

आर्ति Care

Smart Care Human Touched Kiosk

TEAM SYNERGY SQUAD

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ANANYA JAIN



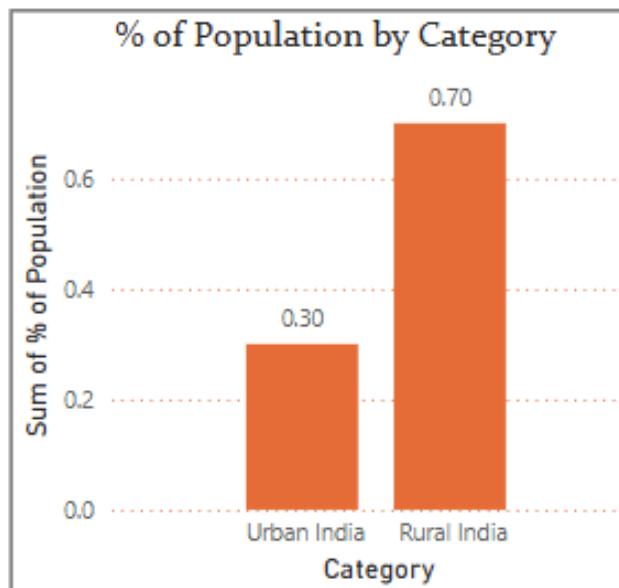
Table of Content



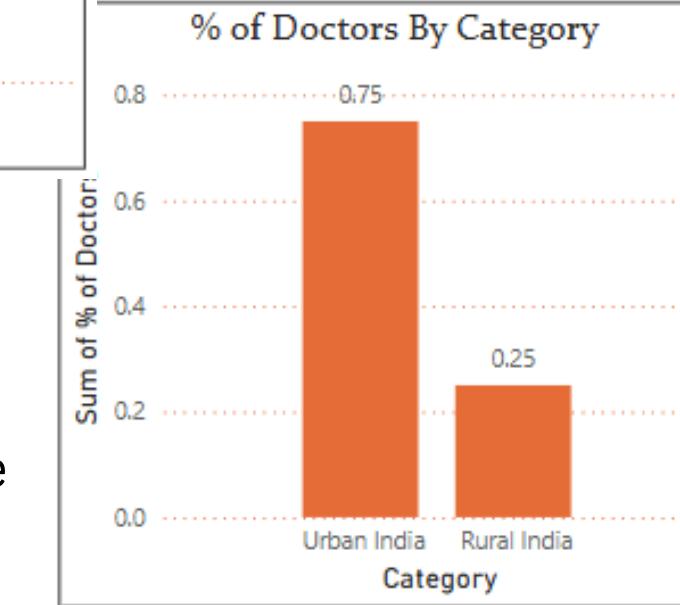
Industry Overview - Indian Healthcare Landscape

Introduction

India's healthcare system reflects both progress and disparity. While urban areas benefit from advanced hospitals and digital platforms, rural and semi-urban regions - home to 65% of the population - still face limited access to basic care. Doctor shortages, under-equipped centers, and long travel times delay treatment and deepen health inequalities. There is a growing need for inclusive solutions that bridge this divide.



This is a clear indicator of the structural imbalance AshaCare aims to address.



Rural and semi-urban populations lack timely access to basic healthcare services



Primary Health Centres (PHCs) are understaffed and often lack diagnostic tools



Patients travel long distances, leading to delayed or missed treatment



Local health workers are overburdened and lack tech-enabled support



Preventive health awareness is low, leading to late diagnosis

Problem Statement

Why Do We Need AshaCare?

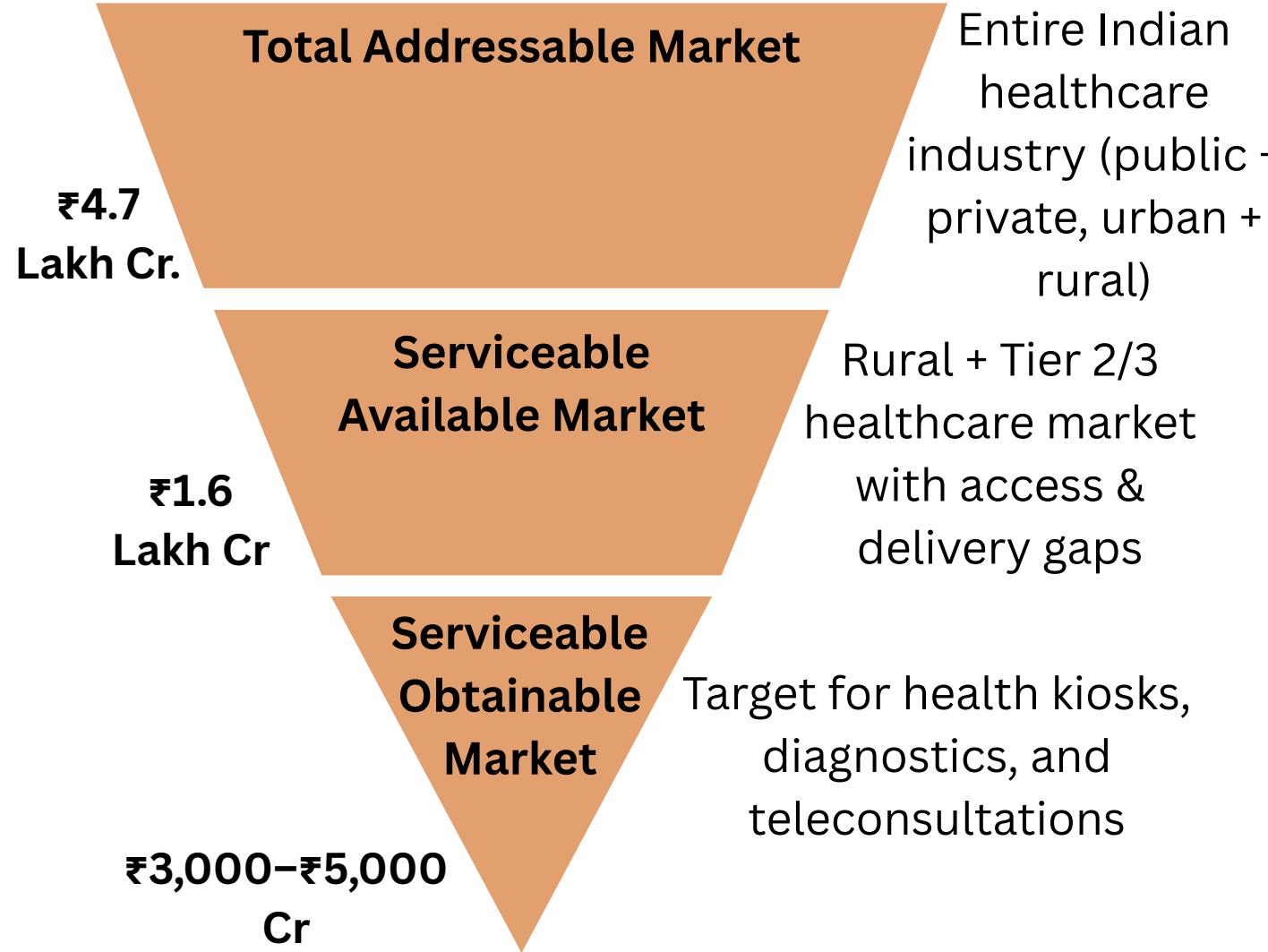
AshaCare addresses this gap through smart, locally operated health kiosks designed for underserved areas. These kiosks provide video consultations with certified doctors, basic diagnostics (like BP and sugar monitoring), and e-prescriptions—all with the support of trained community operators or ASHA workers. Built for low-resource environments, AshaCare kiosks function even offline and are solar-powered, making them ideal for rural setups.

Beyond treatment, AshaCare promotes preventive care and health awareness through local-language videos and voice-first interfaces. By empowering local health workers and simplifying healthcare access, AshaCare doesn't just improve outcomes—it builds trust, reduces the burden on PHCs, and creates a sustainable model that scales with community participation.

India's Rural Healthcare Market - Opportunities & Gaps

Market Analysis

TAM-SAM-SOM Pyramid

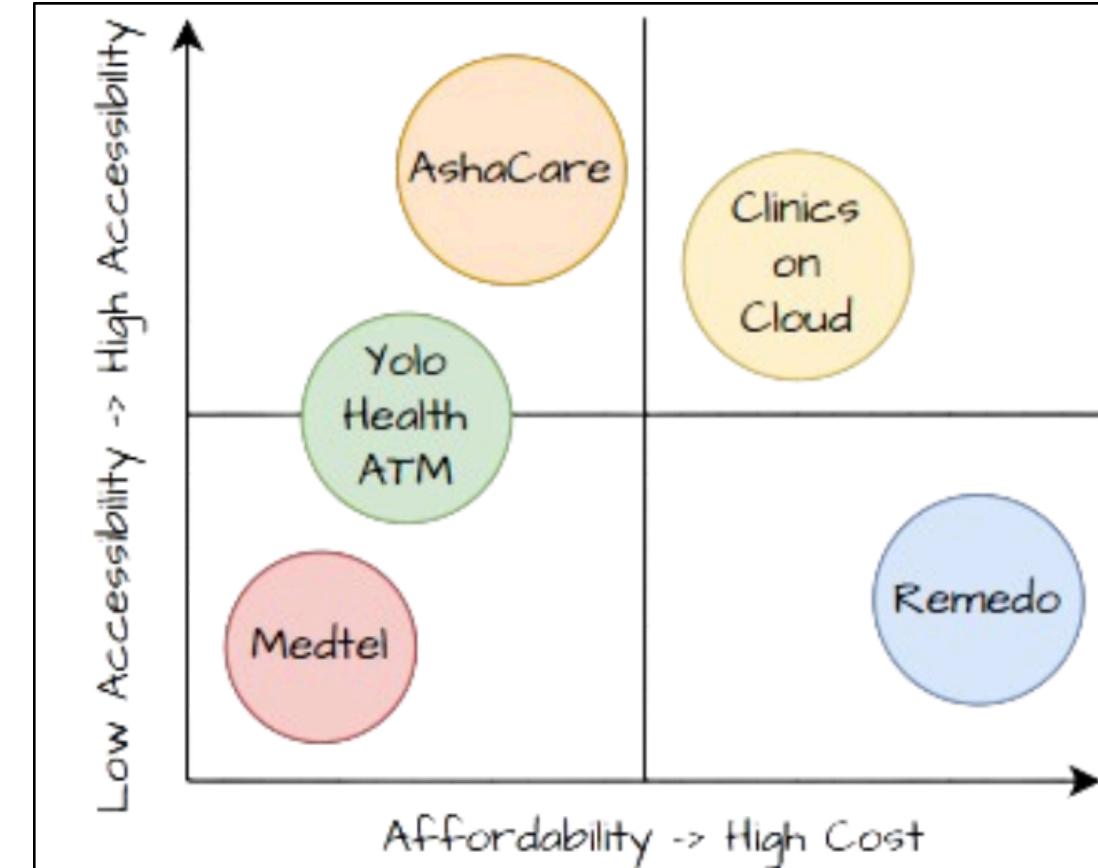


Key Statistics

- 65% of Indians live in rural or Tier 2/3 regions
- Only 27% have a hospital within 5 km
- <10% of rural citizens use digital health services
- ₹1,500+ is the average rural out-of-pocket medical cost

AshaCare targets this underserved majority with a low-cost, high-access model.

Competition Analysis



The perception map shows AshaCare as the most accessible and affordable solution among its competitors. While Clinics on Cloud offers good accessibility, it comes at a higher cost. Yolo Health ATM is affordable but limited in support and scalability. Medtel is low-cost but less accessible for rural users, and Remedo remains expensive and urban-focused. AshaCare uniquely addresses the rural healthcare gap with assisted, low-cost, and offline-ready services.

Features	AshaCare	Clinics on Cloud	Medtel
Affordability	High	Moderate - High	High
Rural Accessibility	Designed	Urban-focused	Limited
Human Assistance	Yes	No	No
Offline Capability	Supported	No	No
Multi-Language	Yes	No	No
Pharmacy Support	Local Tie-ups	Partial	Minimal

Who We Are – Purpose, Promise & Path

Our Mission



To democratize healthcare access by delivering affordable, assisted, and technology-enabled primary care to India's rural and semi-urban populations through localized health kiosks.

Our Future-oriented Journey

AshaCare bridges the gap between underserved communities and quality care by empowering local health workers and adapting to language and connectivity barriers.



Our Vision



To build a nationwide network of human-assisted kiosks that become the first point of contact for healthcare in every rural district. We aim to ensure timely diagnosis and continuity of care - for all.

Our Evolution as a Healthcare Enabler

Prototyping AshaCare kiosks with assisted care, offline tech, and local UI testing.

2025 - Initiation

2026 - Empowerment

Training local operators (ASHA, SHGs), building trust, and integrating pharmacies.

Collaborating with NGOs, health tech, state programs (Ayushman Bharat, ABDM).

2027 - Integration

2028 - Infrastructure

AshaCare becomes a decentralized network supporting last-mile diagnostics, preventive care, and health data continuity.



AshaCare is not just launching a product – it's building the foundation for India's next-generation rural health infrastructure.

The AshaCare Health Kiosk



Smart, Compact & Portable Design

Minimal footprint, deployable in rural and semi-urban locations with ease.

Branded Touch Interface

Intuitive touchscreen for self-registration, test initiation, and language support.

Integrated Diagnostics Suite

Includes blood pressure, BMI, blood glucose, pulse rate, and temperature sensors.

Teleconsultation Enabled

Live video call functionality with certified doctors for immediate care guidance.

Health Reports & Medical Records

Instant print and SMS reports with cloud-based patient history tracking.

Energy-Efficient Build

Solar panel-ready with low power consumption for off-grid areas.

Multilingual & Vernacular Support

Local language interface ensures accessibility for all age groups.

Who We Serve – Segments, Strategy & Reach

Segmentation



Geographical

Rural & semi-urban
India, low-
infrastructure zones



Demographic

Low-income
households, elderly,
chronic patients



Psychographic

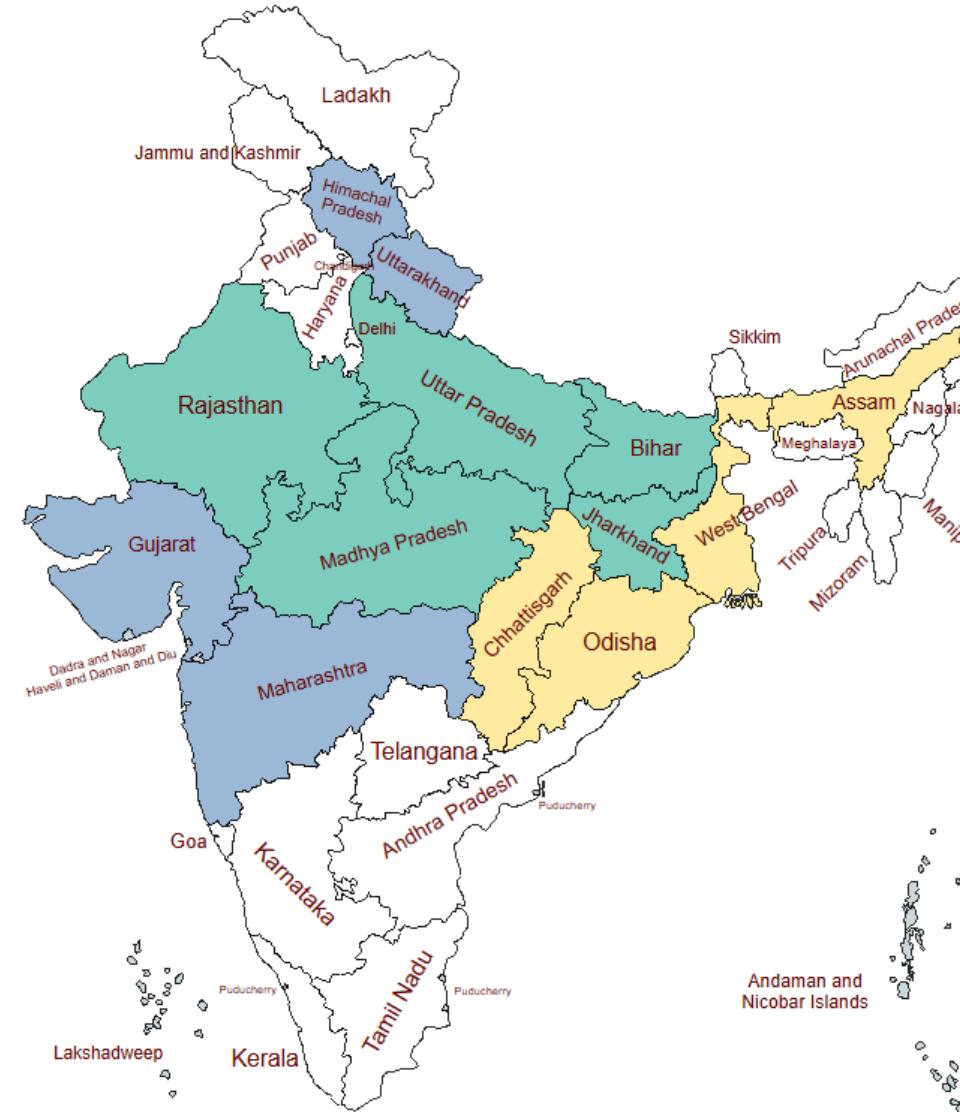
Language-sensitive,
tech-novice,
community-reliant



Behavioral

Value trust, dignity,
and low-cost health
access

Targeting



- Phase 1: High Priority
- Phase 2: Mid Priority
- Phase 3: Partnership-Driven
- Future Evaluation

Positioning

Features

6 Health kiosk, vernacular UI, offline support.

Functional Benefits

5 Get checkups nearby, monitor chronic conditions, connect with doctors

Experience

4 Simple, human-assisted health access - no digital literacy required

Emotional Benefit

3 Dignified, safe, and cared for without dependency or shame

Brand Belief

2 "Care belongs in every village, not just hospitals."

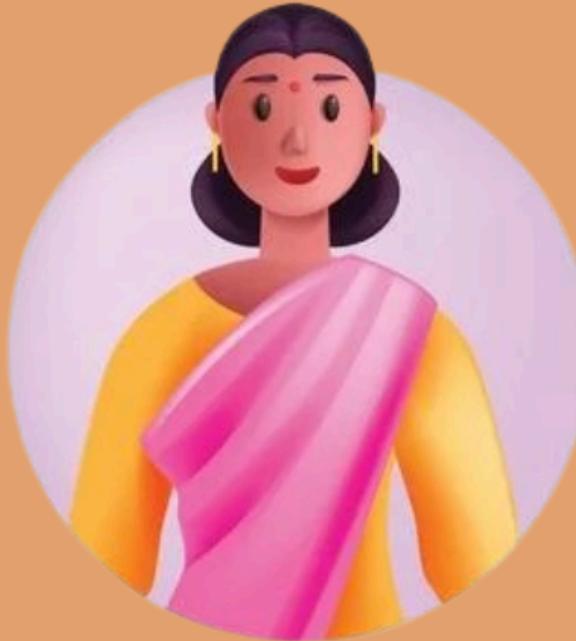
Societal Impact

1 Health equity, ASHA empowerment, data-backed rural health infrastructure

From Need to Care: The AshaCare Experience

SITA DEVI

Age: 58
Job: Farm Labourer
Marital Status: Widow
Village: Nawada, Bihar



“Doctor ke paas jaane ka time, paisa dono nahi hai - yahan aasani se sab ho gaya.”

ABOUT

Sita Devi is a rural resident of Bihar. She suffers from diabetes and joint pain, and travels over 10 km to reach the nearest Primary Health Centre (PHC). She depends heavily on the local ASHA worker for health advice, and avoids using smartphones due to unfamiliarity. Sita is looking for simple, respectful, and affordable care close to home - in a language she understands.

OBJECTIVES

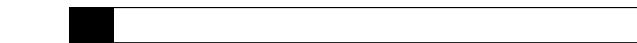
- Access basic health checkups nearby
- Understand health status in simple terms
- Get consistent follow-ups without traveling

NEEDS

- Assistance with using tech or understanding reports
- Vernacular communication and human support
- Affordable testing and teleconsultation

PERSONAL FEATURES

Tech Comfort



Health Awareness



Trust in Worker



Language Literacy



COMPETENCIES

Smartphone Use



Following Treatment



Community Influence



Mobility



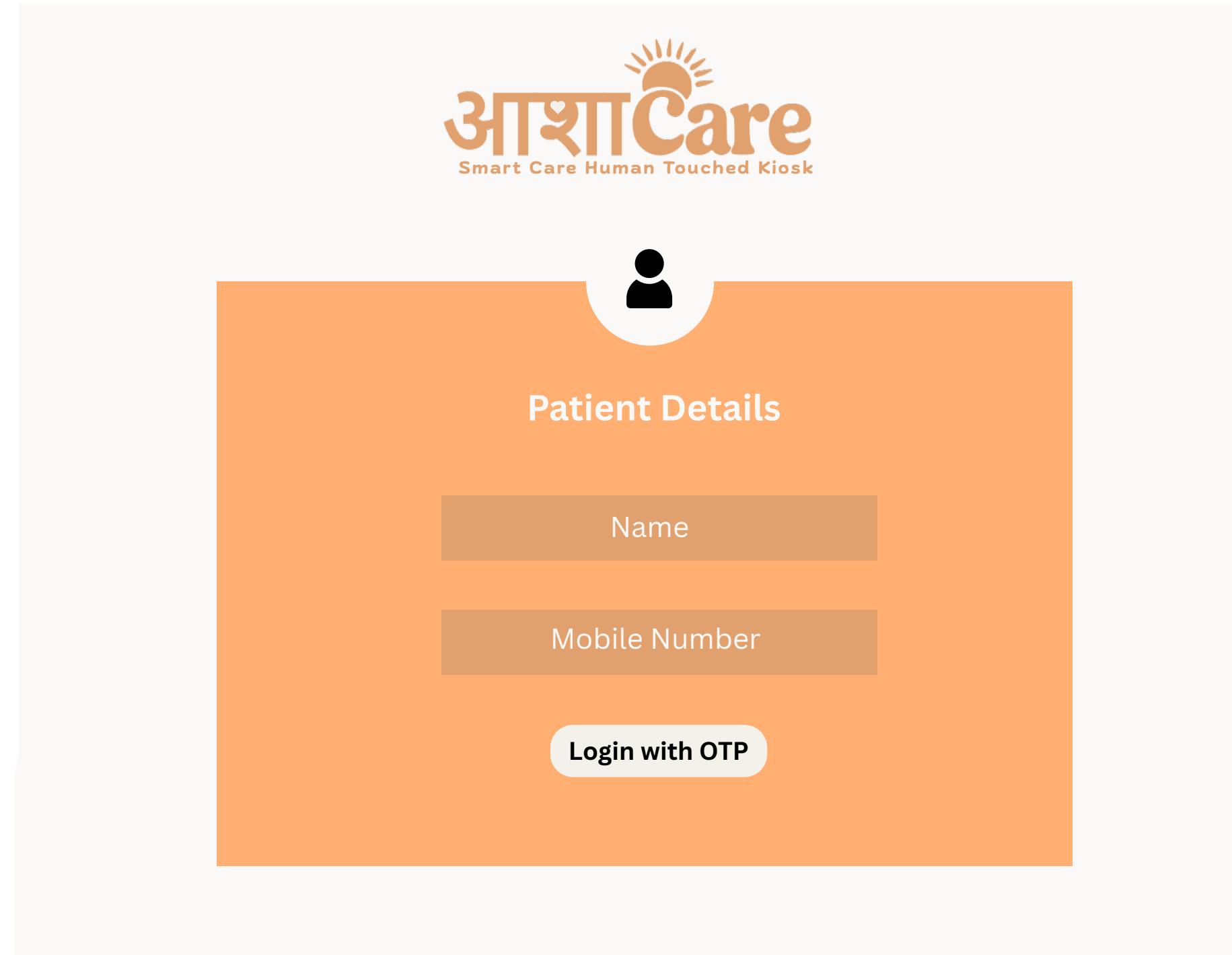
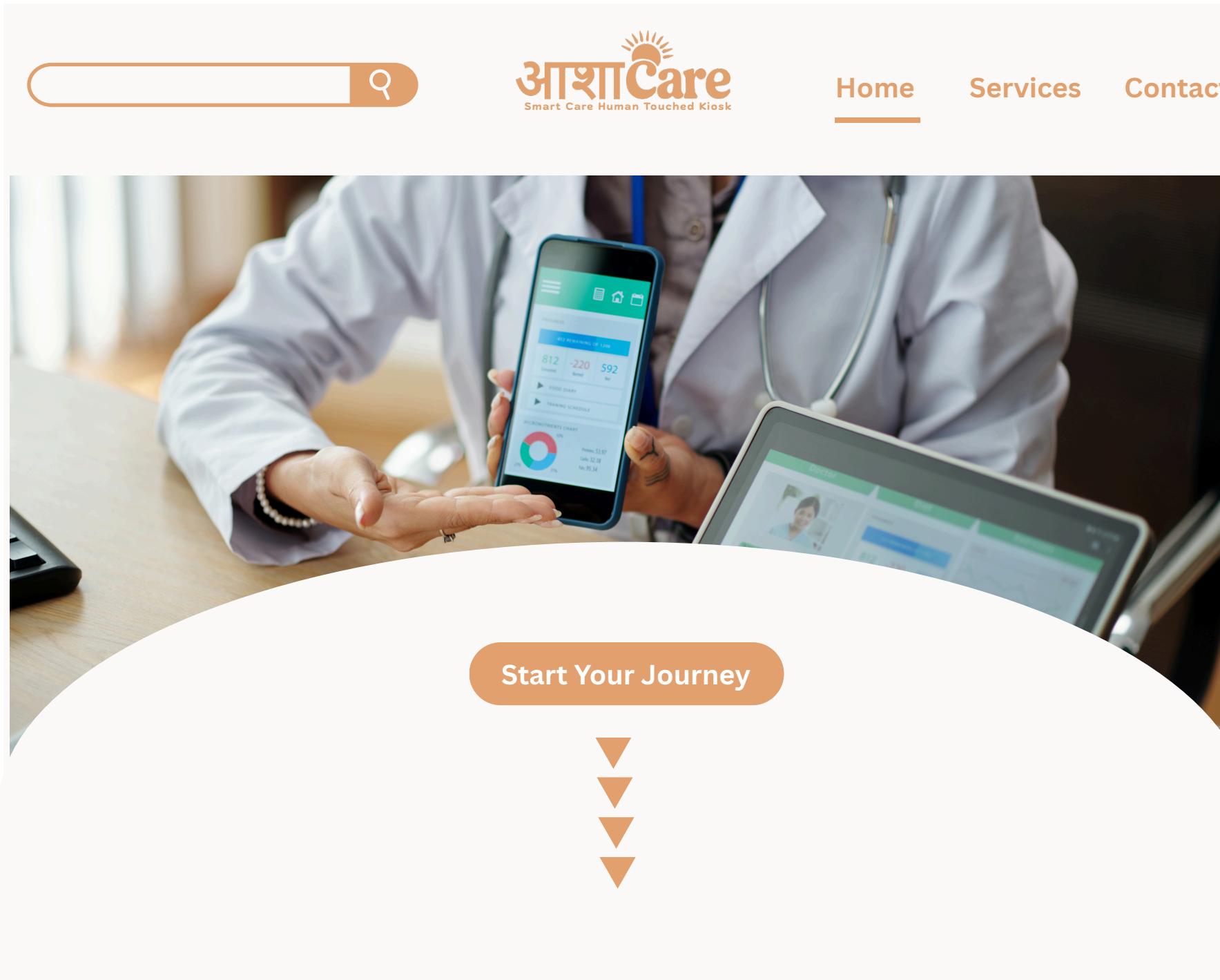
User Map Journey



User Activity	Hears from ASHA, NGO meeting, local posters	Asks questions, checks comfort with kiosk	Visits kiosk, assisted by ASHA	Gets diagnosis, doctor call, reports	Returns for checkup, tells neighbors
User Goal	Know there's a healthcare option nearby	Decide if it's safe & trustworthy	Try it without feeling judged	Understand diagnosis, get treatment	Build trust, recommend to others
Touchpoints	ASHA worker, village health event, radio	Posters, WhatsApp, local panchayat	Kiosk center, ASHA explanation	Diagnostic machine, tablet, doctor call	SMS follow-up, ASHA home visit
Experience					
Business Goal	Curious, cautious	Hopeful, slightly hesitant	Reassured, respected	Confident, valued	Empowered, proud
KPI	Drive awareness in rural clusters	Build community confidence	Ensure easy, non-intimidating use	Deliver care with empathy + data	Drive referrals, improve adherence
Internal Support	Kiosk footfall, ASHA referrals	% First-time users converted	Avg. time spent per user	% Completed consultations	Repeat visits, word-of-mouth leads
Owner	Local outreach team, NGO partner	Training for ASHA in communication	ASHA-led onboarding scripts	Local language UI, diagnostic tech, telemed	EMR reminders, trust-building outreach
Tech Systems	Brand & Comms	Field Trainer + Ops	Health Assistants	Clinical Partner	Customer Success/Community Lead
	Community CRM, outreach logs	ASHA dashboard + tablet data	Local kiosk interface	Diagnostics API, doctor video module	SMS system, EMR & CRM sync

How AshaCare Works: Interface & Features

The Ashacare dashboard offers a simple and user-friendly interface designed to help users manage their health with ease. At the kiosk, users can perform essential diagnostics such as checking for diabetes, BMI, and blood pressure in just a few steps. The platform also enables quick access to online consultations with healthcare professionals, ensuring timely medical advice. For those who need assistance, a trained staff member is always available at the kiosk to guide users through the process, making the experience smooth and stress-free.



To get started, the user logs in using their name and phone number. An OTP is then sent to their number for verification, after which they can access the dashboard seamlessly.

How AshaCare Works: Interface & Features

[Language](#)[Logout](#)[Help](#)[Notifications](#)[Dashboard](#)[Health Metrics](#)[Consultations](#)[Health Records](#)[Settings](#)[Help & Support](#)

Welcome to Ashacare Health Kiosk, Mahaveer !

Check your health metrics, book consultations, and monitor your health progress all in one place.

[Staff Assistance](#)[How It Works](#)

Today's Health Metrics

Blood Pressure

120/80 mmHg

Normal

Last updated: Today

Blood Glucose

95 mg/dL

Normal

Last updated: Today

BMI

24.5 kg/m²

Normal

Last updated: Today

Heart Rate

72 mmHg

Normal

Last updated: Today

Recent Consultations

Dr. Ananya Fore

General Physician

10-05-2025 10:00 AM

Completed

Dr. Garima Tapmi

Cardiologist

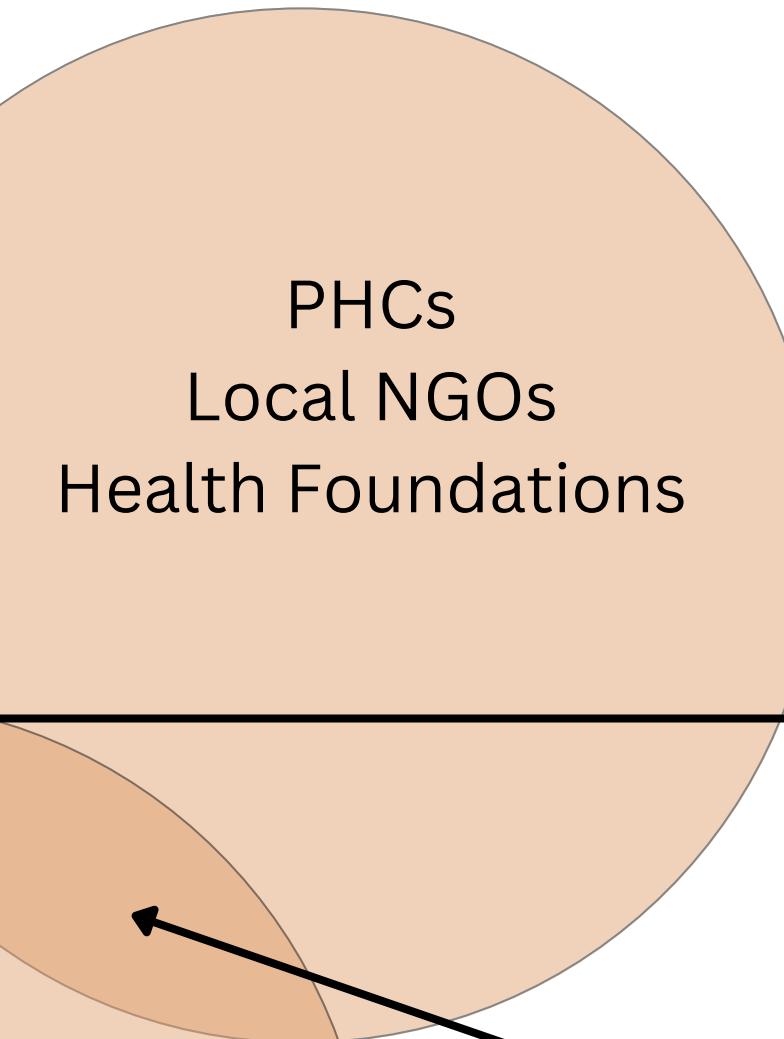
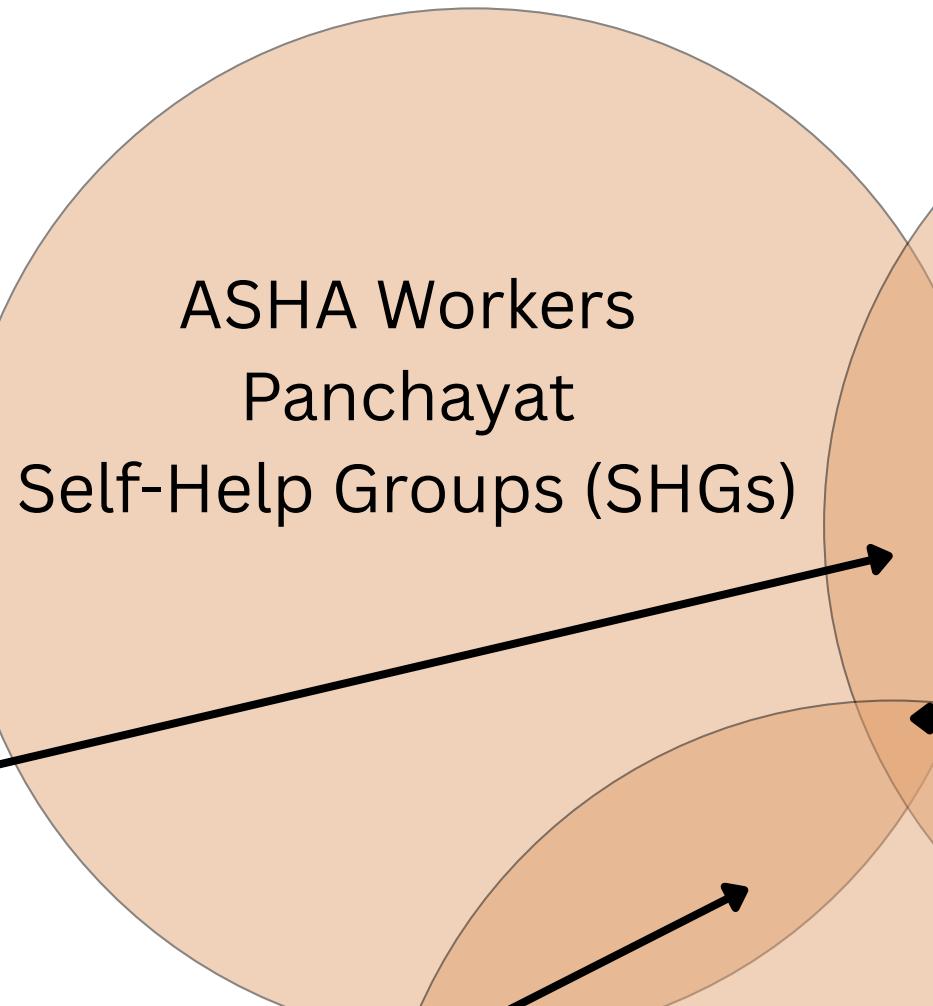
20-05-2025 10:00 AM

Scheduled

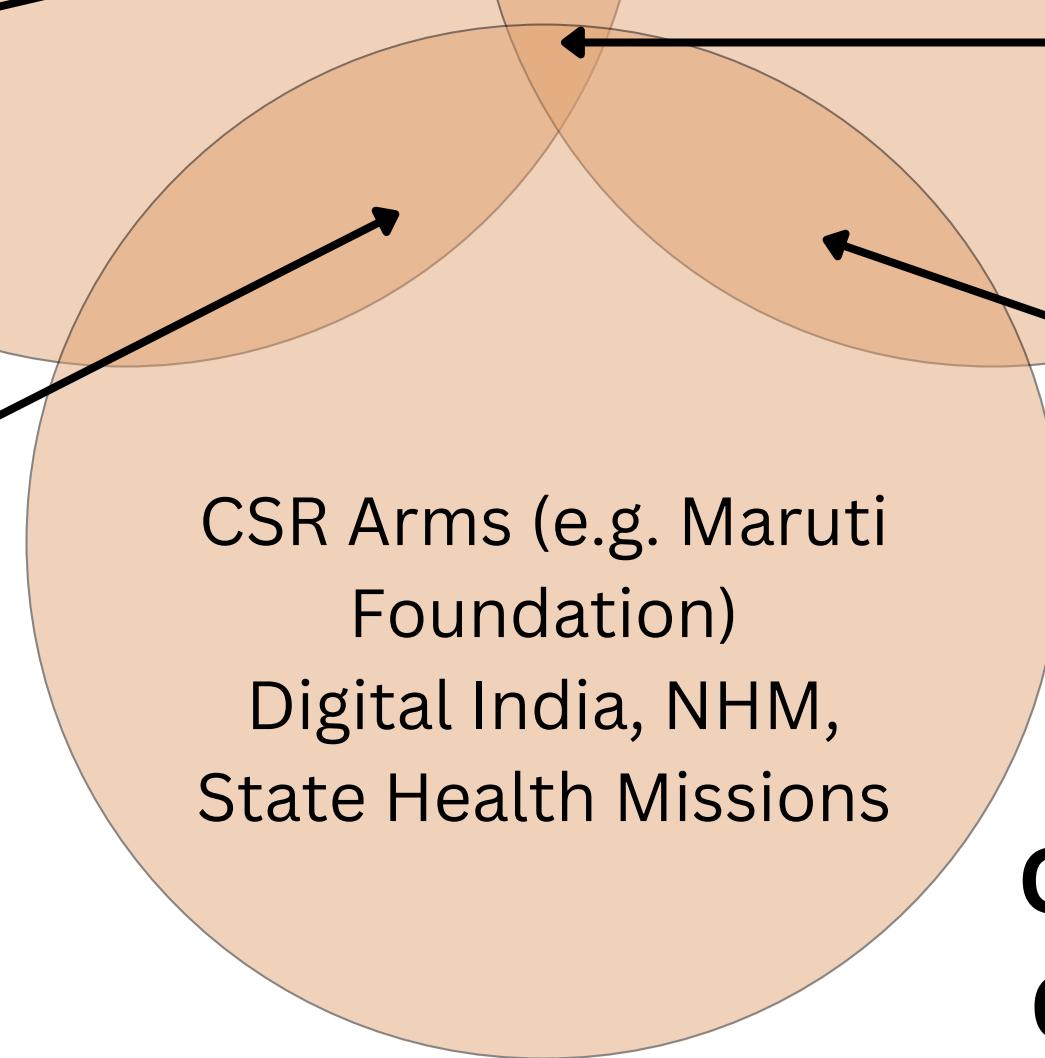
Join Dr. Garima Now

Powering AshaCare Through Partnerships

Community & Grassroots



Corporates & Government



Institutional Healthcare



Trust-Based Delivery

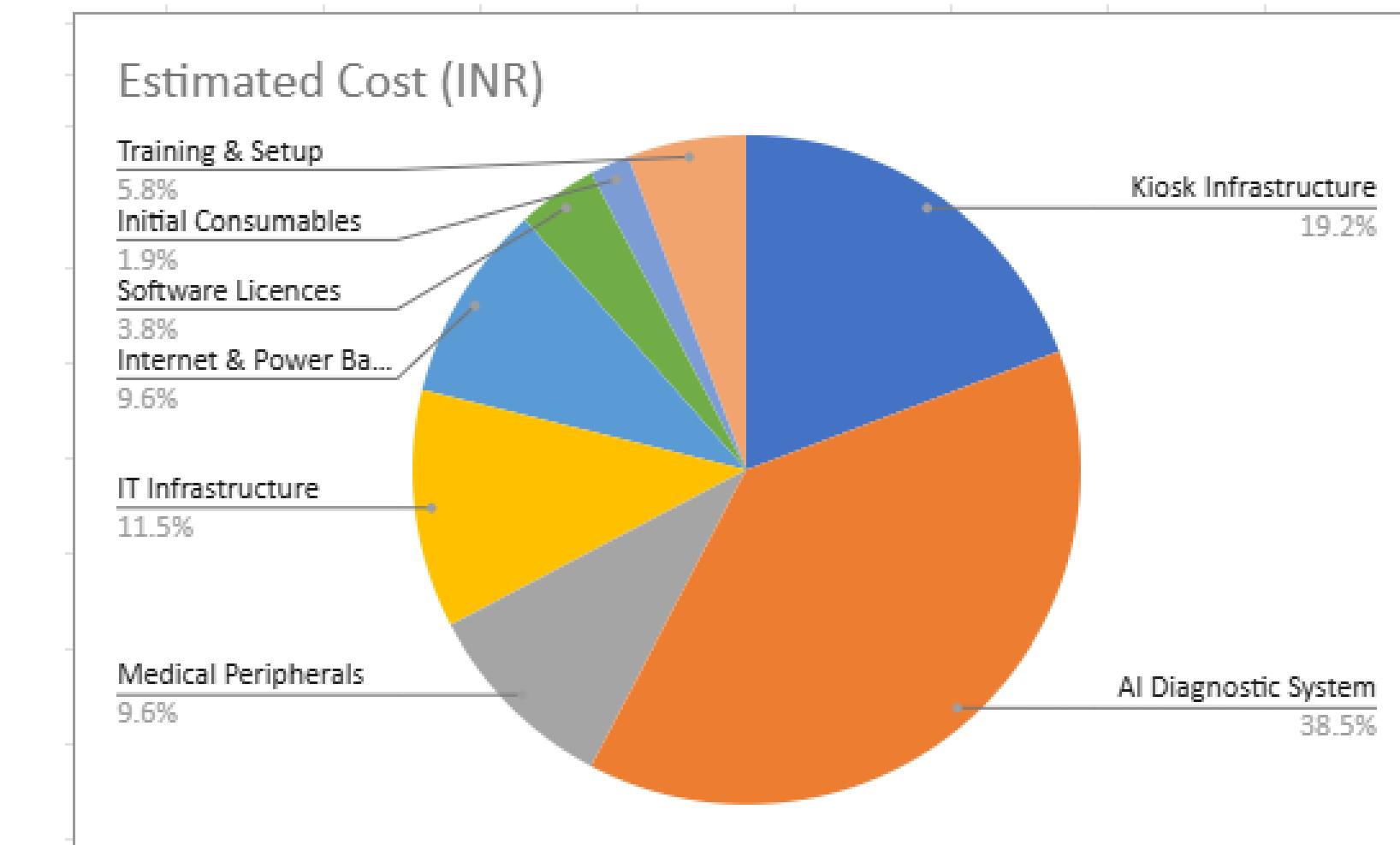
Local Mobilisation with Funding Support

Infrastructure & Scalability

Sustaining Impact: Cost Model

Initial CapEx (Capital Expenditure)/ Kiosk		
Component	Description	Estimated Cost (INR)
Kiosk Infrastructure	Portable cabin, branding, interiors	100,000
AI Diagnostic System	Smart device with camera, sensors (BP, ECG, glucometer, BMI, etc.), AI software	200,000
Medical Peripherals	Labeler, barcode scanner, backup test devices	50,000
IT Infrastructure	Laptop/ tablet, webcam, printer, mic, biometric scanner, etc.	60,000
Internet & Power Backup	Wi- Fi router, dongle, solar power + inverter	50,000
Software Licences	AI Software, Patient record system (EHR), telemedicine (annual)	20,000
Initial Consumables	Test strips, gloves, masks, sanitizers, swabs, disposables, etc.	10,000
Training & Setup	Staff training, onboarding kit, demo kits	30,000
Total CapEx/ Kiosk		520,000

Recurring Monthly Operational Cost/ Kiosk	
Component	Monthly Cost (INR)
Staff Salary (Nurse/ Health Worker)	10,000
Internet, Utilities, Solar Maintenance	2,000
Consumables & Test Supplies	3,000
Telemedicine software support & Licensing	2,000
Community Outreach & Marketing	1,500
Data Syncing & Cloud Storage	1,000
Miscellaneous/ Admin	1,500
Total Monthly OpEx/ Kiosk	21,000



The financial model for the AshaCare kiosk presents a clear and structured breakdown of both **initial capital expenditure (CapEx)** and **recurring monthly operational expenditure (OpEx)**. The largest investment—38.5% of the total CapEx (₹200,000)—goes toward the **AI Diagnostic System**, reflecting a strong emphasis on smart, technology-enabled healthcare delivery. This is followed by **Kiosk Infrastructure at ₹100,000 (19.2%)**, which covers physical setup and branding, and ensures that the kiosk is accessible, presentable, and durable. Other notable components include **IT Infrastructure** and **Medical Peripherals**, which together account for over 20% of the CapEx, ensuring the necessary digital and clinical tools are in place for seamless service delivery.

On the operational front, the **recurring monthly cost per kiosk is ₹21,000**, with **staff salaries** making up nearly 48% (₹10,000) of this cost. This highlights the importance of trained personnel for kiosk effectiveness, even with AI-driven diagnostics. Other key recurring expenses include consumables, test supplies, and telemedicine software support, essential for maintaining the kiosk's healthcare functions. Importantly, smaller but strategic allocations are made toward community outreach and cloud storage, reflecting a balanced approach to scalability, digital integration, and local engagement. Together, this financial model demonstrates a scalable, tech-led healthcare delivery system with a balanced cost structure that supports both accessibility and quality.

Sustaining Impact: Revenue Model

The revenue model for the AshaCare kiosk is well-diversified and optimized for both volume and affordability, ensuring financial sustainability while remaining accessible to underserved populations. With a **monthly revenue of ₹48,300** per kiosk, the primary contributors are **teleconsultations (₹24,000)** and **AI diagnostics & checkups (₹22,500)**. This reflects strong demand for basic diagnostic and doctor consultation services in semi-urban and rural areas, with assumptions rooted in realistic daily usage volumes. Ancillary services like pharmacy commissions and report printing contribute modestly but enhance overall kiosk value and user engagement.

Looking at the 5-year revenue projections, the kiosk exhibits a strong growth trajectory. Starting with **₹579,600 in Year 1** revenue, there's consistent annual growth reaching **₹848,592 by Year 5**, largely driven by increased service uptake and operational efficiency. Despite modest increases in operating expenses, net profits grow steadily —from ₹459,600 in Year 1 to ₹672,900 by Year 5.

Importantly, the **cumulative profit crosses ₹28 lakh by Year 5**, indicating a short payback period and strong return on investment. These projections make a compelling case for scaling the kiosk network, especially in regions with high demand for affordable primary healthcare services.

Monthly Revenue/ Kiosk		
Stream	Assumed volume & Rate	Revenue (INR)
AI Diagnostics & Checkups	15/ day * Rs. 50 (avg fee)	22,500
Teleconsultations	8/ day * Rs. 100 (avg fee)	24,000
Pharmacy Commission	25% of individual orders	
Report Printing	12/day * Rs. 5	1800
Total Monthly revenue/ kiosk		48,300

Revenue Projections	Year	#	Revenue (₹)	#	Opex (₹)	#	Net Profit (₹)	#	Cumulative Profit (₹)
	1		579,600		120,000		459,600		459,600
	2		637,560		132,000		505,560		965,160
	3		701,316		145,200		556,116		1,521,276
	4		771,447		159,720		611,727		2,133,003
	5		848,592		175,692		672,900		2,805,903

- The initial setup cost per kiosk is ₹5,20,000, with the AI Diagnostic System being the biggest expense (₹2,00,000).
- Monthly operational cost is ₹21,000, driven mainly by staff salary (₹10,000) and test supplies.
- Each kiosk generates an estimated ₹48,300 per month in revenue, primarily from teleconsultations and diagnostics.
- Monthly profit stands at ₹27,300, resulting in a payback period of around 19 months.
- Over five years, the kiosk earns a cumulative net profit of ₹28+ lakh, achieving over 5x return on the initial investment.
- The model shows high profitability with minimal recurring costs, making it financially viable and scalable.
- Revenue grows steadily each year despite modest increases in operating costs, reflecting sustainable long-term growth.

Financial Viability: Growth & Payback

Year	Kiosks Deployed	Cumulative Kiosks	Annual Revenue (₹)	Annual OpEx (₹)	Annual CapEx (₹)	EBITDA (₹)	Cumulative EBITDA (₹)
1	5	5	28,98,000	6,00,000	12,50,000	10,48,000	10,48,000
2	10	15	86,94,000	18,00,000	25,00,000	43,94,000	54,42,000
3	15	30	1,73,88,000	36,00,000	37,50,000	1,00,38,000	1,54,80,000
4	20	50	2,89,80,000	60,00,000	50,00,000	1,79,80,000	3,34,60,000
5	25	75	4,34,70,000	90,00,000	62,50,000	2,82,20,000	6,16,80,000

Growth Insights

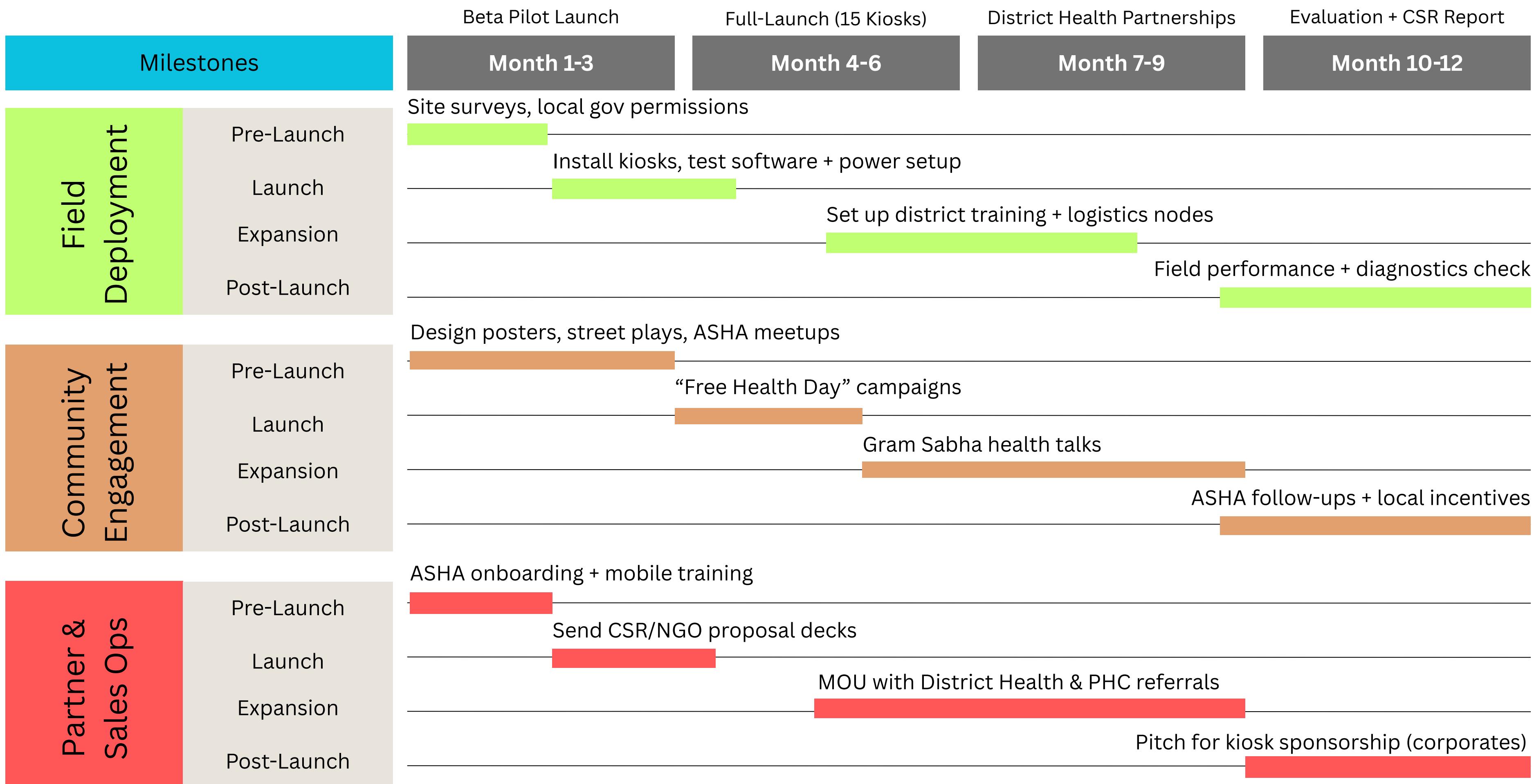
- The number of kiosks grows 5x over 5 years, scaling from 5 to 25 new kiosks annually, totaling 75 cumulative kiosks by Year 5.
- Revenue increases exponentially from ₹28.98 lakh in Year 1 to ₹4.34 crore in Year 5, a 15x growth.
- Annual EBITDA surges from ₹10.48 lakh to ₹2.82 crore, highlighting strong operational efficiency and high profitability at scale.
- Cumulative EBITDA reaches over ₹6.16 crore by Year 5, indicating robust value creation for stakeholders.

Payback Period Insights

- The total initial investment of ₹12.62 lakh is recovered in approximately 14.45 months, breaking even by Q2 of Year 2.
- A quick payback within 1.2 years demonstrates financial viability and investor confidence for expansion.
- The EBITDA margin remains strong throughout the years, enabling consistent reinvestment or return distribution.

"With a rapid 15-month payback and scalable growth model, AshaCare proves both financially viable and socially impactful."

Launching AshaCare: Kiosks, Community & Scale



Scale with Confidence: Insights from 50 Users

AshaCare

We are a smart, community-driven health kiosk designed for India's underserved regions.

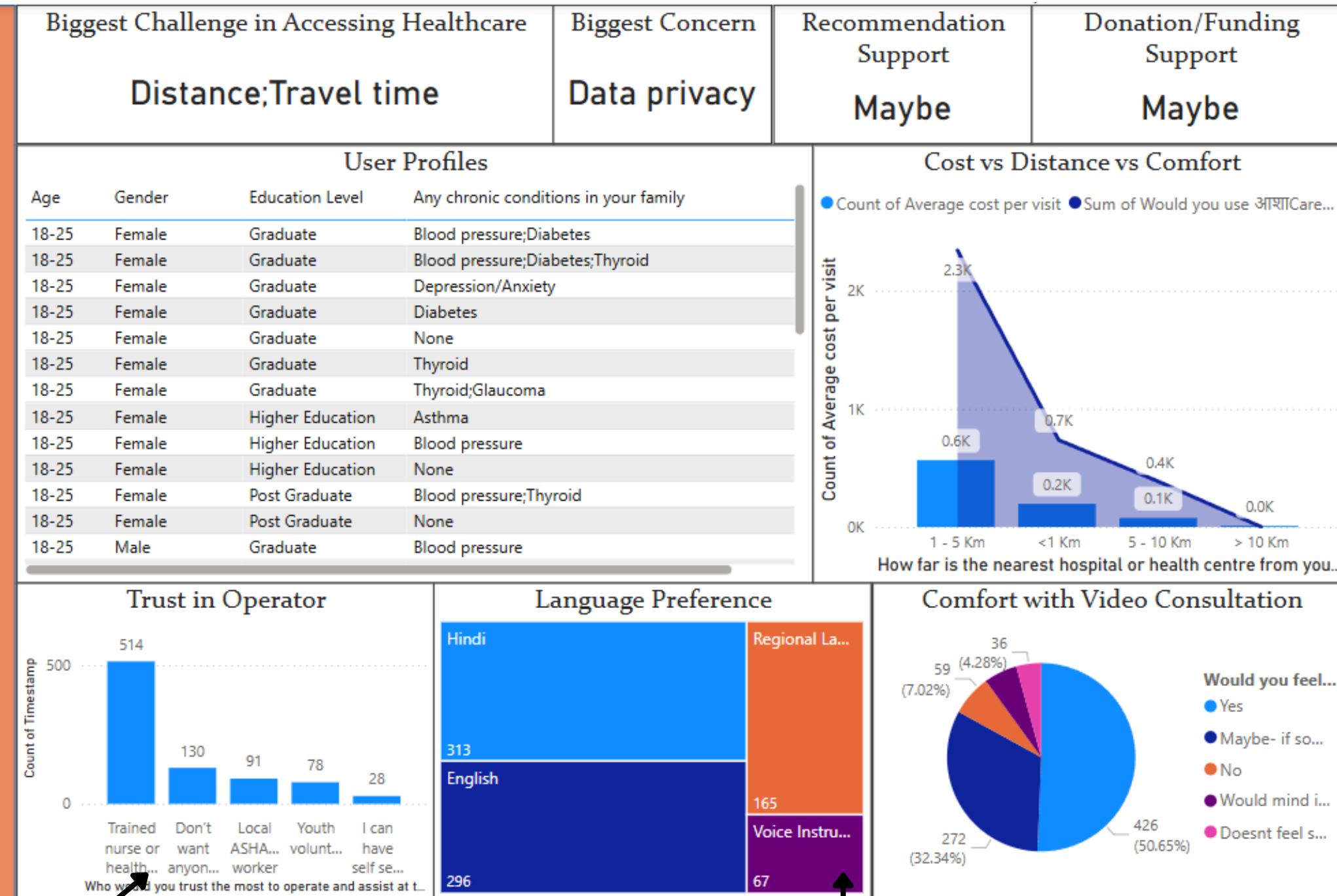
It delivers essential checkups, doctor consultations, and health reports - even without smartphones or internet.

Run by trained workers and built for vernacular use, we bridge the healthcare gap with **trust, tech, and touch**.

Current Location
All

Education Level
All

Employment Status
All



- 514 out of all respondents trust a trained nurse or health worker the most for operating the kiosk – this is nearly 5x more than any other option, establishing a clear preference for professional support.
- ASHA workers and youth volunteers received significantly lower trust levels, indicating the need for formal training and certification for kiosk operators.

- Hindi (313) and English (296) dominate as preferred languages, followed by regional languages (165) and voice instructions (67).
- This confirms that a multi-lingual interface, especially supporting vernacular and voice-based UI, is essential for inclusive access.

While our dashboard highlights key findings, some questions and responses could not be fully incorporated due to space and visualization limitations. Scan the QR code to access the complete questionnaire for deeper insights and contextual clarity.

General Insights

- **Biggest Challenge: Distance and Travel Time** – Reaffirms the core problem AshaCare aims to solve: physical accessibility.
- **Biggest Concern: Data Privacy** – Indicates users are cautious about how their medical data is stored/used, necessitating transparent data handling and communication.
- **Recommendation & Donation Support**: A majority chose "Maybe", showing that engagement is likely but depends on trust-building and more exposure.

- AshaCare is most needed in areas where **hospitals are 1-5 km away**, as this segment shows the highest count of **average cost per visit (2.3k)** and also the highest willingness to use the service.
- For **people located at distances <1 km or >5 km**, the interest and affordability metrics drop significantly, showing a direct correlation between accessibility and adoption.
- Around **51% feel comfortable** with video consultations, while **32% are unsure and may feel okay if supported**, indicating room for confidence-building through UX design and support services.
- Only **4% outright rejected video consultation**, suggesting it's a viable method for remote diagnosis and consultation.



THANK YOU

AshaCare isn't just a product, it's a promise.

To bring care, connection, and dignity to every corner of India.

Let's build that future, together.

- Team **AshaCare**

For
References:

