



Healthy
Entrepreneurs



2018

SCALING SUSTAINABLE ENTREPRENEURSHIP

ANNUAL REPORT



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Scaling Sustainable Entrepreneurship

The year 2018 was a notable year for Healthy Entrepreneurs. In the year 2018, innovation, scale and operational excellence as our primary focus.

Around 600 million people in Sub-Saharan Africa live in such remote and rural areas where access to high-quality, low-cost, clinical-based primary care is minimal. Having to walk for hours or even days to reach the nearest health centre is only too real for them. Hosting 15% of the world's population Sub Saharan Africa faces almost 25% of all health/illness-related issues. These have to be countered with only 3% of the world's medically trained professionals and 2% of the financial means spent on health care globally (Kaleidos Research 2015).

Improving access to high-quality, low-cost information, services and medicines at the community level or primary care and investing in community health workers is seen as very cost-effective, mainly in increasing children's health (USAID 2018). Each \$1 invested in community health workers, can have a return of \$10 due to an increase in productivity of a healthier population, the potential decreased risk of disasters, such as Ebola, and the economic impact of an increase in employment; more people are working, generate an income and are, when needed, able to buy health products or services (USAID, 2015).

However, efforts to create cadres of community health workers have reached a limited scale;

- Lack of government budget and competing priorities results in only 13% of the CHWs in Sub-Saharan Africa receive some form of payment (Taylor. C 2018).
- It takes governments and NGOs quite a long time to develop adequate programs, set up reliable and effective distribution channels and recruit and adequately train health workers.
- Structured evaluation of models for managing community-level healthcare is limited resulting in limited insights into the effectivity of healthcare interventions and models

Healthy Entrepreneurs believes entrepreneurship is the sustainable solution to offer healthcare access to the most remote areas of Africa., if the solution can be offered at scale.

In 2018, we scaled the operations in Kenya and Uganda and worked much on quality improvement of the operation. We show countries, governments and organisations that HE can reach an effective and long-lasting impact on large scale. In the most rural and remote areas we deliver trusted and affordable healthcare access and education.



The year in review; 2018

Throughout 2018, we equipped 1492 new frontline health workers to become a Healthy Entrepreneur. We provided them with health training, starter kit and tablet ensuring they could provide better high-quality care in their village.

At the end of 2018, HE has on-boarded and trained more than 4000 micro-entrepreneurs (78% women) in 5 countries. We have created 55% cost savings on essential health for more than 4,500,000 customers, sold more than 16 million impact products at 15% lower price and create 100% income increase of income for all micro-entrepreneurs active

1. We have created jobs for more than 4000 entrepreneurs (85% are women)
2. 6.000.000 people in rural areas of Uganda, Kenya, Tanzania and Ghana have access to basic health care
3. A complete basket of over 100 curative and preventative products continuously available at the HE warehouse
4. Over 125 educational videos to consult the community.
5. Tested the innovation; Doctor at a Distance

IMPACT

1. Customer adopt healthy behaviours when health information and curative and preventative products are available
2. Our work contributes to the well-functioning of the formal national health care system
 - a. We provide health care where these would otherwise be none
 - b. We provide availability of health care products
 - c. Our CHEs refer to neighbouring health facilities
 - d. In all areas we work, we collaborate with the Ministry of Health
3. Our intervention directly contribute to Sustainable Development goals
4. Our interventions are more cost-efficient than any other solution offered in the market
5. Research has shown that regular supplies of health commodities lead to a 17-25% reduction in market prices
6. Research has shown that our entrepreneurs have increased their income twofold or more since they have started as an entrepreneur



Who we are

GENERAL INTRODUCTION OF HEALTHY ENTREPRENEURS

Healthy Entrepreneurs (HE) is a social enterprise that manages a fully integrated end-to-end supply chain to deliver affordable and reliable health products and services to the most impoverished families living in rural areas via a network of trained micro-entrepreneurs. HE's product basket targets the health of children under-5 years with products like anti-malaria medications, zinc and oral rehydration salts, as well as sexual and reproductive health and rights for women and adolescent girls with items such as sanitary pads, condoms, and contraception. Through HE's entrepreneurial micro-franchise model for delivery of basic health in remote areas, access to health care and reduced poverty go hand-in-hand. Selected health workers are trained and contracted as 'community health entrepreneurs' (CHEs). These CHEs provide trusted and targeted health information to their communities, using best-in-class digital aids built from World Health Organization (WHO) and UNICEF content. They also enable convenient, door-to-door and regular access to a wide range of affordable, high-quality health products, such as personal hygiene products, water filters, vitamins, and essential over the counter (OTC) medicines (e.g. paracetamol and anti-malaria pills). CHEs digitally manage their educational outreach, product stock, products and payments through solar-powered tablets. By increasing health knowledge and bringing new products and services to unreached areas, HE generates income for traditionally low-paid health workers.

Managing the full supply chain in each country, the social enterprise ensures the quality, availability and affordability of products, with prices ranging 15 to 20% below market prices. HE has rolled out its model in Uganda, Kenya, Tanzania, Haiti and Ghana.

HE creates substantial added value on several levels. Selected health workers become CHEs after investing an average of \$40 and receiving training to complement their previous health education with business skills. Then they receive a selection of health products, essential medicines, a solar-powered tablet and periodic additional training, enabling them to offer health education in parallel with products to support a healthy life. The tablet functions both as an educational device to counsel families on healthy habits and a channel to place orders.

The driver of HE's sustainability and value proposition is our integrated supply chain, which allows us to control the movement of product from the manufacturer down to Entrepreneur agents. This control reduces mark-ups along the chain of supply. The cost-savings generated from this approach allow for two things:

1. We pass products along to our Entrepreneurs at higher quality and lower cost than they can obtain elsewhere. They can sell the products to consumers at prices that are ~10% lower than what is commonly available



on the market, while marking-up the products slightly (between 20–35%) to earn a wage. CHEs earn an average of \$22 per month to complement their other income-generating activities. The highest performing Entrepreneurs are earning \$14 a day.

2. The cost savings generated by streamlining supply are substantial enough to cover Healthy Entrepreneurs lean management costs at scale. These cost-savings set Healthy Entrepreneurs apart from other direct sales models, such as Living Goods, because at scale the model can sustain itself from the savings generated through supply chain optimisation while continuing to sell products at prices lower than currently offered in rural markets.

This scalable and sustainable system allows the HE organisation to fulfil its mission and create a 20% margin, which is then used to finance management and cost of operations. Start-up expenses in new countries are funded by grants (provided by f.e. the Dutch, US and Canadian government, and other partners such as Aidsfonds, Simavi, Philips, Boehringer Ingelheim), and a one-time investment by the CHEs to ensure their commitment.

A study from the Erasmus University Rotterdam and the Makerere University Kampala found a significant improvement in knowledge and access to basic care. In comparison to communities without an Entrepreneur, communities with the Community Health Entrepreneurs (CHEs) demonstrated that

1. Households reached by CHEs have twice the odds at using modern contraceptives and have substantially more comprehensive knowledge of HIV and other STIs (46%)

2. CHE had a substantially better availability of essential generic medicine (80%) and basic equipment, were more motivated, referred twice as many patients, spend more time on health work (+20%) and followed more refreshment training
3. The motivation and performances of CHW, who became a CHE, was positively affected by the opportunity to generate an income and the substantially better availability of essential medicine and basic equipment and the organisational structure in which they functioned. The entrepreneurial approach provides CHEs with the incentives, products and equipment that improve and sustain their functioning

The research team is about to submit two articles about these studies for publication in peer-review scientific journals. Other solutions are a traditional project funded community-based care programs often depended upon volunteer labour. The costs of training and remuneration of community health workers in these cases are high, the duration of the intervention is limited, and scope is rather small.



IMPACT

Through the growing network of CHE, we can reach the most challenging areas with interventions for sexual and reproductive health, maternal health, children's health, water, sanitation and hygiene and nutrition. Priority diseases are malaria, pneumonia, diarrhoea, malnutrition for children under 5.

HEALTH BENEFITS

Well trained and equipped CHEs can diagnose health issues in early stages and patients can be treated or referred to a health centre or hospital in time. Timely detection and treatment prevent further development, spreading, it prevents costs and decreases the burden on the limited health care available and waiting times in health centres. HE ensures a constant supply of generic medicines, HE has already experienced that health centres refer their patients to the CHE when they do not have the medicines available themselves

MARKET AND SYSTEM CHANGING

The HE model is proving that it can be done. Based on the results, donors and national governments will learn that social entrepreneurship is not a threat, but complementary to their contribution. HE strives to be an example for many other African countries, by realising a full financially self-sufficient/sustainable operation in at least two countries.

By offering health products and medicines for a competitive and affordable price, the presence of HE forces the market also to change their prices to a market comfort price.

FINANCE AND ECONOMIC BENEFITS

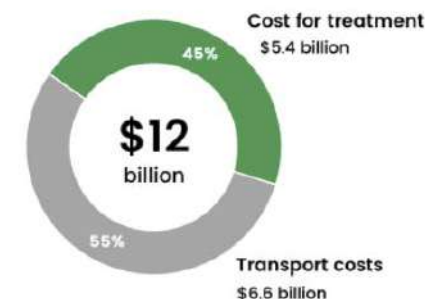
Apart from health benefits, the HE model contributes to employment, which is an essential aspect, particularly in rural and remote areas. The CHEs earn a sustainable income from their activities. The CHEs earn a sustainable income running their own business. The entrepreneurs can realise a significant increase in their income of 20% on average. Particularly for women entrepreneurship this is an essential step towards empowerment and self-efficacy; their position in the community and family is strengthened.

OUR SOCIAL BUSINESS CASE

Our beneficiaries are families of 5 members on average including a child < 5 years, one adolescent, living in remote villages in one-room houses, earning less than \$2 per day. The nearest health centre is on average 75 minutes walking distance, or at \$2 costs by transport. Families in remote areas of Sub-Saharan Africa spend out of pocket an average of \$100 per year on basic health treatment (USAID 2016) of which \$45 on treatment and \$55 on transport costs.

In other words, 600 million people living in Sub Saharan Africa, represent 120 million families spending together \$12 billion out of pocket on basic health. \$5,4 billion (45%) is spent on treatment and consultation and \$6,6 billion (55%) is spent on transport. The work of Healthy Entrepreneurs is focused on the most vulnerable population that is spending at least twice as much on basic health due to distances to the health care provider.

A rural family	
Treatment	\$45
Transport	\$55
<hr/>	
Total	\$100



Healthy Entrepreneurs offers her products and services at minimum 15% lower than the market price and offers a saving of 55% of the annual expenses, money that can be spent on healthcare of other expenses like seeds or school fees. The social business case of Healthy Entrepreneurs is about optimising the current out of pocket expenses and builds on the existing money available in the market



The year 2018

SCALING MODEL AND PRIORITIZING

In 2018, Healthy Entrepreneurs focused on scaling the activities in tow countries – Uganda and Kenya,– scaling the model to an increased number of entrepreneurs and professionalise the operation at the same time.

For Uganda, we are scaling mainly in the southern and western regions of the country. In Tanzania, we have an operation in the northwestern region. In Ghana we operate in the Western region and Kenya, we operate in the western part of the country in two counties at the start.

In Uganda and Kenya, we have actively worked towards scaling the model, improving our collaboration with the public and regulatory bodies and expanding the product basket. We also worked towards an investable business case for Uganda and Kenya as the two priority countries. In 2018, we had onboarded more than 1200 new micro-entrepreneurs in these two countries.

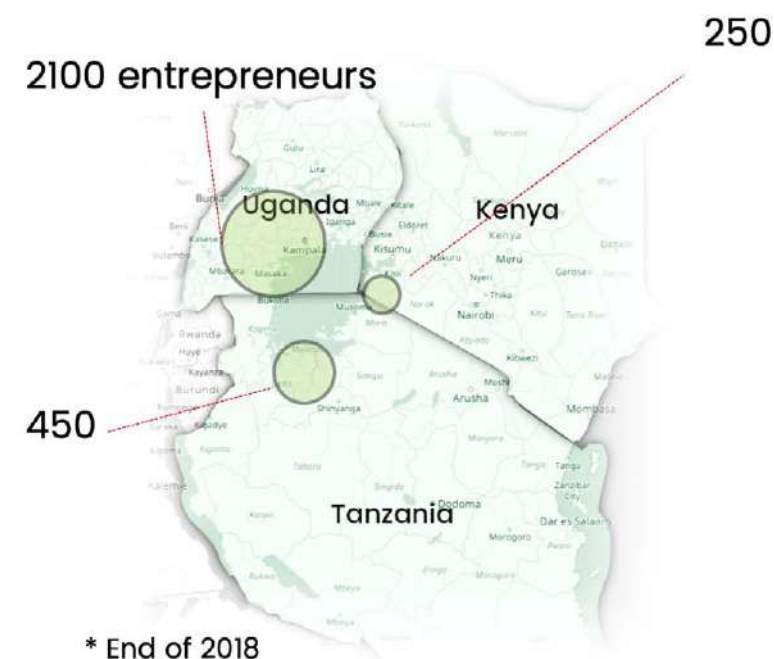
In Tanzania and Ghana, we have decided to continue running the existing operation according to the plan, without raising additional investment in scaling further the model. In Tanzania, there are limits on the legal framework as the parliament did not pass a bill yet (during the last four years) for allowing community health workers handling basic (over the counter) medication. Without the extension of the non-pharma assortment, the investment case for Tanzania is less compelling. At the same time, the investment climate in Tanzania is rather poor for international investors.

In Ghana, the model applied is different; micro-entrepreneurs (part of VSLA credit groups) get access to credit they can use to buy specific products from designated suppliers in the direct environment. As the supply chain challenges are very different, and in some cases even absent in Ghana, we have designed a specific model. In 2018, we continued running the

pilot, collecting data and adjusting the model according to new insights from the market and the entrepreneurs. Based on the results, HE will decide in 2019 if she will continue deploying this model in Ghana and potentially other countries.

In the other countries – Democratic Republic of Congo and Haiti – we worked towards an end of the activities. In DRC, the political environment, instability due to the elections and the working conditions as international enterprise were limiting us. We have strategically decided to focus on countries that are ready for investments. Private investors considered activities in DRC as too risky and less appealing to invest in.

In Haiti we worked as technical experts for four years together with our local partner Fonkoze on the establishment of a network of around 1800 micro-entrepreneurs. Mid 2018, we handed over all our activities to Fonkoze who was ready for continuing their work managing the 1800 micro-entrepreneurs themselves.



OPERATIONAL EXCELLENCE

Next to expanding the network there is a focus on the efficiency and optimisation of the entire operation. Every month new entrepreneurs are trained and recruited.

We worked implementation of the improved standard operating procedures, have put the necessary structures in place and implemented the Key Performance Indicators (KPIs).

The performance of the CHEs is key to the HE operation becoming financially sustainable, and hence potentially system changing. Successful performance of CHEs starts with their selection.

HE implemented and tested various ways of recruitment and selection. HE also measured and evaluated CHE performance, identifying the most essential characteristics, skills, capabilities and behaviour. We know exactly what to look for in terms of knowledge and skills, motivation and drive, how to assess that during selection and what CHEs need in terms of support on their journey of becoming successful defined (preferably women, 30+, minimum 1 child, track record of minimum 4 years VHT, a support letter from sub-county coordinator, entrepreneurial experience, able to read etc.) Even though the majority of people living in remote areas may not be familiar with selection and recruitment processes, HE has developed the blueprint for an effective selection process, tailored to the unique target group and environment.

Taken the lessons learned from the past, we are adjusting the recruitment procedure, having more involvement of HE in the process and using a digital questionnaire to get a better understanding of the personality of the potential CHE. The questionnaire is helping us to identify the right qualities and selecting the right entrepreneurs.

Based on our experience and lessons learned, the training program for the selected CHEs is adjusted and improved. During all the five training days, particular focus is on Health topics, business skills and competencies.

- a. Health topics (morning)
- b. Business (afternoon)
- c. Competencies (evening)

The mornings of the training focuses on health topics. The CHEs are trained in both detection/diagnosis, treatment and prevention of common diseases with a particular focus on child health.

The second part of the day focuses on business skills and aims to enhance their entrepreneurial skills. The CHEs actively train the sales skills, practical market research, how to expand their clientele and grow their business.

BUILDING THE BUSINESS CASE READY FOR INVESTMENT

The long-term plan for Healthy Entrepreneurs is having self-financed operations funded by private investors. We have prioritised Uganda and Kenya to become ready for investment first. We have worked on the financial forecast – made our projections and developed our growth path for the coming four years. This has resulted in a business plan and an investment teaser describing our mezzanine financial need to continue growing. In 2018, we started the first conversations with private investors about their interest to fund part of the growth of the company. Mid 2019, we aim to have investors on board to finance the growth of Healthy Entrepreneurs in these two countries.



INNOVATION

Healthy Entrepreneurs made a substantial strategic commitment to innovation. Innovation has always been a part of who we are. We need to adapt and use technological innovations to reach the scale we envision.

In 2018 we started the pilot project 'doctor at a distance', where 150 good performing micro-entrepreneurs get the opportunity to offer additional services to their customers. The services including screening of hypertension and diabetes sharing the data with a doctor at a distance using an app. Based on the data and a phone call with patient, the doctor will diagnose and consult the patient.



In case of a prescription, the doctor will send the document per App. Subject to the prescription, the micro-entrepreneurs will provide access to the treatment.

The innovation aims to increase the products and services offered by the micro-entrepreneurs to the end customers. Research tells that more than 15% of the population faces either hypertension or diabetes or a combination of both. The actual monthly cost for the treatment of a patient living in a remote village is around \$7,5- including the transport expenses and time investment required. Through the innovation offered by Healthy Entrepreneurs we can offer the same service for less than \$3,- delivered at the doorstep. In 2019 we will continue with the pilot in Kenya with a focus on non-communicable diseases. In Uganda, we will introduce an extended concept including screening for communicable and non-communicable diseases, including the diagnosis and prescription by a doctor at a distance.

Currently there is a lack of access to the screening of common disease in rural areas of Uganda and Kenya. The new service makes screening of common diseases easier, more accurate and better accessible by carrying out easy to use and affordable rapid-tests, simple point-of-care diagnosis and application. The service offers a complete service of screening, testing and consult with a doctor. They CHEs are equipped with all necessary tools to complete screenings. Upon prescription from the doctor, they can offer medicines to the client.

The model can provide health care of a distance using information and communication technology and includes the provision of health education over a distance. The health of the patients can be monitored by the CHEs that regular follow-ups and send information to the doctor. The patient and doctor have a live interaction via phone calls, or skype calls.



ORGANIZATION

In 2018 we worked towards decentralisation of responsibilities country level. The headquarter in the Netherlands operates as the support office providing support on finance and control, IT, international procurement, product development and international business development. The country offices are responsible for daily operations including sales, procurement, warehouse management and finance. Each team consist of a country coordinator, supply chain & warehouse manager, operations manager and finance manager or officer. The expansion of the network means the organisation itself expands. However, in each country a compact core local management team remains. In 2018, the country manager in Uganda was Joost van Engen. In Kenya, the country manager is Wendy Ros. The responsible manager for the office in the Netherlands is Cees Rustenhoven

The core of the model's sustainability lies in the drive and motives of all those involved. The majority of HE employees are caught by the impact and potential of the work. The entrepreneurs have a very low outflow percentage, the employees at country level work hard and actively contribute to the improvement of the operations and the compact international staff is versatile and hands-on.

TECHNOLOGY DEVELOPMENT IN 2018

Technology is key for Healthy Entrepreneurs for multiple reasons. One reason is supporting the organisation operating at large scale. Standard automated procedures & systems are prerequisites to keep control and the operational cost low. In 2018, we implemented our new ERP system Odoo successfully in Uganda as test country. In 2018, we introduced the same system in all other countries we operate in. Another reason for technology is the HE product and HE health application, designed for low-literacy individuals (highly pictorial, intuitive and text to speech). The applications are used to maximise the health education, consultation and product knowledge of the micro-entrepreneurs. The product application also offers the opportunity to order products at a distance

A summary:

1. HE HEALTH application: Includes over 125 short movies translated into local languages intended to educate and inform on topics such as: menstrual health, nutrition, maternal health, etc. The consultation part provides



counselling and guidance in areas such as family planning, the use of contraceptives, diarrhoea and fever with young children. Content is provided via text, pictures, short videos, questions, and links to other health topics. The HEALTH app also contains messages meant for micro-entrepreneurs about various health topics.

2. HE PRODUCT application: Provides a complete product catalogue with pricing in the local currency, usage information on each item, and product video demonstrations. Essential non-prescription medicines and health products include ORS, bed nets, Albendazole, and Vitamin A. The stock and order part serves as stock and customer management in order to properly oversee the replenishment of stock and option to order online new items.



We have continued improving our operation in Kampala and our service delivery performances towards our customers. We worked closely together with multiple local partners and continue learning about the most efficient way to recruit new micro-entrepreneurs.

Also the products that are in the basket are always subject to change. This is based on the market, on-demand, regulations and the impact, that is reached by the products that are used. Besides the removal, also products were added like cough linctus, multivitamins and free condoms and oral contraceptives

The free condoms and oral contraceptives were added in collaboration with UNFPA. Via UNFPA, the national government and the implementing partner of the government were convinced that the network of female retail entrepreneurs is benefiting the community in terms of condoms distribution.

The new training and recruitment planning for 2019 identifies the new areas to expand, the amount of CHEs to be trained and clusters to be formed. So far we have trained 2245 CHEs in 17 districts. The HEs solid growth plan is aimed at firstly covering mainly the western regions of Uganda and providing access to basic health care. Setting up in all districts requires the support of the District Health Officers. Hence the growth plans encompass both logistical and resource challenges and continuous stakeholder management.

We developed a complete improvement plan starting to optimise the existing districts with new CHEs in the existing clusters, new clusters in the existing districts and only once we have optimised the coverage, we will move to new districts.

UGANDA IN 2018

Uganda has developed well over the last 15 years when compared to other Sub-Saharan countries. Extreme poverty has diminished (2,7%) and so have child, HIV and malaria mortality (World Bank 2016, UNDP, 2016). However, with economic growth the differences between urban and rural areas are increasing significantly.

Despite recent gains, Uganda did not achieve its Millennium Development Goal (MDG) target for reducing under-five mortality. Each year in Uganda, approximately 200,000 children under the age of five die from illnesses such as diarrhoea, pneumonia and malaria, which are largely preventable or treatable. Uganda has a population of 42 million (which is expected to grow to 100 million by 2050), of which 83% live in rural and remote areas.

In 2018, we trained 1200 Village Health Team workers to become Community Health Entrepreneurs in Iganga, Jinja, Mayuge, Bugiri districts in the east and Fort Portal, Kibaale, Kagadi and Kikomoro district in the western part of Uganda.



KENYA IN 2018

Living in a rural area of Kenya can be deadly, especially for a pregnant mother or a very young child, and much of Kenya is rural. Three-fourths of Kenya's population lives in rural areas (75%), and Kenya is a global health workforce crisis country: For every 10,000 people, there are only 1.9 doctors and 8.6 nurses and midwives (WHO, 2014). When a health worker is desperately needed in Kenya, such as during a difficult labour, infection, or high fever, there may not be one. Only 66% of all births in Kenya are attended by a skilled health worker of any kind (KDHS, 2014), a reality that contributes to Kenya's high under 5 mortality rate: for every 1,000 live births in Kenya, 52 children will die before they reach their fifth birthday (KDHS, 2014). In addition to the shortage of health workers at all levels, access to healthcare in Kenya is further challenged by a scarcity of health facilities—some regions of the country have coverage of just one facility per 50–200km.

Healthy Entrepreneurs works together with WOFAK (Woman Fighting Aids Kenya) to provide the opportunity for community health workers to become entrepreneurs, who sell health care products and educate their customers from their mini-pharmacies. The HE-WOFAK partnership with support from Aidsfonds started in practice on the 1st of April 2018. The partnership has three main objectives, (1) improved access to basic health products, (2) improved access to health information, and (3) a sustainable income for Community Health Entrepreneurs (CHEs) in rural communities of Homa Bay. The two partners have a clear structure and mechanism of implementing the pilot project.

In 2018, Healthy Entrepreneurs expanded from single warehouse operation to a professional organisation including a broad network of mini-pharmacies that reaches the rural areas in which they work and live. The entrepreneurs do not merely reach the people in their community; they also improve their own lives. More and more people are joining the network of Healthy Entrepreneurs, all with their personal qualities and motivation. Healthy Entrepreneurs wants to know more about the entrepreneurs' lives to better provide and adjust our model to their needs.

The model in Kenya grows every month, to reach financial sustainability, i.e. create sustainable social impact in rural communities. By having a clear insight into the situation and the achievements of the entrepreneurs, Healthy Entrepreneurs aims to improve the business support and

indirectly the performance of the entrepreneurs.

In total, 311 CHVs were recruited, and 292 are trained to become a CHE in four out of eight sub-counties in Homa Bay: Suba, Ndhiwa, Mbita and Rangwe.

In Kenya, we operate in the Homa Bay county, in the western part of Uganda. We have a complete team in place. In 2019, we will expand to Kisumu and Siaya counties growing the network up to 1250 in total.





TANZANIA IN 2018

In Tanzania women have limited access to health care, contraception and sexual and reproductive health and rights (SRHR) education thus limiting their opportunities to engage in economic activity and improve their status. Access to health facilities is low in areas around small mines in the Geita Region and when present, an estimated 60 per cent of facilities have inadequate capacity.

In the past year, Healthy Entrepreneurs have worked with Simavi and Solidaridad to set up a unique programme and strengthen our partnership within the Golden Line project. As we believe that close collaboration is key to the success of the programme, we have made a conscious effort to build the team among the consortium partners, and strengthen relations with external parties. Over the year, we have built a good synergy between the partners and have, in particular, sharpened their understanding of the needs of women in mining communities.

The objectives of HE Tanzania are twofold. On the one hand to create economic opportunities for women and on the other hand to improve basic health for women and their families. Through a network of female micro-entrepreneurs, we aim to deliver health information, medicines, health products and services to the most remote rural areas of the Geita Region.

In 2018, HE Tanzania established a sustainable network of 275 social entrepreneurs in Geita Region. After completing their training, the 'Healthy Entrepreneurs' started their profitable business to improve health and well-being in their community. Based on the lessons learned, market potential and the financials, we are currently identifying ways to scale the model. Precondition for a long term sustainable contribution to the health and wellbeing of families in the Geita Region and beyond. At the end of 2018, HE was running smoothly in Tanzania. HE has established strong ties with the Government and adapted the model to fit local rules and regulations while still reaching our goals.

GHANA IN 2018

In Ghana, the programme is being implemented in selected communities in the Western and Ashanti Regions. The programme aims to improve the working conditions of women within small-scale gold mines as well as work jointly with communities and women outside the gold mines to improve their status and abilities to engage in economic activities, increase their knowledge on Sexual Reproductive Health Rights and create an enabling environment in which communities, health workers and authorities recognize women's health needs and rights.

In 2018 an extensive research in Ghana's pharmaceutical and non-pharmaceutical market resulted in a great understanding of the market, the new interest group; Hawkers and Petty traders, who are often women from the lowest socio-economic group, and have poor access to credit. By providing them with a small loan in the form of health products, and training on health and business skills, we support them to expand their business. We have trained 163 women with a Hawking/Petty Trader background, as well as ten female shop attendants on health and business topics, and provided them with a product basket to sell within the store where they work.

In Ghana 180 entrepreneurs are running viable health business and providing quality health information. Health education by the use of the tablet has also reached out directly to 41 women and their households and are also extending it to their community members

With the establishment of five main drugs stores we can serve deprived and far to reach catchment communities in Ghana.

DRC IN 2018

DRC is a paradox. Although rich in natural resources, it is one of the poorest countries in the world. Civil war and cross-border conflicts, violence, disease, hunger and the mass displacement of people have been ravaging the country for the last 15 years.

This means that we can continue to support young people, living in fragile contexts DRC, to make informed choices about their sexual and reproductive health and rights (SRHR). The current SRH Next Generation program in South-Kivu in Congo DRC formed an important part of the track record. The idea behind the program is to reduce teenage girls' vulnerability and prevent unwanted pregnancies. It offers young women a chance of a better future. If they finish school, gain more knowledge and stay healthy, they have a better chance of finding a job. By mid-2018 we had 350 entrepreneurs active in South Kivu. At the end of the year, our operation was closed down

HAITI IN 2018

Until now, the nearest place to buy over-the-counter health products was more than an hour away for people living in Lavale, Haiti. It meant that rather than making the long trek by foot, people would occasionally risk letting illnesses and wounds go untreated. As a result, illnesses would often worsen, and infections would set in. HE is trying to change this through their support on the program Boutik Santé (community health store) and Aksyon. HE participation in Fonkoze's Aksyon and Boutik Sante enables us to do just that. In 2018 we introduced several new nutrition products and moved into a new warehouse and initiated warehouse management. In 2018, 1800 Entrepreneurs were active in total.



Our ambitions

FOR 2019 – 2023

In the coming years, we focus on building smooth functioning operations at large scale in Uganda and Kenya serving together 14.000 micro-entrepreneurs by end of 2023. Both entities should be entirely financially independent and ready for further expansion.

At the same time, we aim to replicate the model in multiple countries based on the lessons learned, the systems, products and services developed and designed and most important the simplicity of the model. In the coming years, we continue to explore partnerships with international organisations that could support Healthy Entrepreneurs in the replication strategy.

Another ambition is to continue optimising the products and services offered by the micro-entrepreneurs to their communities. The role of the doctor (and nurse) at a distance will most probably play a key role in increasing the impact created by Healthy Entrepreneurs.

Last but not least, we will continue professionalising and standardising our way of working aiming to keep it as straightforward as possible. We will continue investing in IT and supporting tools to improve the communication with our direct and final customers

2019 will be focused on building on the growth and attaining our ambitious goals, while continuing to strike out in vital new directions. We will leverage new funding sources; scale-up successful innovations in how we work, the services we deliver, and the technologies we deploy; and design a new approach for collaborating with governments. Throughout, we will stay focused on what matters most: supporting our healthy entrepreneurs to provide the best care possible to families in need.



Income statement

STATEMENT OF INCOME AND EXPENDITURE 2018

	2018 €	2017 €
Income	1.060.456	1.249.033
Project expenses	1.040.908	1.258.433
	19.548	(9.410)
Other income	100	8.842
Results	19.648	(568)
OTHER EXPENSES		
General expenses	7.323	10.633
Operating result	12.325	(11.201)
Financial income and expenses	4.695	-
BALANCE OF FUNDS	17.020	(11.201)

Balance Sheet

BALANCE SHEET AS AT 31 DECEMBER 2018

	31 december 2018		31 december 2017	
	€	€	€	€
Current assets				
Receivables and prepayments				
Trade debtors	7.028		-	
Other receivables, prepayments and accrued income	227.928		253.257	
		234.956		253.257
Cash at banks and in hand		152.786		89.570

	31 december 2018		31 december 2017	
	€	€	€	€
EQUITY AND LIABILITIES				
Reserves		40.102		23.082
Current liabilities				
Debts to suppliers and trade creditors		12.110		2.311
Other liabilities, accruals and deferred income		335.530		317.434
		<hr/>		<hr/>
		347.640		319.745