Ayat Care







Profiling Businesses in the Care Economy

The care economy consists of paid and unpaid labor and services that support caregiving in all its forms. In Africa, Asia and Latin America, women spend between three to five times as many hours on unpaid care and domestic work as men. This represents 80 percent of a household's total hours devoted to unpaid care work.

Care economy businesses can help recognize, redistribute, reduce and reward – also known as the 4 Rs – unpaid and paid care and domestic work in the following ways:



Recognize: Initiatives that increase visibility and recognition of paid and unpaid care and domestic activity as "productive" work that creates real value and contributes to economies and societies.



Redistribute: Services and initiatives that redistribute care work from individuals to public and private sector entities, and redistribute care and domestic work within the household.



Reduce: Products and initiatives that reduce the time spent on and burden of unpaid care and domestic work.



Reward: Products, services and initiatives that ensure that care and domestic workers are paid fairly and have professional growth potential. This provides them with financial reward and security.

The Care Economy Knowledge Hub aims to address the knowledge gap around care businesses by showcasing various business models and creating a resource base for relevant stakeholders. It also aims to raise awareness and increase knowledge of the state of impact-driven care economy business models and attract a broad range of funders to invest in care economy solutions by showcasing opportunities. These business profiles are intended to showcase said potential investment opportunities. They have been created from information and data provided by the business itself.

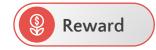
This project is supported by Canada's International Development Research Center, in partnership with the Soros Economic Development Fund at the Open Society Foundations. Building on their track record and commitment to transforming the care economy and mobilizing finance for gender equality, they have jointly launched this action research program to help transform the care economy through impact business and investment.



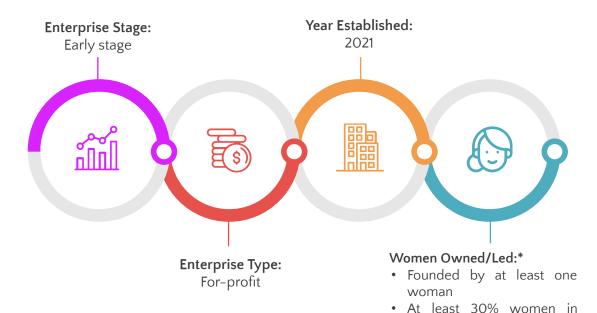
Executive Summary







AYAT Care is a social enterprise that provides care services through trained caregivers to elderly persons in Bangladesh. Households can hire a personal care assistant from AYAT Care for elderly persons who require personalized services, including both post-hospitalization and preventive care. AYAT Care trains caregivers at its training institute using the Government prescribed curriculum. Trainees are largely school dropouts with limited access to formal jobs, training, and certification. Founded in 2021, AYAT Care has served 130 clients and generated US\$37,000 in revenue through both grants and sales. AYAT Care currently has 22 full-time employees.



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Co-Founder's Contact Rahat Hossain, LinkedIn Profile

level/C-suite positions)

senior leadership (executive

^{*}According to 2X "women entrepreneurship" and "women leadership" criteria; 2X Challenge Criteria



1. About The Enterprise

1.1 Problem

In Bangladesh, elderly persons aged 60 and above constitute approximately 8% of the total population (12.5 million).¹ This number is increasing and is projected to rise to 21.5% (43 million) by 2050.² Life expectancy at birth has increased from 47 years in 1960, to 71 years in 2015.³ This higher prevalence of elderly persons within the population suggests an urgent need to provide geriatric healthcare services.

Currently, the bulk of caregiving is provided by family members. Social and cultural norms in Bangladesh dictate that family members have the primary obligation to take care of their older relatives.⁴ Most often, the responsibility of care falls largely on women, who spend a reported 8x as many hours on domestic and care work than men.⁵

Geriatric healthcare and home care services for elderly persons are underdeveloped in Bangladesh. Care seekers in Bangladesh find it challenging to find adequately trained caregivers, as the country has a scarcity of skilled human resources for health (HRH).⁶ Currently, there are only 1,000 government-certified caregivers in Bangladesh.⁷ In addition, training programs provided by caregiver agencies are unstructured, with no established monitoring system to ensure quality. Therefore, trainees coming out of the institutes often have very limited skills.

¹ Ministry of Planning, Government of the People's Republic Of Bangladesh (2015) *Population Projection of Bangladesh- Dynamics and trends 2011–2061.* http://www.bbs.gov.bd/

² Ministry of Planning, Government of the People's Republic Of Bangladesh (2015) *Population Projection of Bangladesh- Dynamics and trends 2011–2061.* http://www.bbs.gov.bd/

³ Sara HH, Chowdhury, MAB, Haque MA.(2018). *Multimorbidity among elderly in Bangladesh*. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6880734/

⁴ Malak, M. A., Sajib, A. M., Quader, M. A., & Anjum, H. (2020). "We are feeling older than our age": Vulnerability and adaptive strategies of aging people to cyclones in coastal Bangladesh. *International Journal of Disaster Risk Reduction*, 48, 101595.

⁵ Bangladesh Bureau of Statistics (BBS) and UN Women Bangladesh (2022). *Preliminary Report on Time Use Survey (TUS) 2021*. http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4_956b_45ca_872f_4cf9b2f1a6e0/2022-06-26-10-43-1d031b63c9271da88f32856c6d4f796e.pdf

⁶ Ahmed et al.(2011). The health workforce crisis in Bangladesh: shortage, inappropriate skill-mix and inequitable distribution. https://www.researchgate.net/publication/49774789_The_health_workforce_crisis_in_Bangladesh_Shortage_inappropriate_skill-mix_and_inequitable_distribution

⁷ The institute conducts examinations and provides certificates on caregiving under the National Training and Vocational Qualifications Framework. Certification numbers can be accessed at http://www.btebcbt.gov.bd/Utility/search?sector=&occupation=54&level=&btnSearch=Search



1.2 Solution

AYAT Care provides affordable monthly subscriptions to connect elderly persons with trained, at-home, caregivers. Caregivers provide personalized and preventive health care, combining mental and physical well-being. The majority of elderly patients are women aged 70 and above. The most used services are post-hospitalization, dementia, and diabetes care.

Personalized healthcare packages: AYAT Care provides three types of healthcare packages that are tailored to specific household needs: Care Regular, Care Pro, and Care Pro Plus. Each package includes a combination of services, such as: medication intake monitoring, basic health status screening, dietary monitoring, companionship and mental health support, guided exercise, scheduling of doctor appointments, monthly health status reports, and consultation sessions with care, dietitian, and physiotherapy professionals. Healthcare packages and prices are not fixed and are tailored to the needs of each household. The services are provided by caregivers trained by either AYAT Care or other equivalent agencies.

Caregiving Training: AYAT Care provides training to caregivers through the AYAT Care Training Institute, using a curriculum designed by the Bangladesh National Skill Development Authority. The courses cover 3 areas: elderly care, childcare, and special needs. The majority of the participants in the AYAT Care training program are unemployed women, many of whom dropped out of school or have not yet completed their higher secondary schooling. Therefore, they cannot apply for government training programs. As a result, the caregivers are not able to receive government-issued certificates outlining their skills.

Placements: AYAT Care offers three pathways for employment for caregivers. Firstly, trained caregivers are linked to hospitals to serve as patient care assistants. AYAT Care identifies relevant jobs, supports caregivers in creating a resume, and prepares them for the interviews. Secondly, AYAT Care links caregivers to homecare service providers, by referring applicants it does not hire directly to other service providers they partner with. Finally, caregivers may choose to become self-employed, start their own agencies, or work as community health workers in rural clinics. Some caregivers have even found jobs outside of Bangladesh, traveling to the Middle East, Canada, and Hong Kong.



1.3 Customer Segment

Customer Segment	Product / Service Provided	Paid / Unpaid
Upper-middle- income to high-income Households in Dhaka	Personalized healthcare services: Households can order preventive and post-hospitalization care services on an hourly or daily basis, depending on their needs. The services include health monitoring, mental health support, and medical advice.	Paid The price of services ranges from US\$100-US\$350 per month.
Untrained caregivers and unemployed youth	Caregiving training and certification: Trainees can choose to follow a 3-month entry-level training on caregiving, and/or a 2-month advanced training in any of the following courses: Elderly Care, Care for Special Needs Persons, or Care for Children, Infants, and Toddlers. After the training, the caregivers' skills are recognized as either Basic (Level 1), Semi-skilled (Level 2), or Skilled Worker (Level 3). Caregivers receive certificates from AYAT Care after passing an internal assessment test. Employment opportunities: Trainees that successfully complete the course are linked to employment	Paid Training costs a total of US\$250-US\$400 per individual, depending on whether a student opts for basic or advanced courses. In general, the costs of training programs have been paid by NGOs, or subsidized in part/full by the Government. To date, the Government of Bangladesh has funded training for 300 caregivers under the Skill for Investment Program (SEIP). In a few instances, trainees have paid for the courses themselves.
	opportunities at hospitals, with AYAT Care, or at other care agencies. When employed at AYAT Care, the caregivers receive weekly paid holidays and bonuses for taking on extra shifts. AYAT Care also hires caregivers trained from other agencies. This is done to ensure a steady supply of healthcare services to households until the enterprise has trained enough internal caregivers to meet their needs.	



1.4 Team And Governance Structure

AYAT Care has 22 full-time employees, of which 70% are women. There are 4 marketing executives, 5 trainers, and 1 supervisor. Further, 12 full-time caregivers. AYAT Care has an external pool of part-time employees (30 caregivers and 25 nurses), 80% of whom are women. These nurses specialize in undertaking advanced medical tasks such as changing feeding tubes and handling other medical devices.

AYAT Care's management team consists of 3 members, 1 of whom is a woman. The board consists of 2 women and 4 men.

1.5 Enterprise Policies

Policy	Yes / No
Overall HR Policy	
Equal pay for equivalent work policy	
Non-discrimination / Equal employment opportunity / Diversity and inclusion policy (gender, LGBTQ, PWD, etc.)	
Anti bullying and sexual harassment policy / Respectful workplaces	
Whistleblower policy / Employee grievance mechanism	
Maternity / Paternity leave policy	
Safeguarding policies for vulnerable groups (children, elderly, PWDs)	
Safeguarding policies for the environment or to reduce detrimental impact on the environment (covers reducing carbon footprint, reduced water consumption etc.)	



2. Impact

2.1 Mission Statement

AYAT Care's mission is to improve healthcare standards by easing and dignifying care for elderly persons. The enterprise's impact mission is to create an overall improvement in healthcare, promote personal preventive care, and provide training to healthcare professionals.

2.2 Intended Impact

AYAT Care's work is aligned with three of the four Rs:

- The enterprise aims to **reduce** the burden of care for family members, typically placed on women, by **redistributing** this unpaid labor to professional caregivers.
- AYAT Care also rewards caregivers who are school dropouts, by providing training and formal employment opportunities that they could not have accessed otherwise. AYAT Care's work has enabled caregivers to earn higher incomes than the average market rates.

2.3 Monitoring And Measurement

- · Number of patients served
- · Number of monthly subscriptions
- Number of caregivers trained and employed
- Number of trainees who graduate after internal assessment
- Number of dropouts from training courses

AYAT Care monitors income increases of caregivers (post-training) through surveys.

2.4 Results To Date

Since May 2021, AYAT Care has:

- Served 130 clients who have used AYAT Care services for more than 3 months.
- Provided training to 60 aspiring caregivers, 93% of whom were women. Of the 60, 40% went to work in households, with the remaining working in hospitals.



• Increased the salary of women caregivers. Internal surveys show that prior to training, women caregivers received US\$80-US\$90 per month for home care services.

Post-training, they received US\$130-US\$160 per month.

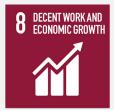
The majority of elderly patients are women aged 70 and above. The most used services are post-hospitalization, dementia, and diabetes care.

AYAT Care's work is aligned with the following Sustainable Development Goals (SDGs):













3. Financials

3.1 Financial Status

AYAT Care aims to be financially profitable in the next 3 years.

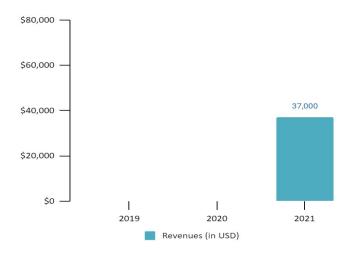
(Amounts in US\$)	FY2021
Total Revenue	37,000
Total Expenses	NA
EBITDA OR Profit/Loss	NA
EBITDA Margin	NA

^{*}AYAT Care can be contacted directly for further information.

3.1.1 Revenue Streams

40% of AYAT Care's income is made through the sale of personalized healthcare services to households. Another 40% of revenue comes from training fees, which are currently paid by the government or NGOs. Finally, 20% of revenue comes from grant funds provided by its parent organization, AYAT Education (specifically to cover company expenses).

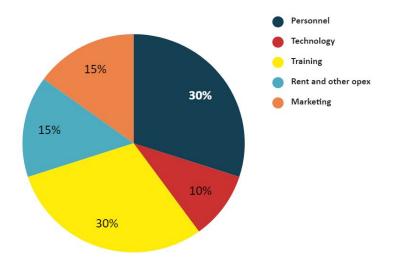






3.1.2 Expenses

The following pie-chart displays AYAT Care's main expenses in 2021:



3.2 External Funding Sources (Past and Current)

• BRAC provided grants to AYAT Care in order to develop its caregiver training program.

3.3 Challenges Faced In Accessing Capital

AYAT Care has not yet begun seeking external capital, but will raise funds from 2023 onwards. AYAT Care has explored investors in the market, in order to better understand the amount of potential equity held by venture capitalists. In doing so, it has been assessed that there is limited availability of early-stage investors and donors interested in Bangladesh's in-home care service market.



4. Path To Scalability

4.1 Potential Avenues For Growth

AYAT Care intends to expand its operations in Dhaka as well as start operations in 2 new cities: Chittagong and Sylhet.

- Expansion of training programs: By 2024, AYAT Care plans to open 2 new caregiver training institutes in Sylhet and Chittagong. The enterprise aims to graduate at least 300 students by 2024. AYAT Care also plans to scale up its training programs by adding online course options by 2023.
- Launch of a digital marketplace: AYAT Care aims to launch a tech-based marketplace for caregivers and nurses in Bangladesh by 2023. The marketplace will categorize health professionals by their skillset and fee scale, so potential customers can seek services according to their specific needs and economic status.
- Expansion of services provided: The enterprise plans to launch additional services, such as: specialist care, a 24/7 customer relations service, medical tourism services, telemedicine with foreign doctors, and a senior privilege card. AYAT Care also intends to pilot a care package for low-income households in 2023 at a subsidized cost. To do so, AYAT Care intends to train 40 more workers and link them to low-income households, in order to test the model.

4.2 Risks And Challenges

Operational: AYAT Care has faced difficulty in finding trained personnel to provide its homecare services (specifically within short time frames). Currently, there are only 1,000 government-certified caregivers. Therefore, in order to meet current demand, it would take 3–5 years and several other public and private institutions entering the training sector. In addition, many caregivers come from training institutes that are not fully certified by the Government, so the quality of skills upon graduation is low. Thus, when AYAT Care has hired workers from external service providers, it has been difficult to standardize their service quality.

Social norms:

Amongst Customers: In Bangladesh, home care is expected to be an unpaid responsibility
of women. Further, a woman's contribution is meant to be unseen and is therefore given
no recognition. This translates to customers often being unwilling to pay decent wages for
such Services.



• Amongst Caregivers: Trained caregivers often aspire to work in hospitals, despite their income being lower than if they chose to provide home care services. This is because caregivers view hospitals as more formal and recognized workplaces. AYAT Care is working to change this mindset through its training sessions. However, AYAT Care will work to match caregivers with jobs at hospitals, should they request it.

Regulatory: Bangladesh currently lacks any regulatory frameworks to outline care service quality or work conditions for caregivers. This affects the quality of caregiving institutes as well as service providers. A caregiver should theoretically have completed higher secondary schooling in order to be certified. However, AYAT Care works with individuals who do not meet this criterion and therefore cannot achieve a government certification. Moreover, exams to become certified are held in English and many of the trainees are not comfortable operating in English. Therefore, AYAT Care is advocating for exams to also be conducted in Bangla, the official language of Bangladesh.

4.3 COVID-19 Impact On The Enterprise

Throughout the pandemic, the enterprise experienced a shortage of caregivers. In Bangladesh, all healthcare professionals were encouraged to work in national healthcare facilities in order to offset the scarcity of nurses. Although AYAT Care maintained a constant demand for 24/7 homecare services during the COVID-19 pandemic, it could not meet this demand due to this lack of caregivers.

4.4 Support Received To Date

In 2021, AYAT Care participated in the UN Women Care Accelerator Program, through which it received a 4-month training to develop its current approaches into extended caregiving. Before joining the Accelerator, AYAT Care focused solely on preventive healthcare.

AYAT Care is one of the initiatives of its parent organization, AYAT Education. AYAT Education has also set up the AYAT Skill Development Center, AYAT College of Nursing and Health Sciences, and Palliative care programs. AYAT Care is able to mobilize training support, clients, and trainees largely thanks to this parent organization. AYAT Care also gets support from teachers who volunteer at the training institute.



4.5 Inputs Required For Growth

Financial

AYAT Care requires US\$250,000 to build an online marketplace, as well as to expand training and care services.

- Marketplace: AYAT Care intends to build a marketplace platform for care seekers and caregivers. Further, AYAT Care's existing partnerships with hospitals and caregiving agencies will support the onboarding of additional caregivers. The connection with hospitals will likewise support AYAT Care in identifying potential care seekers.
- Training program: AYAT Care intends to run both online and in-person training programs. The theoretical component of training will be taught online, followed by an in-person internship. They may also choose to undertake rapid-learning courses in order to complete the program quicker. All trainees will still be expected to pass exams. AYAT Care also intends to create a curriculum specifically concerning dementia and diabetes, as there is a high need for this in Bangladesh.
- Market expansion: AYAT Care intends to increase the size of its team, as well as its marketing initiatives, in order to increase its reach.

Non-Financial

 AYAT Care is seeking support to identify healthcare and homecare models outside of the Bangladesh market, as many trained caregivers are hired from abroad. AYAT Care intends to study and understand these various business models, focusing on partnership potential and existing solutions.