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HIGHER EDUCATION SOLUTIONS NETWORK - QUARTERLY REPORT

Duke University
Social Entrepreneurship Accelerator at Duke (SEAD)
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Duke | SOCIAL ENTREPRENEURSHIP ACCELERATOR AT DUKE

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Table of Contents

Acronyms 2
Executive Summary 3
Part 1: Major Milestones and Events Completed 4
1.1. Milestones 4
1.2. Events 4
1.3. Publications 4
1.4. Communications 4
Part 2: Description of Key Activities 5
2.1. Quarter Objectives 5
2.2. Summary of Key Activities 6
Part 3: Intra-Development Lab/University Engagement 8
3.1. Interdisciplinary Collaboration 8
3.2. Partner Engagement 8
3.3. Student Engagement 9
3.4. Lessons Learned/ Good Practices 9
Part 4: USAID Engagement 9
4.1. Interactions 9
4.2. Lessons Learned/ Good Practices 9
Part 5: Collaboration with Other Development Labs 9
5.1. Interactions 9
5.2. Lessons Learned/ Good Practices 10
Part 6: Monitoring & Evaluation 10
6.1. Preparation Activities 10
Part 7: Looking Ahead 11
7.1. Calendar of Events 11
7.2. Description of Future Activities 12
7.2.1. Milestones 12
7.2.2. Events 12
7.2.3. Publications 13
7.2.4. Communications 13
Part 8: Appendix 13

Acronyms

CASE	Center for the Advancement of Social Entrepreneurship
CASE i3	Center for the Advancement of Social Entrepreneurship Initiative on Impact Investing
DGHI	Duke Global Health Institute
DHT-Lab	Developing World Healthcare Technology Laboratory
EWH	Engineering World Health
GRE	Investors' Circle *Getting Ready for Equity™* workshops
HESN	Higher Education Solutions Network
IC	Investors' Circle
I&E	Duke Innovation & Entrepreneurship Initiative
IPIHD	International Partnership for Innovations in Healthcare Delivery
M&E	Monitoring and Evaluation
NCIIA	National Collegiate Inventors and Innovators Alliance
SCALERS	Seven capabilities for scaling impact as identified by CASE Prof. Paul Bloom and collaborators: *Staffing, Communicating, Alliance-Building, Lobbying (Advocacy), Earnings Generation, Replication, and Stimulating Market Forces*
SEs	Social entrepreneurs
SEAD	The Social Entrepreneurship Accelerator at Duke
SEAD SAC	SEAD Student Advisory Council
SL@B	Saving Lives at Birth

Executive Summary

In partnership with USAID, the Social Entrepreneurship Accelerator aims to identify, assess, help develop, build capacity of, and scale solutions, technologies, and business models for healthcare delivery and preventive services in developing countries around the world. We are providing social entrepreneurs in global health with the knowledge, systems, and networks needed to succeed.

During the first few months of the Social Entrepreneurship Accelerator at Duke, our focus has been on activities aimed primarily at:

- Creating the basis for the pipeline, including establishing further necessary relationships to attract SEs, setting the criteria and selecting an initial cohort
- Building and testing an approach for assessing challenges faced by our innovators and launching initial programs.
- Creating an overall approach for engaging students effectively across Duke.

We have achieved a handful of key milestones, including selecting our first cohort of innovators, assessing their needs for capacity building to enable them to scale effectively, and hosting them at Duke for the first annual SEAD Summit, which included events open to faculty, students, and the public. Our partner, Investors' Circle, has been developing an advisory board that will provide direction to the global health investing and funding work done through SEAD, and has been actively building relationships to drive deal flow. Finally, we have launched a student advisory committee, held a number of events on campus, and identified several students for internships and other support through SEAD.

We have drafted an initial set of indicators to measure performance at all major levels of the SEAD results framework, including linkages to the Higher Education Solutions Network results framework. In consultation with USAID, we will refine our results framework and lab-specific indicators and we will prepare a more detailed M&E plan by July 1, 2013.

Since launch, SEAD efforts to advance interdisciplinary collaboration have focused on mobilizing staff, faculty, and advisors from across Duke and raising general awareness on campus. Our public communications have consisted of two press announcements by the university, a handful of blog posts, the establishment of a website and Twitter feed, and production of an overview brochure. SEAD has not yet produced any publications aimed at practitioners or scholars.

We continued to strengthen our relationship with sub-awardee Investors' Circle, and we engaged in discussions with the Center for Health Market Innovations, the Lemelson Foundation, and the National Collegiate Inventors and Innovators Alliance. At the HESN Lab Directors' meeting in April, we identified a number of potential opportunities for knowledge sharing and/or collaboration, especially with the HESN labs at MIT, UC Berkeley, and Makarere.

To date, engagement with USAID staff has focused primarily on cooperative agreement negotiations, project launch activities, and HESN launch and coordination efforts. SEAD requests maximum lead time on taskers and special meeting requests, whenever possible, as well as ongoing assistance in anticipating and interpreting how USAID policies and priorities could affect the project.

Part 1: Major Milestones and Events Completed

1.1. Milestones

- Selected first cohort of 13 SEAD innovators, drawn from among the USAID Saving Lives at Birth grantees and SEs participating in the IPIHD network
- Conducted needs assessment of the SEAD innovators, including self-assessment of their scaling capabilities using an instrument based on the SCALERS framework
- Held first annual SEAD Summit, welcoming the participating innovators to Duke for workshops, networking, and engagement with students and faculty
- Held first annual Duke Symposium on Scaling Innovations in Global Health, drawing in more than 200 participants
- Developed the criteria and ideal composition of Investors' Circle global health advisory board that will guide and provide direction to the investing and funding work done through SEAD
- Conducted initial outreach to build partnerships and relationships to enable the drive of deal flow in the global health investment space
- Launched SEAD Student Advisory Committee, held a number of events for students, and identified a number of students for internships and other support

1.2. Events

In addition to events identified among the milestones above (SEAD Summit and Symposium, further described below), events since the launch of the project have included:

- Participated in HESN launch event in November, bringing 3 SEAD faculty, 3 staff, 3 students, and 1 alumna advisor.
- Hosted three visits by USAID staff (December, February, April); during February visit, we organized a public talk by USAID's Alex Dehgan and a lunch discussion for DGHI students with USAID's Wendy Taylor; visits have also included a number of meetings with university senior leadership.
- Organized and supported a number of speakers and other events for students, as described under Objective 5 in section 2.2 below.
- Delivered a number of presentations on SEAD across campus, and described below under section 3.1.
- Numerous team meetings and working sessions, as well as meetings of the SEAD executive committee and other committees and working groups.

1.3. Publications

No publications were issued by the SEAD team during this quarter.

1.4. Communications

Since the launch of SEAD, the following communications have been issued:

- **Press Announcement:** "Duke Receives Award for Social Entrepreneurship Accelerator," *DukeToday*, November 8, 2012, http://today.duke.edu/2012/11/sead

- Blog Posting: "Introducing the Social Entrepreneurship Accelerator at Duke!" Erin Worsham, CASE Notes blog, November 9, 2013, http://blogs.fuqua.duke.edu/casenotes/2012/11/09/introducing-the-social-entrepreneurship-accelerator-at-duke/
- Blog Posting: "HESN Launch Event: 'What's Your Problem?'" Liz Charles (student), IPIHD blog, November 15, 2012, http://www.ipihd.org/blog/hesn-launch-event-whats-your-problem/
- Blog posting: "Inaugural Duke Symposium on Scaling Innovations in Global Health," Erin Worsham, CASE Notes blog, March, 20, 2013, http://blogs.fuqua.duke.edu/casenotes/2013/03/20/inaugural-duke-symposium-on-scaling-innovations-in-global-health/
- **Press Announcement:** "Global Health Social Entrepreneurs Gather at Duke," David Jarmul, *DukeToday*, April 3, 2013, http://today.duke.edu/2013/04/sead
- Blog Posting: "SEAD Summit: To the moon? If sparks travel," Carolyn Kent, IPIHD blog, April 25, 2013, http://www.ipihd.org/blog/sead-summit-to-the-moon-if-sparks-travel/

In addition, we launched our new website (www.DukeSEAD.org) and our Twitter presence (@DukeSEAD). We also produced a tri-fold brochure to help raise awareness on campus and at external events.

Part 2: Description of Key Activities

2.1. Quarter Objectives

As described in our work plan submitted in December 2012, our core aims for Year 1 are to:

1. Create the structure for overall success of the program.
2. Forge relationships to succeed through collaboration
3. Demonstrate some early success of the approach.

Accordingly, during the first year of project, we seek to achieve the following objectives:

- Create the basis for the pipeline including establishing further necessary relationships to attract SEs, setting the criteria and selecting an initial cohort
- Build and trial an approach (based on the SCALERS framework) for assessing challenges faced by SEs in SEAD and launch initial programs.
- Identify the challenges facing SEAD SEs in sourcing investment and begin launching new global health track to support SEs in readiness for capital and funding and hold first track at venture fair.
- Agree on the focus of research and approach for selecting research projects. Create a database for storing information and learnings for overall research. Initiate research efforts.
- Create an overall approach (including programs) for engaging students effectively across Duke and launch of projects that support the other core objectives of SEAD.

For the first quarter, our primary emphasis has been on the first, second, and fifth objectives above (i.e., create approach to pipeline, assess challenges facing innovators, and create student engagement approach), though we have undertaken activities toward all five as detailed below.

2.2. Summary of Key Activities

Objective 1: Build Global Health Pipeline*—SEAD will identify a qualified pool of innovative technologies, systems, business models, and approaches for healthcare and preventive services.*

Key Activities Undertaken:

- Worked with USAID representatives to develop criteria and approach to selecting innovators from the Grand Challenges "Saving Lives at Birth"(SL@B) cohort and International Partnership for Innovative Healthcare Delivery (IPIHD) network of innovators to form initial cohort.
- Selected, invited and confirmed pilot cohort of 13 innovators from around the world with geographic, business model and therapeutic diversity to work with SEAD over the next three years.

Objective 2: Develop Resources and Capabilities*—SEAD will help social entrepreneurs to scale their social impact by developing and strengthening skills to design effective business models, develop and implement scaling strategies, and attract sufficient resources.*

Key Activities Undertaken:

- Created and deployed needs assessment tool leveraging the SCALERS framework to understand the challenges faced by innovators in the pilot SEAD cohort to determine the approaches required for supporting the scale up of the innovator.
- Held webinar on communications, preparation for 3-minute pitch session at SEAD Annual Summit.
- Held the inaugural SEAD Annual Summit including 1.5 days of workshops and programs to kick-start work with the pilot SEAD cohort as well as a public symposium to expose students and faculty to global health social entrepreneurship.
- Began developing more specific program of work for the rest of the year including creation of scaling strategies with innovators and different interventions which will be deployed to support innovators scaling.

Objective 3: Leverage Impact Investing*—SEAD will serve as a bridge between our innovators and the impact investment community to facilitate increased access to investors, innovative deal structures, instruments, and funding partnerships.*

Key Activities Undertaken by Investors' Circle:

- Conducted initial outreach to build partnerships and relationships with the necessary organization and institutions that will enable the drive of deal flow in the global health space. This is an ongoing activity to grow the pipeline of investible companies.
- Developed the criteria and ideal composition of Advisory Board, and created a short list of who to invite to the Advisory Board that can guide and provide direction to the investing and funding work done through SEAD and hold various interactions with this Advisory Board. IC is in the process of sending out invitations and forming the group.

- Held a workshop for the for-profit entrepreneurs at the SEAD Summit in which the participants shared their funding experience to date, and IC asked them to think about how IC can help them achieve their future funding goals. IC will be following up with each entrepreneur, to determine which *Getting Ready for Equity™* course is best suited to their needs, or if some other mentoring/ workshops are more appropriate.
- Currently developing a global health track based on Investor Circle's experience in the broader field of impact investing and funding and involving the global health track in Investor Circle's main Fall Venture Fair, leveraging the broad set of relationships that have already been established. This is scheduled for the Fall Venture Fair in October in Washington, DC.

Objective 4: Enhance Knowledge and Policy*—SEAD will broaden and enhance understanding of the conditions that foster or inhibit effective, sustainable, scalable innovations in health care and preventive services; and, based on this knowledge, it will recommend regulatory and policy strategies as well as private sector mechanisms to foster more promising innovation and more effective scaling of impact.*

Key Activities Undertaken:

- Currently developing initial knowledge development and policy agenda.
- As noted above, adapted SCALERS instrument for use in the initial needs assessment of the first cohort of SEAD innovators. As discussed in Part 6 (M&E), this data is likely to constitute some of the baseline data for assessing our capacity building efforts.

Objective 5: Engage Students and Faculty*—SEAD will increase the engagement of students and faculty in meaningful opportunities for experimentation, innovation, learning, civic engagement, and knowledge development in the field of global health.*

Key Activities Undertaken:

- Convened preliminary working group to form the SEAD Student Advisory Council; more than 20 students participated from across the university, including undergraduates, graduate/professional students, and Ph.D. candidates. The students drafted a charter for the SEAD SAC and identified opportunities for student engagement in the 2013-2014 academic year.
- Held first annual "Duke Symposium on Scaling Innovations in Global Health," a portion of the SEAD Summit open to students and the public; students attended plenary sessions with USAID and SEAD leaders, and participated in breakout sessions with SEAD innovators.
- Collaborated with organizers of Duke Global Health—organized lunchtime talks by USAID's Wendy Taylor and Harvard's Dr. Sujata Bhatia; featured Riders for Health founders as winners of 2013 CASE Award for Enterprising Social Innovation
- Identified three graduate students to serve as summer interns to support the capacity building and scaling efforts of global health innovators under the guidance of IPIHD.
- Identified one undergraduate intern to support SEAD efforts in campus engagement, monitoring and evaluation, and knowledge development and dissemination this summer.
- We have worked actively to embed working with SEAD into several key programs at Duke, including:
    - Supporting the Duke Global Health Fellows summer program; two graduate students have been identified to receive awards toward program costs, and the theme of innovation in global health will be featured prominently in this summer's program.

- Incorporated two global health projects into the Fuqua Client Consulting Practicum.
- Identified and supporting two graduate students engaging in product innovation through DHT-Lab.
- Established global health prize in the ChangeWorks undergraduate social venture competition.
- Organized panel session on scaling global health innovations for Net Impact Club's annual Duke Conference on Sustainable Business and Social Impact.
- Held information session with Fuqua's Healthcare Club and featured SEAD innovator SalaUno via live Skype video chat on the challenges of and opportunities for scaling their business model.
- Collaborating with Duke Engage / Engineering World Health summer program in Nicaragua and Tanzania—approximately 20 undergraduates; SEAD center director will serve as an instructor at DukeEngage Institute pre-service training.

Part 3: Intra-Development Lab/University Engagement

3.1. Interdisciplinary Collaboration

In the first few months of the project, SEAD efforts to advance interdisciplinary collaboration have focused on mobilizing its own, interdisciplinary team of staff, faculty, and advisors—which have been drawn from several schools and departments across the university—and raising general awareness on campus. SEAD team members have delivered a number of brief presentations across campus, including at the Duke Global Health Institute faculty meeting, Duke Global Health Institute Student Council, Graduate and Professional Student Council, Innovation & Entrepreneurship Council, Innovation & Entrepreneurship alumni taskforce; and at meetings with faculty and staff of Duke Center for Civic Engagement, Duke Office of Global Strategy and Programs, DukeEngage, the Enterprising Leadership Initiative (Sanford School of Public Policy), Duke Center for International Development (Sanford School), and others. A variety of opportunities for communication, coordination, and collaboration have surface, though our primary focus must remain on standing up the core of the SEAD program in the first few quarters.

3.2. Partner Engagement

Our primary non-Duke partner in implementing SEAD is Investors' Circle, whose key activities are incorporated into this report.

Through IPIHD, we are also in discussion with the Center for Health Market Innovations to raise their awareness of SEAD, share CASE research and writing on scaling impact, identify potential innovators for Cohort 2, and seek other opportunities for collaboration, such as possible efforts to identify and disseminate common performance indicators currently used by global health innovators.

During this past quarter, USAID introduced SEAD staff to the leadership of the Lemelson Foundation and the National Collegiate Innovators and Inventors' Alliance. During a day-long meeting facilitated by USAID, representatives of all parties agree to continue to seek opportunities for engagement and collaboration. NCIIA sent a representative to the SEAD Summit, who spent time in discussion with the SEAD center director to continue this discussion; an opportunity to collaborate on a planned global health track at the SOCAP 2013 conference was identify and will be explored in the coming quarter.

3.3. Student Engagement

See description of key student engagement activities undertaken under Objective 5, "Engage Students and Faculty" in Section 2.2 above.

3.4. Lessons Learned/ Good Practices

Lessons learned and good practices still emerging—nothing significant to share regarding best practices on intra-development lab/university engagement.

Part 4: USAID Engagement

4.1. Interactions

To date, engagement with USAID staff has been focused primarily on cooperative agreement negotiations, project launch activities, and HESN launch and coordination efforts. As described under section 4.2, time spent on the former was protracted and at times opaque. Engagement with USAID around project launch has consisted of phone calls on a weekly basis (and more frequently, when needed) and several visits to Duke by USAID and to Washington, DC by SEAD staff. At times, the policies and priorities of USAID are unclear—some of this may arise from our dual reporting relationships with the Bureau for Global Health and the Office of Science and Technology. However, all parties appear committed to maintaining open and detailed communications to resolve issues that arise.

A not insignificant amount of effort was spent exploring the possibility of a visit to Duke by Administrator Shah in April; after coordinating on a range of possible dates and itinerary events with the Administrator's staff and with the staff of several senior university leaders, we collectively decided to postpone the visit until September.

4.2. Lessons Learned/ Good Practices

Guidance on working effectively with OAA would be helpful. The CA review process was not clearly communicated to the SEAD team, and personnel responsible for the review on the USAID side underwent turnover and were not always clearly identified. Moving forward, it is at time nuclear how responsibilities for review and approval are divided among the activity managers, the AOR, and the Award Officer.

Finally, whenever possible, the SEAD team would benefit from more advance notice on taskers and special requests from USAID, whether in response to calls for detailed information for HESN or requests for meetings or briefings of senior leaders. In addition, ongoing assistance in anticipating and interpreting how USAID policies and priorities could affect the project is greatly appreciated—whether proper visa requirements for SEAD innovators, global health priorities for inclusion in SEAD cohorts, or other issues that may arise.

Part 5: Collaboration with Other Development Labs

5.1. Interactions

At the HESN Lab Directors' meeting in April, we identified several potential opportunities for knowledge sharing and/or collaboration with other HESN development labs, especially with the labs at MIT (both labs), UC Berkeley, and Makarere. Opportunities for collaboration ranged from sourcing

global health innovations for possible inclusion in the SEAD portfolio (if the innovations are at a scale-ready stage and meet other selection criteria to be established in consultation with USAID), to sharing publications, tools, and frameworks (e.g., MIT's approach to assessing innovations for impact, scalability and sustainability). We look forward to continuing to explore these opportunities with the other HESN labs, though our top priority in the quarter ahead will be to work with SEAD innovators to develop their scaling strategies and to developing customized plans to support capacity building.

5.2. Lessons Learned/ Good Practices

Lessons learned and good practices are still emerging—nothing significant to share.

Part 6: Monitoring & Evaluation

6.1. Preparation Activities

As submitted in advance of the Lab Directors' meeting in April, we have drafted an initial set of indicators to measure performance at all major levels of the SEAD results framework, including linkages to the Higher Education Solutions Network results framework. For the latter, we selected among draft indicators proposed by HESN and discussed at the Lab Directors' convening in April; we will update these indicators based on any changes made to the HESN network-level indicators to be announced by USAID in late April or early May. By July 1, the SEAD results framework and lab-specific indicators will be refined in consultation with USAID, and a more detailed M&E plan will be developed including a discussion of data sources, collection methods, means of verification, unit of analysis, level of aggregation, baselines and targets, etc.

Design of the program evaluation is still in early stages. Our research questions are closely related to a young and growing body of work that straddles financial literacy, finance and development, and entrepreneurship. Survey evidence from the first SEAD cohort summit that took place in March, 2013 suggests that while respondents felt uniformly that their organizations provide exceptional healthcare opportunities in their markets, they were decidedly mixed in their self-assessments of their own capabilities. This suggests that indeed there is scope for introducing thoughtful interventions that play on improving financial literacy, managerial capabilities, and overall capital market readiness. In the coming weeks, as we develop an approach to evaluating our efforts to build the innovators' resources and capabilities, we will convene our faculty advisors to review our emerging program evaluation design and suggest refinements.

We are in the process of conducting final interviews for a staffer who will be responsible for managing SEAD monitoring and evaluation efforts in collaboration with development lab leadership and in consultation with a faculty advisory committee.

Part 7: Looking Ahead

7.1. Calendar of Events

Few major events that may facilitate engagement with USAID or other HESN development labs are anticipated over the next few months

JUNE 2013				
DATES	**EVENT**	**DESCRIPTION**	**USAID Leadership/ Involvement**	**Development Lab Collaboration**
TBD	Travel to Field	SEAD staff will travel to the field to meet with innovators*	Possible opportunity for engagement with USAID missions	Possible engagement with other labs if sites coincide
June 17	Presentation to BGH	SEAD faculty and staff will present an overview of the program and engage with BGH leadership	Ariel Pablos-Méndez, Assistant Administrator, Bureau of Global Health	
JULY 2013				
TBD	Travel to Field	SEAD staff will travel to the field to meet with innovators*	Possible opportunity for engagement with USAID missions	Possible engagement with other labs if sites coincide
AUGUST 2013				
TBD	Travel to Field	SEAD staff will travel to the field to meet with innovators*	Possible opportunity for engagement with USAID missions	Possible engagement with other labs if sites coincide
SEPTEMBER 2013				
Sept 12	Duke Visit	Administrator Shah to visit Duke to meet with university senior leaders, faculty, students, and SEAD team; will include a campus town hall on global health innovation open also to local community	Raj Shah, Administrator, USAID	Possible live streaming to other HESN campuses

**As described in the original proposal and as documented in our workplan, SEAD team members will travel to the international sites of many of the social entrepreneurs in our portfolio for a diverse set of reasons, including:*

1. *Create substantive working relationships with entrepreneurs in cohort*
2. *Observe and learn more about the entrepreneur to better understand the operating model and challenges to scaling*
3. *Provide on-site technical expertise for focus areas (e.g., business model scaling and access to investment)*
4. *Provide capacity building and training to entrepreneurs*
5. *Collect data and develop analysis that allows the SEAD team to study health impact of innovation*
6. *Generate a deeper understanding of the health system and policy context in target countries*
7. *Identify ways that collaboration can be extended through SEAD and its various partners*
8. *Scope opportunities for student projects (e.g. Fuqua Client Consulting Practicum)*

7.2. Description of Future Activities

7.2.1. Milestones

Key milestones in the next quarter include

- Complete initial needs assessment. Continue to engage with innovators to interpret findings of pre-Summit survey; assess vision, goals and scaling strategy; and identify potential challenges with scaling strategy.
- For each innovator, develop high-level work plan focused on preparing the organization to scale or implementing the scaling strategy.
- Mobilize global health advisory board to provide guidance to Investors' Circle and SEAD on global health investments opportunities and prepare for fall venture fair.
- Establish the governance and management structures to drive the knowledge development and policy agenda of SEAD including identification of themes and focus areas.
- Build a process and systems within the lab in order to leverage the funding identified for research including creating clear guidelines for soliciting proposals and providing funding to faculty to engage in SEAD research; identify potential sources of additional funding if and as needed.
- Develop design and approach for SEAD program evaluation.
- Submit SEAD M&E plan by July 1.
- Engage students in internships with SEAD innovators and SEAD staff; support students involved in other engagement and innovation activities related to SEAD.
- Complete hiring of SEAD personnel.

7.2.2. Events

In the coming quarter, we will work with each SEAD innovator to develop a customized scaling strategy and identify a set of capacity-building interventions designed to support the innovators in achieving their goals for increased impact. Upcoming events for innovators will include:

- *Webinars:* SEAD will hold periodic webinars for the full SEAD cohort to discuss common challenges facing the majority of innovators and to share new scaling frameworks.
- *Peer-Learning Groups:* Innovators will be placed in peer learning groups facilitated by SEAD staff. Innovators can select to be in up to two groups at a time, with groups changing periodically over the course of the three-year program.
- *Duke Faculty Coaching Calls:* Regular coaching calls between Duke faculty and each innovator to further discuss the scaling strategy and challenges/concerns. Additional coaching by faculty and staff will be provided as needed.

At this time, other major events for the coming quarter are not anticipated other than delivering a briefing to the Bureau of Global Health on June 17.

In the following quarter, we anticipate a visit by Administrator Shah on September 12, 2013.

7.2.3. Publications

Publications are not anticipated during the next quarter.

7.2.4. Communications

We do not anticipate major press releases, articles, or editorials featuring SEAD during the next quarter, though we will respond to media requests if and when they arise.

Part 8: Appendix

The following documents are attached as appendices:

- SEAD Detailed Implementation Plan (GANTT chart), updated
- List of innovators in the first SEAD cohort
- Detailed agenda for the SEAD summit
- Needs Assessment Questionnaire and Summary of Responses

SEAD Detailed Implementation Plan - Year 1

DECEMBER | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTO

11/26, 12/3, 12/10, 12/17, 12/24, 12/31, 1/7, 1/14, 1/21, 1/28, 2/4, 2/11, 2/18, 2/25, 3/4, 3/11, 3/18, 3/25, 4/1, 4/8, 4/15, 4/22, 4/29, 5/6, 5/13, 5/20, 5/27, 6/3, 6/10, 6/17, 6/24, 7/1, 7/8, 7/15, 7/22, 7/29, 8/5, 8/12, 8/19, 8/26, 9/2, 9/9, 9/16, 9/23, 9/30, 10/7

		GOALS & PRIMARY ACTIVITIES	RESPONSIBLE	ASSIST
		GOAL 1. BUILD GLOBAL HEALTH INNOVATION PIPELINE *(contributes to USAID HESN Goal 2 - Development Labs and Analytics)*		
1.1		**Create year one cohort**	BARTLETT	IPIHD 1
	a.	Create combined criteria across USAID and SEAD		
	b.	Assess SLB and IPIHD criteria for fit		
	c.	Select initial cohort for year one		
	d.	Approach and confirm cohort		
1.1		**Refine criteria & selection process for SEs**	BARTLETT	IPIHD 1
	a.	Develop revised criteria		
	b.	Propose revised criteria for USAID approval		
	c.	Agree to final criteria & selection process		
	d.	Announce final selection criteria & selection process		
1.2		**Creation of an online application form**	BARTLETT	IPIHD 1
	a.	Agree on format of application form		
	b.	Build back-end functionality for database		
	c.	Create online application		
	d.	Prepare for launch of online application		
	e.	Launch online application		
1.3		**Solicit applications for second cohort**	BARTLETT	IPIHD 1
	a.	Determine focus of cohort with USAID		
	b.	Develop & Distribute Marketing Materials to Announce Solicitation of Nominees		
	c.	Outreach into current networks of CASE and IPIHD for applications		
	d.	Create and solicit applications pipeline of technology (including Berkeley, MIT)		
	d.	Create and solicit applications for pipeline of preventive services		
	e.	Collect applications		
	f.	Close application process		
1.4		**Select and on-board second cohort**	BARTLETT	IPIHD 1
	a.	Review applications following deadline		
	b.	Solicit further information (where necessary)		
	c.	Apply agreed criteria and evaluation approach		
	d.	Finalize selection of initial cohort		
	d.	Inform Selected and Unsuccessful Applicants/Nominees		
	e.	Communicate information to broader community of stakeholders		
	f.	Provide information and data to USAID missions on relevant SEs		
		GOAL 2. DEVELOP RESOURCES and CAPABILITIES *(contributes to USAID HESN Goal 2 - Development Labs and Analytics)*		
2.1		**Assess Needs of Selected Innovators**	BARTLETT	Bloom, IPIHD 2
	a.	Build approach for SE needs assessment		
	b.	Determine framework for capturing information		
	c.	Launch needs assessment process		
	d.	Conduct needs assessment		
	e.	Draft needs assessment summary reports		
	f.	Establish baselines for key performance indicators		
	g.	Share draft needs assessment with innovators		
	h.	Revise needs assessment with feedback from innovators		
	i.	Develop individual capacity building plans customized to innovators' needs		
	j.	Collect, synthesize and share learnings from process		

				DECEMBER					JANUARY				FEBRUARY				MARCH					APRIL				MAY				JUNE				JULY				AUGUST				SEPTEMBER					OCTO	
				11/26	12/3	12/10	12/17	12/24	12/31	1/7	1/14	1/21	1/28	2/4	2/11	2/18	2/25	3/4	3/11	3/18	3/25	4/1	4/8	4/15	4/22	4/29	5/6	5/13	5/20	5/27	6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19	8/26	9/2	9/9	9/16	9/23	9/30	10/7
GOALS & PRIMARY ACTIVITIES			**RESPONSIBLE**	**ASSIST**																																													
2.2		**Develop and deploy core programs for capacity building**	BARTLETT	Bloom, IPIHD 2																																													
	a.	Develop approach for providing 1:1 coaching on scaling																																															
	b.	Design format and content																																															
	c.	Provide Coaching & Education on Scaling Strategies																																															
	d.	Develop Scaling Plans with Innovators																																															
	a.	Scope webinar topics and focus based on needs assessmer	BARTLETT	Udayakumar, IPIHD 2																																													
	b.	Finalize topics, audiences, and dates of Year 1 webinars																																															
	c.	Plan, promote, deliver, and assess Webinar 1																																															
	d.	Refine process based on first Webinar																																															
	e.	Plan, promote, deliver, and assess Webinar 2																																															
	f.	Plan, promote, deliver, and assess Webinar 3																																															
	g.	Plan, promote, deliver, and assess Webinar 4																																															
2.3		**Launch corporate mentoring program**	BARTLETT	IPIHD 2																																													
	a.	Refine roles and expectations of mentors																																															
	b.	Confirm existing IPIHD corporate mentors																																															
	c.	Identify potential new mentors																																															
	d.	Issue call for new mentors																																															
	e.	Identify mentoring focus (from needs assessment)																																															
	f.	Select mentors for pairing with innovators																																															
	g.	Orient mentors																																															
	h.	Conduct communications with mentors and innovators																																															
	i.	Initiate and conduct mentoring																																															
	j.	Assess progress of mentoring relationships																																															
2.4		**Launch peer-to-peer learning platform**	BARTLETT	IPIHD 2																																													
	a.	Scope online platform based on current IPIHD offering																																															
	b.	Create necessary back-end and front-end																																															
	c.	Launch new platform																																															
	d.	Onboard SEs and other stakeholders to use platform																																															
	e.	Facilitate interaction and collaboration through platform																																															
2.5		**Hold inaugural SEAD Annual Summit**	BARTLETT	IPIHD 2																																													
	a.	Create overall plan																																															
	b.	Invite SEs, other stakeholders																																															
	c.	Select and invite speakers																																															
	d.	Agree format and focus of specific sessions																																															
	e.	Finalize all details																																															
	f.	Hold SEAD Annual Summit																																															
	g.	Gather feedback from event																																															
GOAL 3. LEVERAGE IMPACT INVESTING ***(contributes to USAID HESN Goal 2 - Development Labs and Analytics)***																																																	
LAUNCH IC GLOBAL HEALTH TRACK:																																																	
3.1		**Create global health pipeline partnerships to develop robust globa**	MOELLENBROCK	JD, RHT																																													
		Develop pipeline partnership outreach material and mktg plan		RHT, SS																																													
		Develop plan to engage regularly with IPIHD/SEAD on deal flow		JD, RHT																																													
		Research and develop list of incubators, networks, contacts for global health deal f		RHT																																													
		Reach out to list to develop pipeline partnerships		JD, RHT																																													
		Distribute call for deals (CFD) and follow up with pipeline partners to generate deal		JD, RHT																																													

				DECEMBER					JANUARY				FEBRUARY				MARCH					APRIL				MAY				JUNE					JULY					AUGUST				SEPTEMBER					OCTO	
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GOALS & PRIMARY ACTIVITIES			**RESPONSIBLE**	**ASSIST**																																														
3.2	**Cultivate community of early-stage global health investors**		MOELLENBROCK	AL, JD																																														
		Prepare Advisory Board description, responsibilities, workplan		BAM																																														
		Develop Advisory Board outreach material		BAM, SS																																														
		Develop Advisory Board prospect list		BAM, AL, JD																																														
		Recruit Advisory Board		BAM, AL, JD																																														
		Introductory convening of Advisory Board		BAM, AL, JD																																														
		Monthly global health deal review with Advisory Board		JD, BAM																																														
		Qtrly Advisory Board call		BAM, JD																																														
		Annual Advisory Board meeting at VF or Forum		BAM,AL, JD																																														
		Develop and maintain list of active early-stage global health investors		JD, BAM																																														
3.3	**Produce global health track at live venture fairs (VF)**		MOELLENBROCK	JD, RHT																																														
		Develop mktg and outreach plan		SS, JD																																														
		Engage & train MBA Fellows for global health deal review		RHT																																														
		MBA Fellows and IC teamreview deals (distribute and gather responses)		RHT																																														
		Engage Advisory Board Selection Committee to select final deals to present		JD, RHT																																														
		Coach selected deals on their pitches		JD, RHT																																														
		Present global health deals at VF		JD, RHT																																														
		Facilitate due diligence		JD, RHT																																														
3.4	**Produce global health online venture fairs (OVF)**		MOELLENBROCK	RHT, JD																																														
		Schedule global health 2013 online venture fair		RHT, JD																																														
		Develop mktg and outreach plan		RHT, SS																																														
		Engage & train MBA Fellows for ongoing global health deal review		RHT																																														
		Deals reviewed by MBA Fellows and IC team (distribute and gather responses)		JD																																														
		Engage Advisory Board Selection Committee to select deals to present		JD																																														
		Coach selected entrepreneurs on their pitches		RHT, JD																																														
		Present global health deals on OVF		RHT, JD																																														
		Facilitate due diligence		JD, RHT																																														
PREPARE SEAD INNOVATORS TO ACCESS CAPITAL (YEAR 1 : develop and present GRE curriculum to SEAD innovators)																																																		
3.5	**Develop & Deliver *Getting Ready for Equity*™ webinars for SEAD i**		MOELLENBROCK	RHT, AL																																														
		Develop content plan and webinar schedule with IPIHD/SEAD		SS, JD																																														
		Customize GRE™ content for SEAD webinars		RHT																																														
		Deliver webinars, gather feedback (exact time TBD; estimates in chart)		RHT																																														
3.6	**Develop & Deliver *Getting Ready for Equity*™ Workshop for SEAD**		MOELLENBROCK	RHT, AL																																														
		Develop content plan with IPIHD/SEAD		SS, JD																																														
		Develop and prepare content		RHT																																														
		Deliver workshop, gather feedback (when is Forum?)		RHT																																														
FACILITATE USAID AND HESN ENGAGEMENT WITH PRIVATE SECTOR IMPACT INVESTORS (YEAR 1 : Introduce USAID personnel to basics of impact investing)																																																		
3.7	**Invite USAID personnel to attend GRE™ webinars, IC VFs, and OVF**		MOELLENBROCK	RHT																																														
3.8	**Conduct pilot workshop for USAID - TBD with USAID**		NASH	Clark, Buley																																														
(5.x | *Match CASE i3 Fellows with SEAD Innovators & Investors)*																																																		

					DECEMBER					JANUARY				FEBRUARY				MARCH					APRIL				MAY				JUNE					JULY				AUGUST					SEPTEMBER					OCTO	
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GOALS & PRIMARY ACTIVITIES			**RESPONSIBLE**	**ASSIST**																																														
GOAL 4. ENHANCE KNOWLEDGE & POLICY			***(contributes to USAID HESN Goal 1 - Data and Analysis for Development)***																																															
4.1	**Develop Initial Policy Agenda**		DEES, NASH																																															
	a.	Engage USAID on Key Knowledge & Policy Priorities																																																
	b.	Draft summary brief on key policy issues																																																
	c.	Establish, charter, and convene Policy Advisory Committee																																																
	d.	Consult Oversight Committee on policy priorities																																																
	e.	Develop strategy for initial policy agenda																																																
4.2	**Develop Initial Knowledge Development & Policy Agenda**		DEES, NASH																																															
	a.	Draft summary brief on key policy issues																																																
	b.	Establish, charter, and convene Policy Advisory Committee																																																
	c.	Consult Oversight Committee on knowledge & policy priorities																																																
	d.	Consult FAC and Evaluation Advisory Committee on knowledge development priorities																																																
	e.	Develop strategy for initial knowledge development agenda																																																
4.3	**Establish Evaluation/Research Fund**		BLOOM, NASH																																															
	a.	Develop Governance and Guidelines for Evaluation/Research Fund																																																
	b.	Determine mechanism(s) for managing research grants		DGHI																																														
	c.	Announce evaluation/research fund to faculty (and students)																																																
	d.	Implement grants award and management process																																																
4.5	**Update Workplan Based on Initial K&P Strategies**		NASH																																															
4.6	**Develop Scaling Research & Publications Database**		NASH	BLOOM																																														
	a.	Engage USAID on priorities for database																																																
	b.	Develop specifications for database																																																
	c.	Review CASE and SIEx literature collections against specs																																																
	d.	Work with USAID (PPL?) to identify additional research and publications																																																
4.7	**Launch quarterly faculty seminar on innovations in global health**																																																	
(5.8	*Identify, Promote and Support Research Opportunties for Students)*																																																	
GOAL 5. ENGAGE STUDENTS & FACULTY			***(contributes to USAID HESN Goal 3 - Engage Students and Create New Approaches)***																																															
5.1	**Refine & Launch Student Engagement Strategy**		NASH	CASE TBD1																																															
	a.	Establish SEAD Student Advisory Committee (SAC)																																																
	b.	Deveop charter for SEAD SAC																																																
	c.	Convene SEAD SAC to advise on student programming																																																
	d.	Consult with DGHI SAC and other relevant student groups																																																
	e.	Establish criteria & governance mechanism for student program fund																																																
	f.	Develop & document refined student engagement strategy																																																
	g.	Establish communications mechanisms for student engagement																																																
	h.	Establish SEAD Fellows to help guide student program																																																
5.2	**Launch SEAD Faculty Advisory Council (FAC)**																																																	
	a.	Develop charter for Faculty Advisory Council																																																
	b.	Identify & enlist potential faculty advisors																																																
	c.	Convene SEAD FAC to advise on programming																																																
INSPIRE:																																																		
5.3	**Host and Raise Awareness of GH Innovation Speakers and Events**		NASH	CASE TBD1																																														
	a.	Launch SEAD occasional speakers series																																																

					DECEMBER					JANUARY				FEBRUARY				MARCH					APRIL				MAY				JUNE					JULY				AUGUST				SEPTEMBER					OCTO	
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GOALS & PRIMARY ACTIVITIES			**RESPONSIBLE**	**ASSIST**																																														
	b.	Collaborate with other Duke depts hosting events on GH innovation																																																
5.4		**Promote Courses on Global Health, Innovation, and Related Topic**	NASH	CASE TBD1																																															
	a.	Inventory relevant courses, co-curricular activiies, clubs, and oth	CASE TBD1	SEAD SAC																																														
	b.	Promote existing courses in global health and other relevant top	CASE TBD1																																															
	c.	Explore possible creation of new courses, Focus, etc.	CASE TBD1																																															
ENGAGE:																																																		
5.5		**Collaborate with Duke Engage / Engineering World Health summe**	NASH	CASE TBD1																																															
		Promote Duke Engage / Engineering World Health summer program																																																
		Deliver workshops in Duke Engage Institute																																																
		Communicate with participating students re follow-on courses and programs																																																
5.6		**Promote & Support Duke Global Health Fellows summer program**	NASH	CASE TBD1																																															
5.7		**Identify, Promote and Support Internship Opportunties for Studen**	NASH	Bartlett, CASE TBD1																																															
	a.	Identify potential internships																																																
	b.	Alert relevant career offices to internships																																																
	c.	Provide matching funds through CASE Summer Internship Program																																																
5.8		**Incorporate Global Health Innovators into Fuqua Client Consulting**	BLOOM	Nash, Bartlett, CASE TBD1																																															
	a.	Develop and distribute promotional materials																																																
	b.	Identify potential projects for FCCP																																																
	c.	Select & scope promising projects to offer to students																																																
	d.	Promote potential projects to Fellows & Associates																																																
	e.	Select projects & form teams																																																
	f.	Commence pre-departure work on projects																																																
	g.	Engage with clients in field																																																
	h.	Develop recommendations and final reports																																																
	i.	Assess client and student outcomes, satisfaction																																																
5.9		**Match CASE i3 Fellows with SEAD Innovators & Investors**	CLARK	CASE TBD1																																															
	a.	Develop and distribute promotional materials																																																
	b.	Identify potential projects for CASE i3 Fellows																																																
	c.	Select & scope promising projects to offer to Fellows																																																
	d.	Promote potential projects to Fellows & Associates																																																
	e.	Select projects & form teams																																																
	f.	Commence work on projects																																																
	g.	Assess client and student outcomes, satisfaction																																																
5.10		**Identify, Promote and Support Research Opportunties for Student**	NASH	CASE TBD1																																															
		Develop mechanism to support research assistanceships through DGHI																																																
		Call for opportunities via faculty and promote to students																																																
		Call for applications from students																																																
		Award mini grants and assistanceships																																																
5.11		**Increase Awareness of Other Global Health Innovation Programs a**	NASH	CASE TBD1																																															
INNOVATE:																																																		
5.12		**Engage students in product innovation through DHT-Lab**	MALKIN																																																
5.13		**Establish global health prize in Duke Start-up Challenge Competiti**	NASH	CASE TBD1																																															

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GOALS & PRIMARY ACTIVITIES			**RESPONSIBLE**	**ASSIST**																																															
5.14	**Promote global health innovations in ChangeWorks Competition**		NASH	CASE TBD1																																															
MONITORING & EVALUATION																																																			
6.1	**Convene Evaluation Advisory Committee**		BLOOM, ROBINSO	NASH																																															
	a.	Establish and charter Evaluation Advisory Committee																																																	
	b.	Consult Evaluation Advisory Committee on evaluation approach and design																																																	
	c.	Consult Evaluation Advisory Committee on knowledge development priorities																																																	
6.2	**Establish SEAD Performance Management System**																																																		
	a.	Seek USAID guidance on desired M&E approach & reporting requirements																																																	
	b.	Validate and extend SEAD results framework																																																	
	c.	Identify initial performance measures for SEAD outputs, outcomes & end states																																																	
	d.	Document measures and data requirements in performance management plan																																																	
	e.	Establish information system for tracking performance data																																																	
6.3	**Develop Evaluation Design**		ROBINSON	NASH																																															
(4.3 | Establish Evaluation/Research Fund)																																																		
6.4	**Establish Measures & Gather Baseline Data on Innovators**		BLOOM, ROBINSO	BARTLETT, NASH																																															
		Review metrics and data systems of innovators																																																	
		Consider balanced scorecard for tracking metrics on innovators																																																	
		Gather data on innovators																																																	
		Gather relevant data on comparison group, if using																																																	
6.5	**Fulfill USAID Reporting Requirements**		NASH																																																
6.6	**Conduct Annual Performance Review**		DEES, NASH																																																

SEAD Detailed Implementation Plan - Year 1													
			BER		NOVEMBER				DECEMBER				
			10/14	10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9	12/16	12/23	12/30
GOALS & PRIMARY ACTIVITIES														
GOAL 1. BUILD GLOBAL HEALTH INNOVATION PIPELINE *(contribute*														
1.1	**Create year one cohort**													
	a.	Create combined criteria across USAID and SEAD												
	b.	Assess SLB and IPIHD criteria for fit												
	c.	Select initial cohort for year one												
	d.	Approach and confirm cohort												
1.1	**Refine criteria & selection process for SEs**													
	a.	Develop revised criteria												
	b.	Propose revised criteria for USAID approval												
	c.	Agree to final criteria & selection process												
	d.	Announce final selection criteria & selection process												
1.2	**Creation of an online application form**													
	a.	Agree on format of application form												
	b.	Build back-end functionality for database												
	c.	Create online application												
	d.	Prepare for launch of online application												
	e.	Launch online application												
1.3	**Solicit applications for second cohort**													
	a.	Determine focus of cohort with USAID												
	b.	Develop & Distribute Marketing Materials to Announce Solicitati												
	c.	Outreach into current networks of CASE and IPIHD for applicatio												
	d.	Create and solicit applications pipeline of technology (including E												
	d.	Create and solicit applications for pipeline of preventive services												
	e.	Collect applications												
	f.	Close application process												
1.4	**Select and on-board second cohort**													
	a.	Review applications following deadline												
	b.	Solicit further information (where necessary)												
	c.	Apply agreed criteria and evaluation approach												
	d.	Finalize selection of initial cohort							◇					
	d.	Inform Selected and Unsuccessful Applicants/Nominees												
	e.	Communicate information to broader community of stakeholder												
	f.	Provide information and data to USAID missions on relevant SEs												
GOAL 2. DEVELOP RESOURCES and CAPABILITIES *(contributes to US*														
2.1	**Assess Needs of Selected Innovators**													
	a.	Build approach for SE needs assessment												
	b.	Determine framework for capturing information												
	c.	Launch needs assessment process												
	d.	Conduct needs assessment												
	e.	Draft needs assessment summary reports												
	f.	Establish baselines for key performance indicators												
	g.	Share draft needs assessment with innovators												
	h.	Revise needs assessment with feedback from innovators												
	i.	Develop individual capacity building plans customized to innovat												
	j.	Collect, synthesize and share learnings from process												

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GOALS & PRIMARY ACTIVITIES														
2.2		**Develop and deploy core programs for capacity building**												
	a.	Develop approach for providing 1:1 coaching on scaling												
	b.	Design format and content												
	c.	Provide Coaching & Education on Scaling Strategies												
	d.	Develop Scaling Plans with Innovators												
	a.	Scope webinar topics and focus based on needs assessmer												
	b.	Finalize topics, audiences, and dates of Year 1 webinars												
	c.	Plan, promote, deliver, and assess Webinar 1												
	d.	Refine process based on first Webinar												
	e.	Plan, promote, deliver, and assess Webinar 2												
	f.	Plan, promote, deliver, and assess Webinar 3	◇											
	g.	Plan, promote, deliver, and assess Webinar 4										◇		
2.3		**Launch corporate mentoring program**												
	a.	Refine roles and expectations of mentors												
	b.	Confirm existing IPIHD corporate mentors												
	c.	Identify potential new mentors												
	d.	Issue call for new mentors												
	e.	Identify mentoring focus (from needs assessment)												
	f.	Select mentors for pairing with innovators												
	g.	Orient mentors												
	h.	Conduct communications with mentors and innovators												
	i.	Initiate and conduct mentoring												
	j.	Assess progress of mentoring relationships							◇					
2.4		**Launch peer-to-peer learning platform**												
	a.	Scope online platform based on current IPIHD offering												
	b.	Create necessary back-end and front-end												
	c.	Launch new platform												
	d.	Onboard SEs and other stakeholders to use platform												
	e.	Facilitate interaction and collaboration through platform												
2.5		**Hold inaugural SEAD Annual Summit**												
	a.	Create overall plan												
	b.	Invite SEs, other stakeholders												
	c.	Select and invite speakers												
	d.	Agree format and focus of specific sessions												
	e.	Finalize all details												
	f.	Hold SEAD Annual Summit												
	g.	Gather feedback from event												
GOAL 3. LEVERAGE IMPACT INVESTING *(contributes to USAID HESN*														
LAUNCH IC GLOBAL HEALTH TRACK:														
3.1		**Create global health pipeline partnerships to develop robust globa**												
		Develop pipeline partnership outreach material and mktg plan												
		Develop plan to engage regularly with IPIHD/SEAD on deal flow												
		Research and develop list of incubators, networks, contacts for g												
		Reach out to list to develop pipeline partnerships												
		Distribute call for deals (CFD) and follow up with pipeline partne												

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GOALS & PRIMARY ACTIVITIES														
3.2	**Cultivate community of early-stage global health investors**													
		Prepare Advisory Board description, responsibilities, workplan												
		Develop Advisory Board outreach material												
		Develop Advisory Board prospect list												
		Recruit Advisory Board												
		Introductory convening of Advisory Board												
		Monthly global health deal review with Advisory Board												
		Qtrly Advisory Board call												
		Annual Advisory Board meeting at VF or Forum												
		Develop and maintain list of active early-stage global health inve												
3.3	**Produce global health track at live venture fairs (VF)**													
		Develop mktg and outreach plan												
		Engage & train MBA Fellows for global health deal review												
		MBA Fellows and IC teamreview deals (distribute and gather res												
		Engage Advisory Board Selection Committee to select final deals												
		Coach selected deals on their pitches												
		Present global health deals at VF												
		Facilitate due diligence												
3.4	**Produce global health online venture fairs (OVF)**													
		Schedule global health 2013 online venture fair												
		Develop mktg and outreach plan												
		Engage & train MBA Fellows for ongoing global health deal revie												
		Deals reviewed by MBA Fellows and IC team (distribute and gath												
		Engage Advisory Board Selection Committee to select deals to pr												
		Coach selected entrepreneurs on their pitches												
		Present global health deals on OVF												
		Facilitate due diligence												
PREPARE SEAD INNOVATORS TO ACCESS CAPITAL (YEAR 1 : develop and p														
3.5	**Develop & Deliver *Getting Ready for Equity*™ webinars for SEAD i**													
		Develop content plan and webinar schedule with IPIHD/SEAD												
		Customize GRE™ content for SEAD webinars												
		Deliver webinars, gather feedback (exact time TBD; estimates in												
3.6	**Develop & Deliver *Getting Ready for Equity*™ Workshop for SEAD**													
		Develop content plan with IPIHD/SEAD												
		Develop and prepare content												
		Deliver workshop, gather feedback (when is Forum?)												
FACILITATE USAID AND HESN ENGAGEMENT WITH PRIVATE SECTOR IMPA														
3.7	**Invite USAID personnel to attend GRE™ webinars, IC VFs, and OVF**													
3.8	**Conduct pilot workshop for USAID - TBD with USAID**													
(5.x | *Match CASE i3 Fellows with SEAD Innovators & Investors)*													

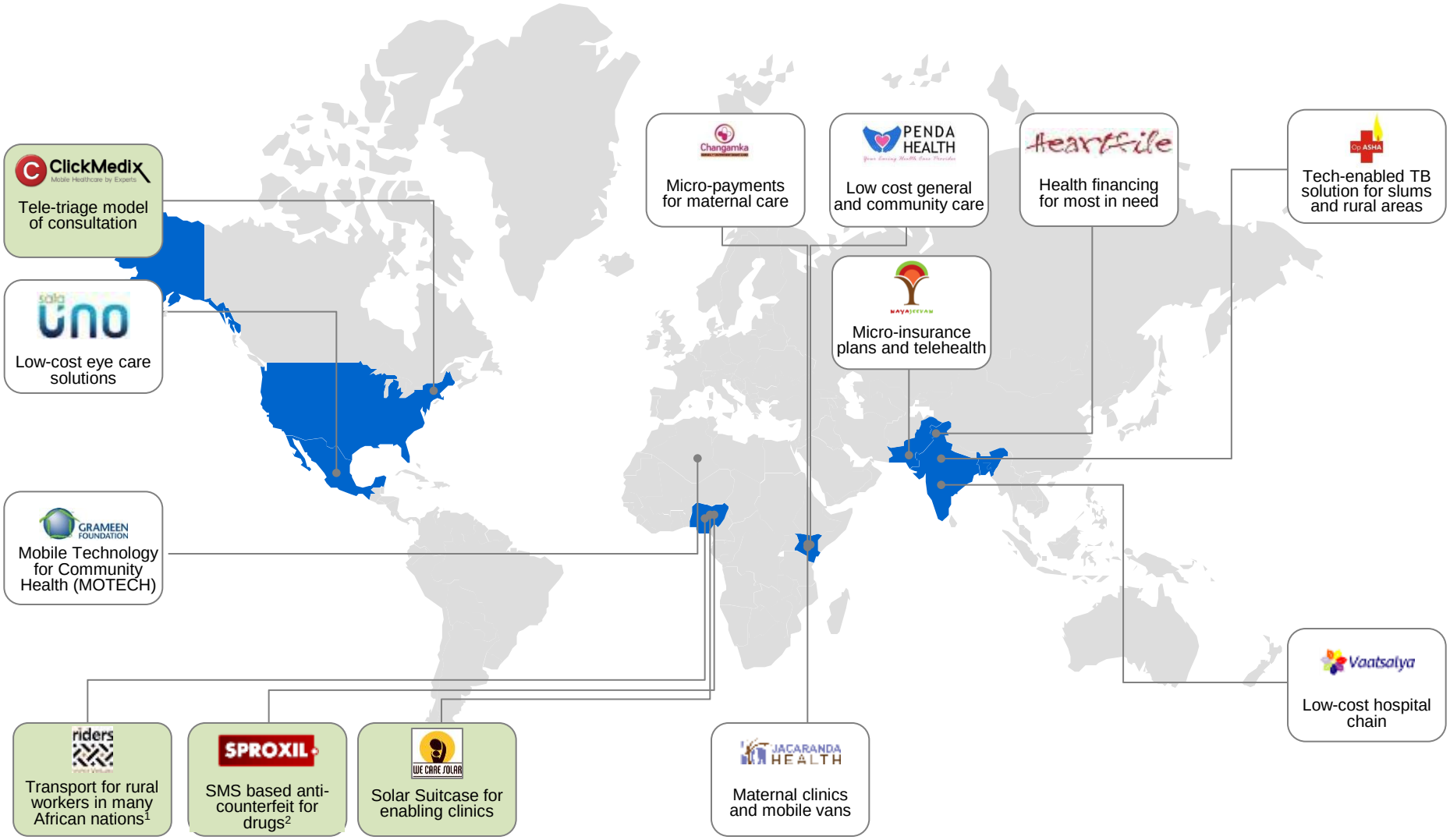
			BER		NOVEMBER				DECEMBER					
			10/14	10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9	12/16	12/23	12/30
GOALS & PRIMARY ACTIVITIES														
GOAL 4. ENHANCE KNOWLEDGE & POLICY *(contributes to USAID HI*														
4.1	**Develop Initial Policy Agenda**													
	a.	Engage USAID on Key Knowledge & Policy Priorities												
	b.	Draft summary brief on key policy issues												
	c.	Establish, charter, and convene Policy Advisory Committee												
	d.	Consult Oversight Committee on policy priorities												
	e.	Develop strategy for initial policy agenda												
4.2	**Develop Initial Knowledge Development & Policy Agenda**													
	a.	Draft summary brief on key policy issues												
	b.	Establish, charter, and convene Policy Advisory Committee												
	c.	Consult Oversight Committee on knowledge & policy priorities												
	d.	Consult FAC and Evaluation Advisory Committee on knowledge c												
	e.	Develop strategy for initial knowledge development agenda												
4.3	**Establish Evaluation/Research Fund**													
	a.	Develop Governance and Guidelines for Evaluation/Research Fur												
	b.	Determine mechanism(s) for managing research grants												
	c.	Announce evaluation/research fund to faculty (and students)												
	d.	Implement grants award and management process												
4.5	**Update Workplan Based on Initial K&P Strategies**													
4.6	**Develop Scaling Research & Publications Database**													
	a.	Engage USAID on priorities for database												
	b.	Develop specifications for database												
	c.	Review CASE and SIEx literature collections against specs												
	d.	Work with USAID (PPL?) to identify additional research and publ												
4.7	**Launch quarterly faculty seminar on innovations in global health**													
(5.8	*Identify, Promote and Support Research Opportunties for Students)*													
GOAL 5. ENGAGE STUDENTS & FACULTY *(contributes to USAID HESI*														
5.1	**Refine & Launch Student Engagement Strategy**													
	a.	Establish SEAD Student Advisory Committee (SAC)												
	b.	Deveop charter for SEAD SAC												
	c.	Convene SEAD SAC to advise on student programming												
	d.	Consult with DGHI SAC and other relevant student groups												
	e.	Establish criteria & governance mechanism for student program												
	f.	Develop & document refined student engagement strategy												
	g.	Establish communications mechanisms for student engagement												
	h.	Establish SEAD Fellows to help guide student program												
5.2	**Launch SEAD Faculty Advisory Council (FAC)**													
	a.	Develop charter for Faculty Advisory Council												
	b.	Identify & enlist potential faculty advisors												
	c.	Convene SEAD FAC to advise on programming												
INSPIRE:														
5.3	**Host and Raise Awareness of GH Innovation Speakers and Events**													
	a.	Launch SEAD occasional speakers series												

			BER		NOVEMBER				DECEMBER				
			10/14	10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9	12/16	12/23	12/30
GOALS & PRIMARY ACTIVITIES														
	b.	Collaborate with other Duke depts hosting events on GH innovat												
5.4		**Promote Courses on Global Health, Innovation, and Related Topic**												
	a.	Inventory relevant courses, co-curricular activiies, clubs, and oth												
	b.	Promote existing courses in global health and other relevant top												
	c.	Explore possible creation of new courses, Focus, etc.												
ENGAGE:														
5.5		**Collaborate with Duke Engage / Engineering World Health summe**												
		Promote Duke Engage / Engineering World Health summe												
		Deliver workshops in Duke Engage Institute												
		Communicate with participating students re follow-on cou												
5.6		**Promote & Support Duke Global Health Fellows summer program**												
5.7		**Identify, Promote and Support Internship Opportunties for Studen**												
	a.	Identify potential internships												
	b.	Alert relevant career offices to internships												
	c.	Provide matching funds through CASE Summer Internship												
5.8		**Incorporate Global Health Innovators into Fuqua Client Consulting**												
	a.	Develop and distribute promotional materials												
	b.	Identify potential projects for FCCP												
	c.	Select & scope promising projects to offer to students												
	d.	Promote potential projects to Fellows & Associates												
	e.	Select projects & form teams												
	f.	Commence pre-departure work on projects												>>
	g.	Engage with clients in field												
	h.	Develop recommendations and final reports												
	i.	Assess client and student outcomes, satisfaction												
5.9		**Match CASE i3 Fellows with SEAD Innovators & Investors**												
	a.	Develop and distribute promotional materials												
	b.	Identify potential projects for CASE i3 Fellows												
	c.	Select & scope promising projects to offer to Fellows												
	d.	Promote potential projects to Fellows & Associates												
	e.	Select projects & form teams												
	f.	Commence work on projects												>>
	g.	Assess client and student outcomes, satisfaction												
5.10		**Identify, Promote and Support Research Opportunties for Student**												
		Develop mechanism to support research assistanceships th												
		Call for opportunities via faculty and promote to students												
		Call for applications from students												
		Award mini grants and assistanceships												
5.11		**Increase Awareness of Other Global Health Innovation Programs a**												
INNOVATE:														
5.12		**Engage students in product innovation through DHT-Lab**												
5.13		**Establish global health prize in Duke Start-up Challenge Competiti**												

			BER		NOVEMBER			DECEMBER					
			10/14	10/21	10/28	11/4	11/11	11/18	11/25	12/2	12/9	12/16	12/23	12/30
GOALS & PRIMARY ACTIVITIES														
5.14	**Promote global health innovations in ChangeWorks Competition**													
MONITORING & EVALUATION														
6.1	**Convene Evaluation Advisory Committee**													
	a.	Establish and charter Evaluation Advisory Committee												
	b.	Consult Evaluation Advisory Committee on evaluation approach												
	c.	Consult Evaluation Advisory Committee on knowledge developm												
6.2	**Establish SEAD Performance Management System**													
	a.	Seek USAID guidance on desired M&E approach & reporting requ												
	b.	Validate and extend SEAD results framework												
	c.	Identify initial performance measures for SEAD outputs, outcom												
	d.	Document measures and data requirements in performance mai												
	e.	Establish information system for tracking performance data												
6.3	**Develop Evaluation Design**													
(4.3 | Establish Evaluation/Research Fund)													
6.4	**Establish Measures & Gather Baseline Data on Innovators**													
		Review metrics and data systems of innovators												
		Consider balanced scorecard for tracking metrics on innovators												
		Gather data on innovators												
		Gather relevant data on comparison group, if using												
6.5	**Fulfill USAID Reporting Requirements**													
6.6	**Conduct Annual Performance Review**													

SEAD Cohort: Geographical Mix

VARIOUS COUNTRIES



[1] Headquarters in the UK (London) and US (San Francisco)
[2] Headquarters in the US (Boston)

SEAD Cohort: Mapping Setting of Care and Business Models (preliminary & not entirely mapped - will update as we continue)

Setting of Care	Franchising	Technology Enabled	Production Specialization	Healthcare Financing	Products and pure-technology
Community	Operation ASHA				
Primary	Penda Health	ClickMedix		Naya Jeevan	Sproxil
Acute			Vaatsalya	Heartfile	
Speciality		ClickMedix	salaUno		
Maternal			Jacaranda	Changamka	Grameen Foundation, AMREF
Infectious Diseases	Operation ASHA	Operation ASHA			
General	Riders for Health				

Innovator	Core model	Innovation
 Nigeria, Sierra Lione, Uganda	Non-profit with for-profit arm In many countries, the difference between life and death for is dependent upon reliable light and electricity. Without that, health workers and midwives cannot provide life-saving care. The WE CARE Solar Suitcase is a simple, user-friendly technology providing a sustainable source of power, allowing health workers to provide life-saving interventions 24 hours a day.	The Solar Suitcase makes solar-power accessible, affordable, and useful in developing rural communities.
   Kenya	For-profit Enabler: Savings e-voucher / pre-paid smart card providing expectant mothers access to a set of maternal care interventions at healthcare providers signed up to be part of the program.	Cuts costs: Patient discount from 10-30%. Provider receives higher volume and a quick payment. Patients make regular savings deposits through mPesa in order to pay for the delivery Increases Access: reinforces need for proper prenatal care at a registered provider. Reduces system burden: For providers and the system, administrative payment flows are fully automated.
   USA, Philippines, Uganda, Guatemala, Taiwan, India, and Trinidad	For-profit Tele-triage: Primary, maternal, and senior care and monitoring through tele-triage model. Care model starts with risk assessment, to triage, to tele-consultation with doctors, and tele-referral to specialists, as well as continuous monitoring.	Sustainable and customizable platform with ability to host more than a billion users. Costs are kept lean. Technology addresses connectivity issues in other countries and US airports by allowing offline processing and measures clinical effectiveness.

Innovator	Core model	Innovation
 Grameen Foundation USA: Scaling-Up of Mobile Technology for Community Health (MOTECH) **Ghana**	Non-profit M-health: MOTECH has two interrelated mobile applications which focus on improving the health of pregnant women and infants in poor rural areas: Mobile Midwife (VM containing important health information) + Nurse Application (electronically record care given to patients to easily identify clients in their area due for critical care).	A key innovation of MOTECH is the linking of Mobile Midwife and the Nurse Application. If a patient misses scheduled antenatal care, the Mobile Midwife service sends a message to remind the woman to go to the clinic. If she fails to attend, her nurse is alerted via text message enabling the nurse to follow up quickly.
   Pakistan	Non-profit Financing: Innovation in health financing using technology to support cash transfers to protect the poor against catastrophic healthcare expenditures.	Platform eliminates abuse of system by creating accountability. Eliminates duplication, and checks multiple criteria rather than one. Also benefits donors who contribute to the financing and can be confident in accuracy by learning how their funds were used on a transaction basis.
   Kenya	Non-profit Delivery + Technology: Maternity hospital and mobile clinic + mobile savings plan.	Using mobile health, evidence based medicine, electronic medical records, and financial and marketing innovations to measure impact on quality of care and health behaviors. Out of pocket burden reduced through product created allowing women to save for delivery using mobile device.
   Pakistan	Non-profit Insurance + Tele-health: Provides affordable access to quality, catastrophic healthcare to low-income families throughout the emerging world with a subsidized health insurance plan underwritten by leading insurance companies. Members get 24 hour tele-health 'family doctor' service, annual general health checkups and preventive health awareness.	Leverages corporate distribution networks, supply chains and human resources to distribute, market and co-finance health plan for low-income beneficiaries. Creates novel corporate value chain by serving double bottom line to help develop/empower future customers and markets. Technology enables access to care and prevents poverty in climate where 97% of all health care expenditures occur out-of-pocket.

Innovator	Core model	Innovation
 India, Cambodia	Non-profit Technology + specialization: Employs non-medical counselors to monitor patients and has taken drug-resistant TB treatment to the doorsteps of 4.9 million individuals living in disadvantaged areas. Operates in over 2,053 villages and slums in six states spread across India and Cambodia; third largest TB control organization at 18,000 served.	Treatment centers are built into existing institutions to allow access without need for transportation. Biometric verification tracks treatment and visits, produces reports. Preliminary results show non-compliance reduced from 20-60% to 2.75%. Operates where the government has failed to reach, specifically targeting drug-resistant TB, which is 50-200 times more expensive to treat than normal TB. Obtain drugs through government support to treat TB.
 Kenya	For-profit Delivery: Health clinic for primarily low- and middle-income women and men. Provides general outpatient health, community health education, health talks at factories, schools and churches.	Centers built in industrial areas with high concentrations of target market to ensure the highest possible patient to provider ratio, allowing provision of quality services at below market rates. Provides quality healthcare where norm is unlicensed providers operating in unsanitary conditions selling illegitimate drugs.
 Kenya, Nigeria, Gambia, Zambia, Zimbabwe, Malawi, and Lesotho	Non-profit Enabler: Mobilizes community health workers on motorcycles and health teams in 4x4s to address preventative, treatment and emergency care. Maintain vehicle fleets for Ministries of Health, Internal NGOs, bilateral and multilateral agencies and the private sector to provide predictable and reliable transport.	Strengthens health systems by addressing one of the most neglected aspects of development for the health of Africa: transport and logistics. Very innovative model and well cited example of innovative healthcare delivery models; breaks down challenges of supply chains and need for infrastructure, while adapting to the hostile and harsh environments in Africa.
 Mexico	For-profit Delivery: Treat 85% of eye care illnesses with a focus on cataract surgery through one clinic; provides eye care with Lean and Six Sigma processes applied.	Modeled after Aravind. Implements Lean and Six Sigma approaches to improve clinic efficiency. Specializes in cataract surgery, and deploys hub and spoke system. High volume approach lowers costs: surgery is 1/3 to 1/2 the cost of competitors.

Innovator	Core model	Innovation
SPROXIL **Ghana, India, Kenya, Nigeria, USA**	For-profit Technology: SMS based anti-counterfacy solution enabling tracking and authenticity checking of drugs at every step. Free to patients at point of purchase; manufacturers pay to receive protection of their brands, patents, and patients from counterfeit drugs.	Increase patient safety by ensuring authenticity of medicine through mobile devices while simultaneously protecting company brands.
Vaatsalya **India**	For-profit Delivery: Bridging the gap in rural care by building primary and secondary care hospitals in semi-urban and rural areas with 15 primary and secondary care hospitals.	Specialized: Cuts operational costs by focusing on specific set of specialties - Maternity, Childcare, intensive care and basic surgeries --creating ability to build viable hospitals in smaller towns. Targeted: Provide care to underserved semi-urban and rural communities. Focuses on targeted interventions and underserved markets.

Duke | SOCIAL ENTREPRENEURSHIP ACCELERATOR AT DUKE

USAID FROM THE AMERICAN PEOPLE

THE 2013 INAUGURAL SUMMIT FOR THE SOCIAL ENTREPRENEURSHIP ACCELERATOR AT DUKE (SEAD) AGENDA

WELCOME DINNER RECEPTION (WEDNESDAY 3RD APRIL)

18:30 – 20:30 **Welcome Dinner Reception:** Official welcome dinner from the leadership of Duke including welcome address by Dr. Peter Lange (Provost of Duke University) and dinner address by Dr. Victor Dzau (Chancellor for Health Affairs of Duke University and CEO/President, Duke University Health System).
Location: Thomas Center lounge and University Room
Participants: SEAD Team, USAID, Healthcare Innovators, Student Representatives

SEAD WORKSHOPS: DAY ONE (THURSDAY 4TH APRIL)

08:00 – 09:00 **Breakfast:** Informal breakfast to get to know fellow innovators in SEAD cohort and the team leading the SEAD program at Duke and USAID.
Location: Thomas Center Dining Room
Participants: SEAD Team, USAID, Healthcare Innovators

09:00 – 09:30 **Welcome, Introduction and Overview of SEAD:** Welcome and introduction to the team leading the SEAD program and high-level introduction and overview of the program.
Location: Fuqua School of Business, HCA
Participants: SEAD Team, USAID, Healthcare Innovators

09:30 – 10:30 **Innovator Presentations:** Individual lightning speed "TED-style" presentations by each innovator in the SEAD cohort to get to know what each innovator in the cohort does in global health.
Location: Fuqua School of Business, HCA
Participants: SEAD Team, USAID, Healthcare Innovators

10:30 – 12:00 **Reflection and Expectations of SEAD and Summit:** Open session to set aspirations and expectations for the SEAD program; an opportunity for innovators to describe what they want to achieve and the SEAD team to share some initial findings from the needs assessment completed by all innovators.
Location: Fuqua School of Business, HCA
Participants: SEAD Team, USAID, Healthcare Innovators

12:00 – 13:00 **Lunch:** Informal lunch to continue to get to know fellow innovators in SEAD cohort and the team leading the SEAD program at Duke and USAID.
Location: Thomas Center Dining Room
Participants: SEAD Team, USAID, Healthcare Innovators

13:00 – 17:30 **Introduction, Overview and Approaches in Business Model Scaling:** During the afternoon, there will be a mixture of plenary and breakout sessions around business model scaling. The sessions will include an introduction to scaling (including approaches, strategies and ecosystem analyses) as well as scaling capabilities. Breakout sessions to develop scaling strategies based on theory of change or logic model; ecosystem analysis; starting/current resources and capabilities. The objective will be to begin to develop scaling strategies for each innovator that can be further developed after the workshops, back in the field with implementation support during the SEAD program.
Location: Fuqua School of Business, HCA and Seminar Rooms B, D, E
Participants: SEAD Team, USAID Representatives, Healthcare Innovators

17:30 – 18:30 **Break and Networking Table Setup:** There are no scheduled activities during this hour but we encourage innovators to take advantage of this free time to set up for Friday's Networking and Poster session as this will be the only time to do so. Tables will be set up in the Kirby Reading Room and please contact Carolyn Kent with any questions.

18:30 – 20:00 **CASE Award for Enterprising Social Innovation:** Special session hosted by the Center for the Advancement of Social Entrepreneurship at the Fuqua School of Business to Riders for Health. The award recognizes outstanding individuals, organizations, or companies whose innovations blend methods from the worlds of business and philanthropy to create sustainable social value that has the potential for large-scale impact. Following the session, there will be dinner.
Location: Fuqua School of Business, HCA
Participants: Open Event (including faculty, students and public)

20:00 – 21:00 **CASE ESI Award Dinner:** Buffet dinner to continue to get to know fellow innovators in SEAD cohort and the team leading the SEAD program at Duke, CASE and USAID.
Location: Thomas Center University Room
Participants: CASE Team, SEAD Team, USAID Representatives, Healthcare Innovators

SEAD WORKSHOPS: DAY TWO AND PUBLIC SYMPOSIUM (FRIDAY 5TH APRIL)

07:30 – 08:30 **Networking Breakfast with Ariel Pablos-Méndez:** Opportunity to meet with Dr. Ariel Pablos- Méndez, the Assistant Administrator for Global Health at USAID, and network with other SEAD cohort members and team leaders over breakfast.
Location: Thomas Center Dining Room
Participants: SEAD Team, USAID Representatives, Healthcare Innovators

08:30 – 08:45 **Welcome and Overview of Day:** Brief recap of previous day and overview of second day of workshops including a review of objectives and aims of innovators for the overall Summit.
Location: Fuqua School of Business, HCA

Participants: SEAD Team, USAID Representatives, Healthcare Innovators

08:45 – 10:45 **Concurrent Workshops for Innovators:** During the morning, innovators will break up into for-profit companies and non-profit companies. The for-profit companies will attend a special introductory session by Investor Circle and the non-profit companies will attend further business model scaling workshops to continue furthering the work from the previous day.
Location: Fuqua School of Business, Seminar Rooms B, D, F
Participants: SEAD Team, USAID Representatives, Healthcare Innovators

10:45 – 11:00 **Closing Session:** During the closure of the workshops part of the SEAD Summit, there will be a chance to reflect on the two days progress and discuss how the program will be taken forward and next steps.
Location: Fuqua School of Business, HCA
Participants: SEAD Team, USAID Representatives, Healthcare Innovators

11:00 – 12:00 **Keynote Address by Dan Heath:** Dan is the co-author (along with his brother Chip) of "Switch: How to Change Things When Change Is Hard", which debuted at #1 on the New York Times and Wall Street Journal bestseller lists. The Heath brothers previously co-wrote the critically acclaimed book "Made to Stick".
Location: Fuqua School of Business, HCA
Participants: SEAD Team, USAID Representatives, Healthcare Innovators

12:00 – 13:00 **Lunch:** During the lunch, there will be a chance to join special sessions with students and faculty as the Summit transitions from workshops to the main Symposium.
Location: Thomas Center Dining Room
Participants: SEAD Team, USAID Representatives, Healthcare Innovators, Students

13:00 – 13:10 **Public Symposium Welcome:** The public event will be opened by Dr Michael Merson (Director, Duke Global Health Institute and Vice Provost and Vice President for Global Strategy & Programs) who will officially launch the SEAD program.
Location: Fuqua School of Business, Geneen
Participants: Open Event (including faculty, students and public)

13:10 – 13:30 **Opening Speaker by Dr. Alex Dehgan**: Alex Dehgan is the science and technology adviser to the Administrator at USAID and he heads the Office of Science and Technology. Dehgan is the key focal point for implementing the Administrator's vision to ensure that USAID is the global leader on employing science, technology and creativity to help solve development challenges.
Location: Fuqua School of Business, Geneen
Participants: Open Event (including faculty, students and public)

13:30 – 13:40 **Speaker Ron Garan:** Nasa Astronaut, Ron Garan, will speak on innovation.
Location: Fuqua School of Business, Geneen
Participants: Open Event (including faculty, students and public)

13:40 – 14:30 **Scaling Innovation in Global Health Panel:** The opening plenary panel will explore the need for new approaches to tackling challenges in global health and how other sectors can learn from these approaches. The session will be moderated by Dr. Michael Merson and will include Dr. Krishna Udayakumar, Prof. Gregory Dees, Bonny Moellenbrock (Investor Circle), and Wendy Taylor (USAID).
Location: Fuqua School of Business, Geneen
Participants: Open Event (including faculty, students and public)

14:35 – 15:30 **Innovator Breakout Panel Sessions:** Each breakout session will include a selection of healthcare innovators who will explore the role their models play in addressing global health challenges, the issues in scaling. Sessions will be moderated by Paul Bloom, Matt Nash and Richard Bartlett and will be hosted by MBA students Liz Charles, Lila Cruikshank and Manisha Bhattacharya.
Location: Fuqua School of Business, HCA, McClendon and Lilly
Participants: Open Event (including faculty, students and public)

15:35 – 15:55 **Closing Keynote Address:** The Inaugural Symposium for SEAD will be closed by Ariel Pablos-Mendéz (Assistant Administrator for Global Health at USAID) who will talk about the challenges that exist in global health, how USAID is positioning itself to address these and the role that the newly formed Center for Accelerating Innovation and Impact will play in meeting these challenges around the world.
Location: Fuqua School of Business, Geneen
Participants: Open Event (including faculty, students and public)

15:55 – 16:00 **Closing Remarks:** During this session Dr. Michael Merson will thank everyone for their participation and invite everyone to participate in the table and networking session in Kirby Reading Room.
Location: Fuqua School of Business, Geneen
Participants: Open Event (including faculty, students and public)

16:00 – 17:00 **Networking and Poster Session:** The Summit will close with a dedicated poster session by innovators and select students giving all the participants to learn more about the SEAD innovators and program.
Location: Fuqua School of Business, Kirby Reading room
Participants: Open Event (including faculty, students and public)

17:00 – 18:00 **Dan Heath Book Talk, *(Optional)*:** Come hear CASE Senior Fellow Dan Heath talk about the core findings in the Heath brothers' new released book, *Decisive: How to Make Better Choices in Life and Work*. The first 200 attendees will receive a free copy of the book.
Location: Fuqua School of Business, Geneen Auditorium
Participants: Open Event (including faculty, students and public)

19:00 – 20:00 **SEAD Networking Dinner:** Informal dinner to continue to get to know fellow innovators in SEAD cohort and the team leading the SEAD program at Duke.
Location: Tyler's Taproom, American Tobacco Campus, Durham
Participants: SEAD Innovators and SEAD Team

BACKGROUND QUESTIONNAIRE AND NEEDS ASSESSMENT FOR SEAD COHORT

Q1 Dear Innovator, We are delighted that you have accepted our invitation to join the inaugural cohort for the Social Entrepreneurship Accelerator at Duke (SEAD), and look forward to working closely with you and your team over the next three years. In order for us to better understand your organization and challenges in scaling the impact of your organization, we ask that you complete the following survey. Throughout the survey, please aim to be as objective and honest as possible; the more honest your responses are, the more relevant and useful the unique scaling strategy will be. The survey has three objectives: Background and Overview: Help the SEAD team learn more about your organization (for this section, where applicable we have included information from the original application submission to IPIHD – please feel free to copy/paste this information into the survey and revise as needed. Business Model Scaling: Using the framework developed by the Center for the Advancement of Social Entrepreneurship (CASE), please self-assess the scaling challenges and needs of your organization, to help the SEAD team work with you to design a tailored scaling strategy and capacity training plan. Investment and Funding: Provide information to the SEAD team around the investment and funding requirements of your organization (as you currently see them) in order to help the SEAD team identify the right approaches to supporting you. We understand that funding requirements may change as we work together to refine your plans for scaling your impact. The data you provide will be used to help us work with you in a more productive matter. The data may also be used in research reports and papers on scaling health organizations. We request that you complete this survey by Wednesday, 27 March, so that the team can process the responses and ensure that the workshops and sessions at the SEAD Summit on Thursday and Friday, 4-5 April are as relevant and useful as possible. The survey should take about 30-45 minutes to complete and you will be able to save your responses at any point in the survey and finish at a later time. All responses will be saved for up to two weeks after beginning the survey. Please note that the completion of this survey is completely voluntary. Some of the questions we will ask you as part of this study may make you feel uncomfortable. You may refuse to answer any of the questions and you may take a break at any time during the study. You may stop your participation in this study at any time. There are no physical risks associated with this study. There is, however, the potential risk of loss of confidentiality. Every effort will be made to keep your information confidential; however, this cannot be guaranteed. Furthermore, no information about individual organizations will be shared outside the SEAD team. The only data that would ever be reported to outside parties would be group averages or breakdowns. If you have any questions, please contact one of the principal investigators on the SEAD program, Dr. Krishna Udayakumar (Krishna.udayakumar@duke.edu) or Dr. Paul Bloom (paul.bloom@duke.edu). You may also contact the Duke University Institutional Review Board at ors-info@duke.edu for any questions about your rights as a participant in this study. On behalf of the entire SEAD team, we look forward to the next few years of collaboration. SEAD Team

Q75 Please check the box below if you consent to participate.

- ❍ I consent to participate (1)
- ❍ I do not consent to participate (2)

If I do not consent to partici... Is Selected, Then Skip To End of Survey

Q3 SECTION ONE: BACKGROUND AND OVERVIEW This section is aimed at understanding more about your organization, what your organization does and where you see your organization going in the future – it is predominantly meant to create an overview of your organization.

Q27 Please tell us the following information:

Organization Name: (1)
Organization Website: (2)
Organization Social Media Information(Twitter, Facebook, etc): (3)
Organization Headquarters (City, Country): (4)
Countries of Operation: (5)
Organization Launch Year: (6)
Name of Primary Contact (for SEAD): (7)
Title of Primary Contact (for SEAD): (8)
Email of Primary Contact (for SEAD): (9)
Phone number of Primary Contact (for SEAD): (10)
Name of Secondary Contact (for SEAD): (11)
Title of Secondary Contact (for SEAD) (12)
Email of Secondary Contact (for SEAD): (13)
Phone number of Secondary Contact (for SEAD): (14)

Q28 What health problem, issue, or need does your organization address? (1,000 characters or less)

Q29 Which of the following areas in health and/or health care does your organizationimpact? (Please check all that apply)

- ❑ Primary care (1)
- ❑ Secondary/tertiary care (2)
- ❑ Pediatrics (3)
- ❑ Urgent Care (4)
- ❑ Emergency care (5)
- ❑ Preventative care (6)
- ❑ Maternal/child health (7)
- ❑ Family planning (8)
- ❑ Mental Health (9)
- ❑ Heart disease (10)
- ❑ Diabetes (11)
- ❑ Respiratory conditions (12)
- ❑ Cancer (13)
- ❑ HIV/AIDS (14)
- ❑ TB (15)
- ❑ Malaria (16)
- ❑ Substance abuse (17)
- ❑ Dentistry (18)
- ❑ Screenings/Immunizations (19)
- ❑ Community/Population Health (20)
- ❑ Health Care Financing/insurance (21)
- ❑ mHealth (22)
- ❑ Technologies to Improve Health (23)
- ❑ Social Services (24)
- ❑ Other (please specify) (25) _____

Q33 What products or services does your organization offer? (1,000 characters or less)

Q31 What makes your organization innovative, unique or different from others in addressing the health problem, issue, or need that you address? (1,000 characters or less)

Q32 To whom do you most directly provide (or sell) your products or services? (Please check all that apply)

- ❑ Patients (1)
- ❑ Governments (2)
- ❑ Insurance Providers (3)
- ❑ Care Providers (4)
- ❑ Others (please specify) (5) _____

Q34 How would you describe your target population? (Please check all that apply)Target Population

- ❑ General population (1)
- ❑ Women (2)
- ❑ Pregnant Women (3)
- ❑ Men (4)
- ❑ Families (5)
- ❑ Infants and toddlers, ages 0 to 4 (6)
- ❑ Children and youth, ages 5 and older (7)
- ❑ Older Adults/Elderly (8)
- ❑ Other (please specify) (9) _____

Q44 Population Demographics

- ❑ High Income (top quintile) (1)
- ❑ Higher-Middle Income (second quintile) (2)
- ❑ Middle Income (third quintile) (3)
- ❑ Lower-Middle Income (fourth quintile) (4)
- ❑ Lower Income (fifth quintile) (5)

Q45 Population Location

- ❑ Urban (1)
- ❑ Suburban/peri-urban (2)
- ❑ Rural (3)

Q35 What major goals and objectives does your organization have for the next 3 years? (1,000 characters or less)

Q36 What are the biggest obstacles or challenges to achieving these goals and objectives? (1,000 characters or less)

Q37 Beyond what your organization can accomplish on its own, do you have a broader vision of how you would like to affect change in the health system? If so, briefly what is the vision? (1,000 characters or less)

Q38 SECTION TWO: BUSINESS MODEL SCALING Research by the Center for the Advancement of Social Entrepreneurship (CASE) suggests that successful scaling of the impact of a social venture requires the development and blending of organizational capabilities in seven areas, which we have labeled SCALERS: Staffing, Communicating, Alliance-Building, Lobbying, Earnings-Generation, Replicating, and Stimulating Market Forces. Depending on the unique circumstances facing a venture, it will be important to emphasize building some SCALERS capabilities over others. The following questions seek to determine your unique situation so that we can help you identify a successful scaling strategy that focuses on helping you build and develop the capabilities that will support the scaling of your organization. This survey is only the starting point; the focus of much of the SEAD Summit will be to fully introduce this framework and approach and help you in smaller groups with your peers as well as identify the enablers that are most important for your organization in scaling.

Q40 Self-Assessment of Success to Date Compared to other organizations with similar goals and/or engaged in similar activities as our organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)
...we are highly satisfied with how much we have accomplished. (1)	❍	❍	❍	❍	❍	❍	❍
...we have no difficulty scaling up our skills and capabilities to achieve our goals. (2)	❍	❍	❍	❍	❍	❍	❍
...we are in a better position than anyone else to make progress in our specific field. (3)	❍	❍	❍	❍	❍	❍	❍
...we have built the capabilities to continue to scale our impact and achieve our goals. (4)	❍	❍	❍	❍	❍	❍	❍
...we deliver more value for health-related services provided given relative funds invested. (5)	❍	❍	❍	❍	❍	❍	❍

...we are having a significant impact on the field beyond our direct activities (e.g., serving as a broader model in the global health space). (6)	❍	❍	❍	❍	❍	❍	❍

Q42 Self-Inventory of Methods Used To what extent would you say your organization is relying on each of the approaches listed below to achieve its goals? Many organizations specialize in one approach. It is fine if you only do one of these. But some organizations use multiple approaches and we want to capture that as well. Please answer from Not at All (1) to Very Much (7) on the seven point scale. Our organization is…

	Not at All (1) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	Very Much (7) (7)
Directly providing people/patients with care, procedures, and/or therapies. (1)	❍	❍	❍	❍	❍	❍	❍
Providing people/patients with information, products, or services for self-care or preventative actions. (2)	❍	❍	❍	❍	❍	❍	❍
Providing emotional, psychological, transportation, nutritional, and physical support to patients. (3)	❍	❍	❍	❍	❍	❍	❍
Connecting people/patients with care providers. (4)	❍	❍	❍	❍	❍	❍	❍
Training, developing, or recruiting people to serve as care providers in areas of need. (5)	❍	❍	❍	❍	❍	❍	❍
Providing products or services to health systems or care providers, such as medical supplies,	❍	❍	❍	❍	❍	❍	❍

telecommunication, information technology, or transportation services. (6)							
Collaborating with other organizations with complementary interests. (7)	❍	❍	❍	❍	❍	❍	❍
Advocating for a change in public policy (i.e., a law, regulation, or budgetary allocation). (8)	❍	❍	❍	❍	❍	❍	❍
Providing financial capital or funding to other health organizations. (9)	❍	❍	❍	❍	❍	❍	❍
Using technology to help match people or organizations with similar needs or to create more efficiency in communications and logistics. (10)	❍	❍	❍	❍	❍	❍	❍
Working to create healthier environments for people (e.g., cleaner water, sanitation, food safety). (11)	❍	❍	❍	❍	❍	❍	❍

Q23 Evidence of Effectiveness, Scale, and Impact Have you recently conducted evaluation studies or done analyses that can be used to assess the kind of impact you are having? Evaluators can use a range of methodologies in doing their work. If you have done an evaluation or had one done, and you know the methodology used, please check off which (if any) of the following research methods have been used in any of your recent evaluation studies or reports (Please check all that apply):

- ❑ Randomized-controlled trials with random assignment to intervention and control conditions. (1)
- ❑ Comparison of results obtained from a pilot-study group receiving an intervention to the results obtained from a non-randomized control group (such as a matched group). (2)
- ❑ Comparison of results obtained from a pilot-study group receiving an intervention to average results obtained by other interventions tried with similar populations (but with no control group). (3)
- ❑ Comparing measures obtained before and after an intervention has been introduced, but without using a control group. (4)
- ❑ Qualitative assessment, including interviews, success stories, testimonials, and descriptive field reports. (5)
- ❑ Not sure how to describe the methodology, or it does not fit neatly into any of the above categories. (6)
- ❑ No evaluation studies to date. (7)

If No evaluation studies to date. Is Selected, Then Skip To Do you use any 3rd party product or c...

Q24 Please use the space below to provide additional information about your evaluation studies and reports – if you are willing to share any past studies or reports, please send them to Richard.bartlett@duke.edu or bring copies with you to the Summit.

Q25 In general, how persuasive is the evidence from these studies in making the case to important stakeholders that your products or services are effective?

	Not Very Convincing (1) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	Very Persuasive (7) (7)
Evidence persuasiveness (1)	❍	❍	❍	❍	❍	❍	❍

Q26 In general, how satisfied are you with the evidence from these studies for your own internal purposes (e.g., for strategy or continuous improvement)?

	Very Dissatisfied (1)	Dissatisfied (2)	Somewhat Dissatisfied (3)	Neutral (4)	Somewhat Satisfied (5)	Satisfied (6)	Very Satisfied (7)
Evidence Satisfaction (1)	❍	❍	❍	❍	❍	❍	❍

Q27 Do you use any 3rd party product or company ratings or certifications to communicate impact commitment to stakeholders? (Please check all that apply):

- ❑ I am B Certified (1)
- ❑ I am GIIRS rated (2)
- ❑ Supplier certification (e.g., Fair Trade) (3)
- ❑ Environmental certification (e.g., LEED) (4)
- ❑ Other: (5) _____

Q28 We would like to know more about your efforts to grow or scale up in the last three years. Please indicate how strongly you agree with each of the following statements.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)
We have not really tried to grow or scale up, since we did not feel we were ready. (1)	❍	❍	❍	❍	❍	❍	❍
We have been trying to increase our impact by adding sites (e.g., clinics, hospitals, etc.) or facilities where all the paid employees work for us and we are all under a single legal organization. (2)	❍	❍	❍	❍	❍	❍	❍
We have been trying to increase our impact by adding distributors, franchisees, agents, or other partners that are separate legal entities and have their own employees. (3)	❍	❍	❍	❍	❍	❍	❍
We have been trying to increase our impact by disseminating messages, materials, and policy recommendations	❍	❍	❍	❍	❍	❍	❍

to important stakeholders, hoping to get them to try new approaches and change current behaviors. (4)							

Q29 Self-Assessment of Organizational Capabilities We are interested in your assessment of your capabilities in the seven areas defined below. We would like you to read the seven definitions and then indicate how weak or strong – in general – you feel your organization is on each capability compared to other organizations working to resolve similar health problems as your organization. Please rate your overall weakness/strength for each capability.

Q30 Staffing (Human Resource Management): the effectiveness of your organization at filling its labor needs (clinical and non-clinical), including its managerial posts and board memberships, with paid staff or volunteers who have the requisite skills for the needed positions and who are organized and managed in ways that will encourage the achievement of desired impact on the health issues your organization aims to address.

	Very Weak (1)	Weak (2)	Somewhat Weak (3)	Neutral (4)	Somewhat Strong (5)	Strong (6)	Very Strong (7)
Staffing (Human Resource Management) (1)	❍	❍	❍	❍	❍	❍	❍

Q31 Communicating: the effectiveness with which your organization is able to persuade key stakeholders that its change strategy is worth adopting and/or supporting.

	Very Weak (1)	Weak (2)	Somewhat Weak (3)	Neutral (4)	Somewhat Strong (5)	Strong (6)	Very Strong (7)
Communicating (1)	❍	❍	❍	❍	❍	❍	❍

Q32 Alliance-Building: the effectiveness with which your organization has forged partnerships, coalitions, joint ventures, and other linkages to bring about desired health changes.

	Very Weak (1)	Weak (2)	Somewhat Weak (3)	Neutral (4)	Somewhat Strong (5)	Strong (6)	Very Strong (7)
Alliance Building (1)	❍	❍	❍	❍	❍	❍	❍

Q33 Lobbying (Advocacy): the effectiveness with which your organization is able to advocate for government and regulatory actions that may work in its favor.

	Very Weak (1)	Weak (2)	Somewhat Weak (3)	Neutral (4)	Somewhat Strong (5)	Strong (6)	Very Strong (7)
Lobbying (Advocacy) (1)	❍	❍	❍	❍	❍	❍	❍

Q34 Earnings-Generation: the effectiveness with which your organization generates a stream of revenue/funding that exceeds your expenses.

	Very Weak (1)	Weak (2)	Somewhat Weak (3)	Neutral (4)	Somewhat Strong (5)	Strong (6)	Very Strong (7)
Earnings-Generation (1)	❍	❍	❍	❍	❍	❍	❍

Q35 Replicating: the effectiveness with which your organization can reproduce (or encourage others to reproduce) the programs and initiatives that you have originated.

	Very Weak (1)	Weak (2)	Somewhat Weak (3)	Neutral (4)	Somewhat Strong (5)	Strong (6)	Very Strong (7)
Replicating (1)	❍	❍	❍	❍	❍	❍	❍

Q36 Stimulating Market Forces: the effectiveness with which your organization creates incentives for people or institutions to engage in market transactions (e.g., buying, selling, borrowing, lending, investing) that can help to produce desired health changes.

	Very Weak (1)	Weak (2)	Somewhat Weak (3)	Neutral (4)	Somewhat Strong (5)	Strong (6)	Very Strong (7)
Stimulating Market Forces (1)	❍	❍	❍	❍	❍	❍	❍

Q37 Performance Metrics Used by the Organization (Please provide total figures, with as much accuracy as possible, for the last year)

Number of Patients or Clients Served/Benefited (1)	❍ Insert Range (0-1,000?) (1)	❍ 1,001 - 5,000 (2)	❍ 5,001 - 10,000 (3)	❍ 10,001 - 25,000 (4)	❍ 25,001 - 100,000 (5)	❍ 100,001 + (6)
Number of Procedures or Visits (2)	❍ 0 - 1,000 (1)	❍ 1,001 - 5,000 (2)	❍ 5,001 - 10,000 (3)	❍ 10,001 - 25,000 (4)	❍ 25,000 - 100,000 (5)	❍ 100,001 + (6)
Total Gross Revenues (3)	❍ Less than $100,000 (1)	❍ $100,000 - $250,000 (2)	❍ $250,001 - $500,000 (3)	❍ $500,001 - $1 million (4)	❍ $1 million - $3 million (5)	❍ $3 million + (6)
Total Costs (4)	❍ Less than $100,000 (1)	❍ $100,000 - $250,000 (2)	❍ $250,001 - $500,000 (3)	❍ $500,001 - $1 million (4)	❍ $1 million - $3 million (5)	❍ $3 million + (6)
Total Profit/Margin (5)	❍ Less than $100,000 (1)	❍ $100,000 - $250,000 (2)	❍ $250,001 - $500,000 (3)	❍ $500,001 - $1 million (4)	❍ $1 million - $3 million (5)	❍ $3 million + (6)
Number of Full-time Employees (Clinical) (6)	❍ 0 - 10 (1)	❍ 11 - 50 (2)	❍ 51 - 100 (3)	❍ 101 - 250 (4)	❍ 250 - 500 (5)	❍ 500+ (6)
Number of Full-time Employees (Technical) (7)	❍ 0 - 10 (1)	❍ 11 - 50 (2)	❍ 51 - 100 (3)	❍ 101 - 250 (4)	❍ 250 - 500 (5)	❍ 500+ (6)
Number of Full-time Employees (Non-Clinical and Non-Technical) (8)	❍ 0 - 10 (1)	❍ 11 - 50 (2)	❍ 51 - 100 (3)	❍ 101 - 250 (4)	❍ 250 - 500 (5)	❍ 500+ (6)
Number of Part-time Employees (Clinical) (9)	❍ 0 - 10 (1)	❍ 11 - 50 (2)	❍ 51 - 100 (3)	❍ 101 - 250 (4)	❍ 250 - 500 (5)	❍ 500+ (6)

Number of Part-time Employees (Technical) (10)	❍ 0 - 10 (1)	❍ 11 - 50 (2)	❍ 51 - 100 (3)	❍ 101 - 250 (4)	❍ 250 - 500 (5)	❍ 500+ (6)
Number of Part-time Employees (Non-Clinical and Non-Technical) (11)	❍ 0 - 10 (1)	❍ 11 - 50 (2)	❍ 51 - 100 (3)	❍ 101 - 250 (4)	❍ 250 - 500 (5)	❍ 500+ (6)
Number of Volunteers (12)	❍ 0 - 10 (1)	❍ 11 - 50 (2)	❍ 51 - 100 (3)	❍ 101 - 250 (4)	❍ 250 - 500 (5)	❍ 500+ (6)
Number of Sites with Programs (13)	❍ 0 - 5 (1)	❍ 6 - 10 (2)	❍ 11 - 20 (3)	❍ 21 - 50 (4)	❍ 50 - 100 (5)	❍ 100+ (6)
Number of Countries Served (14)	❍ 1 (1)	❍ 2 (2)	❍ 3 (3)	❍ 4 (4)	❍ 5 - 10 (5)	❍ 11+ (6)

Q38 What quantitative measures, if any, do you record and monitor to examine your impact on health outcomes and results? Please list the metrics you use and, if possible, indicate the level that was achieved for each metric during the last year.

Q39 What quantitative measures, if any, do you record and monitor to examine your impact on health risks? Please list the metrics you use and, if possible, indicate the level that was achieved for each metric during the last year.

Q40 What quantitative measures, if any, do you record and monitor to examine the satisfaction of patients, clients, or employees? Please list the metrics you use and, if possible, indicate the level that was achieved for each metric during the last year.

Q41 What quantitative measures, if any, do you record and monitor to examine your impact on economic or development outcomes and results? Please list the metrics you use and, if possible, indicate the level that was achieved for each metric during the last year.

Q42 Are there other performance measures that are appropriate for your organization?

Q44 Self-Assessment of Starting Position Please indicate how strongly you agree or disagree with each of the following statements, using other organizations working to resolve similar health issues as points of comparison. Please answer to the best of your ability. If you feel the question is not relevant for your organization, then you may answer N/A. A. Human Capital Compared to other organizations working to resolve similar health issues as our organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we have people in place that possess the skills necessary to deliver our services or products. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we have individuals in management positions with the skills necessary to lead our organization. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we have individuals on our Board with the skills necessary to guide our organization. (3)	❍	❍	❍	❍	❍	❍	❍	❍

Q45 B. Social Capital Compared to other organizations working to resolve similar health issues as our organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we are not pursuing a very controversial cause. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we find people really love what we are doing. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we rarely conflict with others in pursuing our initiatives. (3)	❍	❍	❍	❍	❍	❍	❍	❍
…we find many other organizations interested in supporting our cause. (4)	❍	❍	❍	❍	❍	❍	❍	❍
…we do not have anything about us that creates barriers to attracting ally organizations. (5)	❍	❍	❍	❍	❍	❍	❍	❍
…we easily attract supporters and gain recognition for our work. (6)	❍	❍	❍	❍	❍	❍	❍	❍

Q46 C. Political Capital Compared to other organizations working to resolve similar health issues as our organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we have very few laws or regulations that make it difficult for us to pursue our mission. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we do not find governments or public policy getting in the way of what we want to do. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we have (or would have) an easy time building political support for our cause. (3)	❍	❍	❍	❍	❍	❍	❍	❍

Q47 D. Financial Capital Compared to other organizations working to resolve similar health issues as our organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we have plenty of funding to do what we want to do. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we have an easy time making our case to funders. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we are at least breaking-even financially. (3)	❍	❍	❍	❍	❍	❍	❍	❍
…we have a good accounting system with effective financial controls. (4)	❍	❍	❍	❍	❍	❍	❍	❍

Q48 E. Technological Capital Compared to other organizations working to resolve similar health issues as our organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we have access to the internal information and communications technology capabilities we need. (1)	❍	❍	❍	❍	❍	❍	❍	❍
...we have access to the external information and communications technology networks that we need in the geographies that we operate. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we have access to the computer and information capabilities we need. (3)	❍	❍	❍	❍	❍	❍	❍	❍
…we have smoothly functioning and efficient systems for logistics, transportation, and conducting our operations. (4)	❍	❍	❍	❍	❍	❍	❍	❍

Q49 F. Natural-Resource Capital Compared to other organizations working to resolve similar health issues as our organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we have no trouble obtaining any of the raw materials or supplies we need to deliver our products or services. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we are not endangering any natural resources in the way we are delivering our programs. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we easily find sources of supply for the products we need to use or sell. (3)	❍	❍	❍	❍	❍	❍	❍	❍

Q50 G. Access to Markets Compared to other organizations working to resolve similar health issues as our organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we have no trouble gaining access to our target customers for providing our services or products. (1)	❍	❍	❍	❍	❍	❍	❍	❍
… we face no serious regulatory or other entry barriers to entering the markets we need to enter to do our work well. (2)	❍	❍	❍	❍	❍	❍	❍	❍
… we do not face strong competitors in the markets we are trying to serve. (3)	❍	❍	❍	❍	❍	❍	❍	❍
...we find the markets we work in to be efficient and well	❍	❍	❍	❍	❍	❍	❍	❍

structured. (4)								

Q52 Self-Assessment of Organizational CapabilitiesPlease indicate how strongly you agree or disagree with each of the following statements, using other organizations working to resolve similar health issues as points of comparison. Please answer to the best of your ability. If you feel the question is not relevant for your organization, then you may answer N/A. A. Staffing (Human Resources Capabilities) Compared to other organizations working to resolve similar health problems as your organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we are effective at recruiting and retaining people who have the necessary skills to serve in management positions. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we are effective at recruiting and retaining people for important clinical or technical positions. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we are effective at recruiting and retaining people for important non-clinical positions. (3)	❍	❍	❍	❍	❍	❍	❍	❍
…we are effective at recruiting and retaining capable	❍	❍	❍	❍	❍	❍	❍	❍

volunteers to help us meet our labor needs. (4)								
…we are effective at recruiting and retaining appropriate and helpful people to our Board. (5)	❍	❍	❍	❍	❍	❍	❍	❍
…we have an efficient, smooth-functioning organizational structure and job descriptions, where roles and responsibilities are clearly understood. (6)	❍	❍	❍	❍	❍	❍	❍	❍
…we take strategic planning seriously and are effective at implementing plans. (7)	❍	❍	❍	❍	❍	❍	❍	❍
…our senior leaders are able to execute well on their internal duties despite external time pressures for fundraising and public relations. (8)	❍	❍	❍	❍	❍	❍	❍	❍

Q53 B. Communicating Compared to other organizations working to resolve similar health problems as your organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we are effective at communicating what we do to key stakeholders. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we do a good job of getting "our story" out to the public. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we are effective at informing the people we seek to serve about the benefits and costs of the health services and products we offer. (3)	❍	❍	❍	❍	❍	❍	❍	❍
…we are effective at informing donors and funders about the value of what we do. (4)	❍	❍	❍	❍	❍	❍	❍	❍
…we are effective at informing government and healthcare decision leaders about	❍	❍	❍	❍	❍	❍	❍	❍

the value of what we do. (5)								
…we are effective at persuading individuals to change their own personal behaviors to help alleviate the health issue we address. (6)	❍	❍	❍	❍	❍	❍	❍	❍

Q54 C. Alliance-building Compared to other organizations working to resolve similar health problems as your organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we are effective at building partnerships with other organizations that create win-win situations for us and them. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we rarely try to "go it alone" when pursuing new initiatives. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we are accomplishing more through joint action with other organizations than we could be doing by operating on our own. (3)	❍	❍	❍	❍	❍	❍	❍	❍
…we do not worry about taking responsibility of an issue and are willing to share credit with others for any successes. (4)	❍	❍	❍	❍	❍	❍	❍	❍
…we take	❍	❍	❍	❍	❍	❍	❍	❍

advantage of synergies between our organization and other organizations. (5)								

Q55 D. Lobbying (Advocacy) Compared to other organizations working to resolve similar health problems as your organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we are effective at getting government agencies and officials to provide financial support for our efforts. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we are effective at getting government agencies and officials to create laws, rules, and regulations that support our efforts. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we are able to raise our cause to a higher place on the public agenda. (3)	❍	❍	❍	❍	❍	❍	❍	❍
…we are able to increase the amount of publically available	❍	❍	❍	❍	❍	❍	❍	❍

information about our cause. (4) …we rarely have difficulty getting political figures to consider our arguments. (5)	❍	❍	❍	❍	❍	❍	❍	❍

Q56 E. Earnings Generation Compared to other organizations working to resolve similar health problems as your organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we are generating a strong stream of revenue from products and services that we sell. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we have donors and funders who are generous with us. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we do not feel pressure to find new sources of revenue/funding. (3)	❍	❍	❍	❍	❍	❍	❍	❍
…we have little trouble paying our bills. (4)	❍	❍	❍	❍	❍	❍	❍	❍
…we know ways to finance our activities that keep us sustainable. (5)	❍	❍	❍	❍	❍	❍	❍	❍

Q57 F. Replicating your organization… Compared to other organizations working to resolve similar health problems as

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we have a business model that can work effectively in multiple locations or situations. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we do not face a highly unique situation in every place we operate. (2)	❍	❍	❍	❍	❍	❍	❍	❍
…we find it easy to replicate our programs. (3)	❍	❍	❍	❍	❍	❍	❍	❍
…we have little difficulty teaching new sites or affiliates what we do. (4)	❍	❍	❍	❍	❍	❍	❍	❍
…we do not incur large expenses when	❍	❍	❍	❍	❍	❍	❍	❍

replicating our programs. (5)								
…we have conducted evaluations that provide evidence that our programs are worth replicating. (6)	❍	❍	❍	❍	❍	❍	❍	❍

Q58 G. Stimulating Market Forces Compared to other organizations working to resolve similar health problems as your organization…

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)	N/A (8)
…we are able to demonstrate that businesses can make money through supporting our initiatives. (1)	❍	❍	❍	❍	❍	❍	❍	❍
…we are able to demonstrate that patients/organizations can save money through purchasing our products or using our services. (2)	❍	❍	❍	❍	❍	❍	❍	❍
. …we have created incentives (i.e., financial rewards, recognition) that resonate with investors, patients, and others. (3)	❍	❍	❍	❍	❍	❍	❍	❍
. …we find that the pursuit of financial self-interest by businesses and patients has led to good outcomes for our cause. (4)	❍	❍	❍	❍	❍	❍	❍	❍
…we are able to trust market forces to help resolve health problems. (5)	❍	❍	❍	❍	❍	❍	❍	❍

Q121 SECTION THREE: INVESTMENT AND FUNDING This section is aimed at learning more about the financial status of your organization and what your funding goals and objectives are for the next three years. What is the legal status of your organization? (Please only check those that apply)

- ❑ Private for-profit (1)
- ❑ Private not-for-profit (2)
- ❑ Public for-profit corporation (3)
- ❑ Public-private partnership (4)
- ❑ Government agency (5)
- ❑ Other: (please specify such as a Cooperative, private joint-venture, Community Interest Company (UK), Benefit Corporation (US) , multi-lateral agency, etc.) (6) _____

Q123 We would like to understand your current mix of funding sources, as well as the mix of funding sources you would like to have three years from now. Please indicate in the left column what percentages of your total annual funding in the last fiscal year came from the sources listed. And please indicate in the right column how you would like this percentage breakdown to look three years from now.

	%'s Last Year (1)	Desired %'s in 3 Years (2)
Payment from Patients and Individuals for Products and Services (1)		
Payment from Governments (or public health/insurance schemes) for Products and Services (2)		
Payment from Businesses for Products and Services (3)		
Payments/Reimbursements from Private Insurance Systems (4)		
Government Grants (5)		
Grants from Foundations and NGO's (6)		
Donations from Corporations (7)		
Donations from Private Individuals (8)		

Q124 Please indicate how strongly you agree or disagree with each of the following statements:

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)
We have a business plan that outlines our business mission and our funding needs. (1)	❍	❍	❍	❍	❍	❍	❍
We are in current conversations with investors. (2)	❍	❍	❍	❍	❍	❍	❍
We maintain a list of potential donors/funders/investors with whom we wish to cultivate relationships. (3)	❍	❍	❍	❍	❍	❍	❍

Q126 To date, who has paid for the services you provide? (Please check all that apply)

- ❑ Individual donors (1)
- ❑ Grants from government agencies (2)
- ❑ Grants from foundations (3)
- ❑ Clients or customer subscription fees (4)
- ❑ Client or customer service fees (5)
- ❑ Third party payors or insurers (6)
- ❑ Other (please specify) (7) _____

Q127 To date, which of the following sources of funding have helped support your organization/ company and its growth? (Please check all that apply)

- ❑ Donations (1)
- ❑ Grants (2)
- ❑ Sponsorships (3)
- ❑ Government contracts (4)
- ❑ Debt (i.e., loans) (5)
- ❑ Program-related investments (from foundations) (6)
- ❑ Loan guarantees/lines of credit (7)
- ❑ Equity capital – from individuals (8)
- ❑ Equity capital – from institutions (9)
- ❑ Self-funded (10)
- ❑ Friends and family grants or investments (11)
- ❑ Other (please specify) (12) _____

Q128 Since inception, how much outside capital (e.g., non-self-funded) have you raised?

- ❍ None (1)
- ❍ Less than $100,000 (2)
- ❍ $100,000 to $250,000 (3)
- ❍ $250,001 to $500,000 (4)
- ❍ $500,001 to $1 million (5)
- ❍ $1 million to $3 million (6)
- ❍ More than $3 million (7)

Q129 What are your funding or investment needs in the next 3 years – specifically, how much outside financial capital do you need in order to scale?

- ❍ None (1)
- ❍ Less than $100,000 (2)
- ❍ $100,000 to $250,000 (3)
- ❍ $250,001 to $500,000 (4)
- ❍ $500,001 to $1 million (5)
- ❍ $1 million to $3 million (6)
- ❍ More than $3 million (7)

Q130 How will you most likely use the outside financial capital to scale?

	Very Unlikely (1)	Unlikely (2)	Somewhat Unlikely (3)	Undecided (4)	Somewhat Likely (5)	Likely (6)	Very Likely (7)
Hire personnel and talent (1)	❍	❍	❍	❍	❍	❍	❍
Support marketing and communications (2)	❍	❍	❍	❍	❍	❍	❍
Build more physical facilities (3)	❍	❍	❍	❍	❍	❍	❍
Provide a wider range of products and services (4)	❍	❍	❍	❍	❍	❍	❍
Conduct research and evaluations (5)	❍	❍	❍	❍	❍	❍	❍
Other (please specify) (6)	❍	❍	❍	❍	❍	❍	❍

Q131 In the next 3 years, which sources of funding will you be seeking? (Please check all that apply)

- ❑ Donations (1)
- ❑ Grants (2)
- ❑ Sponsorships (3)
- ❑ Government contracts (4)
- ❑ Debt (i.e., loans) (5)
- ❑ Program-related investments (from foundations) (6)
- ❑ Loan guarantees/lines of credit (7)
- ❑ Equity capital – from individuals (8)
- ❑ Equity capital – from institutions (9)
- ❑ Self-funded (10)
- ❑ Friends and family grants or investments (11)
- ❑ Other (please specify) (12) _____

Q125 Do you have any idea of what sort of financial return on average per year you might be able to provide on this investment over the next three years?

- ❍ 0 - 5% (1)
- ❍ 6 - 10% (2)
- ❍ 11 - 20% (3)
- ❍ > 20% Annual Return (4)
- ❍ I Don't Know (5)
- ❍ N/A (6)

Q132 What are the biggest challenges you see in receiving funding or investment in the next 3 years?

Q133 Are you a for-profit entity?

- ❍ Yes (1)
- ❍ No (2)

If No Is Selected, Then Skip To You have finished the Needs Assessmen...

Q134 Have you had prior engagement with investors?

- ❑ No (1)
- ❑ Yes, with individual investors (2)
- ❑ Yes, with institutional or venture capital investors (3)
- ❑ Yes, with lenders (4)
- ❑ Yes, other (please list) (5) _____

Q135 How confident do you feel about the following aspects of raising investment capital?

	Not at All Confident (1) (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	Completely Confident (7) (7)
Communicating with investors (giving an elevator pitch all the way up to pitching to a large group of investors) (1)	❍	❍	❍	❍	❍	❍	❍
Financial projections and valuation analysis (2)	❍	❍	❍	❍	❍	❍	❍
Investment terms and exit strategies (3)	❍	❍	❍	❍	❍	❍	❍
Other (please list topic and indicate confidence level) (4)	❍	❍	❍	❍	❍	❍	❍

Q76 You have finished the Needs Assessment Survey. Please ensure that you have answered all questions and are satisfied with your responses. By clicking the next arrow, your answers will be submitted and you cannot revisit or edit.

- ❍ I am ready to submit my responses (1)

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Innovator Self Assessment Overview

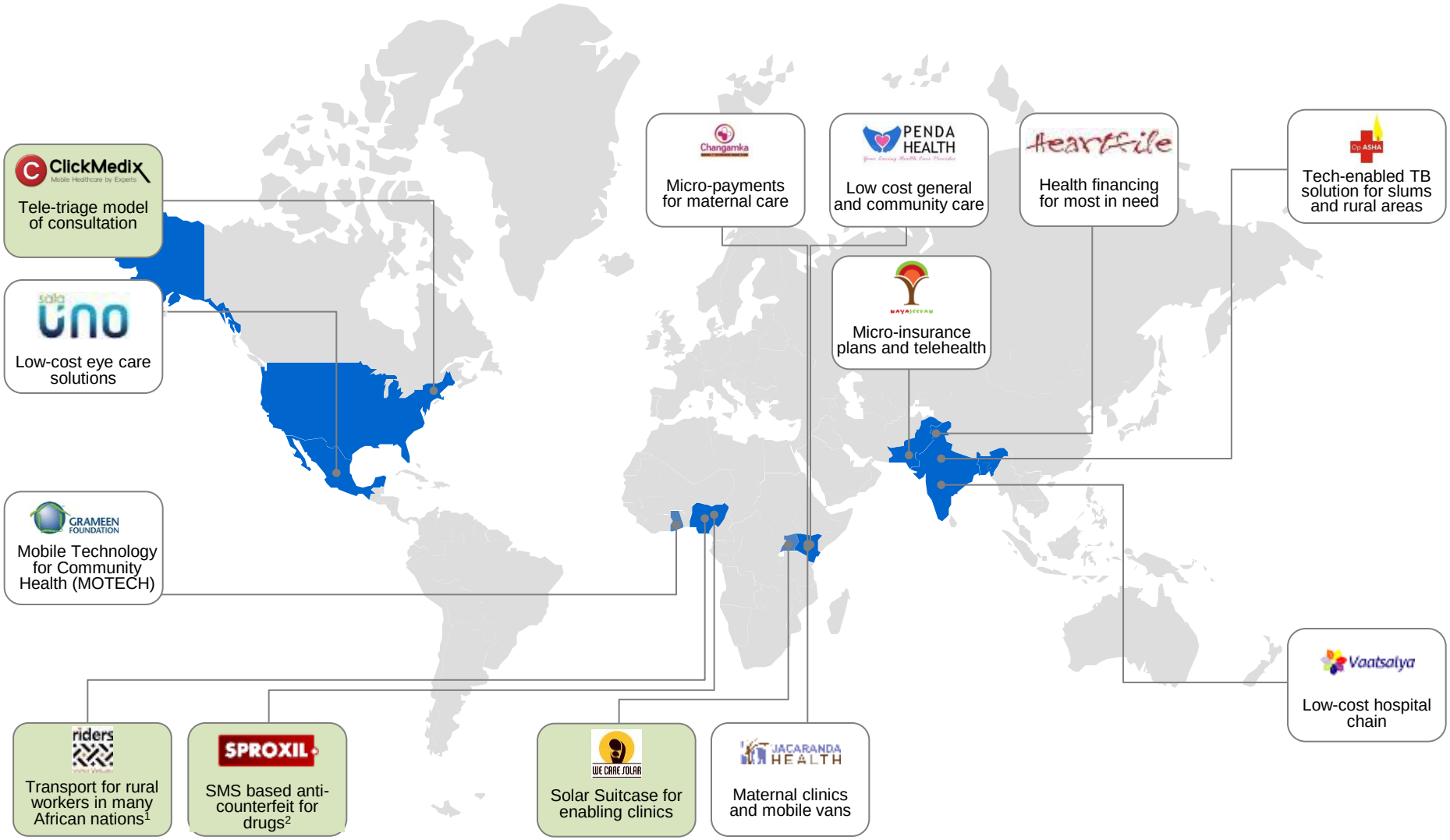
SEAD Summit – Durham Launch

Presenter:
Paul Bloom

April 4, 2013

SEAD Cohort: Geographical Mix

VARIOUS COUNTRIES



[1] Headquarters in the UK (London) and US (San Francisco)
[2] Headquarters in the US (Boston)

Overview of Innovator Self-Assessment

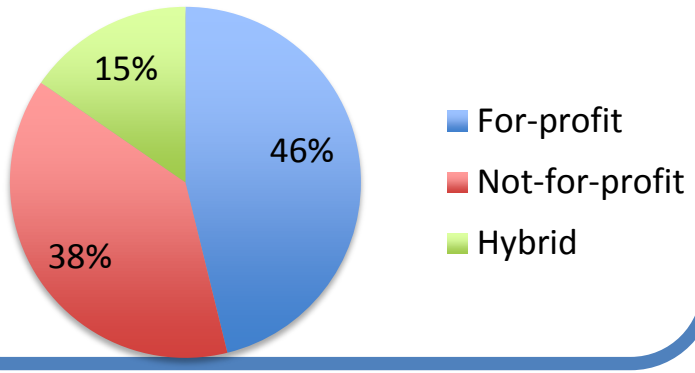
Demographics

- 13 innovators completed survey
- Average age of organization- 7 years
- Provide service to the general population, but more focused on women
- 92% service the lowest quintile income
- All service suburban/periurban area

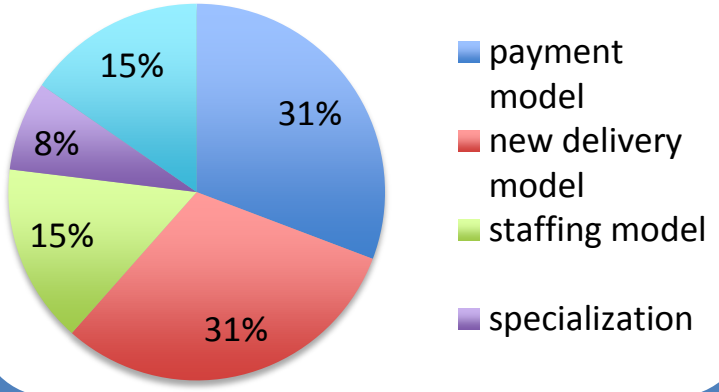
Services

- 2/3 provide patient service, 1/3 service health care providers
- Most common areas of service include: Mobile health, TB, screenings/ Immunizations, Community population health, Technologies to improve health

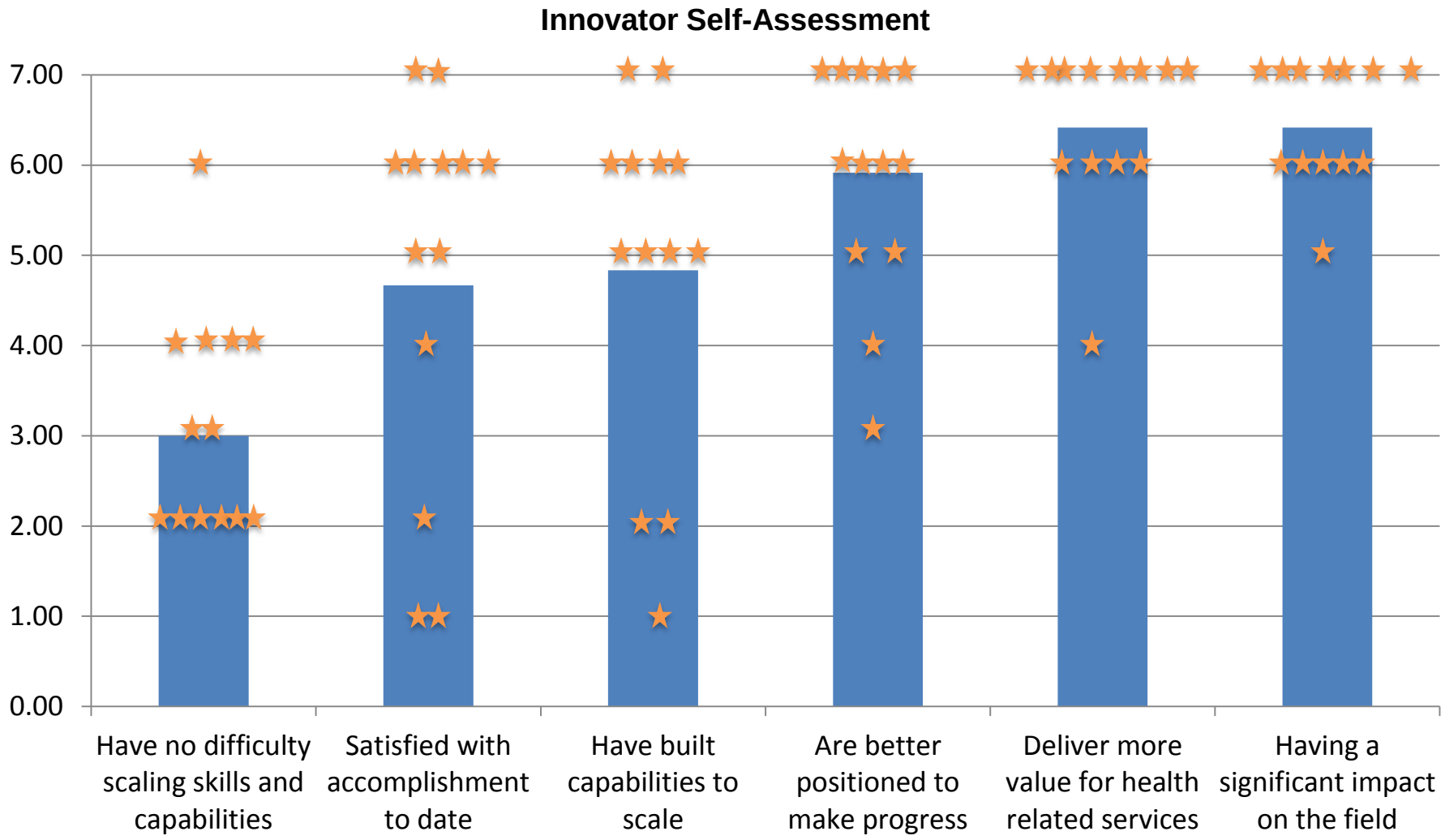
Organizational Structure



Types of Innovations



On average, innovators believe highly in their ability to impact the field but are less confident in their ability to scale up their operations



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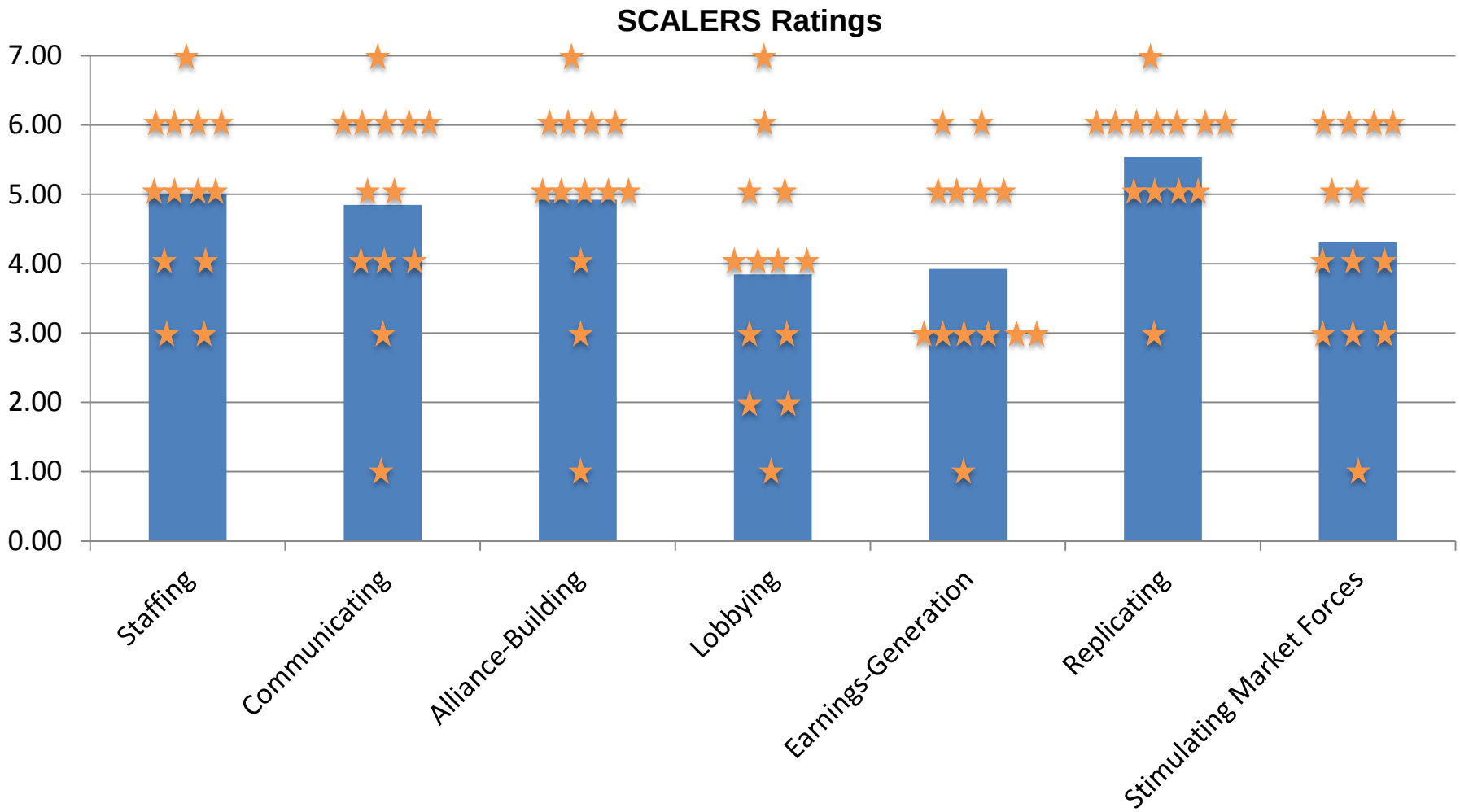
Operationally, innovators feel most strongly about their ability to replicate services but are least confident in their abilities to lobby and raise funding



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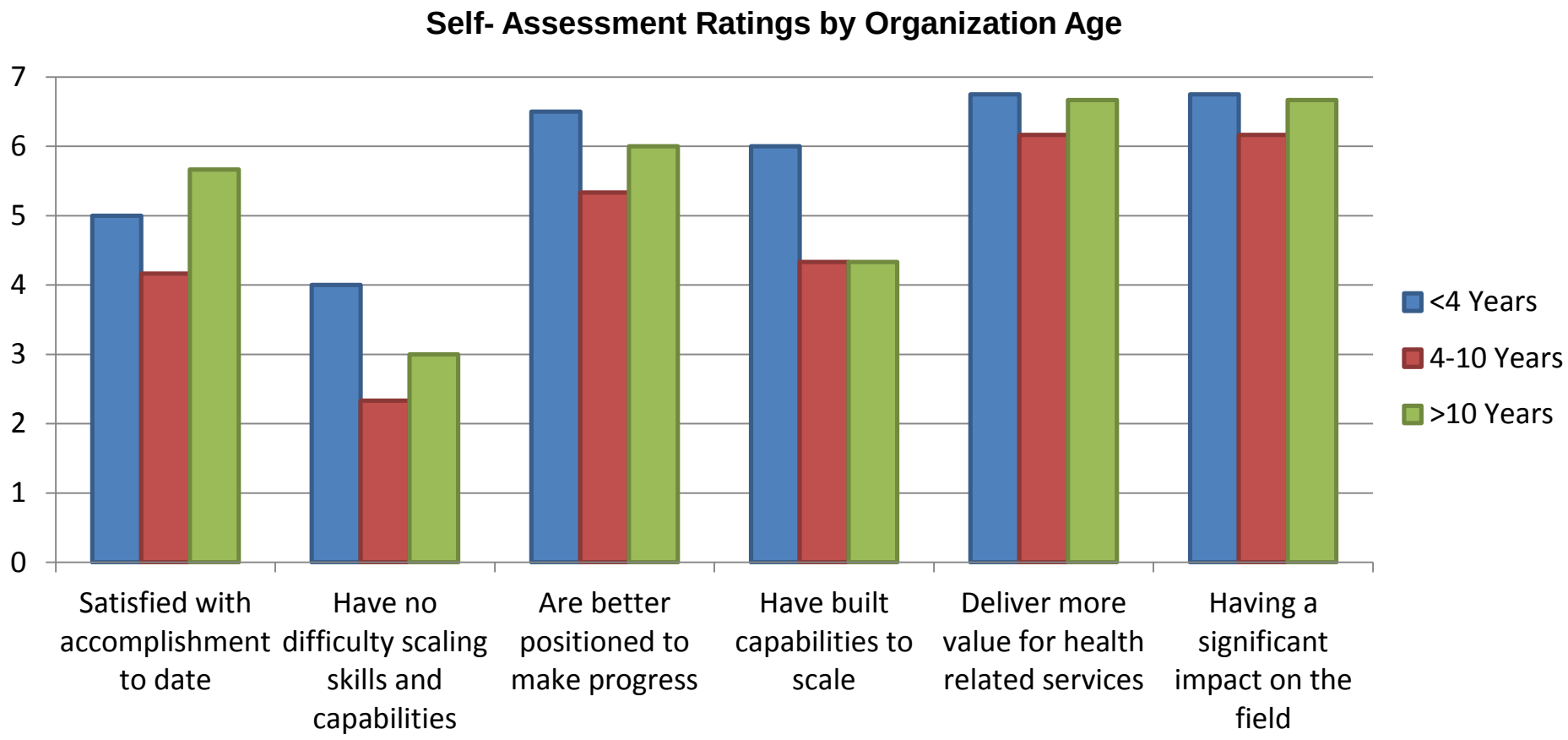
Innovators that have operated for 4-10 years express lower confidence levels across the board than startups or more seasoned organizations



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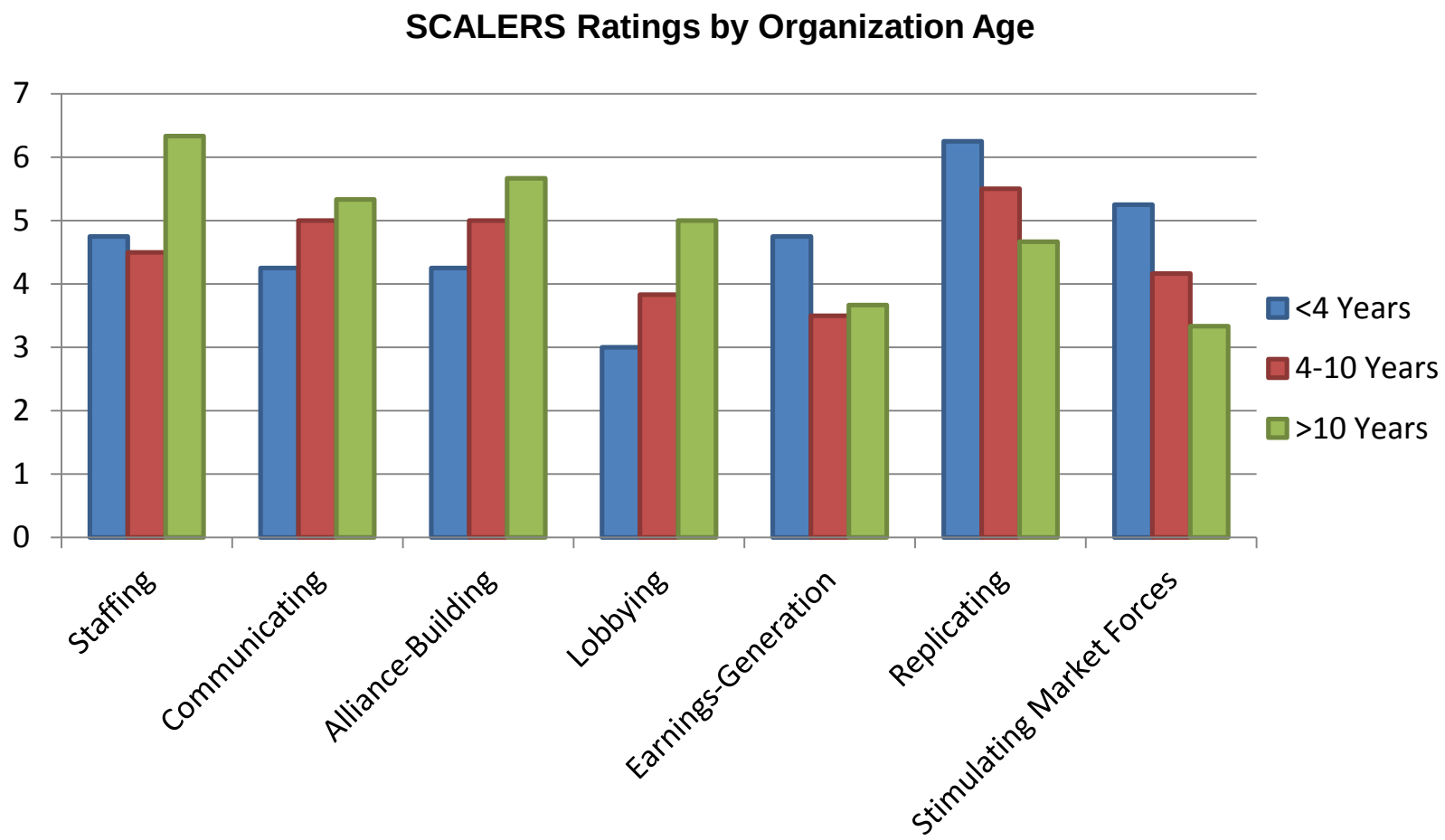
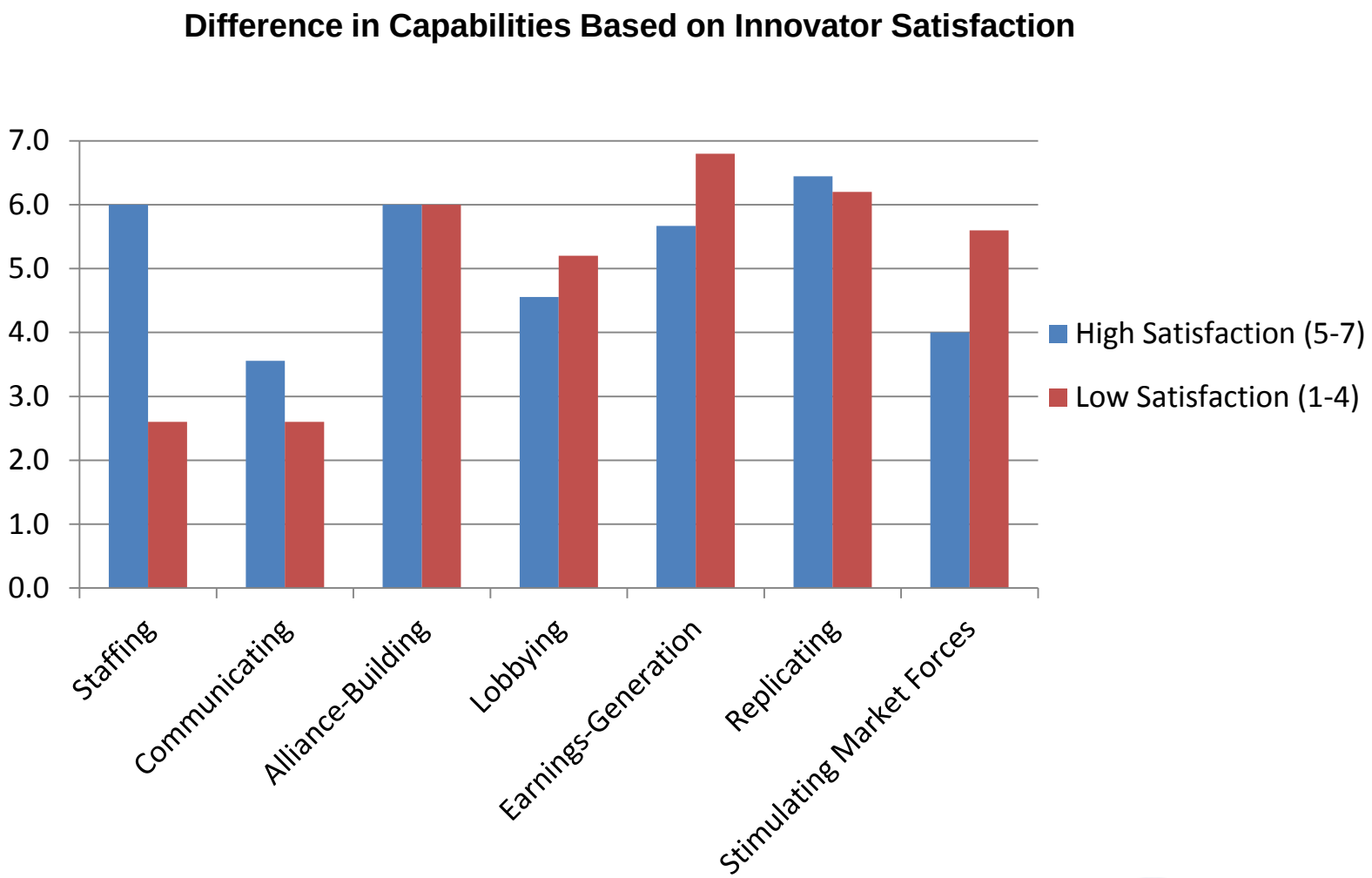
Newer innovators feel more confident on their ability to generate funding and replicate their model; whereas older innovators feel more confident in their staffing and alliance building capabilities



Highly satisfied innovators indicate higher confidence in staffing and ability to replicate. Those with lower levels of satisfaction have strong earnings-generation and ability to stimulate market forces.



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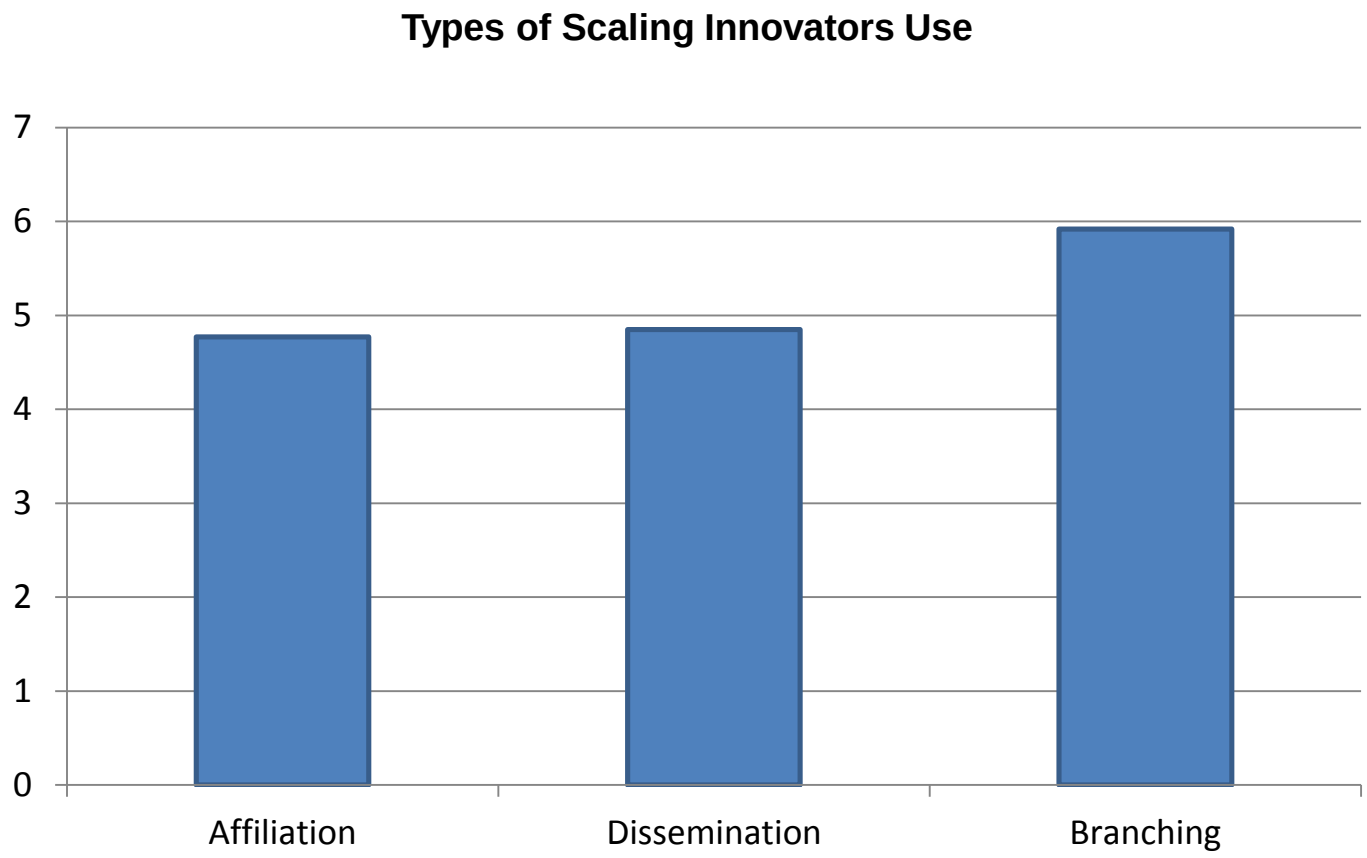
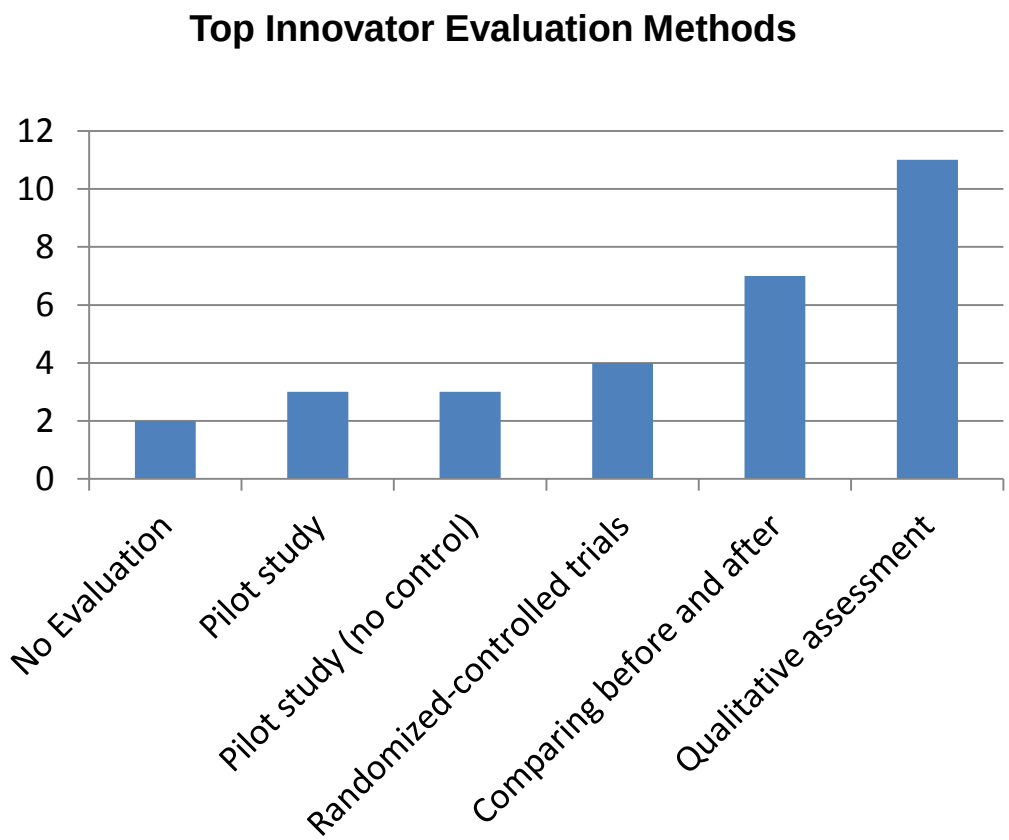
In order to scale impact, most innovators utilize multiple scaling strategies at the same time



Innovators have high confidence in the impact of their work, but most only have qualitative data to back up confidence



Types of Innovator Certification

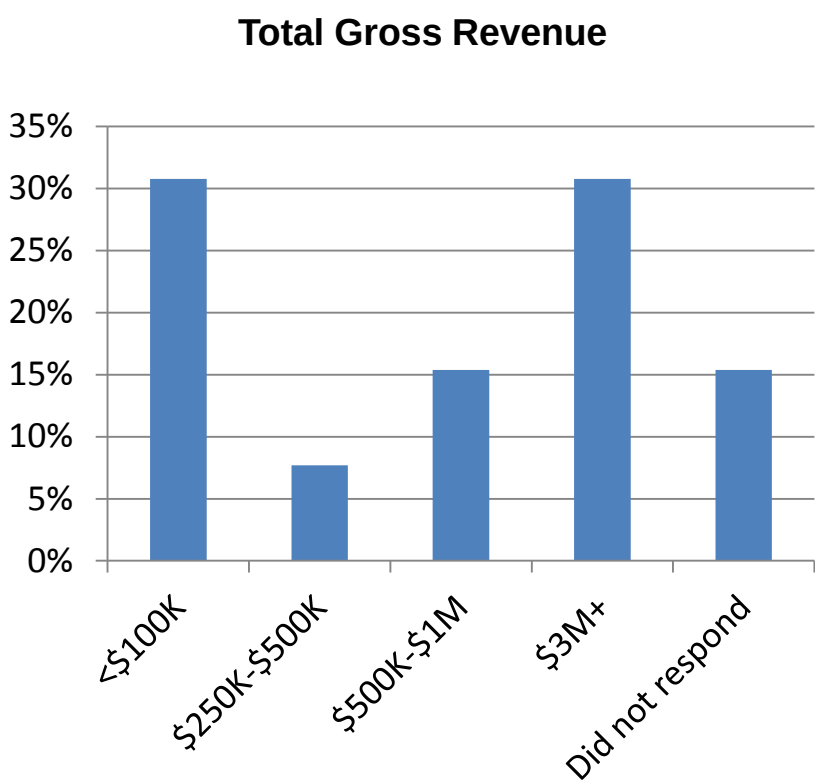
GIIRS GLOBAL IMPACT INVESTING RATING SYSTEM

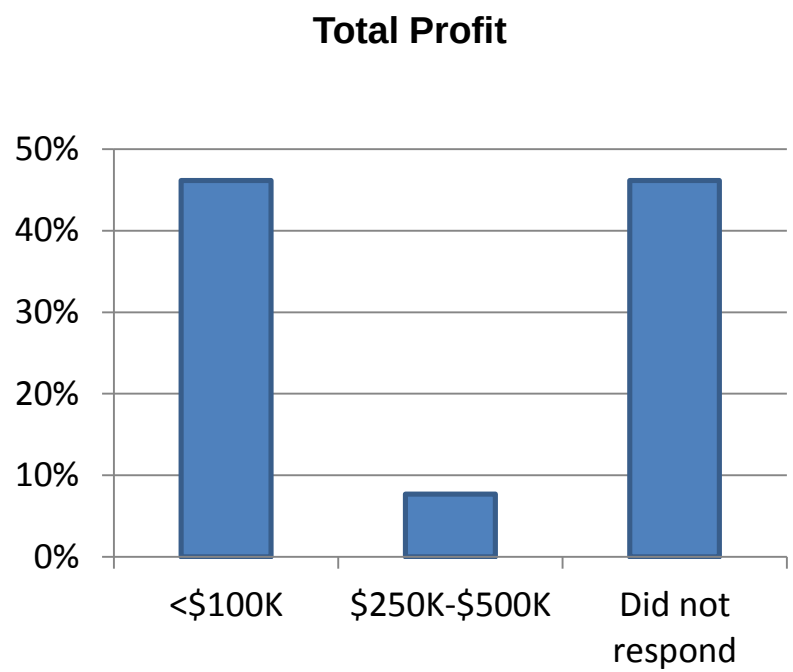
IRIS IMPACT REPORTING & INVESTMENT STANDARDS

HIPAA Health Insurance Portability and Accountability Act

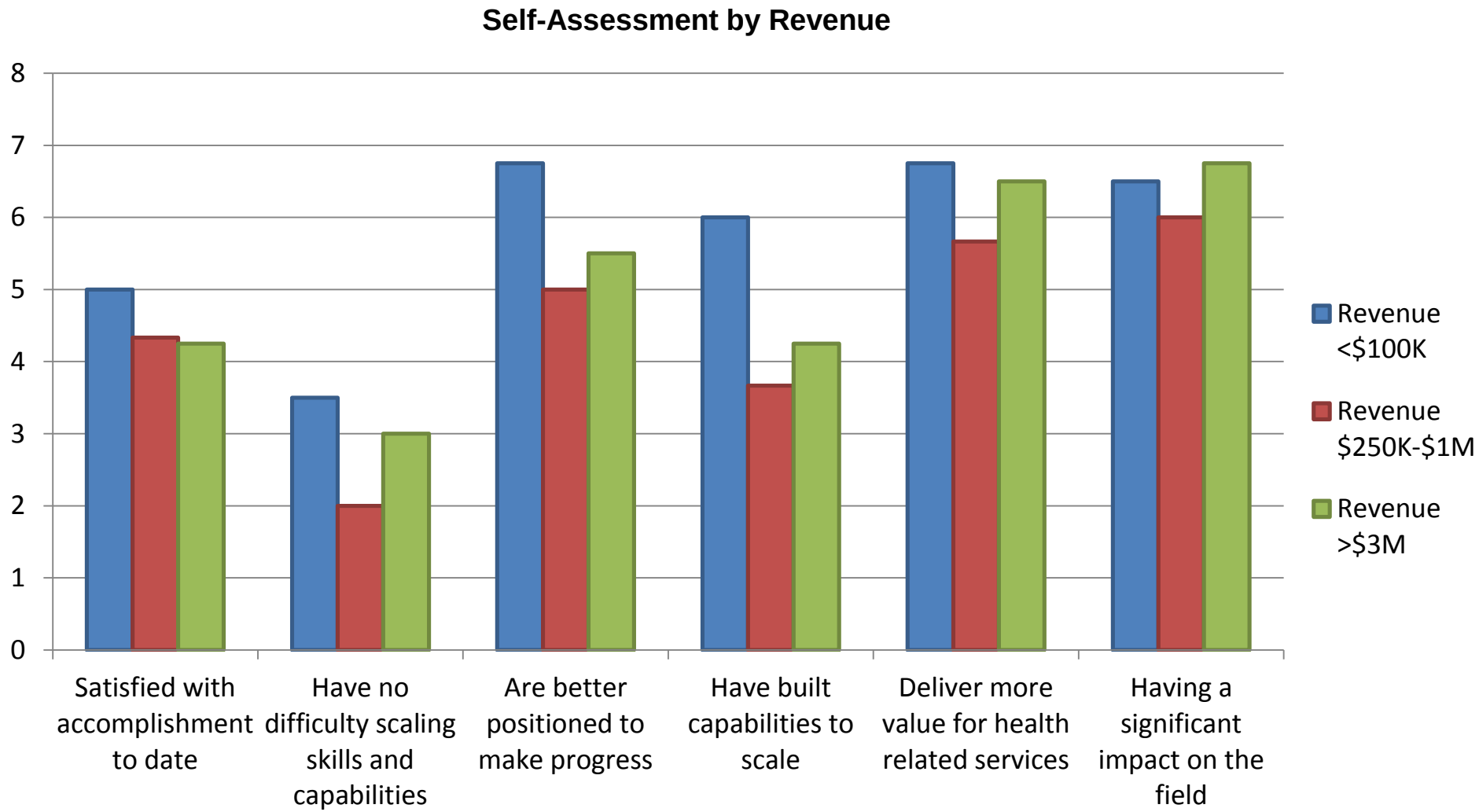
CHARITY NAVIGATOR your guide to intelligent giving

Currently, while the average innovator's revenue ranges from less than $100K to over $3M, in general profits are less than $100K

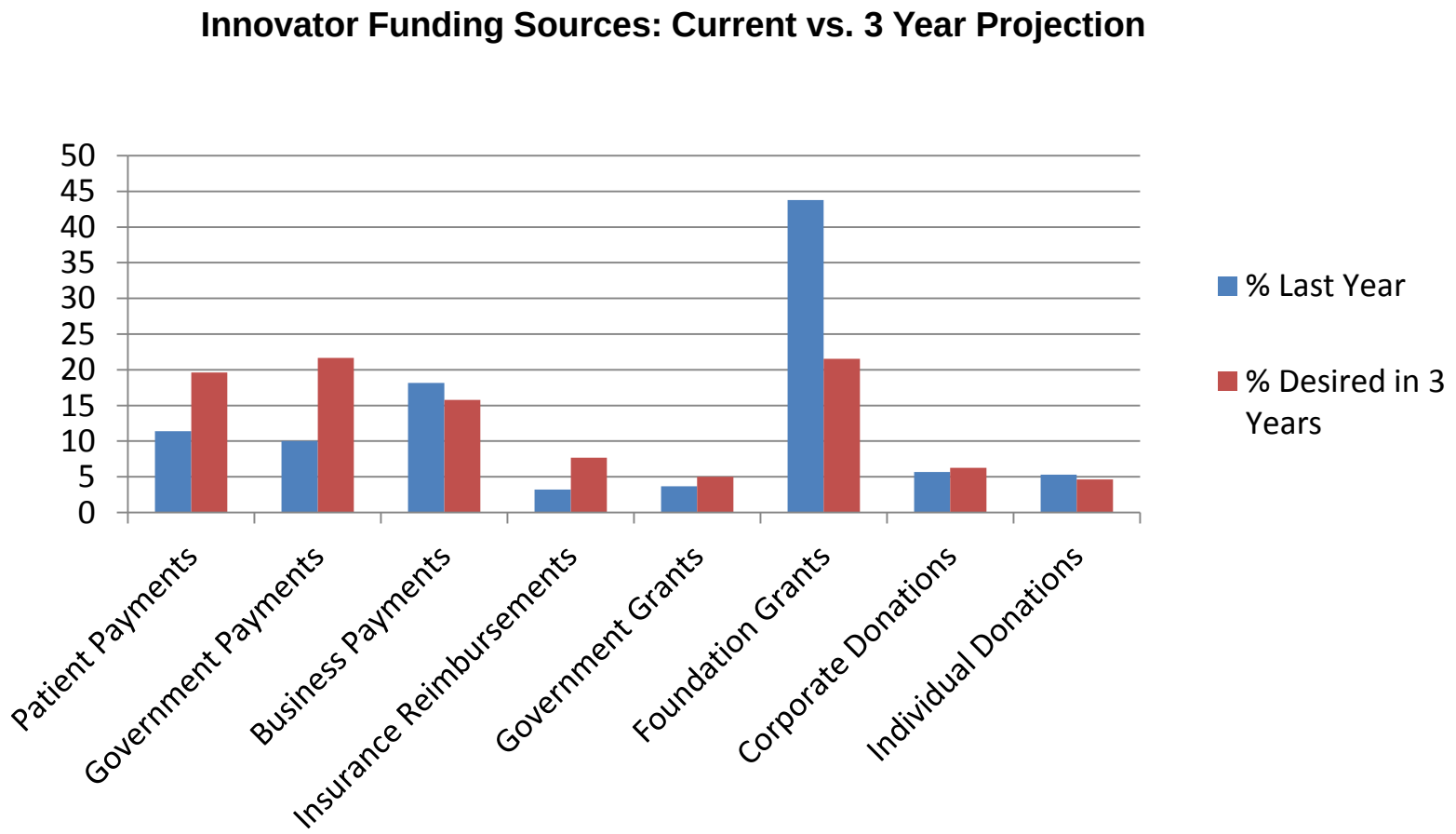




Innovators with revenue between $250-$1M experience overall lower levels of self-confidence across all metrics



Today, SEAD innovators rely heavily on government grants, but hope to reduce this reliance in the future by increasing revenue from patient and government payers



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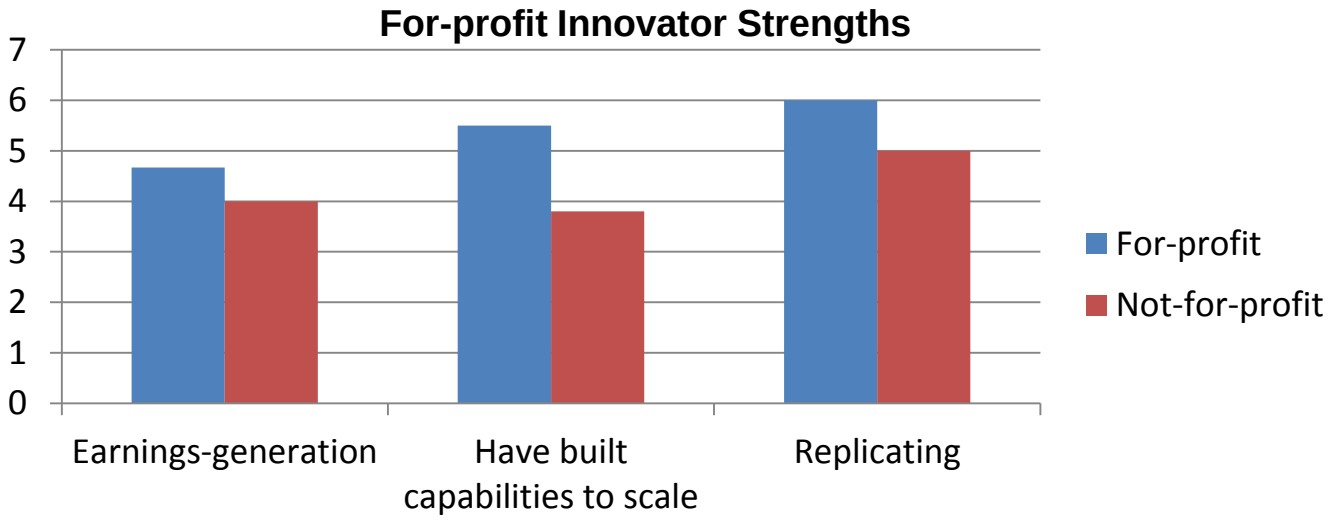
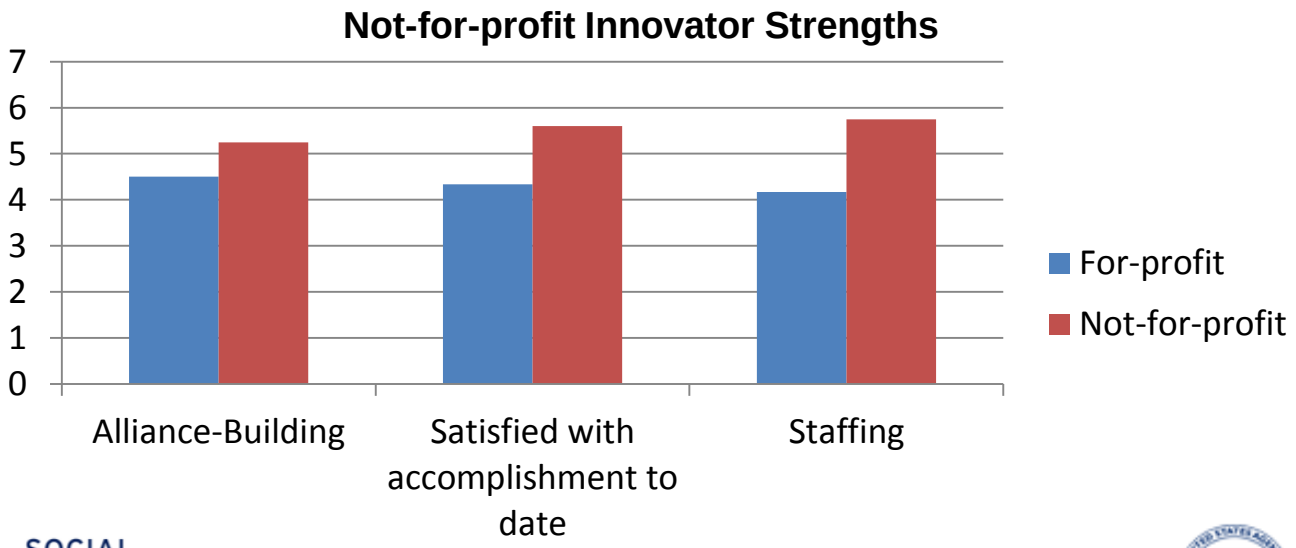
Overall, for-profit innovators are more confident in revenue generating abilities; not-for-profits are more satisfied with accomplishments and internal team





Questions for Self Reflection

1. **Did you learn anything interesting about your organization?**

2. **What else should we have asked about?**