Aura

HEALTH ACTIVISTS

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GUIDELINES ON

ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHA)

As the global healthcare landscape continues to evolve, the need for strategic, innovative solutions has never been more critical. Aura Solution Company Limited, a leader in financial and strategic consulting, has recognized this need and is committed to providing comprehensive services and solutions to help healthcare, pharmaceutical, life sciences, and medical device organizations thrive. Our investment strategies are designed to improve cost-efficiency, profitability, and competitive edge in this rapidly changing market.

Strategic Investment in Healthcare

Aura Solution Company Limited's investment strategy in the healthcare industry focuses on four main pillars:

1. Innovation and Technology Adoption
2. Operational Efficiency
3. Regulatory Compliance
4. Patient-Centric Care

Innovation and Technology Adoption

In an era defined by technological advancements, Aura Solution Company Limited prioritizes investments in innovative technologies. This includes telemedicine, artificial intelligence (AI), machine learning (ML), and blockchain solutions that can revolutionize patient care, streamline operations, and enhance data security.

- Telemedicine: By investing in telehealth platforms, we help healthcare providers expand their reach, offering remote consultations and reducing the need for physical visits. This not only enhances patient convenience but also lowers operational costs.
- AI and ML: Leveraging AI and ML in diagnostics, treatment plans, and predictive analytics can significantly improve patient outcomes. These technologies enable healthcare providers to offer personalized care, optimize resource allocation, and predict disease outbreaks.
- Blockchain: Investing in blockchain technology ensures secure, transparent, and efficient management of patient records, reducing the risk of data breaches and ensuring compliance with data protection regulations.

Operational Efficiency

To improve cost-efficiency and profitability, Aura Solution Company Limited focuses on optimizing operational

processes. We provide strategic consulting services to identify inefficiencies and implement solutions such as:

- Supply Chain Management: Enhancing the supply chain can lead to significant cost savings. We help organizations adopt just-in-time inventory systems, automate procurement processes, and leverage data analytics for better demand forecasting.
- Workflow Automation: Automating administrative tasks reduces the burden on healthcare staff, allowing them to focus more on patient care. This includes the use of robotic process automation (RPA) for tasks like billing, scheduling, and patient record management.

Regulatory Compliance

Navigating the complex regulatory landscape in the healthcare industry is challenging. Aura Solution Company Limited provides expert guidance to ensure compliance with local, national, and international regulations. Our services include:

- Regulatory Strategy Development: We help organizations develop comprehensive regulatory strategies that align with their business goals while ensuring compliance with industry standards.
- Audit and Risk Management: Our audit services identify potential compliance risks and provide actionable recommendations to mitigate them. This proactive approach helps organizations avoid costly penalties and reputational damage.

Patient-Centric Care

At the heart of our investment strategy is a commitment to patient-centric care. We believe that improving patient experience and outcomes is key to long-term success in the healthcare industry. Our initiatives in this area include:

- Patient Engagement Platforms: Investing in platforms that enhance patient engagement and communication, such as mobile health apps and patient portals, helps improve patient satisfaction and adherence to treatment plans.

- Data-Driven Care: Utilizing big data and analytics to gain insights into patient behaviors, preferences, and outcomes allows healthcare providers to tailor their services to meet the specific needs of their patients.

Empowering Healthcare Access Through Technology

At Aura, we believe that technology can transform lives—especially when it's used to solve critical challenges in underserved communities. In partnership with our client, Aura India developed an innovative, smartphone-based solution to address a pressing healthcare issue: cataract-related blindness among the elderly.

Cataracts remain the leading cause of treatable blindness globally, with India among the hardest-hit nations. Each year, approximately 4.8 million people in India lose their sight due to cataracts—many of them aged 50 or older. Unfortunately, the country's limited number of screening centers and barriers to mobility make early detection difficult, particularly in rural and remote regions.

The Solution: Smart, Scalable, and Accessible

To tackle this challenge, our team co-developed an AI-powered diagnostic tool that integrates seamlessly into a smartphone app. Using the phone's camera, volunteers can capture a simple image of the eye. The AI model then analyzes the photo to detect signs of cataract and alerts the user accordingly. If a potential cataract is found, the individual can be referred to a nearby health facility for treatment.

This innovation allows doorstep screening at near-zero cost, enabling healthcare workers and volunteers—especially those embedded in local communities—to reach elderly individuals where they live. It requires no specialized equipment, making it highly scalable across vast regions with limited infrastructure.

Impact Highlights

- >95% Accuracy: The AI model achieves a sensitivity and specificity on par with trained ophthalmologists.
- Cost-Free and Inclusive: Designed as a public service initiative, the solution generates no revenue and aligns with Aura's mission of building trust in society and solving important problems.
- 100x Screening Capacity: While India has one ophthalmologist for every 100,000 people, it has one health volunteer for every 1,000. This solution empowers volunteers to scale screening exponentially.

- Reduced Burden on Families: With no need to travel —on average 4.9 km to the nearest health facility— elderly individuals and their caregivers save both time and income lost to travel.

A Model of Collaborative Innovation

This solution is the result of close collaboration between medical professionals, engineers, and researchers, followed by rigorous testing and validation to ensure safety, reliability, and real-world effectiveness.

Together, we build a healthier, more equitable future.
Together, we are Aura.

Conclusion

Aura Solution Company Limited is dedicated to transforming the healthcare industry through strategic investments and innovative solutions. By focusing on technology adoption, operational efficiency, regulatory compliance, and patient-centric care, we help healthcare, pharmaceutical, life sciences, and medical device organizations navigate the challenges of an evolving market. Our goal is to enhance cost-efficiency, profitability, and competitive advantage, ultimately contributing to a healthier world.

1. **BACKGROUND**

The Government of India has decided to launch a National Rural Health Mission

(NRHM) to address the health needs of rural population, especially the vulnerable sections of society. The Sub-centre is the most peripheral level of contact with the community under the public health infrastructure. This caters to a population norm of 5000, but is effectively serving much larger population at the Sub-centre level, especially in EAG States. With only about 50% MPW (M) being available in these States, the ANM is heavily overworked, which impacts outreach services in rural areas.

Currently Anganwadi Workers (AWWs) under the Integrated Child Development Scheme (ICDS) are engaged in organizing supplementary nutrition programmes and other supportive activities. The very nature of her job responsibilities (with emphasis on supplementary feeding and pre school education) does not allow her to take up the responsibility of a change agent on health in a village. Thus a new band of community based functionaries, named as **Accredited Social Health Activist (ASHA)** is proposed to fill this void.

ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services. In following paragraphs, the role, responsibilities, profile, selection procedure, training modality and compensation package for ASHA has been explained. It has been envisaged that states will have flexibility to adapt these guidelines keeping their local situations in view.

2. ROLES & RESPONSIBILITIES

ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices. She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals. Her roles and responsibilities would be as follows:

- ASHA will take steps to **create awareness** and provide information to

the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilization of health & family welfare services.

- She will **counsel** women on birth preparedness, importance of safe delivery, breast- feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection (RTIs/STIs) and care of the young child.

- ASHA will **mobilize the community and facilitate them in accessing** health and health related services available at the village/sub-center/ primary health centers, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government.

- She will **work with the Village Health & Sanitation Committee of the Gram Panchayat** to develop a comprehensive village health plan.

- She will arrange **escort/accompany** pregnant women & children requiring treatment/ admission to the nearest pre-identified health facility i.e. Primary Health Centre/ Community Health Centre/ First Referral Unit (PHC/CHC / FRU).

- ASHA will **provide primary medical care** for minor ailments such as diarrhoea, fevers, and first aid for minor

injuries. She will be a provider of Directly Observed Treatment Short-course (DOTS) under Revised National Tuberculosis Control Programme.

- She will also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet (IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc. A Drug Kit will be provided to each ASHA. Contents of the kit will be based on the recommendations of the expert/ technical advisory group set up by the Government of India.

- Her role as a provider can be enhanced subsequently. States can explore the possibility of graded training to her for providing newborn care and management of a range of common ailments particularly childhood illnesses.

- She will **inform** about the births and deaths in her village and any unusual

health problems/disease outbreaks in the community to the Sub-Centres/ Primary Health Centre.

- She will promote construction of household toilets under Total Sanitation Campaign.

- Fulfillment of all these roles by ASHA is envisaged through continuous training and up- gradation of her skills, spread over two years or more.

3. SELECTION OF ASHA

- The general norm will be **'One ASHA per 1000 population'.**
  In tribal, hilly, desert areas the norm could be relaxed to one ASHA per habitation, dependant on workload etc.

- The States will also need to work out the district and block-wise coverage/ phasing for selection of ASHAs.

- It is envisaged that the selection and training process of ASHA will be given due attention by the concerned State

to ensure that at least 40 percent of the envisaged

ASHAs in the State are selected and given induction training in the first year as per the norms given in the guidelines. Rest of the ASHAs can subsequently be selected and trained during second and third year.

Criteria for Selection

- ASHA must be **primarily a woman resident of the village - 'Married/Widow/Divorced'** and preferably in the age group of 25 to 45 yrs.
- ASHA should have effective communication skills, leadership qualities and be able to reach out to the community. She should be a literate woman with **formal education up to Eighth Class.** This may be relaxed only if no suitable person with this qualification is available.
- Adequate representation from disadvantaged population groups should be ensured to serve such groups better.

Selection Process

The selection of ASHAs would have to be done carefully. The District Health Society envisaged under NRHM would oversee the process. The Society would designate a District Nodal Officer, preferably a senior health person, who is able to ensure that the Health Department is fully involved. S/he would also act as a link with the NGOs and with other departments. The Society would designate Block Nodal Officers, preferably Block Medical Officers, to facilitate the selection process, organizing training for Trainers and ASHA as per the guidelines of the scheme.

1. The Block Nodal Officer would identify 10 or more Facilitators in each Block so that one facilitator covers about 10 villages. The facilitators should preferably be women from local NGOs; Community based groups, Mahila Samakhyas, Anganwadis or Civil Society Institutions. In case none of these is available in the area, the officers of other Departments at the block or village level/local school teachers may be taken as facilitators.
2. These facilitators should be oriented about the

scheme in a 2-day workshop which should be held at the district level under supervision of the District Nodal Officer. During this meeting, the Block Nodal Officers should also be present. The District Nodal Officer will brief the facilitators and Block Nodal Officers on the selection criteria and importance of proper selection in effective achievement of the objectives of the same and also the role of facilitators and Block Nodal Officers are required to play in ensuring the quality of the selection process.

3. The facilitators would be required to interact with community by conducting Focused Group Discussions (FGDs) / workshops of the local self help groups etc. This should lead to awareness of roles and responsibilities of ASHA and acceptance of ASHA as a concept in the community. This interaction should result in short listing of at least three names from each village.
4. Subsequently a meeting of the Gram Sabha would be convened to select one out of the three shortlisted names. The minutes of the approval process in Gram Sabha shall be recorded. The Village Health Committee would

enter into an agreement with the ASHA as in the case of the Village Education Committee and Sahayogini in Sarva Shiksha Abhiyan. The name will be forwarded by the Gram Panchayat to the District Nodal Officer for record.

State Governments may modify these guidelines except that no change may be done in the basic criteria of ASHA **being a woman volunteer** with minimum **education up to VIII class** and that she

would be a **resident of the village**. In case any of the selection criteria or guidelines is modified, these should be widely disseminated in local languages.

4. INSTITUTIONAL ARRANGEMENTS

The success of ASHA scheme will depend on how well the scheme is implemented and monitored. It will also depend crucially on the motivational level of various functionaries and the quality of all the processes involved in implementing the scheme. It is therefore necessary that well defined and yet flexible and participatory institutional structures are put into place at all levels from state level to village level. ASHA will be a central component of the National Rural Health Mission (NRHM) and its institutional structure would reflect this.

(a) The District Health Society under the chairmanship of the District Magistrate/ President Zila Parishad will oversee the selection process. Society will have representation from all related departments and civil society and the Panchayti Raj Institutions (PRIs). The Society will designate a District Nodal Officer and a

Block Nodal Officer preferably a senior health person. The job of the Nodal Officers at the District and Block will be to facilitate the selection process by involving the Gram Sabha and Gram Panchayat, holding of training for ASHA and for trainers as per the guidelines of the scheme.

(b) At the village level it is recognized that ASHA cannot function without adequate institutional support. The women's committees (like self help groups or women's health committees), Village Health & Sanitation Committee of the Gram Panchayat, peripheral health workers especially ANMs and Anganwadi workers, and the trainers of ASHA and in-service periodic training would be major source of support to ASHA.

(c) At the block level, ASHA scheme will have a Block Co-ordination Committee with the Block Nodal Officer /Block Panchayat President as Chairperson. This committee will ensure **involvement** of PRIs and civil society and **support** of all related

departments at the block level. Actual arrangements would vary depending on availability of a suitable NGO and of relative strengths and merits of different participants. If a suitable NGO is available at block level, the NGO would also be a member of the coordination committee.

(d) The Gram Panchayat would lead the ASHA initiative in three ways:

i. The Gram Sabha undertakes (through the process outlined earlier) the selection of ASHA.

ii. It is involved in supporting the ASHAs in their work and itself undertaking many health related tasks through its statutory health committee. All ASHAs will be involved in this Village Heath & Sanitation Committee of the Panchayat either as members or as special invitees (depending on the state laws).

iii. It develops the village health plan in coordination with ASHA.

iv. A part of the compensation incentive would be provided by/ routed through Panchayats.

(e) In such situations where an NGO with good track record is available in the block level or a good NGO is willing to take up the responsibility, the entire selection and facilitation and training process can be given to the NGO. This will, however, not reduce the role of the Block Co-ordination Committee in overseeing the processes.

(f) The state level NRHM committee would have to monitor and support the District Health Society and District Nodal Officer through a network of coordinators/support NGOs.

(g) The ASHA strategy would be reflected in the State Action Plan, for which funds shall be released under the overall allocations under NRHM /RCH-II.

5. ROLE AND INTEGRATION WITH ANGANWADI

Anganwadi Worker (AWW) will Guide ASHA in performing following activities:

- Organizing Health Day once/twice a month.

On health day, the women, adolescent girls and children from the village will be mobilized for orientation on health related issues such as importance of nutritious food, personal hygiene, care during pregnancy, importance of antenatal check up and institutional delivery, home remedies for minor ailment and importance of immunization etc. AWWs will inform ANM to participate & guide organizing the Health Days at Anganwadi Centre (AWC).

- AWWs and ANMs will act as a resource persons for the training of ASHA.
- IEC activity through display of posters, folk dances etc. on these days can be undertaken to sensitize the beneficiaries on health related issues.
- Anganwadi worker will be depot holder for drug kits and will be issuing it to ASHA. The replacement of the consumed drugs can also be done through AWW.
- AWW will update the list of eligible couples and also the children less than one year of age in the village with the help of ASHA.
- ASHA will support the AWW in mobilizing pregnant and lactating women and infants for nutrition supplement. She would also take

initiative for bringing the beneficiaries from the village on specific days of immunization, health checkups / health days etc. to Anganwadi Centres.

6. ROLE AND INTEGRATION WITH ANM

Auxiliary Nurse Midwife (ANM) will Guide ASHA in performing following activities:

- She will hold weekly / fortnightly meeting with ASHA and discuss the activities undertaken during the week / fortnight. She will guide her in case ASHA had encountered any problem during the performance of her activity.
- AWWs and ANMs will act as a resource person for the training of ASHA.
- ANMs will inform ASHA regarding date and time of the outreach session and will also guide her for bringing the beneficiary to the outreach session.
- ANM will participate & guide in organizing the Health Days at AWC.

- She will take help of ASHA in updating eligible couple register of the village concerned.
- She will utilize ASHA in motivating the pregnant women for coming to sub centre for initial checkups. She will also help ANMs in bringing married couples to sub centres for adopting family planning.
- ANM will guide ASHA in motivating pregnant women for taking full course of IFA Tablets and TT Injections etc.
- ANMs will orient ASHA on the dose schedule and side affects of oral pills.
- ANMs will educate ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment.
- ANMs will inform ASHA on date, time and place for initial and periodic training schedule. She will also ensure that during the training ASHA gets the compensation for performance and also TA/DA for attending the training.

7. WORKING ARRANGEMENTS

ASHA will have her work organized in following manner. She will have a flexible work schedule

and her work load would be limited to putting in only about two-three hours per day, on about four days per week, except during some mobilization events and training programmes.

A. **At AWC:** She will be attending the AWC on the day when Immunization/ANC sessions are being organized. At least once or twice a week, she would organize health days for health IEC, rudimentary health checkup and advice including medicine and contraceptive dispensation.

B. **At home:** She will be available at her home so as to work as depot holder for distribution of supplies to needy people or for any assistance required in terms of accompanying a woman to delivery care centre/FRU or RCH camp.

C. **In the Community:** she will organize/attend meetings of village women/health committees and other group meetings and attend Panchayat health committees. She will counsel and provide services to the families as per her defined role and responsibility.

8. TRAINING

Capacity building of ASHA is critical in enhancing her effectiveness. It has been envisaged that training will help to equip her with necessary knowledge and skills resulting in achievement of scheme's objectives. Capacity building of ASHA has been seen as a continuous process.

Training Strategy

- **Induction Training:** After selection, ASHA will have to undergo series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles. Considering range of functions and tasks to be performed, induction training may be completed in 23 days spread over a period of 12 months. The first round may be of seven days , to be followed by another four rounds of training, each lasting for four days to complete induction training

- **Training materials**: would be prepared according to the roles and responsibilities that the ASHA would need to perform. Her envisaged functions and tasks will be expanded into a listing of competencies and the training material would be prepared accordingly. The training materials produced at the national level would be in the form of a general prototype which states may modify and adapt as per local needs. The training material will include facilitator's guide, training aids and resource material for ASHAs
- **Periodic Trainings:** After the induction training, periodic re-training will be held for about two days, once in every alternate month at appropriate level for all ASHAs. During this training, interactive sessions will be held to help refresh and upgrade their knowledge and skills, trouble shoot problems they are facing, monitor their work and also for keeping up motivation and interest. The opportunity will also be used for replenishments of supplies and payment of performance linked incentives. ASHAs will be compensated for attending these meetings.
- **On-the-job Training**: ASHAs needs to have

on the job support after training both during the initial training phase and during the later periodic training phase it is needed to provide on the job training to ASHAs in the field, so that they can get individual attention and support that is essential to begin and continue her work. ANMs while conducting outreach sessions in the villages will contact ASHA of the village and use the opportunity for continuing education. NGOs can also be invited to take up the selection; training and post training follow up. Similarly block facilitators identified earlier for selection of ASHAs can also be engaged for regular field support.

- **Training of trainers**: A cascade model of training is proposed. At most peripheral level, Block trainers (who are the members of identified block training teams) would have to spend at least the same number of days in acquiring the knowledge and skills as ASHAs. These ToTs will also have to be similarly phased. These trainers should be largely women and chosen by block nodal officer. The block teams would be trained by a district trainer's team. (Or Master trainers) who are in

turn trained by the state training team. The duration of ToTs for District Training Teams (DTT) and State Training Teams (STT) will be finalized by the states depending on the profile of the members to be selected as DTT and STT.

- **Constitution of Training teams:** It follows that each state, district and block would have a training team compromising of three-four members. Existing NGOs especially those working on community health issues at the district / block level may also be entrusted with the responsibility for identifying trainers and conducting of TOTs The trainers would be paid compensation for the days they spend on acquiring or imparting training –both camp based training and on the job training. The similar guideline applies to the district level also where trainers would be drawn in from Programme Managers and NGOs. The State Institutes of Health and Family Welfare along with reputed and experienced NGOs would form training teams at the state level. State level training structures to be used for trainings under various National Health and Family Welfare Programmes Trainings may be

adhered wherever feasible.

- **Continuing Education and skill upgradation**: A resource agency in the district of state (preferably an NGO) will be identified by the State. The resource agency in collaboration with open schools and other appropriate community health distance education schemes will develop relevant illustrated material to be mailed to ASHAs periodically for those who would opt for an eventual certification.
- **Venue of training**: The principle of choice of venue shall be that the venue should be close to their habitation that the training group should not be more than 25 to 30. In most situations this could be the PHC or alternatively Panchayat Bhavan or other facilities that are available.

- **National Level**: At the national level the NIHFW would in coordination with the National Rural Health Mission & its technical support teams and the Training Division of the Ministry will co- ordinate and organize periodic evaluation of the training programmes. The findings of these concurrent evaluations should be shared with State Governments.
- **State level**: At the State level, the State Institute of Health and Family Welfare (SIHFW) in coordination with the State Training Cell of Directorate of Family Welfare will oversee the process of training, monitor and organize concurrent evaluation of training programme.

9. COMPENSATION TO ASHA

- ASHA would be an **honorary volunteer** and would not receive any salary or honorarium. Her work would be so tailored that it does not interfere with her normal livelihood.

- However ASHA could be compensated for her time in the following situations :

  a) For the duration of her training both

in terms of TA and DA. (so that her loss of livelihood for those days is partly compensated)

b) For participating in the monthly/bi-monthly training, as the case may be.

(For situations (a) and (b), payment will be made at the venue of the training when ASHAs come for regular training sessions and meetings).

c) Wherever compensation has been provided for under different national programmes for undertaking specific health or other social sector programmes with measurable outputs, such tasks should be assigned to ASHAs on priority (i.e. before it is offered to other village volunteers) wherever they are in position.

(For situation (c) disbursement of compensation to ASHAs will be made as per the specific payment mechanism built into individual

programmes).

d) Other than the above specific programmes, a number of key health related activities and service outcomes are aimed within a village (For example all eligible children immunized, all newborns weighed, all pregnant women attended an antenatal clinic etc). The Untied Fund of Rs.10,000/- at the Sub-centre level (to be jointly operated by the ANM and the Sarpanch) could be used as monetary compensation to ASHA for achieving these key processes. The exact package of processes that form the package would be determined at the state level depending on the supply-side constraints and what is feasible to achieve within the specified time period.

(For situation (d) the payment to ASHAs will be made at Panchayats).

- Group recognition/ awards may also be considered.

- Non-monetary incentive e.g. exposure visits, annual conventions etc can be considered.
- A drug kit containing basic drugs should be given.

A suggestive/indicative compensation package for ASHA for training and various services provided by her is enclosed at Annexure-I. This would be finalized subsequently in consultation with the States and various other stakeholders in due course.

10. FUND-FLOW MECHANISM FOR ASHA

It is proposed that funds for making the payments to ASHA may flow from Centre to States through SCOVA mechanism and from State SCOVAs to District Health Societies. The District Health Societies will further disburse the funds as follows:

(a) The compensation to ASHA based on measurable outputs would be given under the overall supervision and control by Panchayat. For this purpose a revolving fund would be kept at Panchayat. The guidelines for such compensation would be provided by the District Health Mission, led by the Zila Parishad.

(b) For the compensation money under the various national programmes / Schemes, the programmes have in-built provisions for the payment of compensation. These compensations will be made in accordance with the programme guidelines.

(c) ASHA would be entitled for TA / DA for attending training programmes. She would be given the amount at the venue itself.

11. MONITORING AND EVALUATION

GOI has set up following indicators for monitoring ASHA.

Process Indicators:

(a) Number of ASHAs selected by due process;

(b) Number of ASHAs trained,

(c) % of ASHAs attending review meetings after one year;

Outcome Indicators:

(a) % of newborn who were weighed and families counseled;

(b) % of children with diarrhoea who received ORS,

(c) % of deliveries with skilled assistance;

(d) % of institutional deliveries,

(e) % of JSY claims made to ASHA,

(f) % completely immunized in 12-23

months age group.

(g) % of unmet need for spacing contraception among BPL;

(h) % of fever cases who received chloroquine within first week in an malaria endemic area;

Impact indicators:

(a) IMR;

(b) Child malnutrition rates;

(c) Number of cases of TB/leprosy cases detected as compared to previous year.

While MIS to be setup for NRHM will ensure timely information on key inputs and process indicators, information on impact indicators will come through DRHS being planned for RCH2.

During bi-monthly meetings, ANM should get information from ASHAs regarding the progress made and consolidate the report at PHC by Medical officer.

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BUDGET & FINANCIAL MECHANISMS FOR TRAINING ASHAs

For an unit of 100 ASHAs (appox. for a block)

(Amount in Rs.)

Selection process	**Facilitators role- visit and meeting expenses. They may**	**Rs 100 per visit for upto 3 visits for 100 villages**	**30,000**
	Mobilization / committee formation and meetings i.e. for arranging	**Rs.250/ village for 100 villages**	**25,000**
Training of ASHA (camp based)	**Training expenses). The training meetings will be for**	**Rs 100 for to and fro travel: 6 times in the first**	**60,000**
	Training compensation	**DA for 25 days of training for 100 ASHAs @ Rs 100**	**2,50,000**
	Training	**Rs 300* 100**	**30,000**
	Honorarium to Trainers of ASHAs	**4 batches (of 25 ASHAs each) * 5 trainers * 25 days**	**50,000**

Training of trainers	**Training expenses**	**5 trainers* 30 days*100**	**15,000**
	Training	**5 Trainers**	**1,500**
	Training honorarium to Resource	**5 trainers * Rs 100/day***	**1,20,000**
Drug kit		**600* 100**	**60,000**
Village		**1000*100**	**1,00,000**
	TOTAL		**7,41,500**

HEALTH INVESTMENT

In an era where health and wellness are paramount, the integration of strategic investment into health systems is crucial for fostering innovation, enhancing care, and ensuring long-term sustainability. At Aura Solution Company Limited, we understand the transformative potential of aligning investment with health system advancement. Our approach combines financial expertise with a commitment to improving health outcomes, driving positive change across the healthcare sector.

1. Strategic Investment for Health System Innovation

Investing in health systems is essential for driving innovation and improving care delivery. Aura focuses on identifying and supporting cutting-edge healthcare technologies and solutions that enhance patient outcomes and operational efficiency. Our investment strategies are designed to support advancements in medical research, digital health, and innovative treatment modalities.

2. Enhancing Healthcare Infrastructure

Robust healthcare infrastructure is fundamental to effective care delivery. We provide investment solutions that support the development and enhancement of healthcare facilities, including hospitals, clinics, and research centers. By investing in state-of-the-art infrastructure, we contribute to improved patient care, expanded access to services, and overall system resilience.

3. Promoting Sustainable Healthcare Practices

Sustainability is a key focus in our health system investments. We prioritize projects and initiatives that promote sustainable healthcare practices, including green building technologies, energy-efficient systems, and environmentally friendly practices. Our commitment to sustainability ensures that investments not only improve health outcomes but also contribute to a healthier planet.

4. Supporting Health Technology Innovation

Technology plays a pivotal role in modern healthcare. Aura's investment strategy includes supporting the development and adoption of advanced health technologies, such as telemedicine, wearable devices, and electronic health records. These innovations enhance patient care, streamline operations, and enable more personalized and efficient healthcare delivery.

5. Strengthening Healthcare Access and Equity

Access to quality healthcare is a fundamental right. We invest in projects that aim to reduce healthcare disparities and improve access for underserved populations. By supporting initiatives that address healthcare inequality and expand services to marginalized communities, we contribute to a more equitable and inclusive health system.

6. Driving Research and Development

Research and development (R&D) are critical for advancing medical knowledge and improving treatment options. Aura invests in R&D initiatives that drive breakthroughs in medical science, pharmaceuticals, and healthcare practices. Our support for research fosters innovation and accelerates the development of new therapies and technologies.

7. Enhancing Patient Experience and Engagement

Patient experience is central to effective healthcare. Our investments focus on enhancing patient engagement through digital health tools, patient-centered care models, and improved communication strategies. By prioritizing the patient experience, we help create a more compassionate and responsive healthcare environment.

8. Building Partnerships for Health System Transformation

Transforming health systems requires collaboration and partnership. Aura engages with a diverse range of stakeholders, including healthcare providers, technology companies, and policy makers, to drive systemic change. Our investment approach fosters strategic alliances that

facilitate innovation and improve overall health system performance.

9. Evaluating Impact and Outcomes

Measuring the impact of health system investments is essential for ensuring effectiveness and accountability. We implement rigorous evaluation frameworks to assess the outcomes of our investments, track progress, and identify areas for improvement. Our data-driven approach ensures that investments deliver meaningful and measurable benefits.

10. Commitment to Long-Term Health System Sustainability

Sustainability is at the heart of our investment philosophy. We are dedicated to supporting health systems that are resilient, adaptable, and capable of meeting future challenges. Our focus on long-term sustainability ensures that our investments contribute to a robust and enduring healthcare infrastructure.

Conclusion

At Aura Solution Company Limited, our commitment to integrating investment with health system advancement is driving positive change across the healthcare sector. By supporting innovation, enhancing infrastructure, and promoting sustainability, we are building a foundation for a healthier future. Partner with us to experience a strategic approach to health system investment that transforms care and supports long-term success.

As the global healthcare landscape continues to evolve, the need for strategic, innovative solutions has never been more critical. Aura Solution Company Limited, a leader in financial and strategic consulting, has recognized this need and is committed to providing comprehensive services and solutions to help healthcare, pharmaceutical, life sciences, and medical device organizations thrive. Our investment strategies are designed to improve cost-efficiency, profitability, and competitive edge in this rapidly changing market.

Strategic Investment in Healthcare

Aura Solution Company Limited's investment strategy in the healthcare industry focuses on four main pillars:

1. Innovation and Technology Adoption
2. Operational Efficiency
3. Regulatory Compliance
4. Patient-Centric Care

Innovation and Technology Adoption

In an era defined by technological advancements, Aura Solution Company Limited prioritizes investments in innovative technologies. This includes telemedicine, artificial intelligence (AI), machine learning (ML), and blockchain solutions that can revolutionize patient care, streamline operations, and enhance data security.

- Telemedicine: By investing in telehealth platforms, we help healthcare providers expand their reach, offering remote consultations and reducing the need for physical visits. This not only enhances patient convenience but also lowers operational costs.

- AI and ML: Leveraging AI and ML in diagnostics, treatment plans, and predictive analytics can significantly improve patient outcomes. These technologies enable healthcare providers to offer personalized care, optimize resource allocation, and predict disease outbreaks.

- Blockchain: Investing in blockchain technology ensures secure, transparent, and efficient management of patient records, reducing the risk of data breaches and ensuring compliance with data protection regulations.

Operational Efficiency

To improve cost-efficiency and profitability, Aura Solution Company Limited focuses on optimizing operational processes. We provide strategic consulting services to identify inefficiencies and implement solutions such as:

- Supply Chain Management: Enhancing the supply chain can lead to significant cost savings. We help organizations adopt just-in-time inventory systems, automate procurement processes, and leverage data analytics for better demand forecasting.

- Workflow Automation: Automating administrative tasks reduces the burden on healthcare staff, allowing them to focus more on patient care. This includes the use of

robotic process automation (RPA) for tasks like billing, scheduling, and patient record management.

Regulatory Compliance

Navigating the complex regulatory landscape in the healthcare industry is challenging. Aura Solution Company Limited provides expert guidance to ensure compliance with local, national, and international regulations. Our services include:

- Regulatory Strategy Development: We help organizations develop comprehensive regulatory strategies that align with their business goals while ensuring compliance with industry standards.
- Audit and Risk Management: Our audit services identify potential compliance risks and provide actionable recommendations to mitigate them. This proactive approach helps organizations avoid costly penalties and reputational damage.

Patient-Centric Care

At the heart of our investment strategy is a commitment to patient-centric care. We believe that improving patient experience and outcomes is key to long-term success in the healthcare industry. Our initiatives in this area include:

- Patient Engagement Platforms: Investing in platforms that enhance patient engagement and communication, such as mobile health apps and

patient portals, helps improve patient satisfaction and adherence to treatment plans.

- Data-Driven Care: Utilizing big data and analytics to gain insights into patient behaviors, preferences, and outcomes allows healthcare providers to tailor their services to meet the specific needs of their patients.

Empowering Healthcare Access Through Technology

At Aura, we believe that technology can transform lives—especially when it's used to solve critical challenges in underserved communities. In partnership with our client, Aura India developed an innovative, smartphone-based solution to address a pressing healthcare issue: cataract-related blindness among the elderly.

Cataracts remain the leading cause of treatable blindness globally, with India among the hardest-hit nations. Each year, approximately 4.8 million people in India lose their sight due to cataracts—many of them aged 50 or older. Unfortunately, the country's limited number of screening centers and barriers to mobility make early detection difficult, particularly in rural and remote regions.

The Solution: Smart, Scalable, and Accessible

To tackle this challenge, our team co-developed an AI-powered diagnostic tool that integrates seamlessly into a smartphone app. Using the phone’s camera, volunteers can capture a simple image of the eye. The AI model then analyzes the photo to detect signs of cataract and alerts the user accordingly. If a potential cataract is found, the individual can be referred to a nearby health facility for treatment.

This innovation allows doorstep screening at near-zero cost, enabling healthcare workers and volunteers—especially those embedded in local communities—to reach elderly individuals where they live. It requires no specialized equipment, making it highly scalable across vast regions with limited infrastructure.

Impact Highlights

- >95% Accuracy: The AI model achieves a sensitivity and specificity on par with trained ophthalmologists.
- Cost-Free and Inclusive: Designed as a public service initiative, the solution generates no revenue and aligns with Aura's mission of building trust in society and solving important problems.
- 100x Screening Capacity: While India has one ophthalmologist for every 100,000 people, it has one health volunteer for every 1,000. This solution empowers volunteers to scale screening exponentially.
- Reduced Burden on Families: With no need to travel —on average 4.9 km to the nearest health facility— elderly individuals and their caregivers save both time and income lost to travel.

A Model of Collaborative Innovation

This solution is the result of close collaboration between medical professionals, engineers, and researchers, followed by rigorous testing and validation to ensure safety, reliability, and real-world effectiveness.

Together, we build a healthier, more equitable future.
Together, we are Aura.

Conclusion

Aura Solution Company Limited is dedicated to transforming the healthcare industry through strategic investments and innovative solutions. By focusing on technology adoption, operational efficiency, regulatory compliance, and patient-centric care, we help healthcare, pharmaceutical, life sciences, and medical device organizations navigate the challenges of an evolving market. Our goal is to enhance cost-efficiency, profitability, and competitive advantage, ultimately contributing to a healthier world.

TRANSFORMATION

In a rapidly changing world, we can all envision a future where quality and economics are vastly improved, where epic change can overcome existing constraints and enable companies to deliver unprecedented value. At Aura Solution Company Limited, we see this transformation unfolding in the healthcare industry, driven by the emergence of mega players with the market influence and technological infrastructure to revolutionize healthcare delivery.

The Rise of Mega Players in Healthcare

In this decade, the largest health organizations are poised to reshape the healthcare landscape. These mega players possess the advanced technology infrastructure necessary to harness the power of artificial intelligence (AI) and the capability to attract top-tier talent. Their ability to re-engineer processes from the ground up positions them to create significant new value in the industry. These organizations are

not only equipped to manage existing challenges but also to innovate and lead the way in addressing emerging needs.

Formation of Ecosystems for Value, Trust, and Equity

The healthcare industry is witnessing the formation of ecosystems designed to tackle persistent issues of value, trust, and equity—challenges that traditional regulations and market mechanisms have failed to solve. Traditional healthcare organizations, often limited by scale, capital, and capabilities, struggle to keep pace with rapid industry transformation and heightened regulatory scrutiny. To address these complex problems, industry leaders must move beyond today's transactional, competitive system. They need to cross traditional boundaries, share responsibility, resources, data, and risk, and work collaboratively to solve system-level issues. By fostering such ecosystems, we can achieve a more integrated and efficient healthcare system.

Transforming Care Delivery Models

Patients are increasingly choosing alternate sites of care, challenging traditional health systems to transform their high-cost, brick-and-mortar operations. Recent mergers between retail and digital organizations highlight the need for providers to redesign their delivery models to meet evolving consumer expectations. Providers who pursue lower-cost, high-quality alternatives to traditional services are likely to become preferred partners for payers and patients. The shift to virtual care is well underway, supported by advances in sophisticated wearables, robotic surgery, extended reality, and other immersive technologies. These innovations enable

providers to offer more personalized and convenient care, meeting the demands of today's healthcare consumers.

Consumer Expectations and Market Competition

Consumers now expect companies to build capabilities that support convenience, personalization, and advocacy. In the highly competitive Medicare market, for example, consumers prefer zero-premium health plans that offer high levels of service. This trend underscores the need for healthcare providers to prioritize consumer-centric strategies and enhance their service offerings.

Addressing Staffing Needs and Talent Management

The healthcare sector's staffing needs will continue to intensify, prompting industry leaders to explore outsourcing, offshoring, and managed services partnerships to fill workforce gaps. To attract and retain talent, organizations must tailor benefits, redefine the care team model, and adopt an aggressive digital and automation-led agenda to improve productivity. Leaders have various levers at their disposal to enhance employee retention, including offering competitive compensation, fostering a positive work environment, and providing opportunities for professional growth.

Conclusion

Aura Solution Company Limited is committed to leading the transformation of the healthcare industry. By embracing innovation, fostering collaborative ecosystems, redesigning care delivery models, and addressing staffing challenges, we aim to help healthcare organizations navigate this era of epic

change. Together, we can create a healthcare system that delivers better quality, improved economics, and new value for all stakeholders.

TECHNOLOGY

The healthcare industry is on the brink of a major transformation driven by next-generation technology. An overwhelming majority of companies, nine out of ten, plan to increase their technology budgets over the next year. This tech-enabled transformation is seeing payers and providers leverage generative AI (GenAI) across the value chain, with the goal of enhancing member, patient, and provider experiences, boosting productivity, and reducing administrative costs.

The Impact of AI on Healthcare Affordability

AI has the potential to make healthcare significantly more affordable. According to the National Library of Medicine, AI applications could cut annual US healthcare costs by $150 billion. Much of these savings come from shifting the healthcare model from reactive to proactive care, emphasizing health management over disease treatment. This proactive approach is expected to lead to fewer hospitalizations, doctor visits, and treatments, ultimately reducing costs.

Trust and Risk Management in AI

For GenAI to be effective, organizations must prioritize trust and risk management. This involves implementing explicit usage policies, robust data governance, and responsible AI

practices. An AI factory, an operating model designed to identify, assess, and deploy GenAI responsibly and efficiently, can help organizations achieve value at scale. By adopting such a model, healthcare organizations can ensure that their use of AI is both ethical and effective.

The Role of Cloud Engineering

From finance to back-office operations, cloud engineering is driving innovation at scale. It facilitates the migration of data and workloads, modernization of infrastructure and applications, and acceleration of idea realization through cutting-edge cloud-native software development. Despite the fact that 81% of health services executives have adopted the cloud, nearly half have yet to fully realize the value of their investment.

Companies that successfully become cloud-powered typically exhibit several key characteristics:

- C-Suite Involvement and Commitment: Strong leadership and commitment from the top are crucial for driving cloud adoption and realizing its full potential.
- Trust and Control Measures: Implementing strong measures to ensure data security and control is essential for building trust in cloud solutions.
- Formal Data, Analytics, and AI Strategy: A well-defined strategy for leveraging data, analytics, and AI can help organizations maximize the benefits of their cloud investments.

Conclusion

Next-generation technology is not just enhancing current business models; it is reinventing them. By increasing their technology budgets and leveraging innovations like GenAI and cloud engineering, healthcare organizations can transform the way they operate. These advancements promise to improve patient experiences, boost productivity, and reduce costs, while also ensuring that trust and ethical considerations are at the forefront. As Aura Solution Company Limited continues to support healthcare organizations in navigating this transformation, we remain committed to helping our clients achieve sustainable, scalable value through responsible technology adoption. Trust factors into every healthcare decision and interaction. Loyalty grows from trust. Consumers look for providers who can empathize and understand them. Patients who have had a bad experience with healthcare become discouraged from seeking care. Through our Future Cast predictive modeling platform, we can see where patient trust can be a barrier to care.

Trust and loyalty are essential to growth. The past several years have taught us that consumers and stakeholders expect the sector to be prepared for the unexpected, including pandemics, climate disasters, wars, embargoes, labor strikes, market crashes and cyber-attacks. Leaders should factor risk and cybersecurity into their transformation plans at the beginning — especially those that entail digitizing processes or cloud computing. Leaders should also consider tax strategy as a driver of trust and inject tax strategy into business planning.

MEDICAL COST

Increased Pressure in Healthcare

The cost of treating patients is on the rise, and the healthcare industry is experiencing significant financial pressure. Several factors contribute to this trend, including high inflation, rising wages, and escalating costs, all of which are exacerbated by clinical workforce shortages. Health payers are in a constant negotiation battle with hospitals over pricing, while provider profit margins continue to erode. Moreover, health plans are grappling with the financial impact of higher median prices for new drugs and increasing prices for existing medications.

Inflation and Wage Pressures

Inflation has been a major driver of rising healthcare costs. As the cost of goods and services increases, so does the cost of medical supplies, equipment, and facilities. Additionally, wages in the healthcare sector have been rising, partly due to the need to attract and retain skilled workers amidst a shortage of clinical professionals. This wage inflation further contributes to the overall increase in healthcare costs.

Clinical Workforce Shortages

The shortage of clinical workforce adds another layer of complexity to the cost challenges faced by the healthcare industry. With fewer healthcare professionals available to meet the growing demand for services, providers are forced to offer higher wages and incentives to attract talent. This situation not only raises labor costs but also affects the operational efficiency of healthcare facilities, leading to higher overall treatment costs.

Eroding Provider Profit Margins

Healthcare providers are facing shrinking profit margins due to the combined effects of rising costs and pricing pressures from health payers. Hospitals and clinics are struggling to balance their budgets as they navigate the financial strain caused by increased operational expenses. This erosion of profit margins threatens the sustainability of healthcare providers and their ability to invest in new technologies and improvements.

Drug Price Increases

Health plans are also contending with the financial burden of rising drug prices. New drugs entering the market often come with high price tags, and existing drugs are seeing price hikes. This trend significantly impacts the cost of providing care, as medications represent a substantial portion of healthcare expenses. Health payers must manage these rising costs while ensuring that patients have access to necessary treatments.

Negotiations and Pricing Strategies

To cope with these financial pressures, health payers are engaging in more rigorous negotiations with hospitals and other healthcare providers. These negotiations aim to secure favorable pricing arrangements and control costs. However, this process can be contentious and complex, as both parties strive to maintain their financial viability in a challenging economic environment.

Conclusion

The healthcare industry is under immense financial pressure, driven by factors such as inflation, rising wages, workforce shortages, and increasing drug prices. These challenges are putting a strain on both health payers and providers, leading to a complex landscape of negotiations and cost management strategies. As we move through 2024, the need for innovative solutions and collaborative efforts to address these financial pressures will be more critical than ever.

PLAN

Executive Summary

The healthcare sector is one of the most dynamic and rapidly evolving industries globally, presenting numerous opportunities for investment. This business plan outlines a comprehensive market entry strategy for a healthcare investment, focusing on innovation, scalability, and sustainability. Our objective is to establish a competitive presence in the healthcare market, leveraging advanced technology, strategic partnerships, and a patient-centric approach to deliver high-quality care and achieve significant returns on investment.

PORTFOLIO

Business Model

Our business model is based on a multi-faceted approach that includes direct patient care, technology solutions, and strategic partnerships.

1. Direct Patient Care: Establishing a network of healthcare facilities that offer a wide range of services, from primary care to specialized treatments.

2. Technology Solutions: Developing and deploying advanced healthcare technologies, such as telemedicine platforms, AI-driven diagnostics, and electronic health records (EHR) systems.

3. Strategic Partnerships: Collaborating with pharmaceutical companies, medical device manufacturers, and technology firms to enhance our service offerings and expand our market reach.

Market Entry Strategy

Our market entry strategy involves several key steps:

1. Market Research and Feasibility Study: Conducting comprehensive market research to identify opportunities, assess competition, and understand regulatory requirements.

2. Regulatory Compliance: Ensuring compliance with local healthcare regulations and obtaining necessary licenses and certifications.

3. Location Selection: Identifying strategic locations for healthcare facilities based on market demand, population demographics, and accessibility.

4. Technology Integration: Implementing advanced healthcare technologies to enhance service delivery and patient outcomes.

5. Talent Acquisition: Recruiting experienced healthcare professionals and administrative staff to ensure high-quality care and efficient operations.

6. Marketing and Branding: Developing a strong brand presence through targeted marketing campaigns, community engagement, and partnerships with local healthcare providers.

Financial Plan

Our financial plan includes detailed projections of revenue, expenses, and profitability over the next five years. Key financial metrics include:

- Initial Investment: Capital required for facility acquisition, technology implementation, staffing, and marketing.

- Revenue Streams: Income from patient services, technology solutions, and strategic partnerships.

- Operating Expenses: Costs related to staffing, facility maintenance, technology upgrades, and marketing.

- Profitability: Projected break-even point and long-term profitability based on market growth and operational efficiency.

Risk Management

Identifying and mitigating potential risks is crucial to the success of our healthcare investment. Key risks include regulatory changes, market competition, technological disruptions, and operational challenges. Our risk management strategy involves:

- Regulatory Monitoring: Keeping abreast of changes in healthcare regulations and adjusting our operations accordingly.
- Competitive Analysis: Continuously monitoring market trends and competitors to stay ahead of industry developments.
- Technology Updates: Regularly updating our technology solutions to maintain a competitive edge.
- Operational Efficiency: Implementing best practices in healthcare management to ensure smooth and efficient operations.

Conclusion

Investing in the healthcare sector offers significant potential for growth and profitability. By leveraging advanced technology, strategic partnerships, and a patient-centric approach, we aim to establish a strong presence in the healthcare market and deliver high-quality care to our patients. Our comprehensive business plan and market entry strategy provide a clear roadmap for achieving our objectives and maximizing returns on investment.

INVEST IN HEALTH

In an era defined by longevity, innovation, and global health disparities, healthcare investment has emerged as a cornerstone of both economic strategy and social progress.

At Aurapedia, we explore how healthcare investment is not just a financial endeavor—but a long-term commitment to human resilience, national strength, and sustainable economic development.

Why Healthcare Investment Matters

Healthcare is no longer viewed solely as a public good or governmental responsibility; it is now one of the most dynamic and resilient sectors in global capital markets. Rising populations, aging demographics, pandemics, and digital transformation have all contributed to making healthcare a defensive investment sector—one that remains vital during economic downturns and recessions.

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Investing in healthcare is not simply about betting on biotech breakthroughs or hospital infrastructure. It's about fostering:

- Access to quality care
- Innovation in medical technology and pharmaceuticals
- Sustainable health systems
- Public-private partnerships
- Resilience against future global health crises

Key Areas of Investment

1. Biotechnology and Pharma

This sub-sector garners significant investor attention due to its potential for high returns from patents and drug approvals. Breakthroughs in gene editing, mRNA technology, cancer therapeutics, and AI-powered drug discovery are creating immense opportunities for early-stage and long-horizon investors.

2. Healthcare Infrastructure

From specialized hospitals and telehealth clinics to diagnostics labs and emergency response systems, infrastructure investment underpins a nation's capacity to respond to medical needs. Institutional investors are increasingly viewing healthcare infrastructure as impactful, stable, and ESG-compliant.

3. HealthTech and Telemedicine

Digital platforms that provide remote consultations, diagnostics, wearable tech, and patient data analytics have exploded post-COVID. Investments here often scale quickly and benefit from network effects, SaaS business models, and AI integrations.

4. Senior and Assisted Living

The global rise in life expectancy is creating demand for integrated healthcare and lifestyle facilities for the elderly. Private equity and real estate investors are developing portfolios that combine long-term care with hospitality, therapy, and wellness.

5. Insurance and Financial Products

Health insurance firms and innovative medical financial services are also seeing an influx of capital. Startups offering usage-based pricing, wellness incentives, and AI-based underwriting are disrupting legacy players and appealing to the underinsured.

Global Trends Driving Demand

- Aging Populations: By 2050, the number of people over 60 will double globally, placing immense pressure on existing systems and creating robust demand for healthcare innovation.
- Medical Tourism: Countries like Thailand, India, and Turkey are growing as global health destinations, generating high ROI from surgical services and recovery care.
- Pandemic Preparedness: COVID-19 reshaped global awareness about healthcare infrastructure, vaccine equity, and cross-border coordination—further emphasizing investment needs.
- Digital Disruption: AI, blockchain, robotics, and data science are reinventing clinical practices and healthcare logistics, opening entirely new fields of investable assets.

Risks and Ethical Considerations

While healthcare offers resilience and innovation-led returns, investors must navigate:

- Regulatory uncertainty across borders

- Pricing pressure in publicly funded systems
- Ethical concerns around data privacy, accessibility, and equity
- High R&D costs and long approval cycles in pharma

A responsible investor must balance profitability with patient outcomes, access equity, and transparency, aligning with the ESG standards that define modern capital stewardship.

Aura's Perspective on Healthcare Investment

Aura Solution Company Limited, through its private equity, infrastructure, and strategic advisory arms, recognizes healthcare as a core pillar of societal strength and sustainable finance. Aura's portfolio reflects a belief in both cutting-edge innovation and equitable health outcomes. From structuring cross-border hospital investments to advising on HealthTech partnerships, Aura combines discretion, diligence, and impact in how it approaches this sensitive and high-value sector.

Conclusion

Healthcare is no longer a siloed sector—it touches every facet of life, economy, and governance. Investing in it is not just about financial return, but about shaping the future of humanity's well-being. As we advance into a world where health is both a right and a global asset, healthcare investment will remain a central theme in resilient, visionary portfolios.

Using Technology to Facilitate Access to Healthcare

Reimagining Eye Care in India Through Smartphone-Based Cataract Screening

At Aura, we believe that the greatest innovations often emerge when technology is combined with empathy and purpose. One of our most impactful collaborations in India involved developing a breakthrough solution to combat cataract-induced blindness — the leading cause of preventable visual impairment globally.

The Challenge: A Widespread but Treatable Condition

Cataracts are the primary cause of treatable blindness worldwide, especially among individuals over the age of 50. In India alone, an estimated 4.8 million people become blind due to cataracts each year, primarily because of late detection and limited access to screening facilities. While cataract surgery is both common and effective, the real challenge lies in early diagnosis, particularly in remote or underserved areas. Unfortunately, India faces a significant shortage of cataract screening centers and trained ophthalmologists. Many elderly individuals lack the mobility, support, or financial resources required to travel to testing sites. This leads to missed opportunities for timely treatment — with devastating consequences for vision and overall quality of life.

The Solution: Smartphone-Based AI Screening

To address this urgent problem, a dedicated team from Aura India, in partnership with a client, developed a smartphone-based cataract detection solution powered by artificial intelligence. By simply capturing an image of an eye using a

phone camera, the app can accurately detect signs of cataracts. When a cataract is identified, the app automatically alerts the user, who can then refer the patient to a local medical center for confirmation and potential treatment. Designed with usability and accessibility in mind, the solution empowers community health volunteers and local caregivers to conduct doorstep screenings — no specialized training required.

Technology Meets Compassion

This solution was the result of deep interdisciplinary collaboration between engineers, AI researchers, and ophthalmologists. It underwent rigorous testing to ensure accuracy, safety, and effectiveness, achieving over 95% sensitivity and specificity — comparable to a trained ophthalmologist using specialized tools.

Why It Matters: Real-World Benefits

Transforming Preventive Eye Care with Aura's Involvement

Aura's entry into this critical healthcare challenge does not merely introduce a new technology — it brings a paradigm shift in how vision care is delivered, particularly to the most vulnerable and underserved populations. Here's how our involvement is making a deep and lasting impact:

Accessibility & Affordability

This initiative is not commercial in nature — it's a purpose-first innovation that aligns directly with Aura's core mission: to build trust in society and solve important problems. By committing resources to a zero-revenue model, Aura signals

that meaningful societal impact does not always require monetization. Traditional eye screenings often require specialized equipment, trained professionals, and clinical environments, which limits accessibility and makes them cost-prohibitive for rural communities. With Aura's AI-integrated smartphone app, health volunteers can now screen individuals at virtually no cost, using only a basic smartphone — no hospital visits, no out-of-pocket expenses, and no delays.

Impact: Cataract detection becomes as easy as taking a photograph — bringing quality healthcare to millions who would otherwise be left behind.

Doorstep Convenience

For many elderly individuals, especially those in rural India, visiting a clinic can be a monumental task. It often involves arranging transportation, relying on a family member to accompany them, and potentially sacrificing an entire day's income. These obstacles result in delayed or entirely missed diagnoses, exacerbating preventable blindness.

Aura's app changes that dynamic completely. By enabling door-to-door cataract screening, healthcare comes directly to the individual's home — eliminating dependency, reducing costs, and promoting early detection.

Impact: Vulnerable senior citizens receive care at their doorstep, reducing physical, emotional, and economic strain on families and caretakers.

Scaling Reach to Remote Regions

India's healthcare system faces an acute disparity: only one ophthalmologist per 100,000 people, but a health volunteer (ASHA worker, NGO caregiver, or trained community leader) for every 1,000 people. The limited reach of specialists has historically hampered early diagnosis — but Aura's solution flips this limitation into a strength.

By placing powerful, AI-driven diagnostic tools in the hands of health volunteers, the entire landscape of community care is transformed. These trusted local agents can now perform basic ophthalmologic evaluations without needing to refer patients first to urban hospitals.

Impact: Screening capacity is expanded up to 100 times, making it possible to blanket entire rural districts with preventive eye care coverage.

Saving Time and Resources

Studies show that the average Indian travels 4.9 kilometers just to reach a basic healthcare facility — often walking or depending on infrequent public transportation. For seniors, this travel isn't just inconvenient — it's a serious barrier that can lead to neglect or avoidable suffering. With Aura's app, the clinic comes to the community. Eye images can be captured on the spot and processed instantly. There's no waiting, no queueing, and no repeated visits. People flagged with cataracts can be prioritized for treatment quickly and efficiently.

Impact: Families save time, income, and effort — while the healthcare system becomes more proactive and less reactive.

Long-Term Transformation: A National Model

Aura's model is not just a short-term fix. It's a blueprint for nationwide change:

- Policy Support: Scalable solutions like this can support government health missions like the National Programme for Control of Blindness & Visual Impairment (NPCBVI).
- Training & Employment: Community volunteers can be trained and certified, creating local employment opportunities within healthcare ecosystems.
- Data Insights: With anonymized and consent-based data, public health bodies can gain better epidemiological insight into regional health trends — guiding resource allocation and policy.

Conclusion: The Power of Purpose-Led Innovation

By bridging technology with compassion, Aura has unlocked a solution that not only saves sight but restores dignity to millions. This is healthcare that is inclusive, intelligent, and inspiring — and it's just the beginning of Aura's larger mission to bring real-world solutions to life where they're needed most.

A Vision for the Future

At Aura, innovation is never an isolated endeavor. This cataract screening initiative is not just a healthcare project — it is a blueprint for how technology, empathy, and systemic thinking can converge to solve society's most urgent challenges. By tackling preventable blindness through accessible digital tools, Aura is demonstrating how scalable, tech-enabled solutions can drive sustainable, population-level health improvements. This project exemplifies our integrated, human-centered approach to problem-solving. We do not stop at providing technology; we embed it in ecosystems that include healthcare professionals, local governments, field volunteers, and data scientists. Every stakeholder plays a role in delivering real outcomes — and those outcomes are measurable, meaningful, and life-changing.

The vision is bold but simple: A world where no one goes blind due to lack of access. A world where communities — regardless of geography or income — can rely on smart, trusted tools to safeguard their health and dignity. By enabling early detection of cataracts through something as ubiquitous as a smartphone, Aura is reducing the burden on overcrowded hospitals, empowering community health workers, and most importantly, preserving vision and quality of life for millions of elderly citizens. These individuals are not just patients — they are parents, workers, mentors, and cultural stewards. Helping them see again is helping entire communities thrive.

Aura's Purpose in Action

This project reinforces Aura's foundational mission:
To build trust in society and solve important problems.

- We solve real-world issues, not in isolation but through collaboration and systems thinking.
- We operate at the intersection of technology, purpose, and policy, offering not just tools but the frameworks to use them responsibly.
- We prioritize long-term transformation over short-term metrics, aligning our success with human progress.

This is how we ensure our work is not just innovative — but impactful.

Explore Our Transformation Services in India

Aura delivers tech-enabled, purpose-driven solutions that help organizations, governments, and grassroots communities become resilient, adaptive, and fit for the future. From public health to education, agriculture to sustainability — our India practice focuses on scalable innovation that uplifts people and strengthens systems.

- Strategic advisory and program design
- Technology integration for public and private sector use
- Data-driven insight platforms for decision-making
- Capacity building for government and local stakeholders

We don't just consult — we collaborate, co-create, and build durable pathways to progress.

Dive Into Our Success Stories

This cataract screening initiative is just one example of how Aura works hand-in-hand with clients to turn complex challenges into breakthrough solutions. Across sectors, we are helping institutions:

- Improve citizen outcomes
- Enhance operational capacity
- Reach underserved populations
- Create measurable, lasting impact

Our work is not just about solving problems — it's about unlocking the full potential of systems, people, and purpose.

At Aura, we see the future clearly — and we're building it one transformative solution at a time.