



About Us

Founded in the Year: 2010



Company Introduction

iKure is a For-Profit Social Enterprise headquartered in India that provides Accessible, Affordable & Quality Primary Healthcare through Technology, Integrated Devices & Innovative approach to the population residing beyond the Tier-I cities.



Our Focus Groups

Underserved Population residing beyond the Tier-I cities in the Rural, Peri-Urban & Urban areas across India.



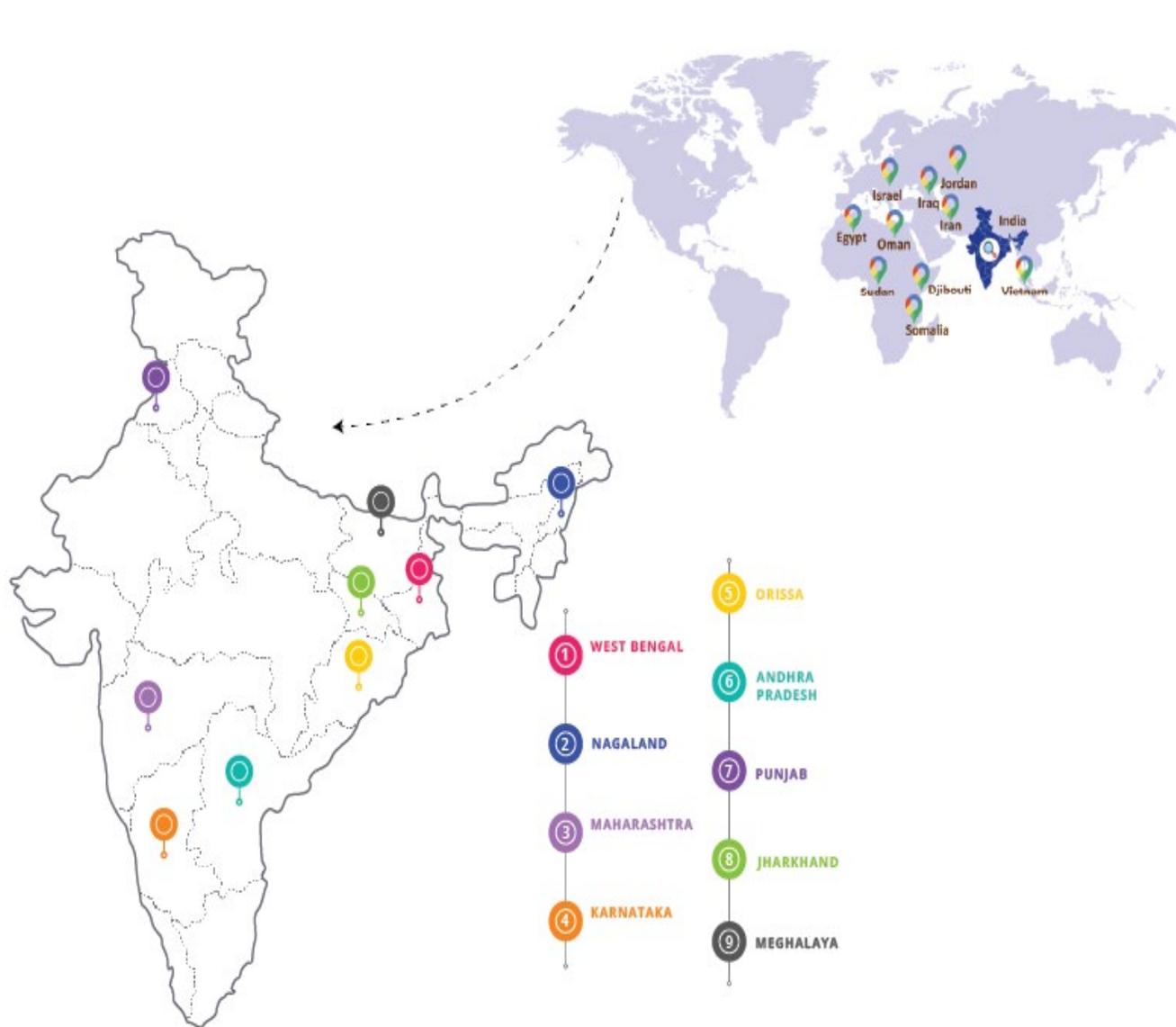
To bring Access to Affordable and Accessible Healthcare to 50 Million Population by 2025



To create Zero Mortality in Primary Healthcare

IMPACT METRICS

Touching Lives: Empowering Communities & Transforming Healthcare



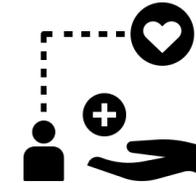
20.69M

Population Touched



3M

Patients Treated



10

Hubs/Clinics

10

Indian States



300+

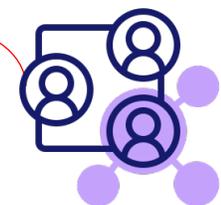
Technology & Research Partners

6950

Self-Help Groups

6,400+

Villages



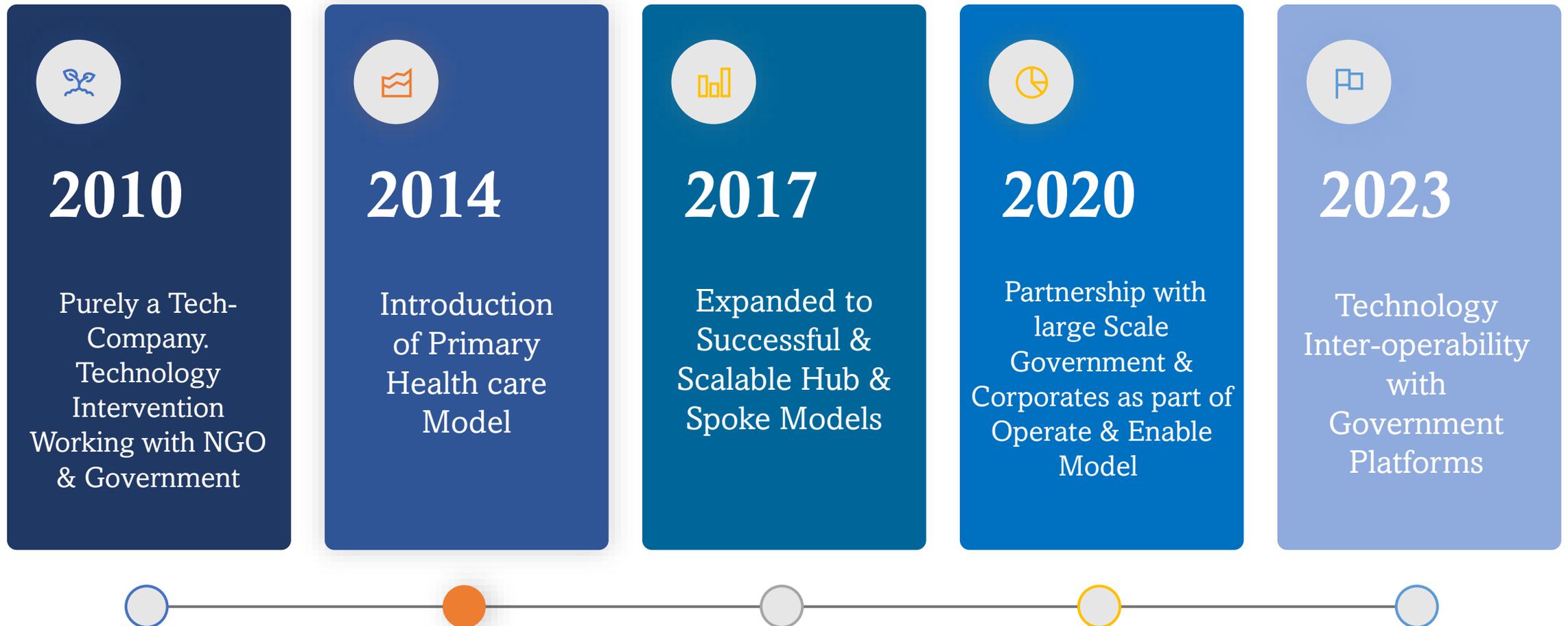
160

Touchpoints/Sub-Centres

ROADMAP TOWARDS BRINGING IN CHANGE

iKure's Journey So Far

How We Have Grown Over The Years



VALUE PROPOSITION

iKure's Unique Blend of Innovation for Healthcare Revolution



1

Unique Combination

1. iKure employs **Data Analytics to derive Valuable Insights from Patient Information and Healthcare Practices.**
2. By **analyzing health trends, disease prevalence, and treatment outcomes**, iKure can make informed decisions about resource allocation, healthcare strategy, and interventions.
3. Combination of **Research+ Data+ Technology+ Healthcare.**



2

Technology

1. **Innovative Telehealth Solutions** that **bridge the gap between rural and urban healthcare services.**
2. **Leveraging digital technology**, providing Virtual Consultations, Remote Patient Monitoring, and Health Information Dissemination.
3. **Cutting the Expense & Travel Time** to the Urban Centers.



3

Frontline Healthworker Model

1. **Asset-Light, Sustainable & Scalable CHE Model**
2. **Training & Deployment**
3. **Continuum of Care**
4. **Risk Stratification**



4

Collaborative Platform

1. **Strategic Partnerships** with both Local and Global organizations.
2. **Local Governments, Healthcare Institutions, and NGOs**
3. **Research Institutions, Med-Tech & Device Industries**
4. **Multi-Lateral Agencies & Corporates**

COMPANY BUSINESS MODEL

Different System & Structures that iKure Has

iKure's Own Model

1. iKure's Community Health Activists (iCHA Workers)
2. Own Clinic Set-up using a lightweight & Scalable Model
3. Pharmacy



SPONSORED MODEL

iKure's Operate & Enable Model

1. Scaling in partnership with corporates by providing iKure's Know how and Technology
2. Strengthening of the Public Healthcare Infrastructure with various Multilateral Agencies



iKure has the Community Health Activists (iCHAs) & Clinics with Pharmacy as part of its core B2C Model. We also provides technology and knowhow to scale through Corporates and Multilateral agencies as part of the B2B Model.

OUR CORE BUSINESS-TO-CUSTOMER (B2C) MODEL

Featuring our Community Health Activists (iCHAs)

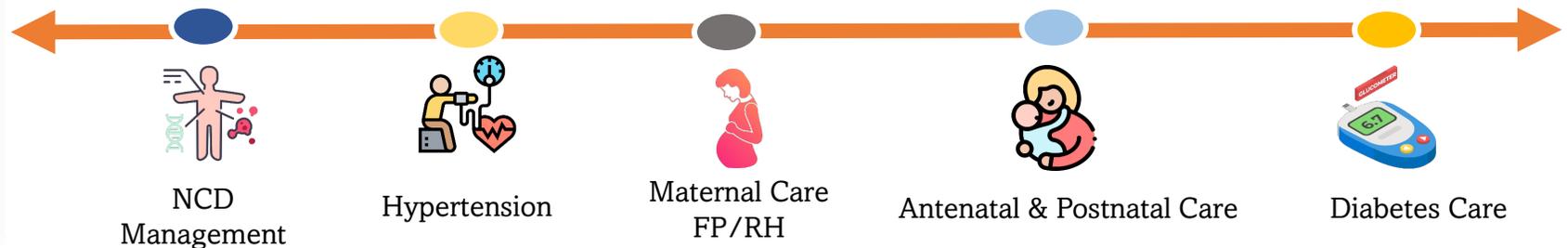


Home Maker turned iCHA.

- Dedicated to providing quality health care to their local community.
- Their close relationship with the community makes them capable to serve preventive, promotional and rehabilitation care to her community.
- Selected, Trained & Deployed within the Community.
- Carry Medic Bag equipped with various Point-of-Care Devices.
- Acts as a bridge between the Doctors & the Patients.
- Risk Stratification & Continuum of Care Model.

Services: Awareness Services | Clinical Services | Wellness Services

Disease Management:



LAST-MILE HEALTHCARE DELIVERY BY iCHAs

Touching Lives: List of Services



Awareness Services

1. Health Education & Promotion
2. Disease Management
3. Health Awareness Programmes
4. Distribution of IECs on various Disease Profiles

Clinical Services

1. Patient Registration & Verification
2. Basic Vitals Measurement
3. Pathology Tests & Sample Collection
4. Teleconsultation
5. Medical Follow-ups
6. ECG
7. Risk Stratification

Wellness Services

1. Doorstep delivery of Medicines
2. Supply Chain Products (Sanitary Pads, Sanitizers, First-Aids & others)
3. Nutritional Products for Mothers & Children
4. Spectacles Delivery

Our iCHAs are providing services through a **03-Dimensional Approach**

FORMING AN OUTER LAYER

Upgrading the Existing Structures & Bringing in Change

iKure's Community Health Activists (iCHAs) play a crucial role in forming an **outer layer on the existing layer of government health workers**, such as **Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs)** who deliver services at the last-mile.

While there are similarities in their objectives, iCHAs bring distinct innovations and differences to the field of public health, enhancing the overall healthcare ecosystem.

Training & Skillsets

1. Receives comprehensive training in healthcare, digital health technologies, and telemedicine, which equips them with a broader skill set.
2. Trained for a more extensive range of services.

ASHAs and ANMs are typically trained for specific tasks like maternal and child healthcare.

Technology Integration

Equipped with smartphones and telemedicine tools, enabling them to provide real-time data and connect with doctors for remote consultations.

May not have access to such advanced technology, limiting their ability to communicate and access immediate support.

Data Management

Use Digital Platforms to collect and manage patient data, which can be analyzed to track health trends and improve healthcare planning.

Often rely on paper-based records, making data analysis and decision-making more challenging.

Specialized Services

Wider range of services, including chronic disease management, preventive care, and health education, thus complementing the work of ASHAs and ANMs.

Primarily focus on specific healthcare programs.

Accessibility & Outreach

Employ innovative methods, such as telehealth and tele-pharmacy, to extend healthcare services to remote and underserved areas.

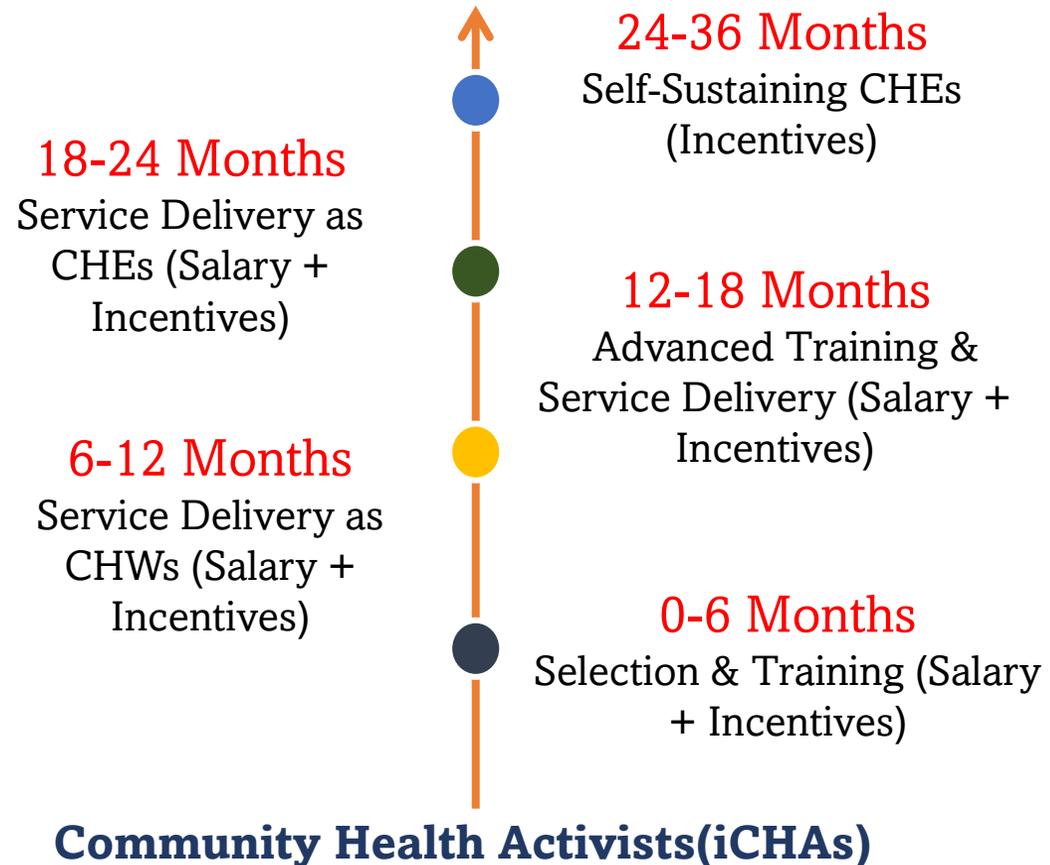
May have limitations in reaching isolated communities due to resource constraints.

SUSTAINABLE CONVERSION MODEL

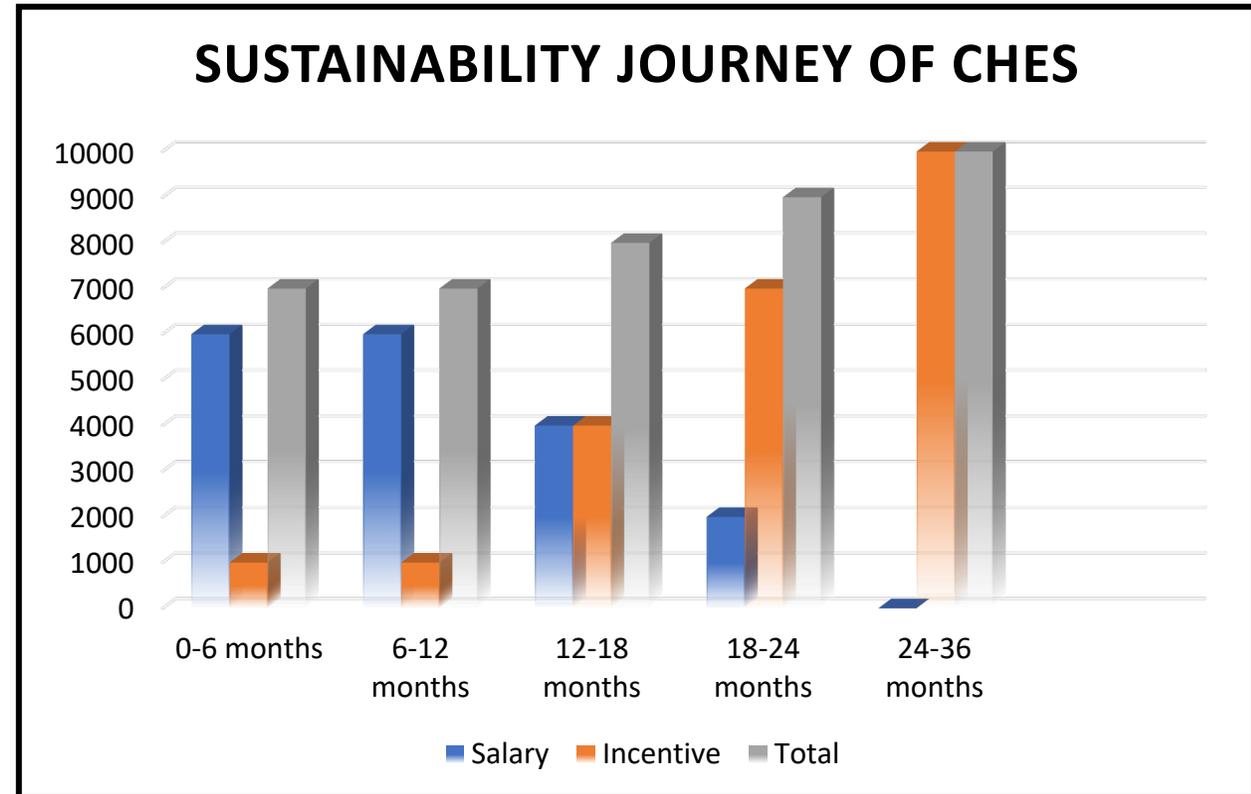
Transforming our Existing Health Workers into Established Entrepreneurs

iKure is incorporating the **Asset Light Sustainable Model** as the part of 'Own Model' wherein the iKure's Community Health Workers (iCHAs) will be converted into Community Health Entrepreneurs (CHEs) over a period of **2.5 Years with Advanced Training & Medic Bag**

Community Health Entrepreneurs (CHEs)



SUSTAINABILITY JOURNEY OF CHES



*POC: Point-of-Care Devices

*iCHAs: iKure's Community Health Activists

*CHEs: Community Health Entrepreneurs

OUR EXPANSION STRATEGY

What will be our Reach in the Next 4 Years?



Tertiary Care Hospitals Footfall

The dip in patient count in OPD is between **15% and 25%** on an average for hospitals.

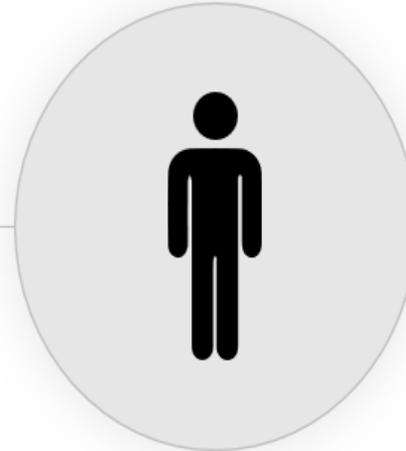
The bigger hospitals cater to about **500 to 1,000 OPD patients daily** on an average.

The smaller ones get a footfall nearly **between 200 and 300**.

01

02

03



iKure's Health Workers Reach

01

On an average each Community Health Entrepreneur (CHEs) will deliver the services to **10-15 patients per day**.

02

Deployment of **10,000 Health Entrepreneurs** in the next 3-4 years.

03

Catering nearly on an average **1,00,000-1,50,000 patients per day**.

As the immediate target iKure is planning to scale the number of Community Health Activists (who will eventually turn into CHEs) between

1000-2000 by March 2024. The long-term plan includes the deploy of a total of **10,000 iCHAs**

in the next 3-4 years and **40 Clinics** across various states.

SEAMLESS INTEGRATION: HARNESSING TECHNOLOGY FOR CARE

Medical Device Integration (MDI) for Quality of Care (QOC)

Feature One: iCHAs Module

1. Patient Onboarding
2. Basic vitals & manage EMR
3. Teleconsultation
4. Community Mobilization
5. Medicines and Supply Chain Products



Height Meter

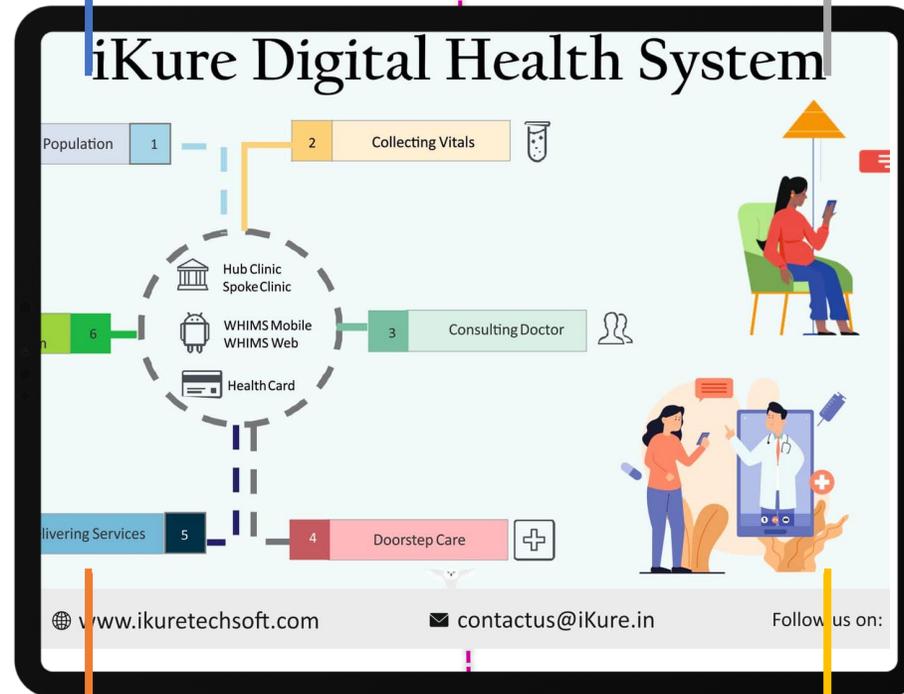


Blood Sugar

Feature Two: Doctor's Module

1. Generating Prescription
2. Capture & Manage Basic Vitals
3. Booking appointments & Teleconsultation
4. Manage Family Medical History

Minimal or Zero Human Interference



Seamless Data Collection

Feature Three: Patient Module

1. Order medicines and supply chain products
2. Manage Vitals History
3. Booking appointments & initiate Teleconsultation
4. Manage Family Medical History



Health Monitor



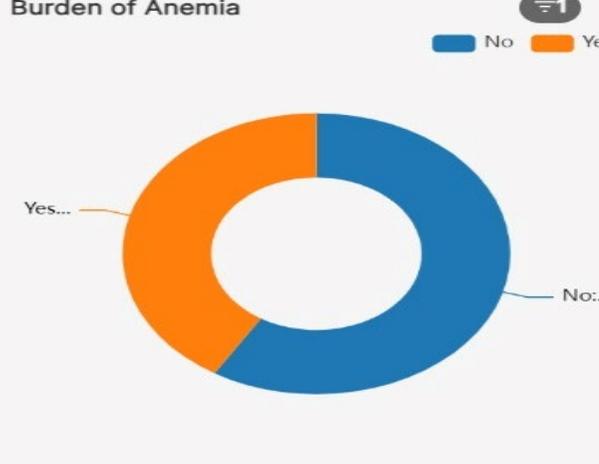
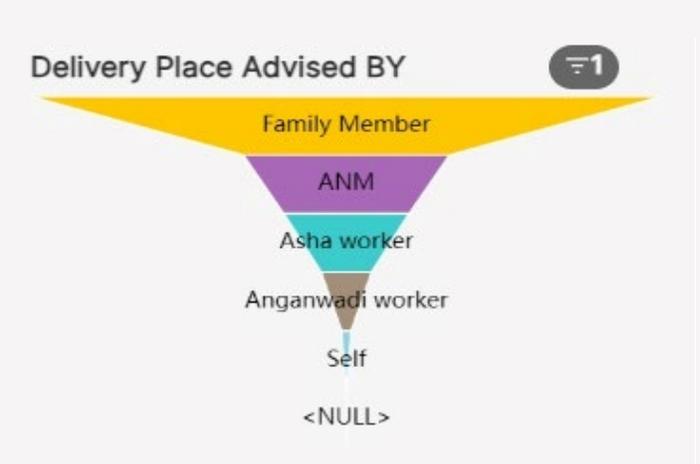
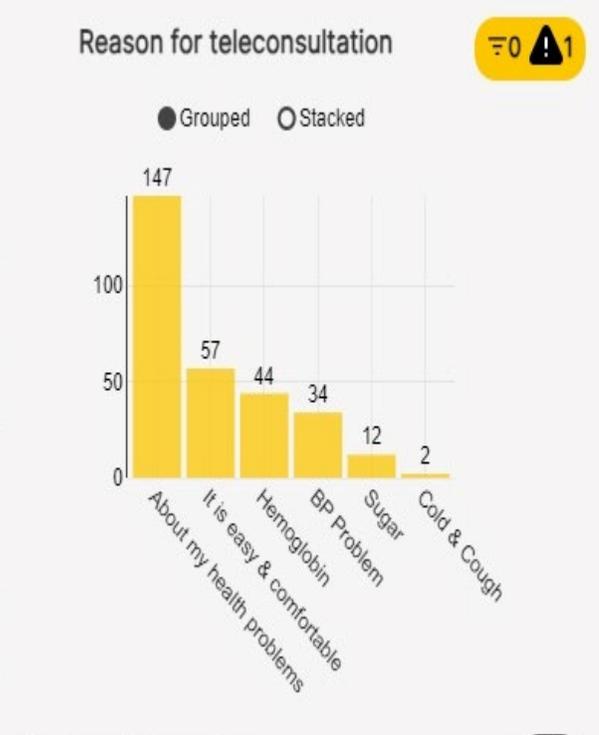
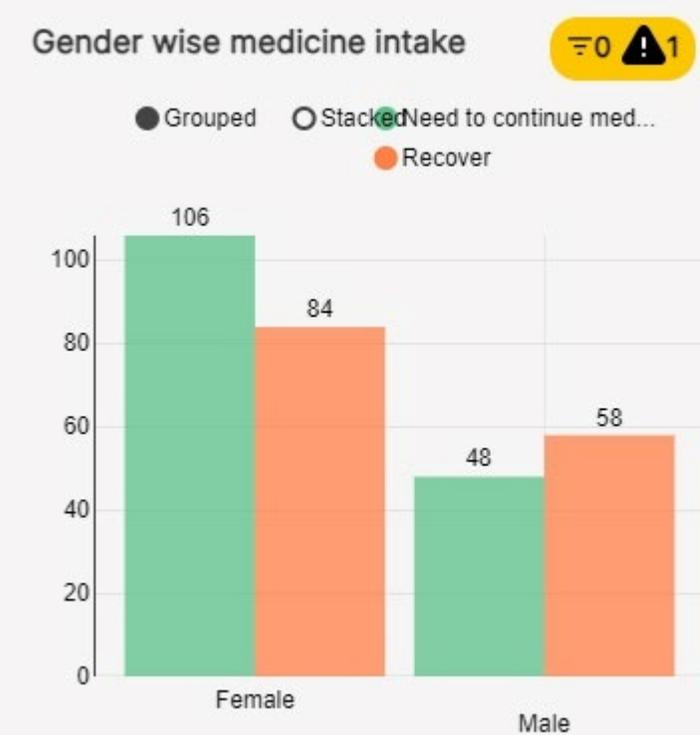
Haemoglobin

Feature Four: Admin Module

1. Dashboard
2. Organization Onboarding
3. Facility Manager Onboarding
4. Organization Management
5. Facility Management

DATA REPRESENTATION THROUGH DASHBOARD

Visualizing & Analysing Data



Tab title

Filters

TIME RANGE: No filter

VILLAGE_NAME: Type or Select (village_name)

CHE NAME: Type or Select (CHE Name)

APPLY

Total Beneficiary

359

Pregnant women who are registered for antenatal care

236

Delivery Place Advised BY

Village Wise Beneficiary Count

village_name	COUNT(village_name)
Mahil	29
Bhamni	25
Saparum	17
Gangira	16
Munda Kunjla	15
Ghagra	14

Percentage of delivery baby in

Conducted Delivery By

Percentage of Abdominal Examination

Slor

Target vs Achievement

Location Distribution

Gender wise medicine intake

Any Pathology Test Done

Repeat the Test done

After intake medicine feeling

Reason for teleconsultation

Beneficiary wants to repeat the test

Burden of Anemia

Gender wise burden of anemia

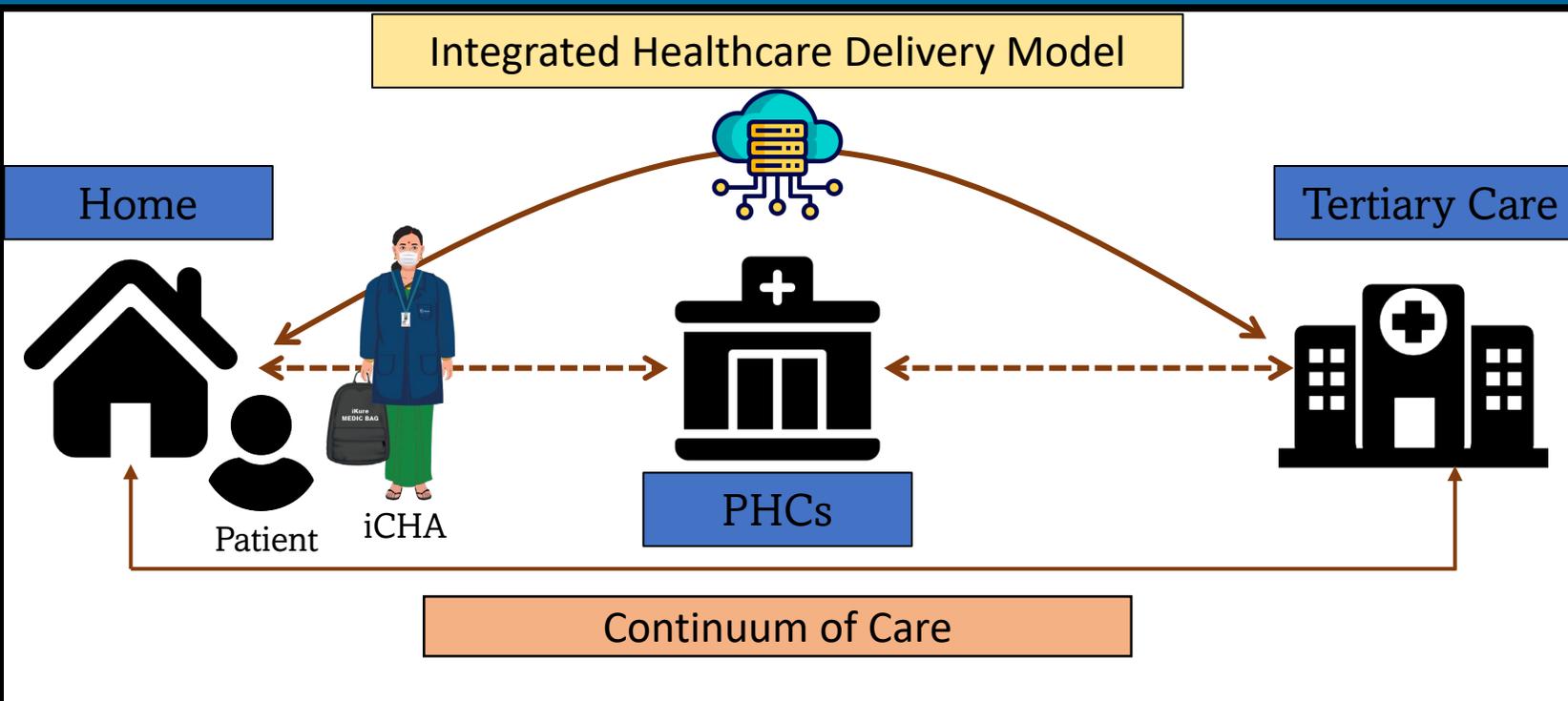
Duplicate case identified

Teleconsultation done for reported symptoms

Medicine intake ratio post teleconsultation

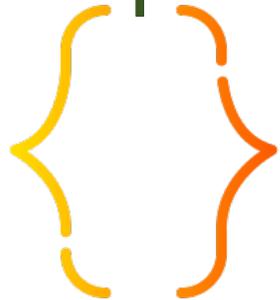
INTEGRATION WITH THE E-SANJEEVANI PLATFORM

Making our Telemedicine Model Stronger



Keeping e-Sanjeevani Portal as the Inner Layer, iKure's own Telemedicine Platform (WHIMS) is acting as an Outer Layer providing some of the Key Additional Features thus building a Strong Healthcare Ecosystem.

PUBLIC PLATFORM
Integrating the Technology Platform with National Health Authority (NHA).



PRIVATE PLATFORM
iKure bringing in in-house Teleconsultation platform integrated with various POC Devices.

This block details the data flow and visualization components. On the left, a photo shows 'Health Workers capturing vitals getting stored on Cloud'. Below it, text states 'Using Various Point-of-Care Devices equipped in Medic Bags'. On the right, a diagram of a 'Cloud Computing System' shows 'Patient Data Stored' and lists the following data points:

- Basic Vitals: BP, SPO2, Pulse, Temperature, Height, Weight
- Medical History
- High Risk Patient Data
- No. of Patient Served
- Patient Complications

 A vertical label 'Reflected on the Dashboard' points to this data. Below the cloud system, a section titled 'Forming Clinical Data Visualization Platform' states: 'Med-Students and Researchers will be able to login to the platform and view anonymized cases of the patients and also witness live or recorded consultation of the patients with the consent of the doctors.'

INTEGRATION OF CONVERSATIONAL AI PLATFORM

Transforming Public Healthcare for Driving in Change



iKure has partnered with the Community Science Alliance (CSA), which is itself a partnership/hub of various community health organizations, clinicians, and researchers advancing the science and practice of contextually relevant evidence-based medicine in resource-constrained settings.

The team comprises top-notch healthcare researchers from:



Harvard

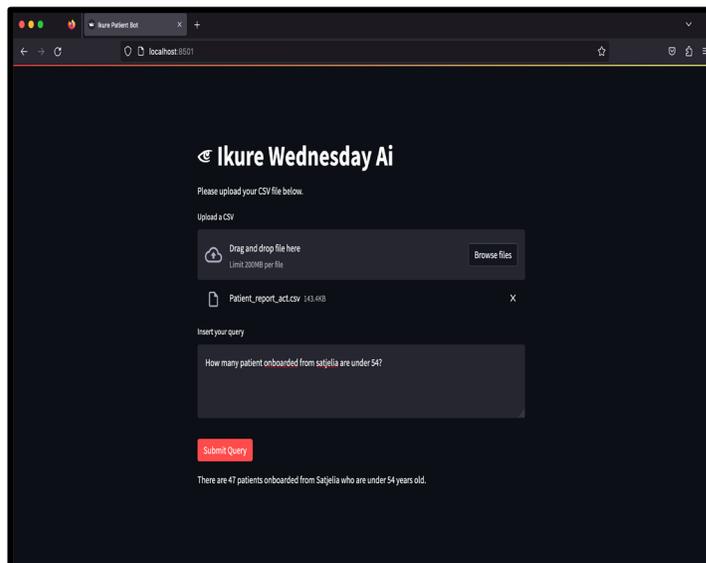
Albert Einstein



Duke



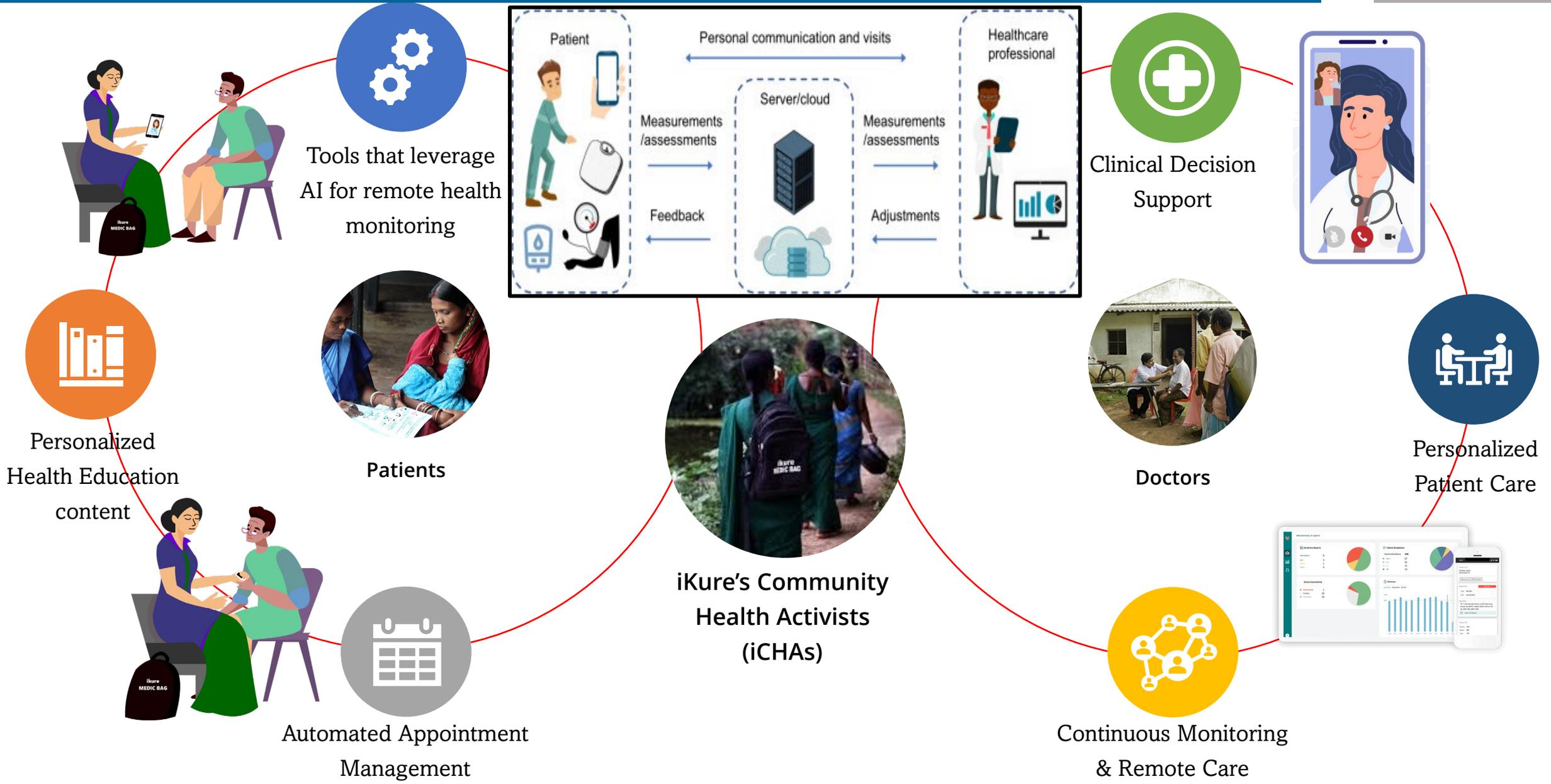
other leading medical institutes



Through this initiative iKure is developing Large Language Module (LLMs)/AI which will help for the conversational dialogues between the health workers and the patients thus making the process of service delivery smooth and efficient. This will help to improve trust between the iCHAs and the patients.

INTEGRATION OF CONVERSATIONAL AI PLATFORM

How this helps our iCHAs/Patients/Doctors?



JAPAN INTERNATIONAL CORPORATION AGENCY (JICA): PROGRAM

Scaling through the Corporates



We successfully completed the Phase-II project on March 31, 2022.

Some of the major activities included:

- Completion & submission of the Final Report
- Finalize JICA Handover Manual
- Physically handing over all equipment - IT & medical devices
- Finalized iKure Work Log

Project Objective Phase I

Implement a Teleconsultation Model in Khunti District to:

- address immediate healthcare challenges due to disruption caused by COVID-19 pandemic
- strengthen the primary healthcare delivery infrastructure
- demonstrate a sustainable and scalable model that can be rolled-out in other districts as an integral part of the public health infrastructure of the Government of India

Project Objective Phase II

The Phase-II of the JICA Teleconsultation Services Project has the following objectives:

- **Consolidate:** ensure that the healthcare infrastructure set-up in Phase-I is sustained
- **Expand:** offer new services and extend services to new Sub Centers for higher impact
- **Exit:** plan and implement an exit strategy; hand over the project to district administration



~ 27000 +

Teleconsultation



~ 32000 +

Beneficiaries

6 Phase I Sub-Centres

6 New Sub-Centres as part of Phase II

2 Primary Healthcare Centres

iKure in collaboration with JICA, a governmental agency that delivers the bulk of Official Development Assistance (ODA) for the government of Japan integrated technology innovations for primary healthcare services in alignment with the COVID-19 Emergency Response Support Program (CERP) in India

