

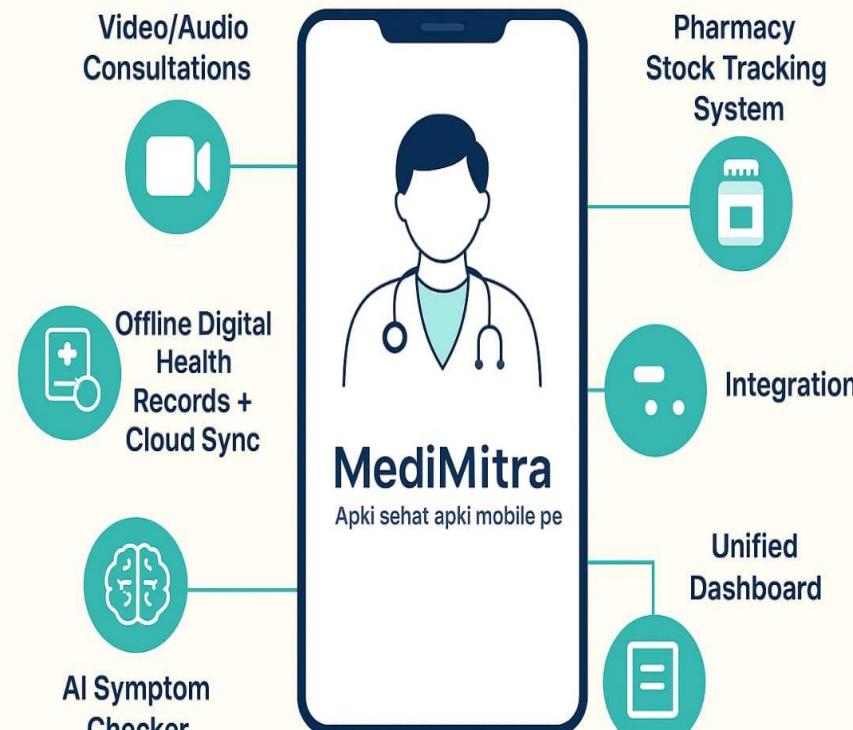
SMART INDIA HACKATHON 2025



- Problem Statement ID –**SIH25018**
- Problem Statement Title -**Telemedicine Access for Rural Healthcare in Nabha**
- Theme-**MedTech/BioTech/ HealthTech**
- PS Category- **Software**
- Team ID- **55237**
- Team Name (Registered on portal):**Healthbridge**

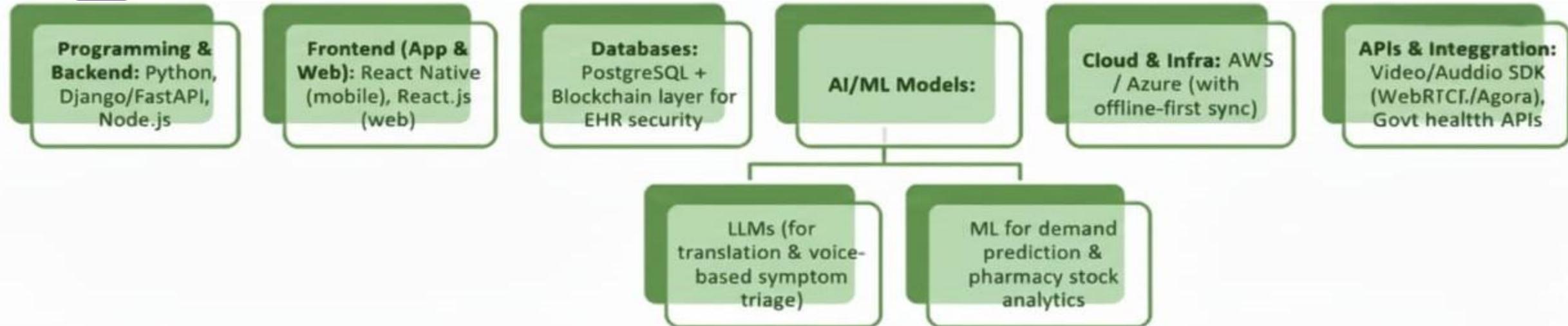


AI-Powered Rural Healthcare Access Platform For Nabha and Surrounding Villages



How It Addresses the Problem	Innovation & Uniqueness
Doctors available virtually → reduces travel & delays	LLM-powered auto-translation bridging language & literacy gaps
Offline-accessible health records → continuity of care	Offline-first + blockchain-backed EHRs (rare in rural healthcare)
AI symptom checker → helps patients reach correct specialists quickly	Voice-based LLM triage for semi-literate users
Pharmacy stock tracking → prevents wasted trips	Integrated pharmacy visibility at the village level
Unified dashboards → efficient resource allocation & decision-making	Scalable AI-driven analytics for demand prediction

TECHNICAL APPROACH



Patient Journey[Fever]

1. Login & Symptom Input (fever, headache)

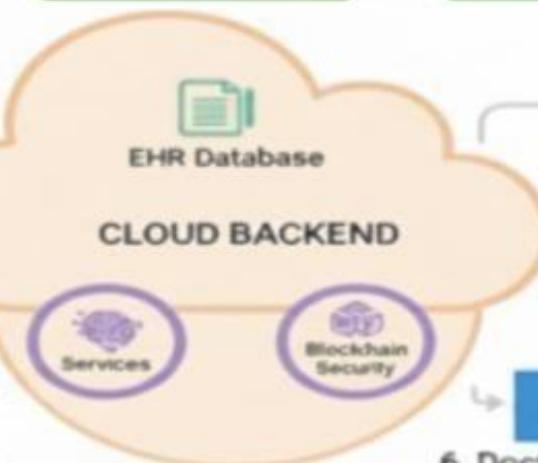


Request
Handling &
AI Triage

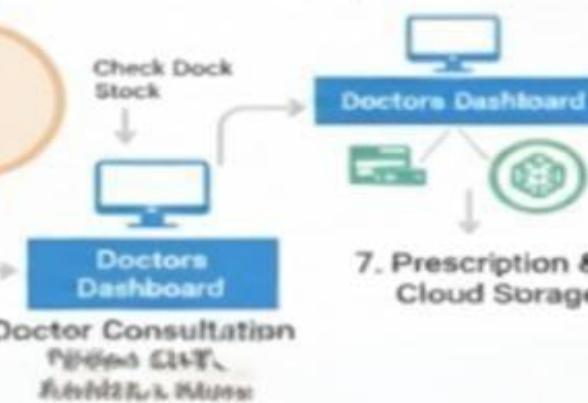
AI/LLM
Services

3. AI Suggestion: AI Triage
"Viral Fever"

5. Records Update



4. Pharmacy System



6. Doctor Consultation
Patient Info,
Treatment, History
7. Prescription & Cloud Storage

FEASIBILITY AND VIABILITY



Feasibility

Technically feasible using AI/LLMs, cloud & mobile app frameworks

Scalable across multiple rural regions in India

Affordable deployment with open-source tools & phased rollout

Partnership opportunities with govt & NGOs

Sustainable with recurring govt/CSR support

Long-term Sustainability



Ayushman Bharat Government Schemes

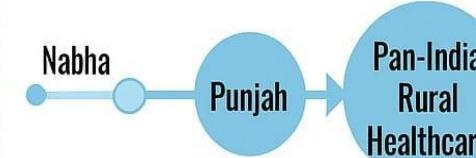


Integration with Ayushman Bharat & Govt Schemes

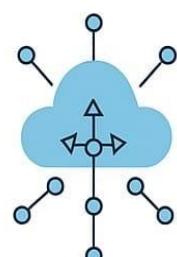


CSR Funding & Public-Private Partnerships

Scalability Angle



Designed to expand from Nabha → Pan-India



Cloud-Native Architecture Supports Nationwide Rollouts

Challenges / Risks

Low internet penetration in rural areas

Resistance to adoption among villagers & staff

Data privacy & security concerns

Limited tech literacy among patients

Supply chain gaps for medicine availability

Mitigation Strategies

Offline-first architecture + data sync when online

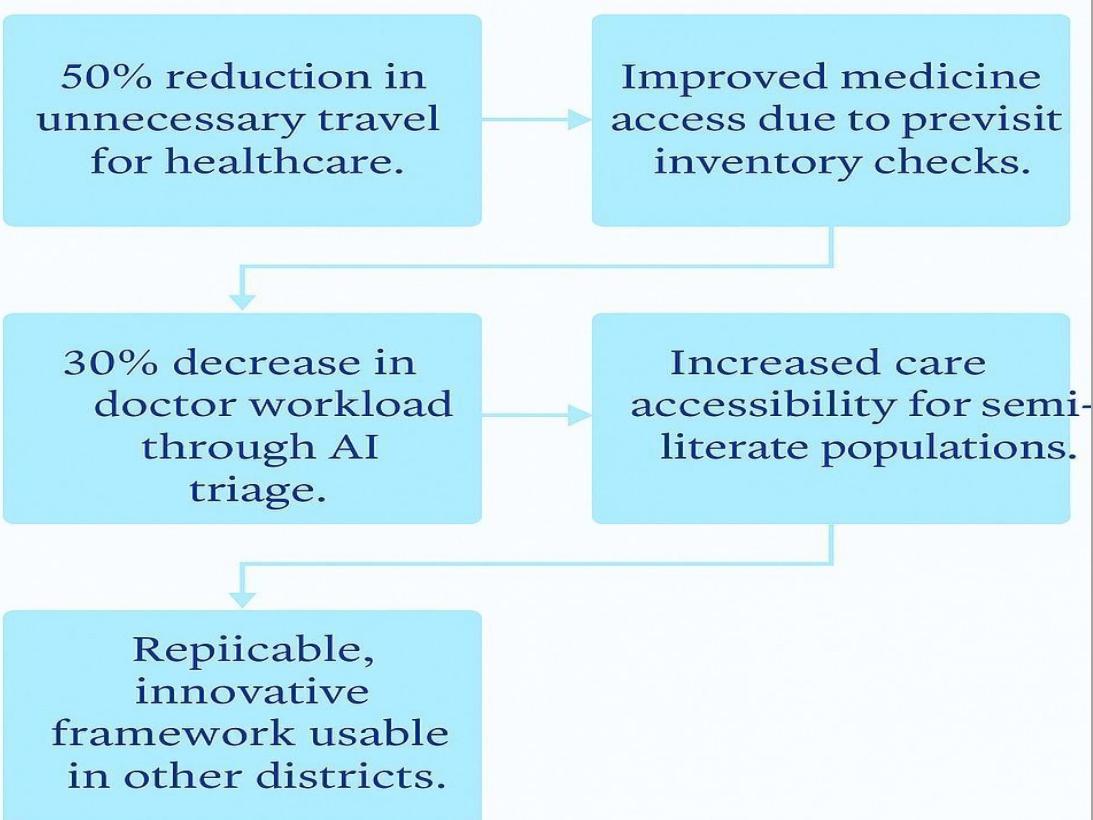
Training, multilingual support, community awareness drives

Blockchain-backed EHRs + strong encryption policies

Voice-based interfaces & LLM-powered translation

Real-time pharmacy tracking & predictive analysis

IMPACT AND BENEFITS



Impact	Benefits
Timely healthcare access for rural patients	Multilingual telemedicine for all literacy levels
Early diagnosis & better health outcomes	Offline digital health records for continuity
Reduced travel & saved income	Real-time pharmacy stock updates
Increased awareness & trust in healthcare	AI-powered symptom checker for urgent cases
Optimized resource use for hospitals	Scalable & replicable across rural India

RESEARCH AND REFERENCES



1. Nair A. Human Resource for Health, 2022 - <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-022-00752-w>
2. The Tribune India, 2019 - <https://www.tribuneindia.com/news/archive/punjab/only-31-40-rural-punjab-households-have-internet-access-850923>
3. IBEF Report, 2020 – <https://www.ibef.org/industry/telecommunications/telemedicine-industry-india>
4. Al-Dekah AM, PMC, 2025 – <https://pubmed.ncbi.nlm.nih.gov/> (searchable reference)
5. Litofsky NS, PMC, 2014 – <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4104735/>
6. Apollo Telemedicine Foundation – <https://www.apollotelehealth.com/>
7. eSanjeevani, MoHFW – <https://esanjeevani.in/>
8. Smile Foundation – <https://www.smilefoundationindia.org/e-arogya/>
9. HS Inn E-Health Point – <https://healthpointservices.org/>

10. Piramal Swasthya – AMRIT – <https://www.piramalswasthya.org/>

Prototype:-<https://lovable.dev/projects/cce867b6-48c6-4b69-a821-c82801701b9b>