<table>
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<tr>
<th>Key Partners</th>
<th>Key Activities</th>
<th>Value Proposition</th>
<th>Customer Relationships</th>
<th>Customer Segments</th>
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</table>
| 1. Who are your key partners? 2. Who are your key suppliers?  
Department of Health and Human Services  
Funding  
Community Connections  
Validation  
Scale Up  
Refugee Health Services  
Have trust of community users  
Are most relevant and integral partners for disseminating Shifra to targeted communities.  
Universities  
Assistance with validation and M&E  
Corporates  
Funding  
Expertise (BA and Information Hub for Refugees and New Migrants)  
SRH focused  
Multiple languages  
Service Connector  
Cross promotion of local, trusted services to increase user awareness/knowledge and access/uptake  
Data Analytics  
Granular level data being collected to determine what information users want, where, in what language and what's the preferred medium for accessing this (e.g. video, written, audio)  
Content Development | 1. What are your key activities?  
Information Hub for Refugees and New Migrants  
SRH focused  
Multiple languages  
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Data Analytics  
Granular level data being collected to determine what information users want, where, in what language and what's the preferred medium for accessing this (e.g. video, written, audio)  
Content Development | 1. What are your value propositions?  
No known competitor (local or global)  
Shifra is a world first. No other known mHealth product combines all aspects of SRH and targets refugee and migrant communities as primary users and offers them services in their own language.  
Shifra is sustainable  
Shifra's user trend data will help reduce resource wastage and increase efficiency and uptake of local health programming.  
Shifra uses human-centred design processes that make it more accessible  
We work with women who can read as well  
| 1. Your customer relationships?  
Corporates  
Corporate Social Philanthropy  
Refugees  
Want accessible and dignified health care  
Refugee health services  
Want to provide accessible and dignified health care to refugees  
Hospitals  
Want less emergency cases and patients who are easier to manage, cost less and discharge sooner and in better health  
Department of Health and Human Services  
Pay for data collected by Shifra as | 1. Customer Segments  
Refugees (and new migrants)  
They aren't paid customers but they’re uptake of Shifra will incentive customers like hospitals, community health centres and the Dept. of Health to pay for Shifra  
Refugee Health Services  
Pay for data collected by Shifra as  
Hospitals  
Pay for data collected by Shifra as
Tech)
Data
Social Enterprise/Impact Investors
Funding
Scale Up Assistance

Creating videos, brochures, info sheets on content that doesn't currently exist in certain languages. e.g. LGBTQI info in Arabic in Australia currently focuses on HIV/AIDS only. There's nothing on stigma, sexuality, safety, discrimination or support.

Community Engagement/Capacity Development
Focus on community codesign and increasing the local capacity of women who are currently the targeted users to become the sustainers of Shifra in the future (designer, developers, evaluators and project managers).

Advocacy
Drawing attention to 1) poor access to SRH for refugees and as those who can't. This helps us to create content that is accessible to users who prefer to watch or listen to read-only content. We iterate when we have feedback that helps us make Shifra more convenient and usable to the communities it is designed for.

We focus on SRH for marginalised communities
Our approach intersects with academic, community, industry and government sectors. We work with anyone and everyone who has a genuine interest in support refugees and migrants to develop their own solutions to the problems they face.

Want the burden of disease lowered esp. in at-risk communities such as refugees.
Want resources to stretch further and be used more wisely.
Want the community to embrace preventive health measures in order to increase overall community health outcomes longterm.

Corporates
Want to feel good about helping the community.
Want to offer employees opportunities to share their expertise with communities in need.
Want tax offsets/breaks based on their CSR contributions

it tells them what they need to know (i.e. what their patients/clients aren't telling them) and quantifies this based on geospatial location.

Department of Health and Human Services
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Key Resources

1. What are your key resources?

- Project Manager
  Registered Nurse-Midwife with 14 years experience in refugee health research. Experience in HCD and anthropology

- Strong community partnerships
  Refugee, tech, start up, academic and health sectors already established

- Co-design process with refugee communities

Focuses on user empowerment

We believe that our community-lead design processes help develop the independence we already see in the woman we work with.

We foster this and strive to increase their employability and skillsets throughout our user testing and evaluation processes.

Channels

1. Channels

- Users
  Train the Trainer models and community sharing

- Customers
  Partnerships in NGO, community, gov’t networks

- Advocacy
  Social media, health collaborations,
Cost Structure

1. What about your cost structure?

- Community research and codesign
 a. Including translation, user testing and iteration
- Implementation/Dissemination
- Marketing and operations
- Validation
 a. Does this do what we say it will? Is this the best option?
- Monitoring and Evaluation
 a. Staff, operations, tech dev, community outreach and capacity development
- Replication and Scale Up

Revenue Streams

1. What are your revenue streams?

- Subscription sales
- Indirect goods and services/Freemium (users pay for expanded version)
- Data
 a. Data this granular is not currently being collected in this way and is valuable to all customers
- Partnerships and/or white-labeling
 a. Integration with existing services/products e.g. SSI, TIS, CEH, InfoXchange Northern Hosp. Language Services

healthcare provider and then we work with local health services to make this information more accessible to the communities that need it most

conferences/networking, online platforms and multicultural community networks
Other languages, communities, cities and countries

“Free as a Business Model”
Sponsorship/Advertising – banner ads for hospitals/community services

Multi-Sided Platform Pattern
DHHS/Hosp. pay fees to offset refugee user costs

Branding
Building the brand of strong, independent women from refugee backgrounds