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 or social-minded 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 organisation. Termed reach52 agents, this network of workers serves as the public face of our work.

Phase 1:Community research, and resident onboarding

We first seek to learn more about the various health status of people living in the partner-communities. reach52 agents gather data about residents through community events and door-to-door efforts using reach52 Access application.

This provides important insights, while also onboarding individual residents to our platform. Alongside this, we also conduct qualitative research, comprised of interviews and focus groups, to provide a deeper understanding of local healthcare needs and barriers, which we can then help solve.

Phase 2: Marketplace launch and implementation

reach52 agents begin the work of launching a last-mile marketplace of affordable health services. Through partnerships with private sector suppliers, reach52 offers a marketplace of medicines; micro-insurance policies; and consumer health products.

Products are sold and fulfilled by reach52 agents, supported by our eCommerce platform and last-mile logistics solution. Prices are typically lower than existing channels. Products are delivered directly to rural residents with a goal of reducing out-of-pocket health expenses. Small margins on each order are shared between reach52 agents; partner organizations; and reach52, creating a sustainable revenue channel.

Phase 3: Targeted health services

Once a suitable network of reach52 agents are operational, and residents have been onboarded, reach52 and the partner organization work to co- develop interventions to respond to local health issues and barriers identified in Phase 1.

A variety of outside funding sources are considered, including open calls, and existing relationships with the private sector in support of their CSR, sustainability and/or access goals.

reach52 brings:	Partner brings:
• Expertise in digital and offline health solutions where access and affordability are barriers to • universal healthcare • Financial resources for project start-up • External partners in pharma, diagnostic and insurance offering affordable products Award-winning digital tools for community engagement and health worker training	• Established local presence, including relationships with health systems and valuable insights • The trust of community members • Knowledgeable and passionate senior leadership team, with extensive experience and networks • into health systems Existing, complimentary programs that can be augmented and extended

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

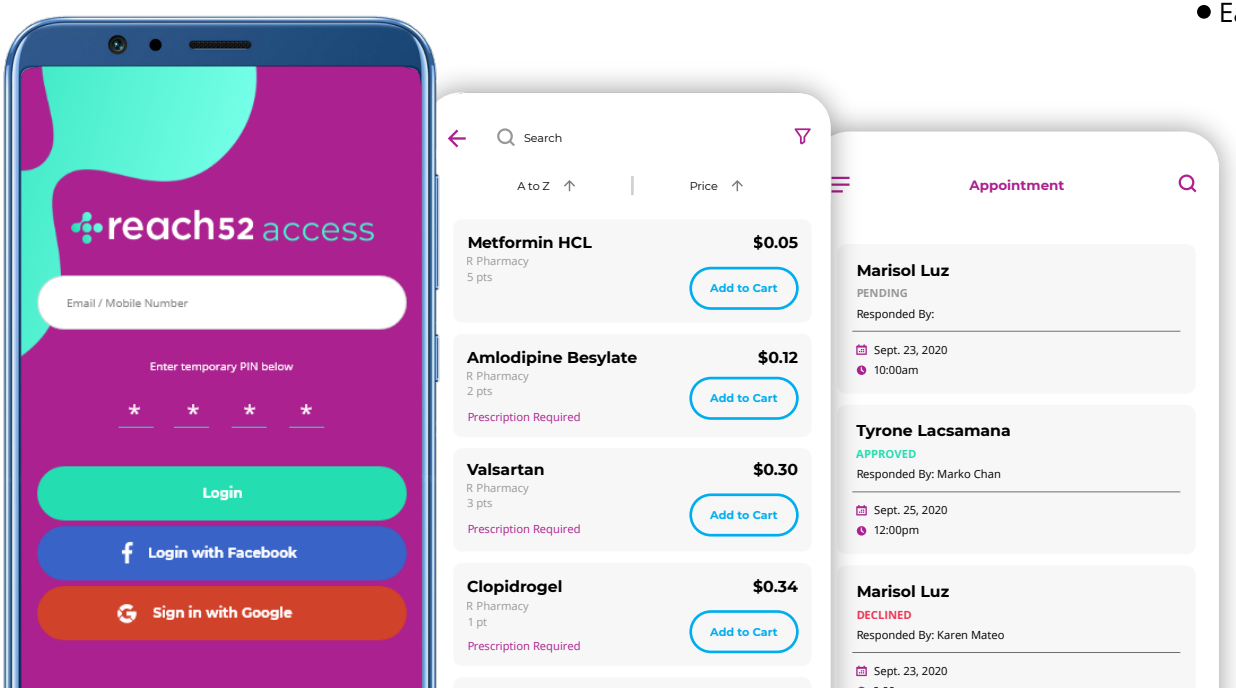
Target communities

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 protec- tion 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



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; Kannada; Bahasa and Swahili. 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.