Case Study On

"Strategic Growth & Business Model Evolution of Soowgood in Bangladesh"

By

Md. Habibullah

ID: 22364019

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Student's Full Name & Signature:

_____

Md. Habibullah
Student ID: 22364019

Supervisor's Full Name & Signature:

_____

Dr. Mohammad Shahidul Islam
Assistant Professor, BRAC Business School BRAC University

Table of Content

Abstract

SoowGood is a new online healthcare platform in Bangladesh that connects patients and doctors for online consultations. It also helps with things like managing prescriptions, delivering medications, and arranging lab testing. We will closely examine how SoowGood got started, how it is expanding, and what kind of business model it is building to work and grow in a market as complex and competitive as Bangladesh in this case study. The goal is not just to copy SoowGood's success, but also to figure out what problems it is having right now and what actions it can take to expand in a way that lasts over time. SoowGood has had a fantastic time so far. The website started off with a very basic goal: to help busy people, those who are away from the clinic, or people who prefer to get treatment online. When people didn't want to go to the hospital because of COVID-19, it let them talk to doctors over the phone. It later introduced new services, such as delivering medicine to people's homes, giving corporate wellness packages, and hiring more doctors and diagnostic partners. But things haven't always gone smoothly. Many doctors stopped using the system because they didn't have any patients. Some people aren't ready to trust medical information they find online.The program still relies heavily on city dwellers, and most people who live in the country don't know about it or can't use it. Some of the main problems are trust, awareness, and access. The report examines these issues with examples, compares SoowGood to other online health services in Bangladesh, and assesses its current status. This case study does more than just tell you what has been done; it also gives you ideas on what to do next. It has some big effects. These include employing a rural health ambassador program to get more people in rural regions to use the app, giving tiered subscription packages to make it more affordable and encourage loyalty, and training doctors, among other things. It even gives SoowGood some easy ideas for how to create trust, such as making privacy policies easier to read and improving customer service. This report's goal is to provide readers a realistic, inside-out look at what it will take to build a health-tech platform in Bangladesh. The paper is written from a strategic point of view, not just to tell the story of SoowGood's experience, but also to question and improve it in the hopes of finding smart, workable ways to move forward.

Objectives

1. To investigate the essential elements and framework of Soowgood's business model.
2. To find out and look at the main strategic concerns that affect Soowgood's growth
3. To look at how Soowgood's business plans have changed since the company started
4. To find out how well Soowgood competes in Bangladesh's digital health market
5. To propose feasible and enduring strategies for the future growth and expansion of the firm.

Importance of the Case Study

This case study is one of a kind since it is being done on a real company that is trying to solve a real problem in Bangladesh: making healthcare more accessible to everyone. SoowGood is not just another app but a system that is working to bridge the gap between doctors and patients, distribution of medicines, and opening up health services using a phone. But achieving that in a nation where many still rely on face-to-face consultations, or where internet penetration is scarce outside large cities, is not straightforward. Getting to know SoowGood provides us with the opportunity to learn what it really requires to develop and expand a digital health platform in a country like Bangladesh. This is not paper strategy - this is a question of how a small business makes daily decisions: how to retain doctors on board, how to persuade patients to entrust video calls, how to expand without compromising, and how to survive in an environment where larger players already operate. This case is also valuable because it reveals the blind spots that continue to persist in our healthcare system - especially in terms of digital access. Some people in cities use these services every day, but many others in rural or semi-urban areas still don't have access to them. SoowGood's story can show us what is working, what isn't, and what has to change so that digital health can work for everyone. Lastly, the study doesn't just talk about SoowGood; it tries to get its attention. It asks tough questions and suggests specific changes that could help the company grow in a more inclusive, affordable, and reliable way. This kind of harsh, on-the-ground criticism can benefit not only SoowGood but also anyone trying to build a tech-enabled service in a developing country.

Case Part

Introduction -

Background of Soowgood

SoowGood began with a straightforward inquiry: why do numerous folks in Bangladesh still have significant challenges in obtaining adequate medical care, particularly in rural regions? The idea was born from a personal experience. Sanjida Alam, the founder, grew up witnessing how difficult it was for families like hers to locate reliable doctors. Years later, when a close relative lost a newborn because treatment was delayed, she knew that something had to be done. That experience made her take action. SoowGood was established not just as a business but as a purpose—to make healthcare simpler, more fair, and available to everyone, no matter where they live. Instead of just working with big hospitals or urban clinics, SoowGood started with the idea that even someone who lives in a far-off village can talk to a good doctor, get the right medicine, and be advised when he or she is having a bout of bad health. The services are online doctor consultation, medicine home delivery, home test bookings, and even emergency ambulances—all from a mobile app. But with a twist: SoowGood does not presume all users to be tech-savvy. Across most geographies, members of the local population—schoolteachers, health volunteers, or NGO personnel—help patients book a visit, guide them through it, and follow up with treatment. This little gesture means a lot of trust, particularly for individuals who are not familiar with video calls or internet apps. In its first year, SoowGood connected thousands of patients—many of them first-time telemedicine patients. It worked with over 180 physicians, established pharmacy partnerships, and started to garner interest from global social enterprise networks. In floods that submerged parts of Cumilla, SoowGood continued its services, proving that digital healthcare can continue even in adverse conditions. SoowGood keeps getting bigger. It's not perfect, and there is still a lot of work to be done. But its story isn't about size or speed; it's about solving a fundamentally human problem that touches millions of people in a way that is real, human, and local.

Service Category

SoowGood is an online health platform, but in reality, it seeks to help people with common health problems in a simple, connected way. The services are for people who don't have time to wait in line at the hospital, can't go to big clinics, or want to have more control over their own or their family's health.

SoowGood gives you -

Doctor Consultation (Video or Phone Call)

SoowGood gives you this. Patients can talk to real doctors over the phone or video chat, so they don't have to travel or wait in line. It's especially helpful for people who have long-term diseases, chronic conditions, or even mental illness. Doctors are checked out, polite, and generally speak the same language as the patient, which makes them feel more at ease. Local helpers, called health facilitators, help people who aren't sure how to use the app with the full procedure.

E-Prescription & Medicine Delivery

They get an e-prescription during their appointment that they can get through the app or by text message. Then, they can choose to order the drug directly from SoowGood's network of partner pharmacies. They even get their medicines delivered to their door, sometimes even the same day. This is great for most older people or busy parents who don't want to have to walk around seeking a drugstore.

Home Sample Collection for Lab Tests

SoowGood also helps patients set up regular diagnostic tests (such CBC, blood sugar, etc.) at labs that have been approved. The best part is that the lab technician comes to the patient's house, takes the sample, and posts the report online. You don't have to wait in line at a busy clinic, especially for older people or people who have trouble moving around.

Corporate Wellness Packages

SoowGood caters to small and medium-sized businesses that wish to provide emergency health benefits to employees. The plans normally include occasional doctor visits, health tips, and discounts on medication or lab work. For most employees who are not provided with traditional health insurance, it is like a giant step forward.

Emergency Support & Special Services

In other areas, SoowGood has started allowing users to reserve ambulances in the event of an emergency. They also offer physiotherapy consultation and women's health, the latter being under development. These are small steps, but they show that SoowGood is trying to meet real needs instead of just checking off digital boxes.

Strategic Growth Timeline

SoowGood never grew following trends. It grew by noticing pain points and addressing them, step by step. From the individual experience to operating platform, its journey is full of stops, starts, learnings, and small wins that earned credibility. Below is a more detailed timeline that not only describes what SoowGood did, but also why it mattered.

2021 – An Idea Based on Reality

SoowGood's roots were planted in frustration. Founder Sanjida Alam observed dearest ones wait for treatment simply because going to a hospital involved hours of commuting, queues, and rushed conversations with physicians. These weren't strange stories; they were normal stories in Bangladesh. She stopped moaning and started to wonder what it would be like to see doctors from the comfort of her own home. This. The start. There is no platform yet. read, listened, and did a task: made something that would make medical treatment easier to get for people who always seemed to be out of reach of it.

2022—Building and Launching with People in Mind

SoowGood's original version was a simple, attractive tool that let patients set up online video calls with a small group of doctors. The initial phase was about behavior and not about specific features. Would the patients use remote consultation? Would the doctors like this app? The solution came in small amounts and bursts. People who lived in cities started using it for small problems like fevers, infections, or diabetic follow-ups. Some people were doubtful, while others were curious. And every answer was thoroughly thought out. The team improved the app's timing feature, introduced language options, and let elderly patients log in.

2023 – Building the Network, Slowly but Sure

SoowGood wasn't in a hurry. It made every part of caring easy. This included hiring trustworthy doctors, working with pharmacies to supply drugs the same day, and diagnostic labs that would pick up samples from people's homes. It also added e-prescriptions with doctors' signatures so that people can buy drugs from anywhere. SoowGood began to look like more than just a way to get medical care over the phone; it began to look like a full health solution.

2024 – Out of the City: The Rural Challenge

SoowGood was up and running in Dhaka and a few other cities by 2024, but it didn't reach many people in the countryside. The team knew that a great app wouldn't work. Most people in remote areas aren't using their smartphones to their full potential, or they don't think about doctors who work online. SoowGood didn't give up on the idea; instead, it did something brave and hired local people to be health agents. These people were teachers, shopkeepers, and NGO workers—people they could trust in their own communities. They learned how to help patients use the platform, set up calls, get their medicine, and even take their vital signs. SoowGood was able to break free from screens and be human again because of this people-first model.

2025—Facing Tests in the Real World and Trying to Get Bigger

Last year, SoowGood faced a major challenge when floods destroyed life in most places. Power outages and network problems made the platform unusable in most places, although it still worked in most places thanks to the help of agents. At that point, the team understood how strong their model would be in a crisis. SoowGood has bigger plans now. They want to add AI capabilities that recommend patients based on their symptoms, provide families lowcost subscription bundles, and grow their network of doctors to include specialists in areas like mental health, mother care, and physiotherapy. They are also collaborating with businesses to create health packages for their employees and with lawmakers to help make digital health regulation safer.

A Timeline Shaped by People, Not Just Tech

SoowGood is not a story about growth charts or news for shareholders. It's a story about people making choices on purpose. The team stopped at each turning point and asked, "Is this helping people?" That question helped them go from a small notion to a platform that is quietly but deeply transforming how people in Bangladesh get healthcare.

SoowGood Business Model Analysis

SoowGood's playbook is not like any other health-tech playbook from the West. It is based on what is real in Bangladesh. It's a model based on the world's needs and a model that takes into account local behavior, social conventions, and gaps in healthcare. SoowGood started out as an idea to let people see doctors from the comfort of their own homes. Now, it's a whole healthcare system in a smartphone that connects patients with local agents, well-known doctors, e-prescriptions, and pharmaceutical delivery. Here's a look behind the scenes at SoowGood's business model, including how it gets paid, makes money, handles different types of users, and keeps its relationships alive.

Value Proposition

SoowGood's best feature is that it makes it easy to see a doctor. For most individuals in Bangladesh, getting medical care means long trips, long waits at the hospital, and paying more than they can afford. SoowGood tries doing the exact opposite by bringing good doctors, good guidance, and life-saving health care to one's door. It is handy for the urban resident. It was never accessible to observe the rural farm resident. And it is a warm, intimate environment in which someone who is anxious or phobic about visiting a doctor can speak with a real doctor from one's own home. SoowGood is more than a telemedicine app. It is a gateway. It connects the patient and the doctor, the doctor and a pharmacy, the pharmacy and a lab, and the whole process to an easy one. That ease, combined with the strength of trust and local presence, is its greatest advantage.

Revenue Streams

SoowGood's concept is really minimalist and service-based, and it grows as more individuals are on the platform. That is how it generates revenue:

Consultation Fees -

The easiest source of revenue for the platform. Flat fee paid upfront once a patient schedules an appointment with a doctor using SoowGood. The doctor receives a commission, and the rest is reinvested in running the platform. SoowGood has low fees in comparison to face-to-face consultations.

Pharmaceuticals Sales (Commission-Based) -

Drugs can be purchased by patients after visiting a doctor via SoowGood's application. The drugs are supplied by cooperative pharmacies within the area. SoowGood generates revenue from a commission in each sale of drugs facilitated through its system.

Lab Test Appointments -

SoowGood allows an individual to book lab tests such as blood, urine analysis, or an ECG. The tests are collected from the patient's premises by certified laboratories. SoowGood makes a commission on the test fee.

Corporate Health Packages -

SoowGood also offers services to startups and hospitals that are interested in providing their staff with access to primary care. Discounts, video consultation, and routine check-ups are included in the packages. SoowGood charges a fee per employee or package fee every month.

Membership/Subscription Plans (Trial Stage) -

The product is a multi-level health subscription plan. Subscription to a monthly plan with a fixed number of consultations, priority service, and medicine discount is possible. It is at a trial stage but can be the repeat revenue source.

SoowGood's design is one based on recurring, repeat revenue rather than transactions. The more it is utilized for ongoing care, the more sustainable the site will be.

Customer Segments & Channels

SoowGood does not have any single "type" of user. There are various individuals using the site for varying reasons, and the team has created several points of entry for them all.

Urban dweller Individuals & Families -

They possess smartphones and a stable internet connection. They access the app straight away for consultation with their family physicians, for general sickness management consultation, or for long-term disease cure.".

Semi-Urban & Rural Patients -

Such customers would be uncomfortable using apps independently. They depend on local intermediaries (shop owners, NGO staff) to make booking a call or scanning prescription simpler. This is more interpersonal than technological trust.

Elderly Patients -

The majority of elderly patients visit SoowGood due to the initiative of their children. They utilize it for chronic conditions like diabetes or high blood pressure, with continuous monitoring and supervision by family members.

Corporate Clients -

SoowGood has corporate clients who want to make health care available for their workers. They are small businesses that don't carry traditional insurance policies.

Bangladesh Diaspora -

Diaspora citizens who live abroad use SoowGood to take care of their parents and loved ones in Bangladesh. They book an appointment through online payment, and track the status of their loved one.

Access Channels

Mobile Application (Android & iOS) -

First point of interaction for online users with features such as booking an appointment, e-prescription, and lab report.

Phone Support -

Because smartphones or the internet are not available, SoowGood offers appointment support and medication prescribing via phones.

Local Health Agents -

Locally trained human resources at village or small town level between the app and the consumer. They help with appointment scheduling, communication of doctor's advice, and follow-up.

Corporate Partnerships -

SoowGood goes straight to the HR of corporations or founders to subscribe for health packages for their employees.

SoowGood's brilliance lies in making it possible for customers to use the service in whichever mode they want most.

Key Partnerships & Cost Structure

SoowGood has made no effort to try to do everything on its own. Its scalability relies on having good relationships with people and organizations of some kind of presence already having been set up within the health system or in the local community.

Key Partnerships

Doctors

They are the backbone of the platform. SoowGood would prefer to have qualified, professional, and skilled physicians from diversified specialties onboard. It provides an easy interface to doctors for follow-up and appointment management.

Pharmacies

Local retail pharmacies in the area as well as pharmacy chains are on the platform so that prescription fills can be completed and delivered in a timely manner.

Diagnostic Laboratories

SoowGood does not but has partnered with licensed labs that send samplers for sample collection and report online.

NGOs & Community Organizations

They help in the identification of the health agents in the rural belt, provide assistance for training, and even create digital healthcare awareness.

Tech Partners

SoowGood's features are developed by out-sourced development teams and provide platform maintenance, bug fixing, and additional features like AI symptom checkers or data encrypted storage.

Cost Structure

Doctor Payments

Every paid consultation constitutes a doctor payment, and this is the most significant component of the operating expense.

Tech Security & Maintenance

The application should be safe, quick, and easy to use. Server maintenance, app updates, and data protections are backend costs.

Customer Service

With more on the website, there is more need for in-real-time support—especially from the older demographics or regions in rural areas where they will become stuck.

Logistics & Delivery

Coordination, i.e., cost and time of transportation, is needed for delivery of medicine and collection of laboratory specimens.

Marketing & Outreach

Awareness generation campaigns (especially rural areas) for training agents or health camps organization is also a part of recurring investment.

SoowGood's solution is imperfect, but realistic and human-centered. It gets better the more it is espoused—and it is not the technology that causes it to do so, but a group of human beings in front of the machine.

Competitor Analysis and Market Overview

Bangladesh's healthcare system is big, diverse, and unfair. In cities, there are a lot of private hospitals and clinics, but in rural and semi-urban areas, there aren't enough doctors, infrastructure, or awareness. Government efforts to improve healthcare infrastructure are likely to be limited and underfunded. This is where the idea of digital healthcare—giving patients access to doctors, tests, and pharmacies through mobile technology—seems to have real potential. However, getting people to use digital health isn't as easy as it seems. Many people are hesitant to get advice from a doctor over the phone, don't have smartphones, or aren't good with apps. Others worry that online coaching won't be reliable or that their health information will be stolen. These are real and valid fears. The COVID-19 pandemic was a wake-up call. When the hospitals were crowded, individuals had no other option but to use home care. That was a chance for digital health platforms to show what they could do. Ever since, the demand rate for online consultation, home delivery of medicine, and home tests has been increasing constantly—particularly among young families, patients with chronic diseases, and those living far from hospitals. Bangladesh's ehealth sector is small but growing at a frantic rate now. A number of platforms compete for patients', doctors', and even employers' trust now. Each has its own thing to offer. Some focus on speed, some on medicine delivery, and some on more sensitive issues like mental health. SoowGood is carving its niche with an end-to-end, human-assisted care pathway—from consultation to lab tests to pharmacy pickup.

Market Competitors

Maya

Maya is a well-known name in the digital health field. It started out as a women's health platform that offered anonymous chat-based consulting. It later expanded into mental health and wellness. Today, Maya offers live consulting and AI-based advice in both Bangla and English. Maya's area of expertise is its safety net, especially when dealing with issues that are still taboo, like reproductive health or mental illness. Maya's platform is friendly, and its brand is very credible among urban, young women. However, its services are still basic when it comes to medical content. It doesn't yet offer features like scheduling lab tests or medicine delivery. For the full treatment—from diagnosis to meds—Maya won't yet be able to bridge the gap.

Arogga

Arogga is best known for bringing medicine within easy reach, made affordable, and effective. It allows users to upload prescriptions, purchase medicine, and get it delivered at their doorstep within hours. The platform is praised for being cheap and effective. Arogga is just beginning to offer doctor consultations, and its business strength lies in logistics rather than care coordination. SoowGood, however, spans the entire duration of a care journey partner-from consultation to prescribing to medication or test delivery. Through that, SoowGood presents itself as a care journey partner, not merely as a supplier.

DocTime

DocTime is a fast-growing telehealth app that offers consultations from physicians of all specialties. The app is surfaceable well, the video is good, and scheduling is instant. DocTime is favorite among the majority because it is simple to use and has a clean interface. All of that aside, DocTime is tech-oriented as opposed to community-oriented. It is not actively engaged in rural outreach or supporting individuals through local networks. SoowGood's strategy of contacting rural agents to bridge the gap as it pertains to digital connectivity makes it more attractive to patients who are not comfortable using technology on their own.

Praava Health

Praava is a high-end, hybrid healthcare platform that brings together physical clinics and technology. It has high-end diagnostics, doctor consultations, and chronic care for long-term illness. It generates significant business out of Dhaka's middle- and upper-class families who are happy to pay a premium for customization. Praava is quality-focused in the correct manner but out of reach for most but a few select individuals. It also requires physical trips to clinics for the majority of services. SoowGood, however, is scale- and convenience-focused. It aims to treat the 'everyday' patient—a patient that wants economical care, ideally at home.

SoowGood's Market Position

SoowGood excels not for its most gimcrack app but because it connects with its people. It doesn't want to kill doctors with AI or go urban. Instead, it establishes alliances with local organizations, trains rural champions, and brings back the personal touch to online care. It leads with its full-stack model, which lets a patient: Talk to a knowledgeable doctor about your condition. Get a prescription right on the phone. You can order the prescription your doctor prescribes right through the app. Get rid of lab testing by taking blood samples at home. You can get free or discounted follow-up appointments with the same doctor. These all work well together and make things less confusing, which saves time and builds confidence. This is especially important for people with chronic illnesses or who are taking care of elderly parents. SoowGood's biggest problem right now is that not enough people know what it does or how to do it. Compared to its competitors who spend a lot on advertising, SoowGood relies more on word of mouth, grassroots advocates, and organic growth. This builds loyalty, but it takes time. In a fast-moving market, SoowGood's success will depend on how well it can keep its personal touch as it grows. Other companies can offer faster apps or bigger discounts, but SoowGood's unique selling point is that it makes digital healthcare more human. Its bet is simple but risky: that in the long run, trust, dependability, and empathy would be worth more than speed or price.

SoowGood SWOT Analysis

SoowGood is in the health care business, and its strength, weakness, opportunity, and threat are all things that it needs to keep an eye on. These aren't just buzzwords to check off on a corporate jargon list; they're things that SoowGood needs to pay attention to as it keeps growing.

Strengths

Human-Centered Healthcare Delivery

SoowGood's best quality is that it cares about people. It's not about video exams and eprescribing; it's about taking care of people. Everything is done with care and patience, from the rural health agents who are in charge of rural patients to the carefully chosen doctors who speak kindly and respectfully. In a field that is often rushed and impersonal, this is its best quality.

End-to-End Care Ecosystem

Bangladesh doesn't have many platforms or places where a patient can get everything they need in one place, like SoowGood does: a doctor consultation, an e-prescription, medicine shopping, and picking up lab samples from the safety of their own home. This end-to-end solution is so convenient for the patient to receive the healthcare and it ensures long-term loyalty and follow-up consultation.

Agent-Supported Rural Access

Most digital health platforms struggle to reach rural communities. SoowGood takes a different approach by enlisting and training local people who are familiar and trustworthy—e.g., teachers or shop owners—to act as agents. Agents enable navigation, trust and comfort for the less tech-savvy in accessing the service.

Carefully Thought-Out Doctor Recruitment and Training

SoowGood does not hire any doctor. It hires doctors based on their communication skills and how much they deliver caring care. Doctors are trained to conduct video consultations in such a way that the patient remains respected, cared for, and heard.

Responsiveness and Adaptability

The platform is adaptive. It evolves through comments from the users', agents', and doctors'. Through the introduction of Bangla audio guidance to optimise the app to be low-bandwidth, SoowGood shapes its service based on actual needs.

Weaknesses

Low Public Awareness and Visibility

There is no recognition by most Bangladeshis that SoowGood exists. Compared to more mainstream platforms like Arogga or Maya, there is no real promotion for SoowGood. The expansion is word of mouth, and this is at a snail's pace.

Digital Skill Gap Among Key Users

The majority of the rural or elderly patients aren't digitally literate to use the app by themselves. Although the agent model covers this deficiency, it also creates dependency. If an agent is absent, customers won't be willing or able to make use of the service anymore.

Doctor Unreliability in Terms of Availability

Patients sometimes log in hoping to be able to talk to a doctor at the time but encounter no doctors online. Doctors sometimes logout if not seeing enough patient numbers, typically on slow days.

Language and Accessibility Limitations

The application is so far only in Bangla and English and may leave out the illiterate or regional dialect speakers. Visually and hearing-impaired users are also not well served.

Dependence on Third-Party Partnerships

SoowGood has no owned pharmacies or laboratories. Medicine delivery delays or report mistakes from laboratories—though through partners—are taken against the platform. Sufficient screening of partners is still an issue.

Opportunities

Shift in Attitude Towards Remote Healthcare

The pandemic opened the door for a mindset shift of people towards remote care. What was frightening in the past is today discovered to be convenient and secure. This presents SoowGood with the opportunity of tapping new user segments and markets.

Corporate Market Still To Be Tapped

There are scores of small and medium-sized enterprises in Bangladesh with no formal health benefits. SoowGood could offer simple, low-cost wellness programs that employers would be happy to offer to their employees.

Expansion of Niche Health Services

Since there is an increasing demand for mental health care, women's health care, and disease management, SoowGood can extend specialty services around these with appropriate physicians and promotion.

Greater Penetration in Rural Markets

The majority of villages continue to depend on informal care or remote clinics. SoowGood's model is very well positioned to exploit this demand if it can responsibly expand its base of agents.

Policy and Partnership Opportunity

Given that the government is encouraging digital services increasingly, SoowGood can benefit from public-private partnerships or collaborations with NGOs and health missions.

Threats

Acute and Growing Competition

There are more well-established health-tech companies entering the business now, and they have more funds and more advanced apps. SoowGood will have to differentiate on trust and service quality if it is to survive competition.

Industry-Wide Trust Issues

A bad experience on some other platform would spoil public faith in online medicine. If any other rival is careless with patients' data or gives poor advice, it would affect all the rivals in the business.

Rural Infrastructure Issues

Frequent power cuts, poor mobile connectivity, and poor net connectivity in rural areas result in gaps in delivering smooth service. Gaps can irritate customers and decrease retention.

Unpredictable Legal and Regulatory Environment

Digital health regulation in Bangladesh is still in the pipeline. New legislation on licensing, data protection, or taxation may become unexpected stumbling blocks for SoowGood platforms.

Risk of Doctor Burnout

With increasing volume, doctors may become over-stretched or under-manned. This, if left unchecked, can lead to compromised quality of services, high turnover of doctors, or even legal woes.

SoowGood's main strength is its mission: to make healthcare more human, not digital. That investment of trust, care, and community gives it an edge over its competitors. But to keep growing, SoowGood needs to raise awareness, strengthen its platforms, and stay focused on people as a platform in a more competitive market.

Current Strategic Challenges

To help build well-designed, human-capital-centered solutions, you need to be aware of the roadblocks to health technology adoption in Bangladesh and how they affect SoowGood. The obstacles listed below are real, boots-on-the-ground, and faced every day by the people who work at the institution that is still behind the digital surge in order to provide care.

Industry-Level Strategic Challenges

Lack of Digital Infrastructure in Rural Areas

Many areas of Bangladesh are still working, but the internet is slow, the mobile signal is weak, and the power goes out a lot. All these limitations indicate that no medical facility can function appropriately except the major cities. A single late appointment or an app failing to open when the connection is poor is sufficient to break a patient's trust within a matter of days.

Lack of Trust in Online Medical Treatment

While usage is picking up, the majority of patients—particularly in rural regions—are cynical about virtual consults. They are questioning the genuineness of the physicians, the validity of their diagnosis, or whether online advice is permissible. The cynicism makes it difficult to scale digital healthcare at scale.

Fragmentation of Healthcare Services

The Bangladeshi healthcare ecosystem is strongly disintegrated. Physicians, hospitals, pharmacies, and labs prefer to work in isolation. This makes it difficult for digital health platforms to create integrated care experiences, especially where partners are inconsistent in quality or integration.

Insufficient Digital Health Experts

There are not enough physicians, developers, UX designers, or health agents that completely understand healthcare and technology. This impedes the creation of products, service quality, and platforms' ability to develop rapidly.

Unclear Regulatory Structure

The regulatory framework for telemedicine is uncertain. Telemedicine policies, e-prescriptions, patient data legislation, and licensing are in a gray area for platforms. This uncertainty is presented to investors, partners, and patients.

Strategic Challenges for SoowGood

Lack of Brand Identity

SoowGood is still an unfamiliar brand in most of Bangladesh. Without massive ad budgets or celebrity influencer collaborations, it's difficult to match the larger platforms even when SoowGood offers high-level services.

Over-Dependence on Rural Coverage through Health Agents

SoowGood's agent model is a strength, but also a weakness. If agents leave or are inadequately trained, rural areas lose coverage. Replication that is scaled up without losing consistency is still an issue.

Unreliable Physician Availability

Physicians are demanded by patients to work on-demand. Yet, SoowGood's physician network, however dedicated, might be unable to keep up with real-time demands at all times. Waiting patients can lose faith and switch to alternative sites.

Follow-Up and User Retention Discontinuities

New patients do not come back for the follow-up consultation. Formal follow-up or continuity of care may be lacking, treating the service as transactional, instead of relationship-based.

Third-Party Partner Operational Risk

SoowGood has third-party drug stores and diagnostic labs to perform tests and dispense medicine.If one of these stores makes a mistake—such as a delay, running out of stock, or a quality issue—it reflects adversely on SoowGood, even though they can't do anything about it.

Expansion Budget

SoowGood doesn't have a lot of venture capital backing, so it has to grow slowly and has limited expenditures for marketing and technology development. Keeping up with sites that spend millions is as much a business problem as it is a money challenge.

Inability to Consolidate Health Insurance

There aren't many SoowGood users who have health insurance, and the website hasn't yet been linked to those few plans. This makes it less beneficial for patients searching for longterm or chronic care plans that they would have to pay for.

Proposed Strategic Solutions

SoowGood needs to deal with the strategic problems it faces in a practical and straightforward way in order to grow in a healthy and sustainable way. The following suggestions are not unrealistic or too complicated; they are based on what is possible in Bangladesh, given SoowGood's current resources and assumptions.

Industry-Level Challenges Solutions

Work with telecom and technology companies to help with infrastructure.

SoowGood can work with telecom companies like Grameenphone, Banglalink, or Robi to let people in rural areas access their site for free. This means that patients won't need mobile data to get healthcare. This would remove a huge barrier for low-income patients and make sure that healthcare is available even when the signal is weak.

Set up Health Agents to run grassroots awareness sessions

SoowGood could spend its money on small, hyperlocal awareness sessions instead of TV ads. Health agents could visit homes or hold meetings in courtyards to show people how to use the app and explain the benefits of online consultations. This would help build trust in communities where digital healthcare is new.

Use Simple Interoperability System With Partners

SoowGood may help reduce fragmentation by setting up simple integration tools, such shared tracking boards or alert systems, between their lab and pharmacy partners. This doesn't need a lot of money to set up, but it can make coordination much easier.

Develop Hybrid Professionals in NGO/Health Startups

We can also work with universities or NGOs to build short-term, skill-based programs for young people who want to work in healthcare technology. These programs could teach them how to become a digital health agent, how to communicate through telemedicine, or how to use apps to find their way around healthcare.

Encourage Reasonable Digital Health Regulation

SoowGood may get ahead of the game by volunteering to help design simple, patientfriendly rules with government agencies instead of waiting for legislation to come up. This would help build trust with regulators by keeping its own procedures separate.

Solutions to SoowGood's Internal Strategic Challenges

Develop Micro-Campaigns Featuring Actual People

To develop brand awareness without massive ad expenditures, SoowGood can promote short video or case studies of actual patients whose lives were transformed. They can be shared via agents' social media sites, YouTube, and local WhatsApp groups. Genuine, heartfelt stories will travel much farther in a much longer time than bragging about glitzy ads.

Support the Health Agent Model with Enhanced Incentives

Instead of solely focusing on recruitment, SoowGood must focus on keeping well-performing agents. Refresher training, thanking, monthly incentives, and occasional local meetups can encourage agents to keep on performing and feel more associated with the platform.

Expand Doctor Pool with Flexible Timings

SoowGood can resolve doctor availability issues by introducing extra part-time or evening-only doctors. Doctor interns or retired doctors can be hired for specific time slots when demand is high.

Trigger a Systemized Follow-Up Mechanism

Rather than hoping the users come back on their own, SoowGood can trigger a reminder system: a simple SMS or in-app notification 2–3 days after the consultation asking the patient about their well-being, or inviting them to re-order medication or book tests. It shows concern and naturally makes users come back.

Actively Keep Third-Party Partners in Check

SoowGood can maintain a partner feedback loop. Users can provide a rate of experience after every lab test or medicine delivery. Under-performing partners receive a follow-up or warning. In this way, SoowGood is kept on its toes without having to micro-manage everything.

Prioritize Low-Cost, High-Impact Strategies of Growth

SoowGood should focus on more referral incentives, neighborhood ambassador programs, and school wellness programs instead of expensive city-wide ad campaigns. These programs get people excited and build real trust in smaller, more relevant communities in a healthcare setting.

Working with NGOs or microfinance institutions

SoowGood can start small pre-paid health plans through NGOs or rural cooperatives instead of waiting for health insurance to become widely available. These plans would offer basic care for a low monthly fee, giving SoowGood a chance to test out different strategies before expanding.

SoowGood needs to focus on its own business instead of others' to get an edge over the competition without spending more money. By building on its strengths and solving its biggest problems with people-centered solutions, it can grow steadily and reliably. The future may be hard, but with the right plan and a strong dedication to people and understanding, success is possible.

Stakeholder Theory for SoowGood

Stakeholder theory goes beyond just recognizing that a business exists in the real world; it stresses that a business does well because of the people around it. For a company like SoowGood, this idea is more than just a theoretical framework; it's an important part of its culture. The organization's goal is not just to sell a product, but also to improve care, accessibility, and dignity for people, especially those who are left out by traditional healthcare systems. SoowGood needs to take a stakeholder-oriented approach and think about everyone involved in the care continuum, not just the end user or investor. This includes the doctor behind the screen, the health agent in a rural area, the pharmacy that gives out medicine, and the policymaker who is writing telehealth legislation.

The main people who are interested in SoowGood

Patients and End Users

Patients are not just customers; they are the most important part of SoowGood. They are poor villagers or patients from the countryside who have not had access to good healthcare in the past. SoowGood is a sign of hope and a different way for them to get care. The group has earned their trust and must continue to build and keep it through careful service design, clear communication, and technology that puts patients first. If they feel lost, ignored, or, even worse, start to doubt online medicine, they probably won't come back.

Doctors and Healthcare Providers

Doctors are more than just people who provide services; they are also people we can trust. Patients feel much more comfortable with SoowGood because they can talk to them online, show empathy, and explain treatment in simple terms. If doctors are too busy, not paid enough, or not trained well enough in telemedicine etiquette, it has a ripple effect. So, it is important to give doctors on the platform fair pay, ongoing training, and emotional support.

Health Agents (Community Facilitators)

SoowGood's trained agents help people get online medical care in mostly rural or semi-rural areas. They help older patients by translating prescriptions, setting up follow-up appointments, and, in some cases, showing them how to do lab tests. These agents need more than just training; they need positive feedback, opportunities to grow professionally, and a strong emotional connection to the company. SoowGood can't go above and beyond or reach its goals without motivation.

Strategic Partners (Pharmacies, Labs, NGOs)

They are necessary for getting the most out of care. SoowGood is to blame if a lab makes a mistake during testing or a pharmacy doesn't deliver medicine on time. So, partnerships need to be managed in a proactive way. Expectations should be clear, service levels should be watched, and working together should be seen as a long-term partnership instead of just an agreement.

Investors and Advisors

SoowGood's investors and advisors, who are all about helping startups grow, do more than just give money. They help make growth happen in a planned and responsible way. By calling them smart, socially-minded partners and making tough strategic choices, they encourage a growth strategy that is more patient and focused on a cause.

Secondary and Extended Stakeholders

Policymakers and Government

SoowGood can't grow in a way that lasts unless it fits with national health goals and digital health policy. Compliance is important, but so is taking part in consultations, sharing field knowledge, and pushing for good rules. If the government sees SoowGood as a responsible, moral, and helpful organization, this could lead to better partnerships or collaborations in public health.

The Community Surrounding

People who live in the village or neighborhood where SoowGood is located are an important part of the story. Community sentiment is very important; bad news spread by word of mouth can ruin years of built-up trust. SoowGood needs to be practical by holding events, dealing with criticism, and being there when things go wrong.

Local Institutions, Schools, and NGOs

They are usually responsible for reaching out to people in the community. Schools help organize health camps. Non-governmental organizations back virtual care for people who are at high risk. Religious leaders can figure out if virtual doctors are trustworthy. When you work with them, it should be more than just business. You should focus on conversation, respect, and a common goal.

Competitors

Competitors define the area where SoowGood works. A bad telehealth app can hurt the reputation of all platforms. SoowGood must take the lead in protecting data, training doctors properly, and taking responsibility for mistakes. Healthy competition makes things better for everyone.

Why Does This Approach Matters?

When stakeholder theory is used correctly, it forces SoowGood to think again about how this new feature will affect an older person living in a rural area. Will this policy make sure that our health agents are known and understood? Can our partners meet their responsibilities to our patients? This way of thinking stops SoowGood from looking at things in the short term. It makes the point that growth only matters if it is kind, respectful, and open to everyone. This approach is not only good, but also smart, in a country where healthcare has usually been hard to get to or impersonal. SoowGood's success won't be based on how many people download the app or how many people see a doctor each month. Instead, it will be based on how many people actually get care—how many agents can take pride in their work, how many doctors are heard, and how many patients feel safer. This is the core of a stakeholder-first approach, and it's how SoowGood can build a healthcare system that is both digital and caring.

CBBE Model Applied to SoowGood

Kevin Lane Keller's Customer-Based Brand Equity model looks at how a customer learns about and interacts with a brand, from awareness to loyalty. For a healthcare brand like SoowGood, this is not just market awareness. It's as much as how much people trust it with their health or others in their family where there is something at risk. Here's a longer application of the CBBE model on SoowGood from its users' everyday life and its existence as a brand in the Bangladeshi healthcare scenario.

Brand Salience & Performance

Brand Salience:

SoowGood is currently best recognized in small, intentional networks: communities where workers are employed, digital health devotees, and families having experienced chronic health needs with no satisfactory local alternatives. In these networks, brand salience is growing. But in more general circles—especially among office-goers or urban youths—brand recall is weak. When telemedicine is what comes to mind, the first that would be recalled would be Arogga or Maya. SoowGood is yet to be top-of-mind, especially outside rural health setups. SoowGood needs to tell stories that are long-lasting and specific to the area to fix this. This can happen through community health initiatives, school alliances, or short social media vignettes in which real patients explain how SoowGood helped them. SoowGood's salience will not be generated through celebrity ads, but rather through grassroots recognition.

Brand Performance:

One of the most dependable SoowGood pillars is performance. The model works well, letting patients get medical advice from home, get their medications on time, and have lab tests done without having to go to new clinics. The model works best when local agents are involved and working hard. But it has some small problems, like delays, trouble getting doctors, and partner labs that aren't very good. SoowGood needs to talk to users a lot to protect its reputation for performance. This means sending reminders, saying sorry for delays, and always setting realistic expectations.

Brand Imagery & Judgement

Brand Imagery:

SoowGood is simple, practical, and people-centered. Trust is the most powerful visual and emotional representation of it. Instead of using flashy logos and catchy slogans, it makes you think of the comforting conversation between a rural mother and her devoted village agent, or

the comfort a caring doctor gives you during a tense video consultation. The new style will be direct but also open to improvement. The site will be memorable because of its improved visual storytelling, especially when it comes to rural life, family care, and the relationship between doctors and patients. People don't remember app interfaces or technology; they remember faces, voices, and kind things people do. SoowGood must accept this idea.

Brand Judgement:

Customers who have used SoowGood before give it high marks, especially for being honest, trustworthy, and caring. The products aren't perfect, but they are real. Representatives are helpful, doctors take their time, and follow-up seems personal. However, the company still has to deal with the skepticism that comes with "online healthcare." This is made worse by the fact that people are skeptical of telemedicine because of bad experiences with other platforms. SoowGood needs to keep building its reputation, not just by providing good service, but also by being open, honest, and getting feedback from real users.

Brand Resonance

Resonance is all about how deep the connection is, and SoowGood has that, especially in communities where they've been helping the same families year after year. People in close-knit rural communities most often recommend the platform to others. Promotions and usability don't start loyalty, though. Real caring, like a doctor remembering a child's name or an agent calling to check on a prescription refill, does. Resonance can help the brand build a real community. This could be through WhatsApp groups for patients from the same village, incentive programs for agents who are committed, or letting patients earn health credits that they can use later. These things make people feel like they belong and have a purpose. Another part of resonance is how close emotionally connected people feel to SoowGood. For some, it was the first time that SoowGood people had talked about their illnesses in Bangla. Their first time feeling like a doctor was really listening to them. If that emotional imprint keeps happening, it could make SoowGood permanent. SoowGood's brand strength doesn't come from clever advertising. It has to do with how it makes people feel—heard, valued, and respected. The CBBE model shows us that brand equity is not just something people know about SoowGood; it's also something they feel. SoowGood can be known, loved, and trusted by millions of Bangladeshis because of its repeated service, better stories, and growth from trust.

Teaching Notes

Case Summary

This case study looks at how SoowGood changed its business model and grew its strategic reach as a digital health platform in Bangladesh. It looks at how SoowGood provides care by combining telemedicine, community health agents, and partnerships with pharmacies and diagnostic centers. The case outlines the operational and human challenges that SoowGood is currently facing, including low awareness, physician retention, and digital accessibility in rural areas. It also talks about how the company is trying to solve these problems by coming up with solutions that work in the areas where they are needed. It uses tools like SWOT analysis, Stakeholder Theory, the CBBE Model, and the Business Model Canvas to figure out where SoowGood stands in the market. This story is about both strategic issues and the social and emotional value of providing healthcare to the poor in a way that is both sustainable and respectful.

Teaching Objectives

1. Value the responsible construction of healthcare platforms in emerging markets.
2. Reflect on the application of stakeholder theory and people-oriented strategy in providing care.
3. Evaluate a business model based on applied tools such as SWOT, CBBE, and revenue streams.
4. In order to value the particular branding and growth challenges of a trust-based service such as healthcare.
5. To encourage students to come up with inherent, community-focused proposals for tech-backed services.

Target Audience

The SoowGood market is driven by a highly utilitarian purpose: reaching those not reached by the conventional health care system. Rather than simply reaching urban, tech-savvy consumers, SoowGood reaches consumers who all too often fall through the cracks. Underneath these broad segments are:

Rural and Semi-Urban Patients:

Few rural Bangladeshi citizens are unaware of the nearby health centers. SoowGood, especially through its health agents, offers these clients an efficient and reliable way to access doctors, medicines, and diagnostic tests with minimal travel or complications.

Elderly and Chronically Ill Patients:

Older people or those with chronic conditions are more likely to need frequent medication and visits. SoowGood enables them to be treated in the comfort of their homes, especially when mobility is limited.

Busy Urban Families and Caregivers:

Working parents in the city with the burden of children's or grandchildren's medical care value SoowGood's on-demand, doorstep provision. It is convenient and comforting, especially in the case of the need for visits at out-of-hours times or during the weekend.

Digitally Curious First-Time Health Users:

There are some individuals who are not comfortable with working through apps but will accept digital assistance if it's explained. These individuals rely on the presence of local agents in helping them work through technology and make knowledge-based care decisions.

Health-Oriented Middle-Income People:

This demographic values convenience and ease of access when it comes to healthcare. They will pay for quality service but desire it to be consistent, convenient, and emotionally rewarding. SoowGood's minimalist app interface and polite physicians specifically offer that to them.

Discussion Question

1. ***Which are SoowGood's greatest strategic priorities, and which should it prioritize?***
2. ***How does the availability of rural health agents modify SoowGood's customer acquisition strategy?***
3. ***How has SoowGood built brand trust? What else can be done?***
4. ***How can SoowGood scale while staying committed to human-driven values?***
5. ***What is the government's or NGOs' role in helping SoowGood scale responsibly?***

Questions for Discussion

1. ***Which are SoowGood's greatest strategic priorities, and which should it prioritize?***

Answer - SoowGood reaches a stage where it cannot do everything at the same time. Resources are limited, trust is fragile, and the Bangladesh digital healthcare market is heating up fast. The firm needs to pick its battles carefully. From its current strengths and weaknesses, four strategic priorities emerge, but they are not all of the same order of importance.

Awareness and Trust Building (High Priority)

SoowGood's biggest fear is that there are many people who don't know it's out there—or confuse it with less reputable online medicine. Even its advantages are uncertain: "Can a video call ever replace a doctor visit?" This is where SoowGood must double down. Awareness cannot be merely online advertisements—there must be grassroots storytelling at its heart. Such as village-level health camps where local agents get customers in to undergo a free initial consultation. Social media campaigns that include real patient stories, like the one from an elderly woman in Tangail who didn't have to spend the night in a dangerous hospital because of SoowGood's home care, are also very important. If people don't know about or trust the brand, nothing else—like technology, partnerships, or new features—will work.

Doctor and Agent Network Consolidation

Doctors and agents are the core of the service. There are two things that threaten sustainability, however: doctors occasionally resign due to uneven flow of patients, and agents need greater incentives to stay active.

For doctors: SoowGood can offer multi-level incentives (monthly incentives to doctors who reach a target number of consultations) or offer routine training in telemedicine etiquette to stay competitive and motivated.

For agents: Incentive schemes are probably long overdue—monthly "Best Agent" awards, small monetary incentives, or even agreements with microfinance institutions to offer low-interest loans to agents as an incentive for ongoing activity.

If it weren't for dedicated, capable physicians and reps, the entire model could implode.

Creating Service Reliability (Operational Stability)

Patients will put up with small tech malfunctions (like a bug in an app), but they won't put up with missed meds, cancelled visits, or unreturned physician calls. Reliability is healthcare's oxygen.

For example: if a Rajshahi patient waits two hours for a promised consultation and no doctor shows up, that family will never use SoowGood again—and word gets around fast in rural villages. So, a reliable "care promise" is vital. That could mean more binding contracts with pharmacies and laboratories, real-time monitoring of medicine delivery, or even a "patient guarantee" policy under which SoowGood instantly offers a free second consultation if the first one doesn't work.

Profitability (But Not at the Cost of Trust)

Naturally, profitability matters—SoowGood needs to be profitable. But aggressive monetization too soon can backfire. For instance, hiking consultation fees too early to build a loyal user base can lead users to low-cost alternatives. Instead, SoowGood needs to attempt smart revenue experiments:

- Providing family health packages (e.g., monthly subscription for unlimited consultations for 5 members of your family).
- In association with the employers to provide low-priced employee health.
- Small add-ons such as discounted packages for laboratory tests.

Additional revenue is required but after establishing trust and reliability.

2. ***How does the availability of rural health agents modify SoowGood's customer acquisition strategy?***

Answer - For most online businesses, gaining customers is a question of downloads, internet advertising, and app store rankings. But SoowGood operates in Bangladesh—where most potential customers are rural or semi-urban residents, don't fully trust online services, and often have trouble with smartphones or the internet. This is where rural health agents completely flip the script. They aren't just "middlemen"—they disrupt the way SoowGood gets, persuades, and retains clients.

From Clicks to Conversations

Without agents, SoowGood would have to rely on online promotion—Facebook advertisements, Google ads, or influencer partnerships. That is fine in Dhaka or Chattogram, but in a village in Jamalpur or Kushtia, a Facebook advertisement doesn't equate to credibility. Agents don't acquire online. They meet with people in person, explain to them how the app is utilized, and often sit next to a new user for their first video consultation. That's high-touch acquisition, not click-through. For instance, in a rural town, a reputable local shop owner in an agent capacity could persuade 10–15 households to give SoowGood a try just by demonstrating it on his phone. That one agent accomplishes what a thousand digital advertisements in that location accomplish.

Trust as the Currency of Acquisition

Healthcare is deeply personal. Villagers don't feel like they want to gamble on some unknown online doctor—instead, they want to call someone they trust. When the agent just so happens to be a trusted schoolteacher, shopkeeper, or NGO worker, SoowGood's credibility takes off. SoowGood's customer acquisition strategy in such a manner is therefore trust-based, not technology-based. Instead of spending huge sums of money building credibility through country-wide marketing, it "borrows credibility" from agents who already possess credibility in their community.

Bringing Down the Digital Competence Barrier

There is a common complaint that rural patients cannot use smartphones, apps, or even read Bangla on a small screen. Agents are digital translators—helping users to log in, translating the doctor's advice, or even ordering pills.

This means that SoowGood doesn't lose patients simply because they think "this app is too complicated." Through offering human support, the app is made accessible to first-time users who otherwise don't get to be part of the digital health revolution.

Organic Word-of-Mouth Growth

An agent isn't just a place of transaction—they're storytellers. A good agent shares success stories:

- "See, our neighbor's grandma used SoowGood and avoided going 50km to visit a doctor."
- "This medicine reached our village in two days."

These micro-stories spread faster in a rural setting than fancy advertisements. As a few village families experience a good thing, others follow. This social proof at the community level renders agents SoowGood's most powerful acquisition tool.

Changing Cost Dynamics

Usually, it's expensive to acquire a customer in health tech—referral incentives, digital marketing, free trials, etc. With agents, SoowGood converts expenses into partnership. Instead of paying for national ad expenses, SoowGood is investing in incentivizing and training agents, something that's more sustainable and getting better-quality, long-term users rather than one-downloads.

3. ***How has SoowGood built brand trust? What else can be done?***

Answer - Part 1: How SoowGood Has Established Brand Trust Thus Far -

SoowGood is operating in a highly-skeptical environment. Almost everyone in Bangladesh is sceptical about trusting healthcare apps because they think healthcare must be "felt" physically. Nevertheless, SoowGood has managed to establish a small yet growing base of trust. It has achieved this through four key channels:

Human Touch Through Health Agents

Trust does not emanate from an app logo—but from a familiar face. By educating grocers, teachers, and civic leaders as local health agents, SoowGood grounds itself in pre-existing trust networks. For example, in a rural village, if the neighborhood grocer helps a patient access a consultation, that patient is far more likely to trust the process.

Expertly Selected Doctors

Unlike the number-hunting sites, SoowGood has doctors who are not only qualified but also trained in communication. Patients like the difference: a doctor who listens carefully in Bangla, repeats instructions to make sure they are clear, and then follows up shows respect. This bedside manner, even in a virtual setting, makes patients feel more at ease.

Accessibility and Simplicity

SoowGood isn't too hard to understand. It is easy to use and has services and applications in Bangla. With the help of agents, even older people feel like they can use it. This simplicity gives patients confidence because they don't feel ignored.

Consistency of Services

Getting prescriptions or blood draws on time makes a big difference. All small success stories are word-of-mouth advertising. In fact, some of the rural families who piloted SoowGood once went on to adopt it, not because of flashy features, but because "it just worked."

Part 2: What More Can Be Done to Build Brand Trust -

While SoowGood has made a step forward, medical trust is never realized—it must be renewed daily. To improve trust and expand in an ever-sustainable manner, SoowGood can adopt the following strategies:

Patient Testimonials & Storytelling

Credibility is increased by people reading about experiences that resonate with them.Posters or brief films showing "How SoowGood saved Rahima Apa in Rangpur from an expensive hospitalisation" would be far more useful than unsigned ads. Storytelling that just so happens to be from the community needs to become the basis of brand growth.

Quality Assurance Visibility

SoowGood must clearly display its security features:

1. Validate badges for the medical practitioner certification in the app.
2. Information transparency about partner pharmacies and laboratories.
3. An assured reply complaint line.

Trust comes from transparency.

Doctors Always Online

Logging in and not being able to find a doctor online kills trust in seconds. Having at least some doctors online every time during the busiest hours would build trust among the patients. SoowGood can even put "Next Doctor Available in 10 minutes" messages to set good expectations.

Community Health Programs

Hosting free health check-up camps or awareness seminars in villages under the name of the SoowGood brand can help in substantiating offline trust. When they find the service flesh-and-blood in their locality, they will be convinced to trust it online.

Partner with trustworthy institutions

SoowGood can look for partners in trustworthy NGOs (like BRAC or Grameen) or community health facilities. If people see a trustworthy name endorsing SoowGood, they are way more likely to try out using the platform.

4. ***How can SoowGood scale while staying committed to human-driven values?***

Answer - Scaling SoowGood isn't a new download or expanding to every district, either—there's a sense it's doing so without being "just another app."Its greatest strength has long been its personal touch: the agents' human warmth, doctors' professional calm, and the trust built in close-knit communities. The challenge now is not allowing those values to be lost while scaling.

Keep the Agent-Centric Model, Intelligentize It

Agents are the backbone of SoowGood's trust model. Scaling doesn't mean substituting them with impersonal technology but equipping them with smarter tools.

- Today is: A representative can call or visit every patient individually.
- Tomorrow is: Provide agents with a straightforward dashboard showing upcoming visits, medicine drops, and even chronic patient reminders.

This way, when SoowGood expands to 50 or 100 districts, agents won't be spread too thin—and patients will still get that human touch.

Example **-** Think of it like the early days of Grameenphone—where "village phone ladies" took mobile connectivity to the next level not by losing the human touch, but by training more women and equipping them better.

Train Doctors for Empathy at Scale

Technology may link doctors to patients quickly, but technology cannot teach a doctor to listen with compassion. SoowGood must protect this art by making telemedicine etiquette training the standard.

Example - All new physicians must go through a "SoowGood Care Module" that teaches listening, explaining in Bangla briefly, and following up on serious cases. Institutionalized compassion means growth does not mean rushed, impersonal care.

Scale Storytelling, Not Advertising

Big companies scale through billboard advertising and brand ambassador endorsements by celebrities. But SoowGood can scale in another way—through real patient testimonials.

- For instance, take a campaign, "SoowGood Amar Pashe" (SoowGood by my side), where patients share how the service helped them.
- These testimonials can be shared through short village theater performances, radio shows, or even store posters in villages.

When they see "someone like me" enjoying the rewards of SoowGood, they're more likely to sign up than with generic advertising.

Balance Tech Efficiency With Human Warmth

The app really needs to speed up; AI chatbots, automated reminders, and easy payments will all become more common. But automation shouldn't take away the comfort that patients want from other people. For instance, if a chatbot is reminding you to take your medicine, it should say something like, "If you have any questions, your agent Rahim Uddin is always available to help you." This hybrid model keeps a human touch in the world of automation. If a chatbot is sending medication reminders, it should also include a line like, "In doubt, your agent Rahim Uddin is just nearby to help you." This hybrid model preserves human touch amidst automation.

Build Community Trust Infrastructure

SoowGood can set up "Health Circles" in neighborhoods, which are small groups of 10 to 15 households that are all under one agent. These circles can get health credits, discounts for groups, or workshops. This method meets two goals: Encourages more people in the community to get involved with SoowGood. Scales virally: one agent doesn't sign up individuals, but families or communities.

Responsible Partnerships

To grow, you need to work with NGOs, pharmacies, labs, and government agencies.The challenge is to find partners with their values. It may accelerate scaling to strike a deal in haste with an inferior lab, but one faulty test result loses trust.

Better grow slowly with extremely thoroughly vetted partners than seek speed at credibility's cost.

5. ***What is the government's or NGOs' role in helping SoowGood scale responsibly?***

Answers -

1. Role of Government

The government is both a friend and a regulator of healthcare delivery in Bangladesh. Three things that government support can do for SoowGood to scale responsibly are:

Policy Support & Regulatory Clarity

Telemedicine and digital health law in Bangladesh is not very clear today. Doctors always ask themselves: "Am I legally covered if something goes wrong in an online consult?" Patients also fear privacy of data. If the government provides proper telehealth regulations—e.g., doctor licensure, data security, and malpractice insurance—the likes of SoowGood and others can scale up without fear of arbitrary legal shutdowns.

Example: India's "Telemedicine Practice Guidelines (2020)" legalized digital healthcare and enabled Practo and 1mg to scale up responsibly. Bangladesh needs its own version too, and SoowGood can lead the way.

Infrastructure Investment

It is more a matter of electricity, internet, and 4G coverage, rather than the app. There are numerous villages in rural seats which must endure frequent power outages or poor 4G coverage. If the government put in broadband and improved the quality of rural networks, SoowGood's services would be much more reliable. The government's "Digital Bangladesh" program puts connecting rural areas to the internet at the top of its list of goals. Starting SoowGood on websites would make this goal a reality by connecting better health outcomes to better internet access.

Public-Private Partnerships (PPP)

The state runs Community Clinics that reach villages, but they don't have enough staff, doctors, or equipment. If SoowGood is officially added to the clinic network and each clinic has a SoowGood-enabled kiosk, millions of patients in rural areas could get remote consultations with qualified doctors. This deal is good for both sides: the government gets its goal of universal healthcare, and SoowGood grows in a planned and trustworthy way.

2. The Role of NGOs

Bangladeshi NGOs like BRAC, Grameen, and Gonoshasthaya Kendra have built up a lot of trust over the years. They also help SoowGood grow in important ways:

Mobilizing the Community

NGOs have close field linkages, especially with poor women and households. When SoowGood partners with, say, BRAC health volunteers, it has instant access to its agent network and reaches households that do not know anything about a commercial application otherwise.

Subsidized Access to the Poor

Affordability is one major constraint. NGOs may subsidize "health credits" for poor families, permitting some free consultations annually through SoowGood. This would not only produce goodwill but introduce first-time consumers into the system.

E.g., BRAC's "Manoshi" initiative brought low-cost maternal care to the slums through cross-subsidization of care. The same method could bring SoowGood into each household of poor families.

Health Education and Awareness

NGOs will usually organize awareness campaigns for vaccination, maternal care, and sanitation. If SoowGood is part of such campaigns ("Download SoowGood to speak with a doctor at any time"), the validity of the NGO translates to the platform. That accelerates adoption when brand validity is at stake.

The Danger of Scaling Without Government/NGO Approval

If SoowGood is left to grow on its own, there is a risk of its being perceived as just another startup business. It can also expect to be cracked down on by authorities (in the event of the laws inexplicably changing) or shut out of rough neighborhoods that cannot afford it. Without partnerships with institutions, growth may seem possible in theory but won't last.

Strategic Recommendation

SoowGood is at a very important point in its life. It has shown that telemedicine is possible in Bangladesh, especially in places where regular healthcare options aren't available or are hard to get to. But ethical growth doesn't just mean getting more doctors or downloads; it means getting a lot bigger without losing its core values. Because of SoowGood's current position and the problems it faces at the highest level, the following five suggestions are very important.

Tighten the Human Agent Network – But Get It Smart

The health agents at SoowGood are the company's most valuable asset. These people, who could be shopkeepers, teachers, or community members, help patients use the platform. They are not salespeople; they are goodwill ambassadors. SoowGood can't just copy agents in a random way if it wants to grow. It needs to make the role official while still being communityfocused. This means giving agents: Dashboards that are easy to use and can be accessed on personal devices to keep track of patient consultations, follow-ups, and medication orders. Essential health literacy training so they can confidently answer basic questions. Recognition and rewards, like the "Gold Agent" badge program or awards from the community. For example, if an agent in Sirajganj is helping 30 families on a regular basis, he can use a dashboard to remind one family to get their child vaccinated and another to get tested for diabetes. He is not just a temporary helper; he is also a long-term health counselor. No advertising campaign can create the kind of loyalty that comes from this kind of relationship. The important thing is that SoowGood can grow slowly, family by family and village by village, through dedicated ambassadors who bring both technology and a personal touch into homes, instead of spending millions on Facebook ads that people in cities ignore.

Make establishing credibility a top priority with the "SoowGood Guarantee"

One bad experience with healthcare can make people lose trust for ten years. If a doctor doesn't show up for an appointment or a medication is late, the patient is unlikely to come back. To fix this, SoowGood needs to make reliability a part of its brand identity.

1. If the doctor doesn't show up for an appointment, offer a free follow-up visit or a credit toward the next visit.
2. If a drug is late in being ordered, provide a discount or free delivery coupon.
3. Display specific waiting times ("Next doctor in 12 minutes") to manage expectations.

*Example:*Observe how Daraz gained Bangladeshi consumers' trust with its "easy return" warranty. That subtle trust encouraged millions to believe in online shopping. SoowGood can use a similar method in healthcare: "If we fail, we fix it."

Why it matters: Reliability is not just a skill—then it's an attitude. Once patients feel SoowGood is working for them, they will come back despite the fact that they've had some failures in between.

Scale Through Partnerships – Not Just Solo Expansion

SoowGood need not reinvent the wheel in delivering healthcare. Bangladesh already has government clinics and NGOs that enjoy community goodwill but are devoid of any digital capability. Partnering with them is the most ethical way forward, fastest.

With the government: integrate SoowGood kiosks with Community Clinics. Imagine every village clinic having a tablet where patients can directly engage with doctors via SoowGood.

From NGOs: SoowGood can be incorporated into Grameen or BRAC maternity health programs to give women in the villages direct access to gynecologists.

Example: BRAC health workers already make door-to-door maternal care visits in rural Sunamganj. If those health workers carried SoowGood tablets, they could even connect pregnant women online with gynecologists—avoiding risky travel to far-off hospitals.

Why it's important: Organic growth with partners enables SoowGood to grow organically, where trust is already built within the community, rather than needing to rebuild it with each new market.

Reposition the Revenue Model Around Families & SMEs

Patients today are only engaging with SoowGood once—once consultation, once prescription. That isn't scalable. Healthcare is at its best when it's ongoing and family-based.

- **Establish cost predictability and affordability of healthcare by:** Offer Family Health Plans: For example, BDT 250/month for a family of 5 to be able to consult a free doctor. This introduces predictability and affordability in healthcare.

- **Offer SME Employee Packages:** Small garment factories, schools, or local small businesses can provide employees with consultations by paying a low per-employee fee.

Example: A Narayanganj small garment factory with 200 workers can subscribe to SoowGood as a corporate benefit. Employees get low-cost healthcare, the factory gets healthier workers, and SoowGood gets monthly recurring revenue.

Why it matters: It doesn't add to the cost of healthcare while having recurring revenue. It also transforms SoowGood from being considered an "emergency app" into a long-term family healthcare companion.

Tell Human Stories, Not Just Features

Bangladeshis won't fall for apps—human beings fall for stories. SoowGood's success relies on showing how it has changed real lives.

1. Create a campaign titled "SoowGood Amar Pashe" (SoowGood by my side) involving patients and their families.
2. Utilize the local channels like village radio, village theater, and tea stall billboards, not Facebook ads.
3. Emphasize small but important wins: "My father got his blood pressure tested without having to travel 50 km."

Example: A short radio feature about a grandmother in Mymensingh who did not have to take the long journey to Dhaka since she took SoowGood would strike a chord with thousands of families who are going through the same thing.

Why it matters: Feelings build loyalty. Nobody will say, "I love SoowGood because it has a killer app." They will say, "I love SoowGood because it looked after my neighbor's mother when she was sick."

SoowGood's destiny is not the "fastest growing app." Its purpose is Bangladesh's go-to health friend. To be so, it will have to grow by people, and not technology. Through empowering agents, providing reliability, being suitable for well-trusted institutions, creating family-based

models for income, and spreading real stories, SoowGood may expand to millions without losing the warmth and dignity that made it unique in the first place.

Conclusion

SoowGood is not merely a tale of an app—this is the tale of how it was brave to break with the tradition of dignity and access to healthcare in a country where tens of millions of individuals still travel great distances, wait in crowded hospitals, or see untrained village physicians. SoowGood's innovation is that it did not start with the asking of, "How do we scale quickly?" but instead, "How do we make people feel cared for?" As we progress, we've been observing SoowGood discover its strength through the human infrastructure of its model: rural agents that guide neighbors with technology, doctors who take a moment to listen instead of racing through a call, and small moments of families' unnecessary travel avoided. SoowGood is building something more than a platform in many ways—it is softly building a culture of trust within digital health but problems are still biting. Fewer than a dozen are familiar with the brand so far. Some wait longer if physicians can't fit them in. Medicine shipments or test results sometimes shortchange dependability. In as sensitive a business as health care, one misstep can prompt skepticism in a flash. These are not abstract issues—real ones—ones SoowGood has to deal with daily. What is comforting, however, is that the solutions are human in nature. A merchant from Jamalpur who could be a reliable broker. A factory from Narayanganj that would be willing to buy health packages for its employees. A BRAC health worker who may be able to use SoowGood's platform on her rounds for maternal health. These are the levers that will drive SoowGood forward—not flashy ad campaigns, but judicious movement towards the everyday lives of people. If SoowGood can maintain this balance—balance technology with that human touch that defines it—then it no longer needs to be called a startup. It can be Bangladesh's health friend, an invisible but ubiquitous companion in Dhaka sitting rooms and way out in the most remote villages. The main lesson from this case is clear but powerful: technology alone will not change healthcare. The real change in healthcare comes from trust, which is built through conversations between individuals, families, and communities. This is the key to SoowGood's success.

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Appendix

Strategic Development Timeline of SoowGood (2018–2025)

Year	Major Development	Strategic Importance
2018	SoowGood registered in Dhaka as a digital health startup	Early traction in the urban market
2019	Pilot project for community-based health agents initiated	More outlets in semi-urban and rural segments
2020	COVID-19 pandemic increased demand for teleconsultation	Greater visibility and acceptability of digital health
2021	Partnership with pharmacy and diagnostic centers started	Expanded to an end-to-end health platform
2022	Initiated digital prescriptions, doorstep medicine delivery, and lab test collection	More convenience and increased patient trust
2023	Corporate wellness initiatives start for SMEs	Revenue diversification and launch of recurring revenue
2025	NGO/government tie-ups and rural scale-up as a priority	Roadmap to national expansion

Summary of SWOT Framework

Strengths	Weaknesses
End-to-end digital health platform (consultation, prescription, medicines, labs)	Low brand equity compared to the incumbent players
Agent-based model of rural outreach	Reliance on third-party partners for pharmacy & labs
Patient-first culture of doctors	Uncertainty of doctor availability during the peak season
Responsive and adaptive nature of the service	Limited access features for ill/illiterate patients

Opportunities	Threats
Post-COVID health adoption growth after COVID	Competition from well-capitalized players (e.g., Arogga, Maya)
Corporate and SME health bundles	Industry risk of reputation damage from another's malpractice
Growth through partnerships with NGOs and local clinics	Limited rural infrastructure (electricity, internet)
Specialty services (chronic, maternal)	Uncertain legal/regulatory environment

Customer Journey (Rural Patient Case Example)

Step 1: A Gaibandha mother observes her child suffering from recurring fever.

Step 2: She visits the local SoowGood health agent (a known shopkeeper).

Step 3: The agent arranges a video consultation with a pediatrician on the platform.

Step 4: The doctor listens, diagnoses, and prescribes over the distance.

Step 5: The agent buys the prescribed medication from a network pharmacy for delivery at home.

Step 6: Two days later, the child's status is monitored by the agent and follow-up is recommended, if needed.

Survey and Interview Outcomes (Hypothetical Data Collected)

- 70% of rural patients confirmed that they would not have received formal medical consultation if not for the local SoowGood agent.
- 62% of new users reported that they believed in the service because they were referred to it by a neighbour or community agent.
- 42% of the respondents mentioned poor internet connectivity as the largest obstacle, 35% ignorance, and 23% insufficient funds.
- Key drivers of satisfaction: friendly doctors, reduced transport charge, door delivery of medicine.

Teaching Aids for Classroom Use

1. Case Maps of Frameworks: Pre-printed printouts of SWOT, CBBE, and Business Model Canvas for instant use.
2. Recommended Teaching Process: Begin with a rural patient case → break up business model → tackle growth trade-offs.
3. Discussion Exercise: Ask students to plot scale SoowGood onto another emerging market (e.g., Nepal, Myanmar).
4. Role-Play Exercise: Students role-play doctor, patient, and health agents to gain a new angle.

Visual Frameworks (Recommended Diagrams)

- SoowGood Strategic Roadmap: Milestone timeline (2018–2025).
- Customer Journey Map: Flowchart of the healthcare process of the patient through SoowGood.
- Stakeholder Map: Diagram showing patient, agent, doctor, NGOs, and government roles.
- SoowGood CBBE Pyramid:. Brand salience, imagery, judgment, resonance presented.