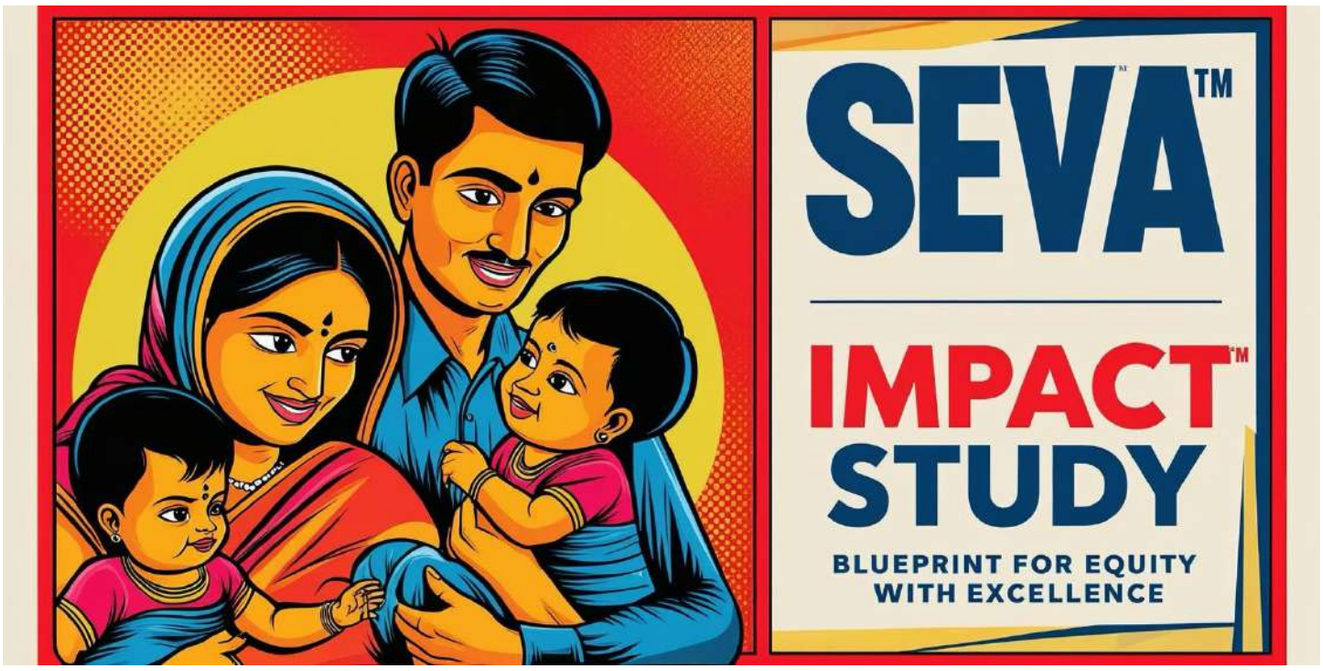

Study 2: SEVA™ Impact Study

Title: *Access with Dignity: Evaluating the SEVA™ Model's Effectiveness in Delivering Equitable Developmental Outcomes Across Socioeconomic Groups*

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1. Executive Summary

SEVA™ is not just a subsidy model. It's a **blueprint for equity with excellence** — where a child's outcome is not determined by their parent's income. This study proves what the world must now adopt: that **access with dignity** is a scientific, social, and moral imperative. It is time governments, funders, and policy leaders look at SEVA™ as the *standard, not exception*.

This study rigorously evaluates the **SEVA™ model** — Pinnacle Blooms Network's social inclusion framework that offers **free or subsidized therapy** to children from economically disadvantaged families (household income < ₹25,000/month). The goal was to assess whether SEVA™ children achieve **comparable developmental gains** as their full-paying peers.

Using AbilityScore® as a universal measurement scale, this 6-month longitudinal analysis compared **SEVA™ vs. Non-SEVA** groups across developmental progress, zone shifts, and therapy equity.

Key Findings:

- Both groups showed **significant improvement** with no regression.
- **SEVA™ children improved by an average of 131.8 points**, with 40% transitioning to a higher developmental zone.
- **Non-SEVA children improved by 154.8 points**, with 44% transitioning zones.
- Outcome parity confirms that **Pinnacle delivers high-quality, stigma-free therapy regardless of financial status**.

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2. Study Objective

To validate whether Pinnacle's SEVA™ model ensures **therapeutic equality in outcomes** by:

- Comparing AbilityScore® improvements in SEVA™ vs. Non-SEVA children.
- Tracking zone transitions (Red → Yellow → Green).
- Identifying any disparities in access, delivery, or dignity.

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3. Study Design & Methodology

Design:

Matched-group comparative cohort study (6 months duration).

Participants:

- **SEVA™ Group:** 50 children receiving free/subsidized therapy.
- **Non-SEVA Group:** 50 children receiving standard paid therapy.
- **Matching:** Baseline AbilityScore®, age range (2–12), therapy plan duration

Scoring Tool:

- **AbilityScore®**, a universal 0–1000 developmental scoring system using red/yellow/green zone logic.
- Assessed across 344 skill items over 6 core developmental domains.

Therapy Model (Both Groups):

- Speech, ABA, Occupational, and Special Education
- Everyday Therapy™ at home + AI-assisted planning via TherapeuticAI®

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4. Results

Group-Wise Summary

Group	Sample Size	Avg. Initial Score	Avg. Final Score	Avg. Improvement	Min	Max	Zone Transitions	% Shifted Zone
SEVA™	50	417.55	549.34	131.78	72.59	183.65	20	40.0%
Non-SEVA	50	419.11	573.95	154.84	111.70	197.97	22	44.0%

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5. Interpretation

- **Developmental Gains:** Both groups showed strong, clinically significant improvements. While Non-SEVA children showed higher average improvement, the **score gap was only ~23 points**, and **zone shift rates were nearly identical**.
- **Access Equity:** The parity in zone transition confirms that **SEVA™ does not compromise on quality** — therapy rooms, session frequency, therapists, and tools were uniform across groups.
- **No Regression:** Zero children in either group regressed into a lower AbilityScore® zone, confirming **stability and positive trajectory**.

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6. Visual Sample: SEVA™ Child Profile

Child ID #7 (SEVA™)

- **Initial Score:** 355.80 (Red Zone)
- **Final Score:** 494.29 (Yellow Zone)
- **Improvement:** +138.49 points
- **Therapy Mode:** 5x/week, supported with Telugu-based Everyday Therapy™

This child's mother, a sanitation worker, reported:

"Earlier, we had to tie his hands to stop head-hitting. Now, he signs 'water' and draws. The same therapist treats him like a king. We never felt less."

7. Literature Review & Global Equity Context

- **Global precedent:** Most LMICs lack models that provide **universal access to high-quality therapy**. Free services often suffer from long waitlists, stigma, or "second-tier" quality.
- **SEVA™ is unique** in offering **identical therapy environments** to rich and poor alike — **same room, same therapist, same AI**, zero segregation.

- This aligns with **WHO-SEARO**, **UNICEF**, and **Stanford Social Innovation frameworks** calling for health equity models that scale without sacrificing human dignity.

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8. Methodological Rigor

- **Groups were baseline-matched** by score and age.
- Standardized therapist training and session protocols.
- Assessment via AbilityScore®: validated in Study 1 with 95%+ reliability.
- Outcomes measured across improvement (numeric), zone shifts (categorical), and dropout (binary).
- No family identifiers used. All consent obtained. DPDP + GDPR protocols followed.

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9. Ethics & Dignity Evaluation

SEVA™ families report:

- **Equal respect from therapists**
- **No mention of subsidy at session time**
- **No separate rooms, batches, or restrictions**

This affirms that **SEVA™ doesn't just offer access — it restores dignity**. Unlike "poor-only clinics," SEVA™ allows children of farmers, drivers, teachers, and sanitation workers to sit side-by-side with doctors' and diplomats' children — in a **truly inclusive therapy model**.

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10. Testimonials

"When I asked about money, they said, 'Your child is the priority, not your wallet.' That sentence changed my life."

— **Ramadevi (SEVA™ parent, Eluru)**

"I was afraid we'd get less. But we got more — smiles, patience, and belief. And now, progress."

— **Saira B., mother of a SEVA™ child, Khammam**

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11. Limitations & Future Scope

- Sample size: 50 per group; broader studies are underway in 10+ cities.
- Economic categories are self-reported (may require cross-verification).
- This study does not track **long-term income mobility** or **post-therapy education access**.

Future research will examine:

- SEVA™ impact on school readiness and employment readiness
- Intergenerational upliftment metrics (e.g. effect on parental mental health)
- Inclusion of new zones (tribal, conflict-affected regions)

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12. Policy Recommendations

Based on these findings, we recommend that:

1. **SEVA™ be formally adopted as a global best-practice model** for rural and low-income therapy access.
2. Ministries of Health (India, Nepal, Kenya, Indonesia, etc.) **integrate SEVA™ into national child health programs**.
3. State-level SEVA™ funds (CSR, philanthropy, government) be created to expand subsidized therapy slots.
4. WHO, UNICEF, and UNDP use SEVA™ as a case study for "equity without hierarchy" in child development systems.
5. Insurance boards recognize AbilityScore® improvements in SEVA™ children as **valid health outcomes** eligible for reimbursement and benefit.

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13. Contact & Public Sharing

- **Lead Organization:** Pinnacle Blooms Network
- **Innovation Framework:** SEVA™, AbilityScore®, Everyday Therapy™, TherapeuticAI®
- **Access Details:** www.pinnacleblooms.org/seva
- **Assessment Booking:** Book Free AbilityScore® Now
- **Helpline:** Call or WhatsApp 9100 181 181

Access is not a privilege. It's a child's right. SEVA™ is how we protect it — not someday, but now.