



# The operating platform for modern pharmacies.

Keally Care brings the core operations of a community pharmacy into one connected platform.

● PRE-SEED · BOOTSTRAPPED · NIGERIA

**Keally Technologies Limited**

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## THE PROBLEM

# Already digitised. Just not connected.

Community pharmacies are not short of software. They are short of anything that joins it up — which is why all six of these are in use at once, in the same shop, on the same day.

### POS

Sales recorded in one system

### Spreadsheets

Stock, expiry and pricing tracked separately

### Paper

Treatment and follow-up in notebooks

### WhatsApp

Customer contact, untracked and personal

### Cash book

Reconciliation done by hand at close

### Memory

Who corrected what, and why, is unrecorded

**And the pharmacy already has years of history in the system it uses today.**

*“What happens to everything we already have?” is the first question every owner asks — and the reason most switching conversations end.*

# Built to record a sale. Not to run a pharmacy.

## What today's tools do

- Record the transaction
- Count stock, eventually
- Report last month, in a spreadsheet
- Treat the customer as a line item
- Leave corrections untraceable
- Assume one site, one till

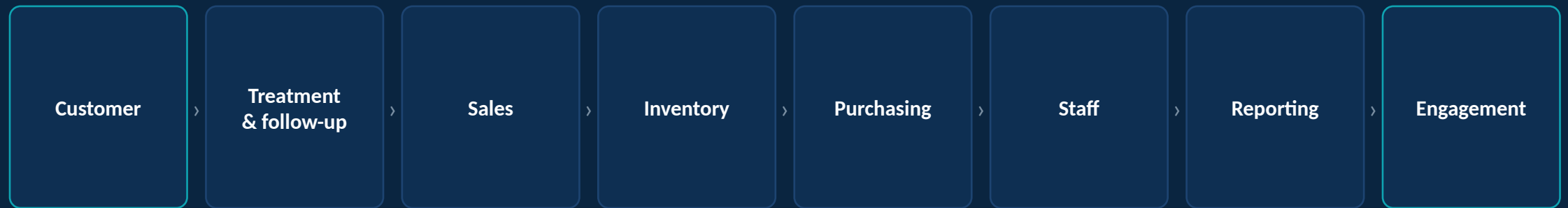
## What a pharmacy actually needs

- Follow treatment after the customer leaves
- Catch expiry while stock can still be sold
- Show today's position at the counter
- Hold a customer record that carries forward
- Require approval before anything changes
- Work across branches, roles and staff

*The gap is not features. It is that the operational layers of a pharmacy are not connected to each other.*

## THE SOLUTION

# Keally Care connects the operating layers of the pharmacy.



Not another system to add. The layer that connects the ones already there.

### 1 Care that continues

The visit that never happened is caught the same day, not at the end of the course.

### 2 Stock that is accounted for

Batches, expiry and write-offs that require approval before anything moves.

### 3 A figure the owner trusts

Takings, margin, losses and running costs reconciled to a daily close.

# Prototype complete. Specification written. Ready to build.

## Care

Customers and consent

Treatment plans and follow-up

Refill scheduling

WhatsApp reminders

## Operations

Inventory, batches, expiry

Purchasing and suppliers

Sales and payment recording

Barcode / QR scanning and printing

## Control

Roles and per-person permissions

Write-off request and approval

Corrections requiring sign-off

Day close and cash reconciliation

## Visibility

Operating costs and profitability

Multi-branch reporting

Append-only audit trail

Data migration and onboarding

A working interactive prototype covers this scope end to end, in a protected environment. A 58-section product requirements document specifies it for production build.

# Pharmacies should not have to leave their history behind.



Today: EXPORT → TRANSFORM → VALIDATE → IMPORT

Over time: CONNECT → MAP → VALIDATE → SYNC

## Why it matters commercially

Existing data is the single largest barrier to switching. Removing it is the wedge, not a feature.

## What we are building

A repeatable migration framework that supports progressively more systems — not one-click import from every POS.

## What it must get right

Opening balances typed separately from trading, so a migration never appears as a month of phantom purchases.

*"We don't ask pharmacies to leave their history behind. We help them bring it with them."*

# Built from inside a pharmacy, not from market research.

## 1 Founder-market fit

A practising pharmacist who founded and runs a community pharmacy, with eight years in healthcare

A product and technology co-founder with an engineering, operations and transformation background

Domain knowledge and execution capability inside the same company, not hired in

## 2 A real validation environment

Founder-connected pharmacy pilot environment at Duacare Pharmacy

Real workflows, real staff participation, real operational feedback

Baseline measurement captured before deployment, not after

## 3 Evidence of execution

Company incorporated; IP assignment and agreements in progress

Working prototype and a 58-section product specification

24-month roadmap with revenue-gated stages and a data-protection framework

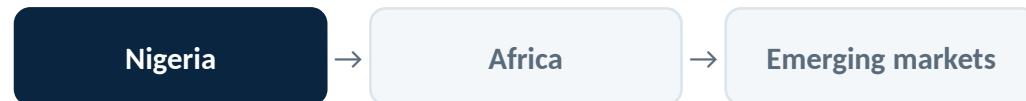
*Duacare Pharmacy is a founder-connected pilot environment, not a paying customer. Commercial validation is what the pilot is designed to test.*

# Start narrow. Community pharmacy in Nigeria.

## Beachhead

- Independent community pharmacies in Nigeria
- Single-site owners first, then small multi-branch groups
- Chosen because the operational pain is sharpest and the buyer is the owner

## Expansion path



Market sizing is deliberately not asserted here. We will cite sources when we have them rather than estimate.

## Business model — working hypothesis

### SaaS subscription

Per pharmacy, per location, billed monthly

### Tiered by scale

Branches and active customer volume

### Onboarding and migration

Optional paid service for complex moves

### Ecosystem revenue, later

Only once the platform earns it

*Pricing is not yet validated. Testing it is an explicit objective of the pilot.*

# Prove it in one pharmacy. Then make it repeatable.

## 1 Pilot

Deploy into the founder-connected pharmacy environment and run it daily

## 2 Migrate

Move a real pharmacy off its existing system and measure the friction

## 3 Validate

Test workflows, pricing and onboarding effort against a pre-Keally baseline

## 4 Convert

Turn validated pilots into the first paying pharmacies

## 5 Refer

Grow through pharmacy networks and word of mouth, which cost time not capital

## 6 Repeat

Codify onboarding into a playbook a new pharmacy can follow without a developer

*The first pharmacy is access. The second is evidence. The tenth is a business.*

# From prototype to commercial validation.

## Now

### COMPLETE

- Company incorporated
- Working prototype
- Product requirements v1.0
- Brand, domain and site live

## Next

### IN PROGRESS → BUILD

- Production architecture
- Secure multi-tenant backend
- Authentication and permissions
- Migration engine
- Pilot deployment

## Then

### REVENUE-GATED

- First commercial pharmacies
- Retention and unit economics
- POS and supplier integrations
- Additional African markets

Later stages are gated on revenue, not on the calendar. A stage begins when the one before it has paid for it.

# Technology and pharmacy, in the same company.

## Olawale Ajayi

### Co-Founder — Product & Strategy

Engineer and technology professional with experience across engineering, operations, digital transformation and process improvement.

Leads product vision, business strategy, technology direction and execution. Saw a fragmented operational problem through direct exposure to pharmacy operations and treated it as a systems problem.

*Funding the initial development and validation phase personally.*

## Pharm. Ijeoma Ajayi

### Co-Founder — Pharmacy Product Lead

Pharmacist and Community & Public Health professional. Eight years in healthcare; founder and Chief Pharmacist of Duacare Pharmacy for four years.

Leads pharmacy-domain strategy and product validation — translating real community pharmacy workflows, customer needs and operational requirements into the platform. Supports product design, pilot implementation, workflow testing and early market development.

### DUACARE PHARMACY — FOUNDER'S OPERATING TRACK RECORD

*Not Keally revenue.*

~~₦~~30m

2023



> ~~₦~~80m

2025



> ~~₦~~100m

2026 projected

*Annual revenue of the pharmacy she founded and runs.*

### Where the team is thin

No in-house engineering yet. A 20% founding-team pool on four-year vesting is reserved for early contributors, including a technical co-founder.

*Technology and product on one side, pharmacy practice and operations on the other — with direct access to a real pharmacy environment for validation.*

# Bootstrapping the company. Accelerating through access.

Keally's founder is funding the initial development and validation phase. At this stage our biggest constraints are not capital — they are engineering capacity, market access, technical infrastructure and experienced guidance.

01

## Build

Experienced developers, technical mentors, engineering community, and a potential technical co-founder

02

## Access

Introductions to community pharmacies, pharmacy groups, associations and healthcare operators for pilot deployment

03

## Tools

Cloud and SaaS credits, developer platforms, security, analytics, testing and monitoring infrastructure

04

## Expertise

SaaS pricing, B2B sales, pharmacy workflow, regulatory and data-protection guidance

05

## Network

Founders, operators, healthcare technology entrepreneurs and strategic partners across the African ecosystem

**Capital can come later, when Keally has demonstrated repeatable commercial traction.**

Right now we are focused on proving that we can build it, deploy it into a real pharmacy, and scale it.

# Keally is at the transition point.



## Engineering is the bottleneck

A specification and a prototype exist. Turning them into production software is a capacity problem, and the programme's developer network solves it faster than a job advert.

## Pharmacy access compounds

Every additional pharmacy introduction shortens the path from one validation environment to a repeatable commercial pattern.

## Credits extend the runway

Bootstrapped, infrastructure cost is a real constraint. Cloud and tooling credits convert directly into months of development.

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