

## reach52's Implementation Model: Improving health access for rural communities

reach52 is dedicated to improving health access for rural populations of LMICs. To support this work, we rely on partnerships with established community-based organizations, to help us co-implement our healthcare access services and extend our impact into new geographic areas. We understand that local orgs are experts in their communities, having the relationships and trust required to make innovative community interventions successful.

The reach52 model can be integrated as an addition to an organization's existing community initiatives, bolting on to current projects. The tech solution provided by reach52 works to digitise networks of community health workers, allowing them to easily collect and access individual-level health and demographic data on beneficiaries in their catchment area. Alongside this, the facilitation of a rural marketplace of health-supporting goods and services provides a sustainable revenue stream.

Implementing the reach52 model involves project set-up, followed by 3 phases:

**Set-up phase:** During the set-up phase, community-embedded peer workers are identified, upskilled, and provided with reach52's mobile Android application. These peer workers can be existing Community Health Workers, or individuals living in the partner-community who are already engaged in leading programming with the partner organization. Termed '**Marketplace Area Managers**' (MAMs), this network of workers serves as the public face of our work.



reach52 brings:	Partner organization brings:
<ul style="list-style-type: none"> <li>• <b>Expertise in digital and offline health solutions where access and affordability are barriers to universal healthcare</b></li> <li>• <b>Financial resources for project start-up</b></li> <li>• <b>External partners in pharma, diagnostic and insurance offering affordable products</b></li> <li>• <b>Award-winning digital tools for community engagement and health worker training</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Established local presence, including relationships with health systems and valuable insights</b></li> <li>• <b>The trust of community members</b></li> <li>• <b>Knowledgeable and passionate senior leadership team, with extensive experience and networks into health systems</b></li> <li>• <b>Existing, complimentary programs that can be augmented and extended</b></li> </ul>



*Improved health outcomes and economic resilience for hard-to-reach communities  
 Data collection to drive insights for targeted health programs and interventions  
 Digital health capabilities built into existing models and teams  
 New sustainable revenue streams for partners*

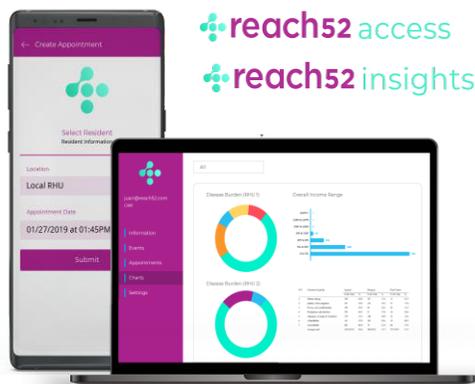
### Target communities

As a sustainable social business model, reach52 implements in rural communities where residents earn an average income of \$3-8/day. We are seeking to engage households in the 'missing middle', who are earning just a bit too much to qualify for government social protection schemes, yet still face significant health access barriers. Beneficiaries should also be living a significant distance from existing health and financial services, such as clinics, pharmacies and MFI branches.

### Results-based funding

reach52 supports our growth partners through a result-based funding model. Unlike traditional grant-based funders, we fund our partners for specific outputs achieved, according to pre-agreed fees. This approach provides partners with sustainable, scalable funding, and incentivizes impact. Funding outputs will vary based on partner and geography, but may include compensation for activities such as:

- Each local resident onboarded to eHealth platform
- Each health worker trained
- Each health screening delivered
- Each health promotion engagement



Collecting data on needs, providing insights, building digital primary care



Ordering products and services, payments, managing last-mile supply chain



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## reach52 partnership FAQ:

### Q: How does reach52 fund our growth partners?

A: reach52 provides results-based funding to our partners. Unlike traditional upfront grant funding, reach52 compensates when partners meet specific project outputs, such as beneficiary registrations.

### Q: Which geographic areas are reach52 targeting for expansion?

A: We are interested in exploring potential implementations in Kenya, Indonesia, India, Philippines and Cambodia

### Q: What is the ideal profile of a reach52 beneficiary?

A: reach52's health access model is designed to impact individuals living in rural areas of LMICs who face financial and geographic challenges accessing health products and services, yet are not impoverished enough to qualify for government programs. They typically earn \$3 – 8 USD per day and live 1+ hour from a clinic or hospital.

### Q: How is this model funded?

A: This model is designed to achieve sustainability through a social business approach. Most of reach52's revenue is generated through the sale of B2B consulting projects, with a small margin coming from the sale of products/services through the B2C marketplace. The size of funding from reach52 to implementation partners varies depending on services provided.

### Q: What languages is the tech platform available in?

A: We currently support English; Hiligaynon; Khmer; and Kannada. Additional languages can be easily added by reach52. The technical process can be completed in 3-4 weeks.

### Q: How does reach52 collect and use personal health data?

A: Personal health data are collected to inform the development and implementation of interventions. A process of informed consent is built into our apps and included as part of our trainings. Data are stored and managed in accordance with national regulations (or Singapore's Personal Data Protection Act in jurisdictions lacking regulation). Individual-level data are never sold or monetized.