



Digitizing Home Health Care in Pakistan



Problems in home healthcare are at 4 Major Ends

**1. At Patients End
(Costly)**

**2. At Nurses/
Physiotherapists End**

**Home Healthcare
Problems in Pakistan**

**3. At Referring Doctor's
End (Commission
Problem)**

**4. At Documentation &
Data Record End**



Problems are at 4 Major Ends

- Costly & Expensive

1. At Patient's End

2. At Physiotherapist or Nurse End

- Unfair Logistics consumes their Time and Energy

4. At Documentation and Data End

3. At Referring Physician's End

- No Data
- No Oversight
- No Regulation

- No Referral Commission as promised
- Poor updates on patients



Problems at 4 Major Ends (explained)

1. At Patient's End (Costly)	2. At Provider's End (Nurse/Physiotherapist)	3. At Referring Doctor's End (Commission Problem)	4. At Documentation & Data Record End
<ul style="list-style-type: none">• The patients are suffering from costly home health and unmonitored, undocumented home visits.• Fees are inflated due to long travel distances of providers.• This results in patients drop out of care early.	<ul style="list-style-type: none">• The physiotherapists and Nurses usually face unfair logistics (cost of fuel).• In addition, there is no digital platform to document their home visits and clinical progress report	<p>When a physician, a senior physiotherapist, senior nurse, a home healthcare agency or clinic refers the patient for home physiotherapy or nursing care on commission basis, they don't get timely updates and commission.</p>	<p>There is no documentation and home visits data.</p> <p>Patient logs, vitals, outcomes, and follow-ups go completely unrecorded.</p>



WHAT DOES XWELL HEALTH DO?

Solution →



Finds nearby Nurse/ Physiotherapist (Male or Female)

Commission Referral System for the Referring Physician.

Centralized Health Data Hub for Home Care

Uber

iD inDrive



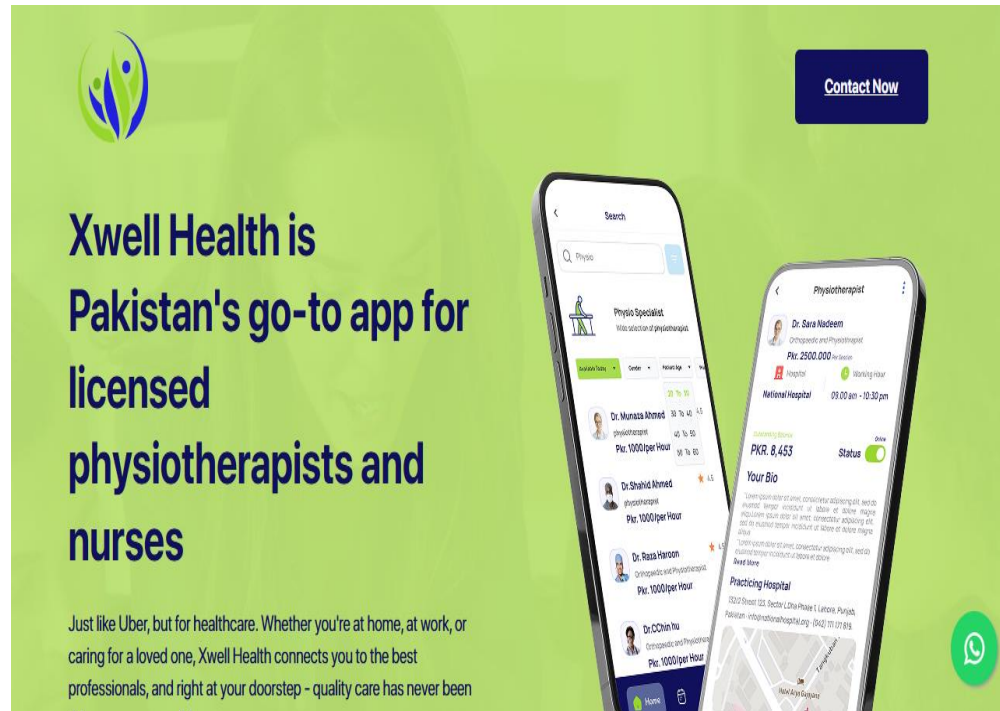
Solution:

1. At Patient's End	2. At Provider's End (Nurse/ Physiotherapist)	3. At Referring Doctor's End	4. At Documentation & Data Record End
Xwell Health will provide them with Affordable, Instant (geo-matching), and quality-assured care.	In this case Xwell Health Pakistan will provide More earning opportunities, reduced travel burnout, and a digital practice toolkit.	In this case Xwell Health Pakistan will provide a <u>SAAS solution</u> to referring physicians and clinics (A digital referral system that manages commissions and patients progress updates).	In this case Xwell Health Pakistan will Create <u>Pakistan's first structured data hub</u> for home healthcare, enabling research and regulation.

Digitizing Home Healthcare in Pakistan

Xwell Health has 2 Platforms

- **Website**



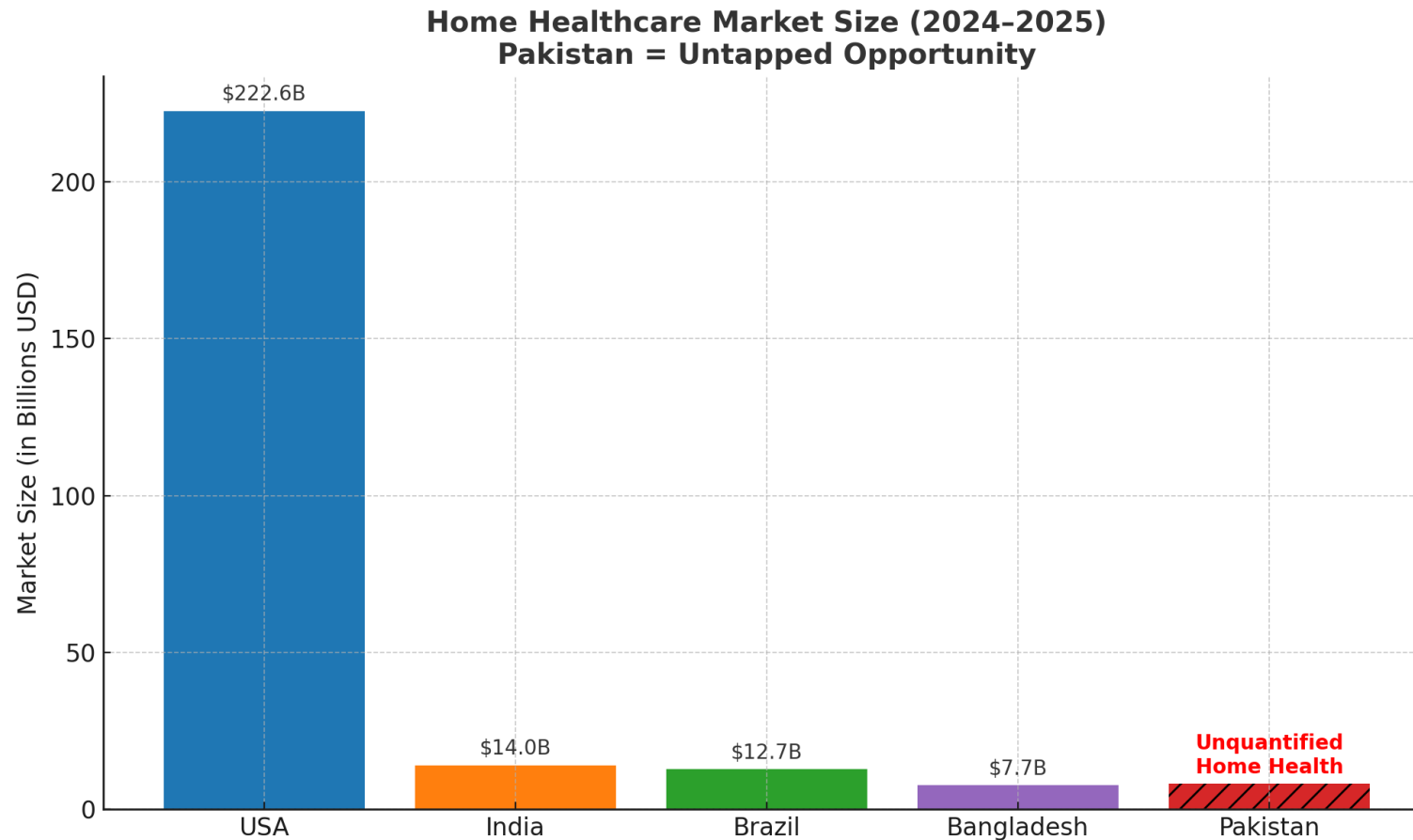
- **Mobile Application**



Home Healthcare Market Size (2024–2025)

Country	Home Healthcare Market Size (2024–2025)
USA 340 million people	\$222.6B in 2025
India 1.45 billion people	\$14.0 billion in 2024; proj. approximately \$64.4 billion by 2033 CAGR of about 16.5%
Pakistan (overall healthcare market) 255.7 million people	\$8.1 billion in 2025
Brazil 212.6 million people	\$12.73B (2024); proj. \$23.65B by 2030
Bangladesh 173.6 million people	Part of \$7.66B (2025, all providers)

Pakistan: The Next Multi-Billion Dollar Home Healthcare Market – Unregulated and Untapped.



Forces Driving Home Healthcare in Pakistan

□ Demand & Demographics

- Rapid ageing: 42.8M older adults by 2050 (12.4% population)
- Chronic disease burden: 58% of deaths from NCDs (diabetes, CVD, etc.)

□ Digital & Payment Rails

- 137M+ mobile broadband users (~57% penetration)
- Raast: 197M+ instant transactions per quarter (FY24)
- easypaisa (50M users) & JazzCash (20M MAUs) enable digital payouts

□ Care-Model Shifts

- Telehealth adoption (e.g., Sehat Kahani) proves digital care behavior
- Patients accustomed to remote consults & EHR notes

⚙ Technology Enablers

- Geo-fenced matching & routing reduces travel costs
- At-home monitoring devices (BP, glucose, SpO₂) on the rise
- Automated referral-share splits via digital payments

□ Macro Forces

- Urban congestion & inflation → patients prefer affordable home care
- 81% population covered by 3G/4G; >95% sites on 4G LTE

→ **Pakistan's Home Healthcare: Digital-ready, Demand-driven, Untapped Opportunity**

Competition: First-Mover Advantage in Pakistan's Untapped Home Healthcare Market

Direct and indirect competitors	Why no one has done it/ Defensibility	Competitive advantage
<p><u>Direct competitors</u></p> <ul style="list-style-type: none"> • Hospitals' own referral networks • Traditional Home Healthcare Agencies → Fragmented & undocumented <p><u>Indirect competitors</u></p> <ul style="list-style-type: none"> • Sehat Kahani, Oladoc, Marham → focus mainly on teleconsultation, not targeting problems being faced in home healthcare. 	<ul style="list-style-type: none"> • It is not easy to enter as the market is Fragmented and not governed centrally by technology • No one has built an end-to-end platform that covers patients, providers and physicians with transparent incentives. • Multi-Sided Market Challenge: Requires simultaneously acquiring patients, providers, and physicians 	<p>We are uniquely positioned to succeed because:</p> <ul style="list-style-type: none"> • Domain expertise • Affordable care via geo-matching (unique Uber-style model for healthcare). • Our real-time update and automated commission system for referring physicians would be difficult to replicate • First structured data hub for home healthcare in Pakistan • Scalable with digital marketing, hospitals & clinics → beyond telehealth apps.

Go-to-Market Strategy: From launch to scaling

What We're Selling & To Whom:

- **To patients**: We are selling **affordable and quality** home healthcare, Targeted audience: Middle Class patients Seeking post-operative, elderly, or chronic care at home or female-specific care.
- **To providers**: Digitally managed, scheduled and nearby patients and data to nurses and PTs
- **To Physicians & Clinics**: **SAAS solution** , a digital referral system that will manage their commission and patients home care data and clinical progress report.

- **Phase 1: Launch & Traction (Months 1-3)**

- **B2B (SAAS- Platform)**

- We will reach out to partner with clinics and physicians.
 - We will offer them service that they shift their home visits through our app. We will handle their commission & patient progress report.
 - **Goal:** Onboard 20+ Referring Physicians/ Senior Physiotherapists/ Senior Nurses/ Clinics/ Home care agencies
 - **Location:** Lahore

- **Phase 2: Virality and digital marketing, directly to patients(Months 6 - 12)**

- **B2C**

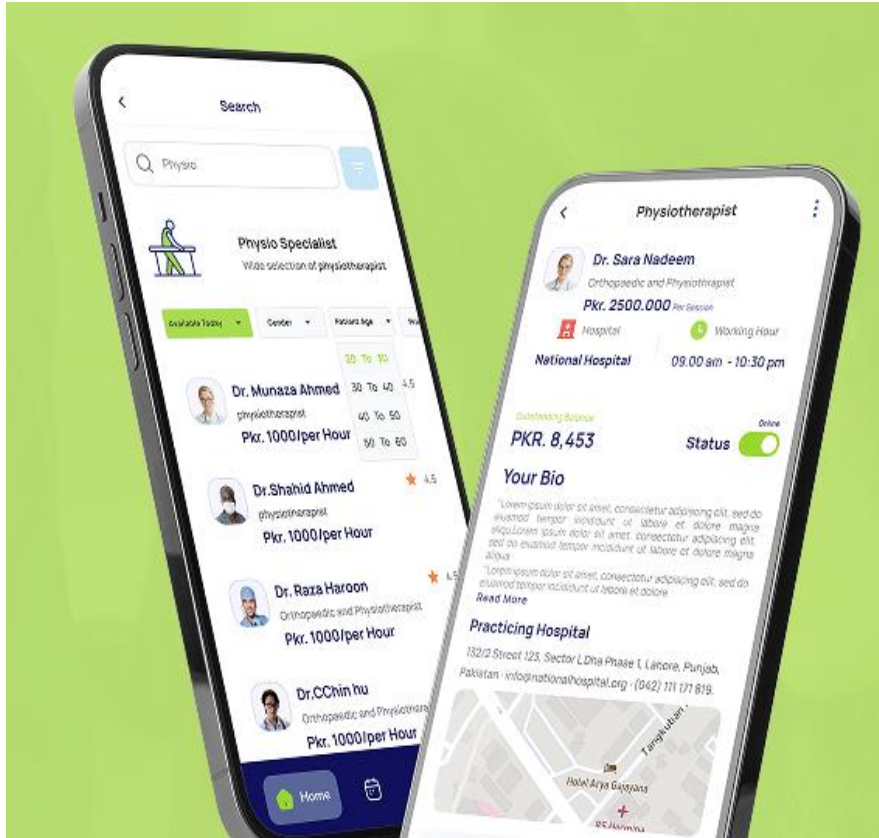
- This is virality plan through marketing when we will plan to reach the patients directly
 - **Location:** Lahore
 - **Goal:** Onboard 500+ patients.

- **Phase 3: National Expansion (Months 12 - 24)**
- **Expansion:** Expand to Islamabad/Rawalpindi and Karachi.
- Strengthen physician referral & partner network
- **Sales:** Build a small sales team to manage key hospital and clinic accounts.
- **Phase 4: Global Expansion (Year 2+)**
- Target high-growth markets with similar structural gaps
- Replicate model in
 - **South Asia (India, Bangladesh), Egypt, Middle East, Saudi Arabia & Indonesia, Philippines, Africa (Nigeria & Kenya), Latin America (Mexico & Colombia)**

How we will reach

- **B2B:** Partnerships with Physician, hospitals, clinics, and home care agencies networks.
- **B2C:** Digital marketing (Meta, Google Ads), patient stories, awareness campaigns on back pain, post-surgery rehab, elderly care.
- **Community:** WhatsApp groups, local health forums, women's health associations, social media influencers
- **Promotion Channels**
 - Social media (Facebook, Instagram, TikTok, LinkedIn).
 - Physician referral programs
 - Partnerships with diagnostic labs, pharmacies, and homecare equipment vendors.

Product



- **For patients:** 1-click request finding geo-matching (reduce travel cost) & gender-specific nearby home healthcare service provider (physiotherapist/ nurse/ nursing aid)
- Track & Manage **commissions & referral system** for Referring Physicians and clinics
- In-app documentation: Patient **logs and clinical progress data**

- **Product Architecture – One App, Three Fronts**

- **Xwell Health runs on a single unified application** with three distinct user fronts.
- **Patient Front:** Patients can quickly and easily sign up via **Google API integration**
- **Provider Front (Physiotherapists & Nurses):** sign up and submit credentials, which are verified and approved via the **admin panel**
- **Partner Front (Referring Physicians & Clinics):** Similar to providers

Business model: Dual-Stream Revenue model

Stream	Target audience	Who Pays Xwell	Xwell Take	Xwell Value Proposition
1. SAAS Platform (B2B)	Physicians/ Home Healthcare Agencies	Physicians/ Home Healthcare Agencies	10% on the commission/home visit tracked	Digital back-office, automated commission splitting, patient data, and visit logs.
2. Direct-to-Provider (B2C)	Patients	Home healthcare service providers	20% on 1st visit, then Rs50/visit	Lead generation and patient matching

Financial Snapshot

- **B2B SaaS Stream (Partners):** 10% platform fee on all transactions managed for Physicians, Agencies, and Clinics.
- **B2C Marketplace Stream (Providers):** On patient's first direct booking, Nurse/Physiotherapist will be charged 20% of the fee, then a flat Rs50 fee on all repeats.

First Year Revenue Prediction:

- **Best Case:**
 - Strong partner onboarding (100), healthy organic patient growth
- **Realistic Case:**
 - Attainable target with 50 partners
- **Worst Case:**
 - If outreach or partner onboarding moves slowly
- Assumptions:
 - 25 visits/partner/month, on avg 4 sessions/patient, PKR 2 000 fee.

Financial Snapshot (FIRST YEAR)

<u>Scenario</u>	<u>B2b (SAAS)</u> Partners Onboarded (first year)	Partner visits/year (total)	Xwell partner revenue (PKR)	<u>B2C</u> Direct patients	Xwell direct revenue (PKR)	Total Revenue (PKR)
Best	100	$100 \times 300 = 30,000$	$30,000 \times 40 = 1,200,000$	5000	$5\,000 \times 550$ PKR = 2,750,000	3.95 M
Realistic	50	$50 \times 300 = 15,000$	$15,000 \times 40 = 600,000$	2000	$2\,000 \times 550$ PKR = 1,100,000	1.7 M
Worst	20	$20 \times 300 = 6,000$	$6,000 \times 40 = 240,000$	1000	$1\,000 \times 550$ PKR = 550,000	0.79 M

Financial Snapshot → 3-Year Forecast

Year	Patients Served	Partner Clinics / Agencies	Annual Revenue	Net Income (after marketing, hosting & support)
Year 2 (City Expansion)	10 000	50	50 million (30 M B2B + 20 M B2C)	5 – 10 M profit
Year 3 (Multi-City Scale)	40 000	150+	200 million (120 M B2B + 80 M B2C)	40 – 60 M profit

Capital Requirements

- **Phase 1&2 (Pre-Seed)**
- **Funding Ask: PKR 7.5 million (USD 25,000)**
- **Equity offering: 10%**
- **This is for 6 - 8 Month Runway to Dominate Lahore & Prepare to Scale on National Level**

Segments Breakdown	Amount (PKR)	Notes
MVP Improvements & Feature Completion	2,500,000	Finalize provider, physician portals, payment & referral logic, UI &UX.
Admin & Verification / Compliance	700,000	License verification, terms/privacy, legal setup and teaching
Marketing & User Acquisition	1,500,000	Digital ads, content, physician/clinic outreach, branding.
Partner Onboarding & Support	800,000	Hiring support team, partner clinic & physician agreements.
Infrastructure & Hosting	500,000	Servers, domain, app store fees, hosting, scaling infrastructure.
Operational Costs (3-4 months)	700,000	Salaries, admin, customer support, tools.
Contingency Fund (10%)	300,000	For unexpected costs, bug fixes, extra marketing.

Pre-Money Valuation: \$250,000

- This valuation reflects our MVP, deep domain expertise, proprietary technology, and clear path to capturing Pakistan's \$500M+ home healthcare market as well as replicable model for other countries:
 - **South Asia (India, Bangladesh), Egypt, Middle East, Saudi Arabia & Indonesia, Philippines, Africa (Nigeria & Kenya), Latin America (Mexico & Colombia)**

Team →



- **Deep Domain Expertise to Execute Pakistan's Home Healthcare Revolution**
- **Founder & CEO - Dr. Muhammad Umair Javaid**
 - Master's in Physiotherapy (2016).
 - 10+ years of direct experience in **Home Healthcare Physiotherapy**.
 - Deep market knowledge: firsthand exposure to patient pain points, provider burnout, and referral challenges.
- **Co-founder & Chief Quality Officer - Dr. Haleema Shoukat**
 - Ph.D. in Physiotherapy
 - 15 years of experience
 - Focused on patient care quality assurance, provider training, and compliance.

Thank You