as compared to the average market price.

<sup>1</sup> National Rural Health Plan 2018, Ministry of Health and Social Protection, available at <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/PES/mssp-plan-nacional-salud-rural-2018.pdf>



Bive has promoted access to healthcare services to more than 21,000 low-income and rural people through low-cost membership programmes



A network of 220 high-quality healthcare service providers at an affordable price, with savings of up to 50% as compared to the average market price

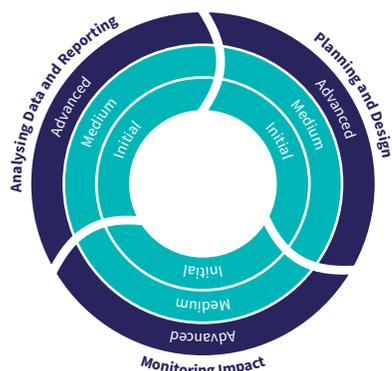
## Key Stakeholders

Bive joined the Impact Champions Programme to conduct impact measurement and management on their *Mujer Bive tu salud* (MBS) initiative that aims to prevent morbidity and premature mortality from chronic diseases such as breast cancer, cervix cancer and cardiovascular diseases in 1,066 low-income women.

To achieve this, Bive realized that the best way to address the base of the pyramid (BoP) market was through farmers associations and coffee-growers cooperatives located in rural areas of the states of Caldas and Risaralda in Colombia. Seven cooperatives participated in the project.

These cooperatives are made up of rural low-income women, between the ages of 40 to 60, with a family income equal or lower than the minimum wage. Most of these women are on a subsidized health plan. While 87% of Bive's stakeholders live in rural areas and face multiple barriers in accessing healthcare such as high cost of transport, time spent in reaching hospitals, high cost of treatments and bureaucratic hurdles in accessing quality healthcare.

To overcome these barriers, Bive established alliances with private healthcare providers, universities and public hospitals in rural areas to provide better diagnoses and treatment for such communities.



Companies can have an initial, medium or advanced level of impact management capacity

## 1. Assessing Readiness and Capacity

Bive has extensive experience in data analysis and management of performance indicators to monitor and measure social impact. In recent years, the company has conducted measurement studies and learned from various business experiences by implementing different health intervention projects in complex environments and rural areas in Colombia.

The company joined Business Call to Action (BCTA)'s Impact Champion's Programme to collect more detailed data in order to support their decision-making processes, identify positive inputs from their stakeholders and beneficiaries, and scale their initiatives while providing effective results and more evidence-based solutions that assist previous empirical field observations.

At the start of the Impact Champions Programme, Bive was found to have an **advanced** capacity for undertaking impact measurement and management due to the expertise of the company in conducting measurement studies and the commitment of the board to design a more structured impact management approach using new ICT tools to collect, analyze and use data for their daily operations and product design processes.

Bive benefits from impact management as it allows them to:

- Implement new ICT technologies in the process of data collection, management and [visualization of results](#)
- Recognize the importance to collect and analyze data systematically in order to support the development and execution of better evidence-based interventions
- Recognize the importance to have a data management plan to support and scale up their advocacy and communications activities with policymakers
- Improve their services through consistency feedback from users in the development of activities
- Understand and apply methodologies such as Theory of Change, Impact Value Chain and Impact Management Project Methodology
- Understand relationships between outputs, outcomes and impacts
- Understanding the linkages between the Sustainable Development Goals (SDGs) and their targets



## 2. Planning For Impact

### I. Impact Value Chain

The **Impact Value Chain** is a visual map of how an organization's strategy and operations contribute to its business value and the Sustainable Development Goals (SDGs). The Impact Value Chain allows the organization to understand holistically the effects of its inclusive business activities on different groups of people and the planet.

According to the International Agency for Research on Cancer (IARC), in 2018, 3,702 women in Colombia died from breast cancer with 13,380 new cases the same year. According to the Ministry of Health and Social Protection, this type is the leading cause of cancer in women and ranks as the third highest reason for mortality from cancer<sup>2</sup> amongst Colombian women. Cervical cancer has the second-highest incidence after breast cancer with a greater risk of mortality in rural regions that have poor access to health services and in groups with lower levels of education. These two types of cancer are preventable through early diagnosis and treatment.

Low-income women living in rural areas of Colombia face several barriers including a lack of access to health systems leading to delays in treatment and low levels of awareness about risk factors and treatment options. This leads to many women being undiagnosed or undertreated.

To address these barriers, Bive coordinates with farmers associations, coffee growers cooperatives, universities, health-services providers and municipalities hospitals to:

- i. Increase health seeking behaviour through campaigns
- ii. Raise awareness on minimizing risk factors and promoting healthy lifestyles

- iii. Train community leaders on health empowerment
- iv. Train primary healthcare professionals on early diagnosis

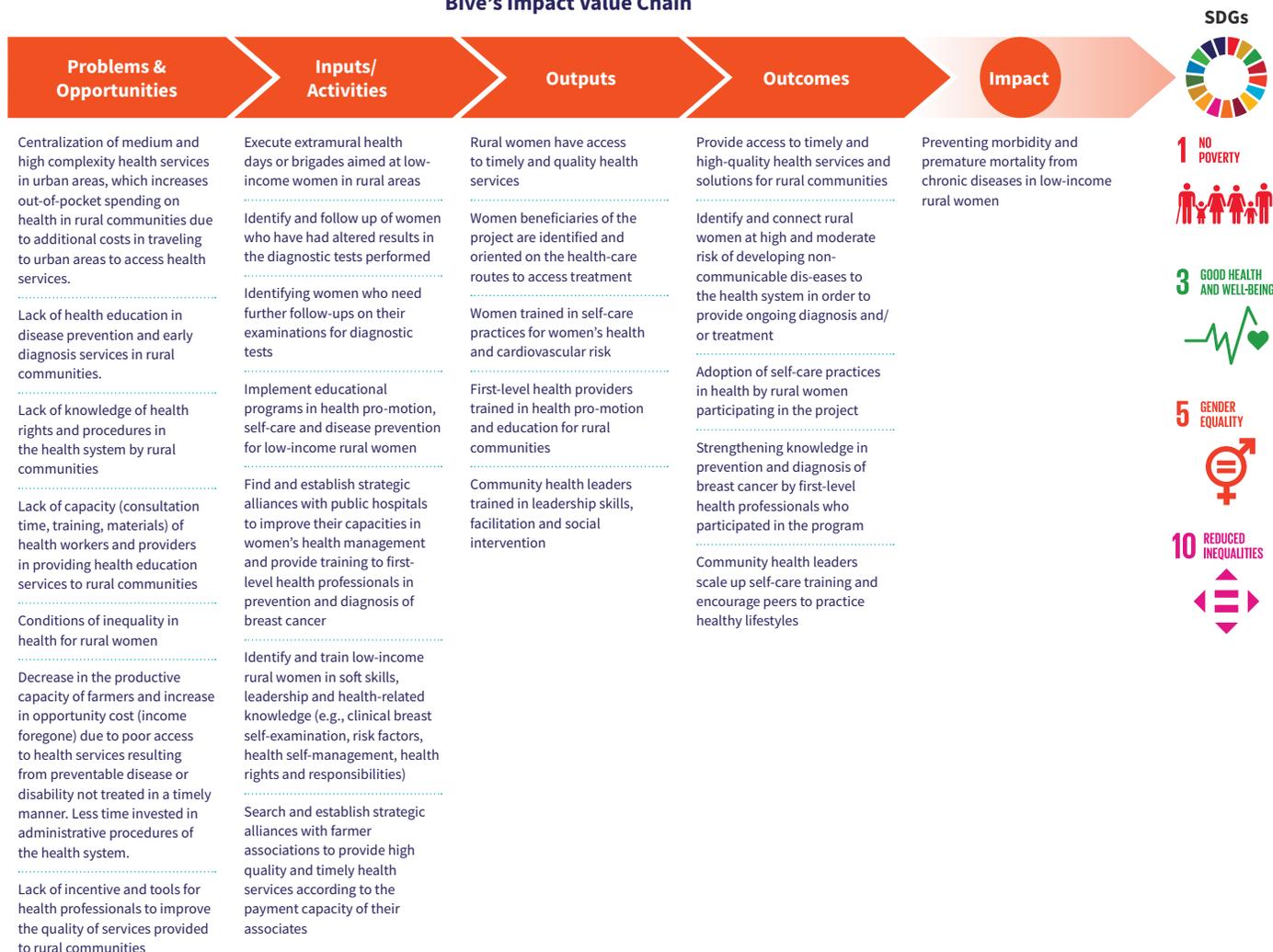
The services listed above focus on early diagnosis of breast and cervical cancer and cardiovascular diseases. As a result of its activities, Bive is able to provide access to timely and quality healthcare services and build capacity amongst first-level healthcare providers and community leaders to promote good health practices. More women are trained in self-care practices in women's health and cardiovascular risk. In the medium term, Bive is able to reduce barriers, delays and bureaucratic procedures enabling more low-income individuals to prevent high-risk diseases. There is a higher adoption of self-care practices amongst rural women and increased awareness of prevention and diagnosis of breast cancer in first-level healthcare workers.

In the long term, Bive contributes to prevention of diseases and provision of access to quality healthcare services allowing patients to have a better quality of life. This in turn supports Colombia's health system in the prevention of morbidity and mortality, promoting appropriate diagnosis and treatment for diseases in low-income rural Colombian families.

<sup>2</sup> Colombia Factsheet: Global Cancer Observatory 2018, International Agency for Research on Cancer, World Health Organization (WHO), available at <https://gco.iarc.fr/today/data/factsheets/populations/170-colombia-fact-sheets.pdf>

Bive tracks the performance of its inputs, outputs, outcomes and impact goals using the following framework:

### Bive's Impact Value Chain



### Decision-Making Questions

<p>Are Bive's targeted rural communities satisfied with the quality of healthcare services to which they have access?</p> <p>Which tools do health workers have to pro-mote health education and early diagnosis of diseases in Bive's targeted communities?</p> <p>How long does it take Bive's targeted rural communities to access the required services through the health system compared to the time it takes to access the same services through Bive?</p>	<p>How many women participate in health projects or brigades delivered by Bive?</p> <p>What percentage of Bive's users who require a social orientation process request it?</p>	<p>How many of Bive's users participating in the healthcare brigades have accessed preventive and early diagnostic services not provided in the nearest or municipality healthcare facility?</p> <p>What percent of users complete the social orientation process?</p>	<p>Does Bive's program enable the targeted rural communities with access to healthcare services that are not provided on time by the health system?</p> <p>Are the healthcare services provided by Bive timely?</p> <p>Does health education by Bive create a change in the practices and behaviours of targeted rural communities and does this affect their health outcomes?</p> <p>Does health education by Bive improve the capability of the healthcare professional trained via Bive's projects, promote health education and early diagnosis of chronic dis-eases in the targeted rural communities?</p>	<p>Do Bive's targeted rural communities access preventive and early diagnostic services?</p>
---	---	--	---	--

Social Orientation Process: Process supported by Bive to advice people on the health-care routes to access to adequate treatments.

Number of health brigades executed by the project	Number of rural women who accessed health services through the project	Number of days saved by accessing health services compared to the average time required to access the same services through the health system	Number of rural women participating in the project detected with a chronic disease, connected to the health system and who continued with the required diagnosis and/or treatment
Number of municipalities where health brigades were implemented by the project	Number of health services provided by the project, disaggregated by type of service	Percentage of women participating in the project who are satisfied and highly satisfied with the health services provided to the communities	Percentage of women who adhere to self-care practices for prevention of breast and cervical cancer and cardiovascular risk
Number of follow-up calls made as part of the social orientation process	Number of days it takes women between taking the test and delivering results through the project	Percentage of women over 50 years old who had not had a mammogram in the last two years and accessed it through the services provided by Bive	
Average time for each counselling call	Number of individuals who accessed the project and are satisfied with the services provided	Percentage of rural women who have not been tested for cervical cancer in the last two years and who accessed cervical cancer services provided by Bive	
Number of hours of health education training provided to rural women	Number of women with altered results needing follow-ups who were oriented on how to access specialized services and/or treatment	Percentage of rural women who reported having a pending referral to access breast and cervical cancer diagnostic services through their HMOEPS	
Number of awareness and/or education work-shops on health pro-motion, self-care and disease prevention conducted	Number of rural women who participated in women's health and cardiovascular education workshops	Percentage of participating women who needed follow-ups after diagnostic services facilitated by Bive and received timely re-minders and guidance during the process of seeking further health services	
Number of alliances with partnering public hospitals achieved	Number of health professionals who completed the health training programs facilitated by Bive during the re-orting period	Percentage of rural women participating in the project diagnosed with a chronic disease and/or identified as being at high risk of developing a chronic disease	
Number of hours of training in soft skills, leadership and health-related knowledge to rural women	Number of women trained as leaders in health	Percentage of rural women participating in the project diagnosed with a chronic disease at an early stage	
Number of workshops on soft skills, leader-ship and deepening of health-related knowledge conducted		Percentage of rural women participating in health education processes developed by Bive who report in-creased knowledge of cardiovascular and women's health care practices	
Number of women who began the process of leadership training and deepening of health-related knowledge		Percentage of rural women participating in health education processes developed by Bive who are satisfied and highly satisfied with the process	
Number of rural associations allied with Bive for the execution of the project		Percentage of health professionals who approved the training processes facilitated by Bive	
		Percentage of health professionals who participated in the training processes facilitated by Bive who are satisfied and highly satisfied with the process	
		Number of women trained as community health leaders for the first time	
		Percentage of women trained as community health leaders who trained other women after completing their training	
		Number of women trained in self-care and women's health as a result of the training activities carried out by community health leaders	

Health Maintenance Organization (HMO): In Colombia HMOs are the entities responsible for the affiliation and registration of members and the collection of their contributions, by delegation of the Solidarity and Guarantee Fund. Their basic function is to organize and guarantee, directly or indirectly, the provision of the Health Plan to various members.

## II. Understanding and Describing Impact

The Impact Management Project (IMP) is a forum for building global consensus on how to measure and manage impact. Through a series of consultations and convenings across the world with thousands of practitioners including investors and multilateral institutions, IMP has developed shared fundamentals on how to describe and understand through the lens of the five dimensions of impact. These five dimensions are: WHAT, WHO, HOW MUCH, CONTRIBUTION and RISK.

Business Call to Action integrates IMP's shared logic in the Impact Lab to help companies plan for impact measurement and management starting with assessing their outcomes considering the five dimensions described above.

Bive is contributing to the long-term goal of preventing morbidity and premature mortality from chronic diseases in low-income rural women. Bive mapped this goal against the five dimensions of impact to better understand its significance and to better manage and communicate its impact.

	tells us what outcomes the enterprise is contributing to and how important the outcomes are to stakeholders.
<b>What</b>	
	tells us which stakeholders are experiencing the outcome and how underserved they were prior to the enterprise's effect.
<b>Who</b>	
	tells us how many stakeholders experienced the outcome, what degree of change they experienced, and for how long they experienced the outcome.
<b>How Much</b>	
	tells us whether an enterprise's and/or investor's efforts resulted in outcomes that were likely better than what would have occurred otherwise.
<b>Contribution</b>	
	tells us the likelihood that impact will be different than expected.
<b>Risk</b>	



### How underserved are your stakeholders in relation to the SDGs: Customer

#### What

What is the importance of your goal to your stakeholders?



#### Who

How underserved are your stakeholders in relation to the SDGs?



#### + Contribution

How does the impact compare to what is likely to occur anyway?



#### How Much

How significant is the impact that occurs in the time period?



#### △ Risk

What is the risk that the impact is not achieved due to external or internal factors?



### 3. Monitoring Performance

As part of the Impact Champions Programme, Bive collected data over six months from three different sources to identify:

- i. The changes in the knowledge and behaviours of women regarding prevention of breast cancer and other chronic diseases
- ii. Satisfaction levels with activities conducted by health professionals and Bive's team
- iii. New skills in the health community leaders trained and the impact of the activities carried out by them after training communities
- iv. The satisfaction and perception of new knowledge generated by healthcare professionals that were strengthened by the project

To gather evidence of impact, Bive designed a survey to capture data before and after the project from 1,025 women representing 96% of women from the Mujer Bive tu salud (MBS) initiative. The data showed that 32 community leaders 10 health care professionals received training through the project.

#### □ What

Together with its partners, in six months Bive reached 16 municipalities of Caldas and Risaralda through 18 campaigns with more than 1,421 hours of training in health education, self-care health practices and early diagnosis.

- 32 Community leaders trained in health empowerment have conducted activities inside their communities who have reached out to other 207 women in self-care health practices regarding prevention of non-communicable diseases
- 10 health professionals have been successfully trained in the early diagnosis of breast cancer

#### ○ Who

- In 2018, 3,702 women in Colombia died from breast cancer with 13,380 new cases the same year.
- Bive reached 1,066 women through coffee growers cooperatives in rural areas in the states of Risaralda and Caldas who face barriers in accessing quality healthcare and examinations for breast cancer, cervix cancer and cardiovascular risk.
- **87%** of Bive's stakeholders live in rural areas and face multiple barriers in accessing healthcare such as high cost of transport, time spent in reaching hospitals, high cost of treatments, and bureaucratic hurdles in accessing quality healthcare.

- Only **26%** of women between the ages of 40 to 69 living in rural areas have had a mammography.

#### ≡ How Much

- 520 women detected with chronic diseases were connected to the formal health system for diagnosis, treatment and follow ups
- 4,061 instances of health services provided to low-income rural women (such as mammography, HPV tests, breast ultrasounds, cytology etc.)
- **95%** of women trained reported a better understanding of risk prevention measures
- **68%** of rural women report that they perform breast self-examination since participating in the educational aspect of the project
- **79%** reported an increase in knowledge on how to adopt better self-care health practices

#### + Contribution

- Bive was able to reduce the number of days between initial clinic examinations and the result of the mammography from the 90 days national average to 15 days.
- **66%** of the total mammography tests performed were on women older than the age of 50 who were not able to undergo mammography tests in the last two years
- 222 rural women who were not screened for cervical cancer in the last two years were able to access screening services

#### △ Risk

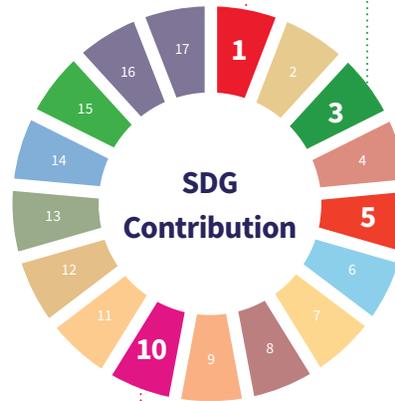
- A high execution risk should be considered if patients don't adopt health practices or access treatment Bive has managed this risk through periodical calls and one-on-one support to patients already diagnosed or those with anormal results in their exams.
- Bive's impact is contingent on external factors that might influence the capabilities and response of health providers. The company faces relatively high risk since external variables such as pandemics or other natural conditions can affect attention to patients identified and diagnosed through the project.



- Strengthened Colombian social protection systems by building the capacity of the health system.



- Increased access to healthcare for low-income communities
- Preventing premature morbidity and mortality from non-communicable diseases (breast and cervical cancer and cardiovascular diseases) in low-income rural women by providing access to screening services, education in the prevention of non-communicable diseases and linkages to proper care when required.
- Promoting access to sexual and reproductive healthcare services for low-income rural women by ensuring access to information and education focused on sexually transmitted diseases (STD) prevention and early diagnosis of HPV.
- Facilitating access to high quality and timely healthcare services through the Bive membership program and social projects in health that bring essential healthcare services closer to rural communities
- Reducing the burden of the healthcare system.
- Training healthcare professionals and community health workers in health promotion and early diagnosis of non-communicable diseases.



- Contributed to closing the social gap between urban and rural communities by facilitating access to high-quality healthcare services for low-income and rural communities.



- Trained women as community health leaders and increased opportunities of women to develop leadership roles in their communities.
- Facilitated access to sexual and reproductive health information for rural women by providing education services and training a network of community health leaders to multiply knowledge about STD prevention and early diagnosis of HPV in their communities.



## Lessons Learned

Bive's co-founder Diana Quintero identify the following lessons learned during the process:

- “The introduction of the impact value chain and social impact indicators into Bive’s strategic framework provided a more objective picture about the outputs directly connected with social impact and the size of the impact of Bive’s programs. This provides us information for making decisions based on evidence and can guide us in improving the quality of services.”

- Conducting real-time evaluation of the program based on project impact outcomes provides valuable ongoing information to make timely changes and improvements in the project’s operations that lead to the accomplishment of social impact goals
- The quantification of social impact and the use of graphic tools contribute to better communicate Bive’s social impact, which is essential in attracting new partners and sharing learning and good practices to scale Bive’s projects and programmes

## Way Forward / Next Steps

Bive's co-founder Diana Quintero identify the following way forwards or next steps:

- Finalize the implementation of the project to reach 1,750 women and use the information from the social impact measurement to document learnings and good practices, define aspects to be improved and establish a strategy to scale up the project at the national level.
- Adapt the implementation of the project to Covid-19 limitations and measures by embracing telemedicine and communication technologies for the delivery of healthcare services and training.

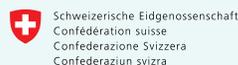
- Strengthen the linkage of the project and Bive’s model with the national health system supporting it to build capabilities for providing higher quality services and innovate in the development of public-private partnerships to enlarge the resources available.
- Introduce digital solutions to Bive’s model to expand its capacity to provide high-quality healthcare services for rural communities at low-cost.
- Continuing upon the lessons learned, Bive will replicate the social impact measurement methodology learned from BCtA’s Impact Champions Programme into other Bive programmes and projects to improve decision-making communication processes.”



Contact the Business Call to Action

[www.BusinessCalltoAction.org](http://www.BusinessCalltoAction.org)

✉ [bcta@undp.org](mailto:bcta@undp.org) [Twitter](#) BCtA Initiative [LinkedIn](#) Business Call to Action



Swiss Agency for Development and Cooperation SDC



Empowered lives. Resilient nations.