Akwaaba

INVESTOR AND PARTNER BRIEF



AKWAABA · "WELCOME" IN TWI

An AI colleague for Africa's community health workers.

A Claude assistant on WhatsApp for the whole community health team, volunteers, nurses and supervisors, in Ewe, Twi and English. Live in Ghana's Volta Region in weeks; 10,000 health workers within a year.

NOVEMBER 2026 GHANA · VOLTA REGION PILOT BADUKB@OUTLOOK.COM

AKWIDAA, WESTERN REGION · ATO AIKINS / UNSPLASH

AT A GLANCE

A million health workers, doubling by 2030, with no AI built for them.

Community health workers are Africa's front line of care. They work alone in villages, on paper, in languages most software ignores. Akwaaba meets them on the phone they already carry, in WhatsApp, by text or voice.

1.04m
community health workers deployed across Africa in 2024

2m
the 2030 target African health and finance ministers committed to

~9h
a month of reporting per health worker, from 34 registers and 35 forms

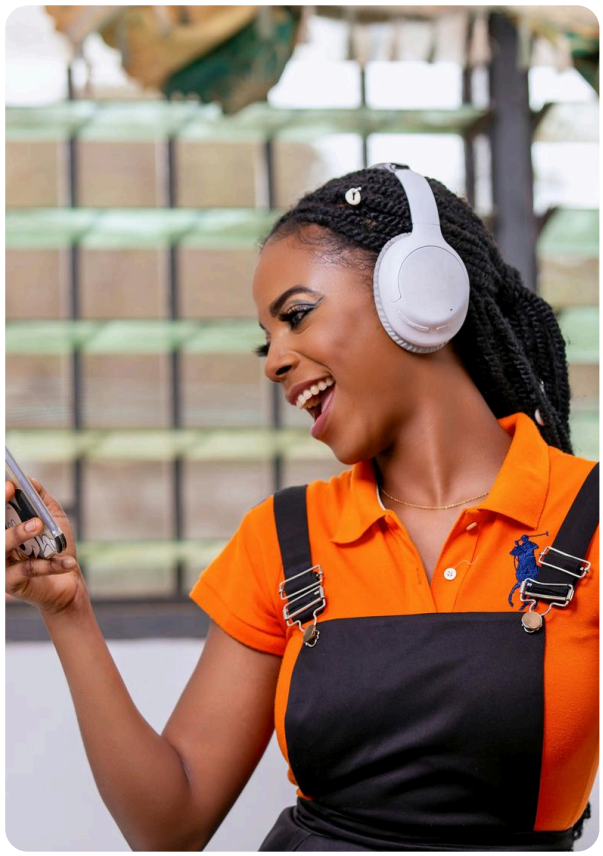
$0.70–2.50
estimated model cost per worker per month at Claude Sonnet 5.5 prices

WHAT AKWAABA IS

- **A colleague in WhatsApp.** No app to install. Works on any phone, by text or voice notes, in Ewe, Twi or English.
- **Built for the whole team.** Volunteers log visits and refer; nurses get returns, follow-up lists and stock checks; supervisors see every compound. Disease alerts reach the district the same day.
- **Safe by design.** Emergencies trigger a card from plain code before the model is called. Names are hidden from register photos before any AI sees them.
- **Built and tested.** A working prototype with 93 automated tests and a 44-case emergency test set it passes in full.

THE ASK

API credits sized for **10,000 health workers for 12 months** (at most about $300k at list price), a safety review of our Twi and Ewe evaluation, and co-publication of the results. First public numbers at day 30.



ACCRA · THE PHONE IS ALREADY THE MOST-USED TOOL IN GHANAIAN WORK LIFE

Africa CDC and African Union, Feb 2026; BMC Health Services Research, 2021; cost from Akwaaba test runs at list prices.



THE PROBLEM

The work is care. The week is paperwork.

Ghana runs about 6,500 village clinics called CHPS compounds, each usually led by one nurse. Coverage is high. What slips is follow-through, supplies and reporting.

Children miss their second doses

In the Volta Region, **14%** of children who got the first measles dose missed the second. **76%** of facilities kept no written defaulter list, and only **1 to 2%** of health workers listed tracing as part of their job. Yet **78%** of caregivers said they would welcome reminders.

Paper eats the day

Recording takes about **a third** of consultation time, and monthly reporting about **9 hours** per health worker. Officers often lack logins for the national system and send paper reports to the sub-district.

Stock records go stale

Inventory tools exist at **50 to 95%** of sites but are often not kept up to date. Only **40%** of commodity managers had logistics training, and stock-outs start at the supply point.

English guidance, local languages

Training is in English. Communities speak Ewe, Twi and dozens of other languages, so every talk is translated on the spot.

Nyaku et al., Pan African Medical Journal, 2017 (2016 survey of Volta, Northern and Greater Accra); BMC Health Services Research, 2021; Chirawurah et al., PLOS One, 2026; GHSC-PSM Ghana brief, 2025; Daily Graphic, Sept 2025.

THE PRODUCT

One assistant for the whole community health team.

Volunteers, nurses and supervisors each get the tools for their own job, in their own language, joined by a team code. Every tool saves time already spent, carries little clinical risk, and produces a number we can publish in weeks.

📊 NURSES

Monthly return from photos

Names blacked out on our server first; Claude reads only counts; code adds and checks them; a PDF draft she submits herself.

📅 NURSES

Follow-ups, every Monday

Vaccines, antenatal and postnatal visits due, by register number, with reminders to forward to families in Twi or Ewe.

🏡 VOLUNTEERS

Visits and referrals

Log a home visit by voice. A danger sign triggers the emergency card and a referral; the nurse confirms arrival, and the volunteer is asked after 48 hours.

🦠 EVERYONE

Disease alerts

Signs of measles, cholera, polio-like paralysis or a cluster of illness become a draft alert for the district, and the team lead is told at once.

👥 SUPERVISORS

Team overview and notices

Every compound's returns, overdue follow-ups, referrals and stock-outs in one message, plus notices to the whole team.

📢 EVERYONE

Talks and stock

One-minute health talks with a voice note in Ewe or Twi; shelf counts turned into a requisition before a stock-out.

PRIVACY YOU CAN SEE

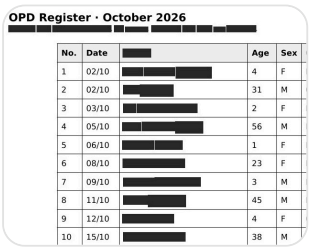


OPD Register · October 2026

SAMPLE FOR DEMONSTRATION. All names, numbers and data are invented.

No.	Date	Name	Age	Sex
1	02/10	Ama Serwaa Boateng	4	F
2	02/10	Kofi Agbeko	31	M
3	03/10	Esi Dzifa Amedzro	2	F
4	05/10	Yaw Mensah Kpodo	56	M
5	06/10	Akosua Fiadzo	1	F
6	08/10	Selorm Adzaku	23	F
7	09/10	Kwame Gbedemah	3	M
8	11/10	Edem Kudjordji	45	M
9	12/10	Abla Tsikata	4	F
10	15/10	Mawuli Ahiable	38	M

THE REGISTER PAGE



OPD Register · October 2026

No.	Date		Age	Sex
1	02/10		4	F
2	02/10		31	M
3	03/10		2	F
4	05/10		56	M
5	06/10		1	F
6	08/10		23	F
7	09/10		3	M
8	11/10		45	M
9	12/10		4	F
10	15/10		38	M

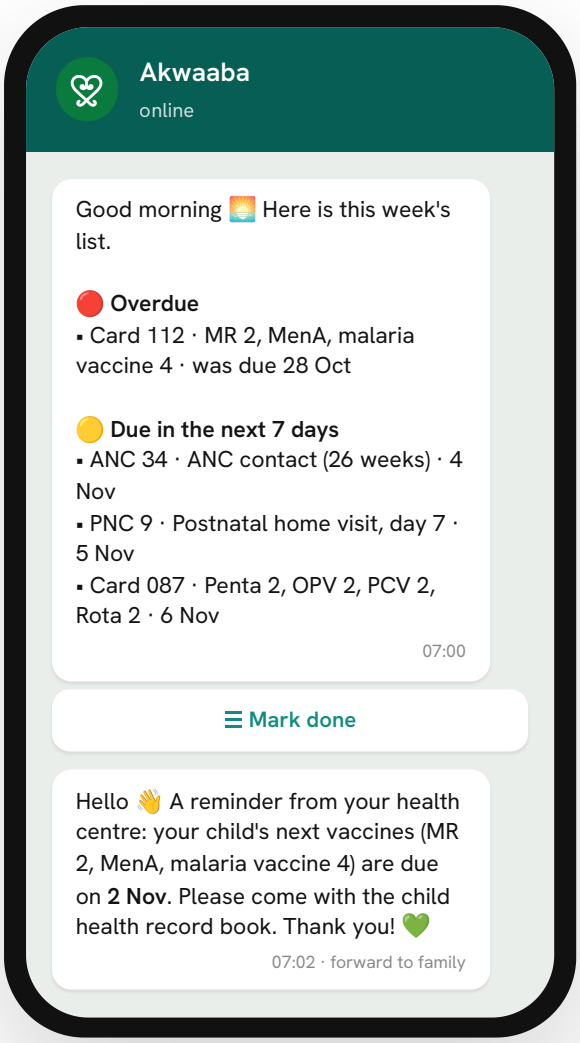
ALL CLAUDE SEES

SAFETY IN CODE, NOT IN THE MODEL

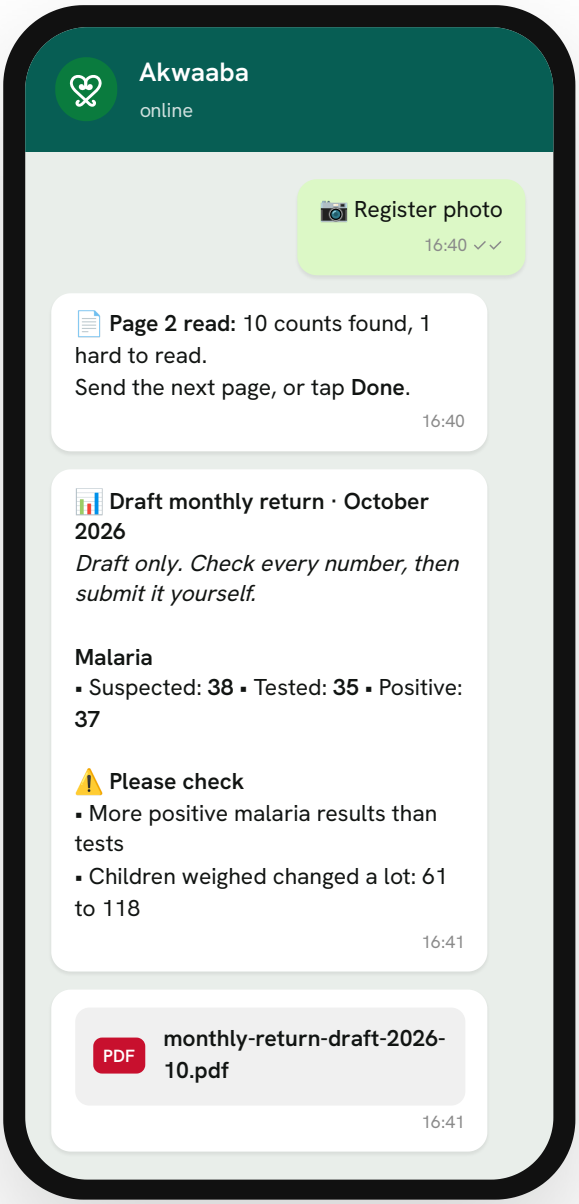
Danger signs like convulsions, bleeding in pregnancy or a cold newborn trigger a “go now, call 112 or 193” card **before Claude is called**. It catches all **44 of 44** urgent cases in our test set, with no false alarms on 20 routine questions. Akwaaba never gives medicine doses, never diagnoses, and never submits anything on a health worker's behalf.

IN PRACTICE

Monday's list at 7am. The month's return in minutes.



Follow-ups. Who is overdue, who is due this week, and a reminder to forward to each family in their language.



Monthly return. One photo per page. Code adds the pages and flags what doesn't add up. A PDF follows.

Minutes

not hours to draft the monthly return. We will time it in the field, with and without Akwaaba.

Every Monday

a defaulter list that most facilities don't keep today, built from register numbers, never names.

Before

the stock-out: requisitions drafted as soon as an item drops below the district minimum.

Screens show sample data from test runs, not real patients. Register numbers stand in for names.



WHY NOW, AND WHY IT LASTS

The channel, the policy and the partner are all in place.

- **The channel.** 24.3 million Ghanaians online and 38.3 million mobile connections (Jan 2025). WhatsApp is how health workers already share notices.
- **The policy.** Ghana's National AI Strategy (April 2026) commits $250m to an AI centre plus a $20m implementation fund, and asks for AI in local languages.
- **The partner model.** Anthropic's three-year MOU with Rwanda covers health. Ghana is a natural second country.

THE MOAT IS NOT THE CODE

1. **A clinician-graded health dataset** in Twi and Ewe, with a public slice released as an evaluation.
2. **A place in the workflow**: once a district writes Akwaaba into monthly reporting, switching is a policy decision.
3. **A field network**: district champions, onboarding and support run by a Ghana lead.

ANSWERING ANTHROPIC'S 2026 PUBLIC BENEFIT REPORT

"AI use is heavily concentrated in wealthier countries and among higher-income, white-collar workers."

p. 16 · Akwaaba reaches rural nurses on prepaid data, by voice.

"We have not been active enough in collecting data to measure the results."

p. 16 · Six outcome measures are defined before launch and published, good or bad.

"Working to ensure that Claude models perform well in languages that are underrepresented."

p. 16 · A graded Twi and Ewe health evaluation, released publicly.

DataReportal, Digital 2025 Ghana; Ghana News Agency, April 2026; Anthropic, Rwanda MOU and 2026 Public Benefit Report. Photo: Obuasi market, Ashanti Region.

PLAN AND BUSINESS MODEL

Ten thousand health workers in twelve months.

Model cost is not the constraint: a year of Claude for 10,000 health workers is at most about $300k at list prices. Permission and trust are, so we launch with features that hold no patient data and earn the rest in public, month by month.

WEEKS 0–2
Live
10 nurses from our field network on the test number

Gate: Daily use; zero safety misses

DAY 30
One district
About 150 nurses and volunteers in Volta; evaluation v1 published

Gate: Return time cut; referrals tracked

DAY 90
Three districts
Volta and Ashanti, about 600 users; regional sign-off

Gate: 60% weekly active; follow-ups completed up

MONTH 6
Region scale
About 500 compounds; national proposal to Ghana Health Service

Gate: Outcomes hold at scale; cost per user known

MONTH 12
10,000 workers
National path in Ghana; a second country live with a partner

Gate: Licences cover running costs

HOW WE MOVE FAST

- **Launch under an existing Ghanaian NGO's registration** and Meta account, not a new entity.
- **Start with no patient data**: talks, follow-ups by number, visits, alerts, stock. Register photos switch on with the data protection approval.
- **Volunteers are the multiplier**: one nurse brings several volunteers through her team code.
- **Open-source the core** so ministries and NGOs anywhere can fork it; Akwaaba is never the bottleneck.
- **Monthly gates, published results**, good or bad.

WHO PAYS

WHEN	WHO	FOR WHAT
Now	API credits, one seed grant	Launch, clinical review, evaluation
Month 3+	NGOs running health worker programmes	Akwaaba as their WhatsApp layer
Month 12+	Ministries and donors	A per-worker licence at cost plus support
Ongoing	Telecoms	Zero-rated data for the number

Unit cost: about $0.01 to $0.03 an answer at Claude Sonnet 5.5 list prices, or $0.70 to $2.50 per worker a month. Speech, WhatsApp and hosting are extra; WhatsApp service messages stay free for eligible non-profits through December 2027. The measured figure is published from day 30.



TEAM AND THE ASK

Help turn one of this year's inputs into one of next year's outcomes.

THE TEAM

Kwabena (KB) Badu-Antwi · Founder, product and engineering. Bellevue, WA. Extensive product and engineering experience, having developed many products at Microsoft. Built the prototype; owns the product, safety and evaluation.

Jerry Mbonu · Ghana lead, field operations. Holds every in-person relationship: district teams, recruiting and training health workers, field visits and support.

Recruiting before launch: a Ghanaian clinical safety adviser and paid Twi and Ewe reviewers, ideally community health nurses.

WHAT WE ASK FOR

Anthropic	API credits for up to 10,000 health workers for 12 months, a safety review of our Twi and Ewe evaluation, co-publication, an introduction to the Rwanda health team
Ghana Health Service	A Volta district now; the regional directorate's sign-off by day 90
Researchers	Ashesi, KNUST and GhanaNLP to co-own the evaluation
Funders	A seed grant now; scale funding against day-90 results

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A live WhatsApp demo can be shown on a call.

Akwaaba