





# FINAL EVALUATION

## Saving Lives at Birth Program Evaluation

**Grand Challenge for Development to Facilitate, Identify, and Scale Up Transformative Prevention and Treatment Approaches for Pregnant Women and Newborns Around the Time of Birth**

May 2015

Contract No. AID-OAA-C-14-00067

### **DISCLAIMER**

The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

This document is available in printed or online versions. Online documents can be located in the GH Pro website at [www.ghpro.dexisonline.com](http://www.ghpro.dexisonline.com). Documents are also made available through the Development Experience Clearinghouse (<http://dec.usaid.gov>). Additional information can be obtained from:

**Global Health Performance Cycle Improvement Project**

1299 Pennsylvania Avenue NW, Suite 1152

Washington, DC 20006

Phone: (202) 625-9444

Fax: (202) 517-9181

[www.ghpro.dexisonline.com](http://www.ghpro.dexisonline.com)

# CONTENTS

- ACRONYMS.....iii
- EXECUTIVE SUMMARY .....v
  - Findings and Conclusions..... vii
  - Recommendations..... viii
- I. INTRODUCTION..... I
  - Evaluation Purpose..... I
  - Evaluation Process..... I
  - Evaluation Questions ..... I
  - Project Background..... 2
  - Evaluation Methods and Limitations ..... 3
- II. FINDINGS..... 7
  - Questions ..... 7
- III. CONCLUSIONS ..... 27
  - Question 1—Niche within the Maternal and Neonatal Health Innovation Space.....27
  - Question 2—Grantee Selection Process.....27
  - Question 3—Scaling Successes, Failures, and Lessons Learned.....28
  - Question 4—Value Add of the Community of Innovators .....28
  - Question 5—Early Results .....29
- IV. RECOMMENDATIONS ..... 31
- ANNEXES**
- Annex I. Evaluation Statement of Work..... 33
- Annex II. Evaluation Methods and Limitations ..... 45
- Annex III. Data Collection Instruments ..... 47
- Interview Introduction and Questionnaires ..... 49
- Annex IV. Sources of Information ..... 51
- Annex V. Disclosure of any Conflicts of Interest ..... 53
- Annex VI. Seven Tough Questions (That Innovators Wish We Asked Earlier) ..... 55



# ACRONYMS

bCPAP	Bubble Continuous Positive Airway Pressure
BMGF	Bill & Melinda Gates Foundation
CHV	Community Health Volunteer
CHX	Chlorhexidine
DFID	U.K. Department for International Development
EWEC	Every Woman, Every Child
FCHV	Female Community Health Volunteer
FY	Fiscal Year
GCC	Grand Challenges Canada
GoN	Government of Norway
HBB	Helping Babies Breathe
HMS	Helping Mothers Survive
IWG	Innovation Working Group
LMIC	Low- and middle-income country
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MOH	Ministry of Health
NIH	National Institutes of Health
Norad	Norwegian Agency for Development Cooperation
PIO	Private International Organization
PPC	Peer Practice Coordinator
PPIUD	Postpartum intrauterine device
SL@B	Saving Lives at Birth
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development
UNCoLC	United Nations Commission on Lifesaving Commodities
WHO	World Health Organization



# EXECUTIVE SUMMARY

The Saving Lives at Birth (SL@B) Program evaluation examines the activities, outcomes, and early impacts of the program, a multi-donor activity of the United States Agency for International Development (USAID), the Bill & Melinda Gates Foundation (BMGF), Grand Challenges Canada (GCC), the Government of Norway (GoN), and the U.K. Department for International Development (DFID). The SL@B program goal is to fund innovative tools and approaches to help mothers and newborns during their most vulnerable hours. SL@B seeks groundbreaking prevention and treatment approaches for pregnant women and newborns in poor, hard-to-reach communities around delivery time when the majority of maternal and newborn deaths occur. It targets a population that has been the most difficult to reach.

SL@B looks for innovative ideas that can leapfrog conventional approaches in three main domains: (1) science and technology; (2) service delivery; and (3) “demand side” innovations, to address persistent and intractable challenges. These innovations empower pregnant women and their families to practice healthy behaviors and be aware of and access health care during pregnancy, childbirth, and the early postnatal period, especially the first two days after birth. The SL@B program provides grants to source and assist in the transition to scale of maternal and neonatal health innovations. To date, the partners have issued four calls for applications.

The SL@B’s results can be seen via a range of achievements and outcomes, as of October 2014, namely: 34 innovative prototypes, service delivery models, drug (re)formulations, and drug delivery systems; \$47M in grants awarded to date to 81 projects; 77 seed grants and 14 transition-to-scale grants funded; more than 763,000 beneficiaries reached through SL@B products and services; 32,000 intermediaries accessing products and services; 124 new jobs; and more than \$19.5 million in funds leveraged from outside sources. Its funding, support, and guidance helped the innovating grantees to move forward and led 14 to receive a transition-to-scale grant. The results will be revisited over time as the grantees’ products and services advance.

The SL@B program evaluation can help inform decisions on future investments and provide recommendations for improving program processes in SL@B 2.0. The current SL@B partners—USAID, BMGF, GCC, GoN, and DFID, along with the World Bank, a program affiliate—are the primary audience of this evaluation report. However, future partners, grantees, and stakeholders may find the report’s findings useful. The report will also serve as a communication tool to share the SL@B 1.0 narrative by providing a description of implementation approaches, processes, and effects.

**Project Background:** Saving Lives at Birth: A Grand Challenge for Development was launched in January 2011. It consisted of four calls for applications in five years, with some grants extending beyond 2016. The partners aim to facilitate innovative prevention and treatment approaches to make an impact on the problems of stillbirth, newborn death, and maternal death in rural and low-resource settings where progress to reduce mortality has been poor. According to United Nations data, the maternal mortality ratio in developing countries is 14 times higher than in developed regions and the Millennium Development Goals (MDGs) will not be reached without accelerated interventions. In addition, a growing proportion of child deaths occur in the first month after birth.

SL@B activities consist of seed and transition-to-scale grants as well as workshops and networking opportunities at the annual multiday Development×Change event, through the Xcelerator program, and

other ad hoc events. The seed funds, approximately \$250,000 per grant, support the development and validation of ideas capable of impacting health outcomes for pregnant women and their babies in low-resource settings. The transition-to-scale funds develop, refine, and rigorously test the impact of integrated solutions that have previously measured promising health outcomes in a controlled or limited setting. The solutions funded have the potential to credibly scale to improve the lives of millions of pregnant women and newborns in multiple countries. Transition awards are approximately \$2M and are limited to integrated solutions that unite technology, service delivery, and demand with demonstrated proof-of-concept to transition toward scale up.

**Evaluation Methods and Limitations:** The evaluation asked five overarching questions about the SL@B Program, namely:

1. Does Saving Lives at Birth fill a niche within the maternal and neonatal health innovation space?
2. Is the grant selection process appropriately designed to identify potentially groundbreaking prevention and treatment approaches for pregnant women and newborns?
3. What are some scaling successes, failures, and lessons learned stemming from the Saving Lives at Birth portfolio?
4. What is the value add of the Saving Lives at Birth “community of innovators”?
5. What early results related to improved health outcomes amongst women and newborns can be attributed to the work of projects supported through Saving Lives at Birth?

The evaluation synthesizes the research conducted to date on the SL@B program. It examined data from focus groups and interviews, a desk review of available project documents, and a case study in Malawi. Qualitative analysis exists in a different paradigm from quantitative analysis and purposive sampling is an accepted strategy. There are acceptable forms of bias in qualitative analysis.

A description of the evaluation methods used and limitations are listed below:

- Focus groups: A total of 20 SL@B grantees and experts participated in 4 focus groups during the July 2014 Development<sup>x</sup>Change event in Washington, DC, led by USAID staff from outside the SL@B program.
  - Limitations: SL@B program staff recommended participants for the focus groups, and USAID staff served as facilitators (instead of an outside facilitator). The short length of time to complete the focus group study limited the amount of information collected and the number of people involved.
- Interviews: The 11 individuals interviewed included representatives from SL@B partner organizations, influential thinkers in the maternal and neonatal health and scaling space, and reviewers of multiple rounds of SL@B grant applications.
  - Limitations: A SL@B partner recommended key informants and facilitated introductions to the consultant. The length and number of interviews were also limited due to time constraints.
- The desk review included the review and synthesis of SL@B data and background documents that the SL@B team provided. Other relevant information came from the websites of key maternal and newborn health initiatives. The Xcelerator program—a three-day workshop and mentorship program for grantees—also provided recommendations on how to achieve scaling success.

- Limitations: The desk review data are qualitative, rather than quantitative, and given the time constraints, not fully comprehensive. It was an abbreviated desk review and guided/informed by original background documents. In addition, people internal to the SL@B program wrote many of these documents.
- The case study: The case study assessed the key characteristics of the scale-up process of the SL@B Pumani bubble Continuous Positive Airway Pressure (bCPAP) innovation in Malawi.
  - Limitations: The case study team was led by two USAID staff outside the SL@B team, not an outside evaluator.

## FINDINGS AND CONCLUSIONS

### **Answering Question 1—Niche within the Maternal and Neonatal Health Innovation Space:**

SL@B fills a niche within the maternal and neonatal health innovation space. It is a large program that brings together multiple donors to fund a wide range of innovative ideas and accelerate progress to meet the 2015 MDGs regarding maternal and child health. Five donors collaborate, pooling resources and expertise; the two partners—USAID and GCC—share the burden of managing grantees. The primary focus is on innovator ideas. SL@B attracts applicants from a diverse range of disciplines and backgrounds. The program provides support beyond the grant funds by promoting a community of innovators for grantees and applicants, conducting capacity-building workshops, and encouraging grantees to network widely and leverage additional outside funds. Integrated solutions to maternal and neonatal health problems comprise the majority of the innovations. A low focus on stillbirths exists among the innovations that reflects a lack of understanding in the field on the causes of stillbirth.

**Answering Question 2—Grantee Selection Process:** The grant selection process appears to be appropriately designed to identify potentially groundbreaking prevention and treatment approaches for pregnant women and newborns. The grantee selection process evolved from round to round as the SL@B team carefully examined the application process each year to learn from and build on the process and program. By round three, the reviewers were focusing on innovation; impact; execution, evaluation plan, and organizational capacity; sustainability; and the pioneering nature of the innovation. The reviewers' diverse opinions and experience covered a range of fields and led to a variety of innovations passing the innovation screen. The reviewers are experts in maternal, neonatal, and child health; experienced global health practitioners; and individuals with social enterprise and innovation backgrounds. They are selected based on their expertise and matched with relevant applications received. Interest exists among reviewers and partners to increase the representation of innovators from low- and middle-income countries (LMICs), as they remain a minority among grantees despite efforts to engage them. Reviewers also requested increased clarity in the scoring system and budgets, and a more concrete definition of what innovation entails.

**Answering Question 3—Scaling Successes, Failures, and Lessons Learned:** A key driver of scaling successes are the partnerships between innovators and outside organizations, facilitated through the annual Development<sup>x</sup>Change and introductions by SL@B partner staff. According to the data collected, the capacity-building workshops at the Development<sup>x</sup>Change event and during the Xcelerator workshop were also key drivers of scaling success. A barrier to scaling success existed between moving from seed to transition-to-scale grants. Many grantees also found translating impact into commercial value to be challenging. In terms of lessons learned, establishing a clear path to scale earlier in the process could improve the likelihood of achieving scaling success.

**Answering Question 4—Value Add of the Community of Innovators:** There is an overall positive view among grantees of the benefits of the community of innovators. Benefits include sharing experiences and collaborating with other innovators to solve problems more quickly. However, at times in the application process, the atmosphere was more competitive, lowering the influence of the community of innovators. Most grantees advocated for more deliberate efforts to establish relationships between grantees, while some encouraged providing more time for informal interaction so relationships could form organically.

**Answering Question 5—Early Results:** Some grantees have begun to report early outcomes and outputs of their innovations. As the funded products and services advance in the development space, further results are expected.

Below are the early reported grantee results and outcomes, based on initial data, as of October 2014:

- More than 763,000 beneficiaries and 32,000 intermediaries are accessing grantee products or services.
- A total of 124 jobs were created in high-, middle-, and low-income countries.
- Grantee organizations reported the creation of a total of 34 innovative prototypes, service delivery models, drug (re)formulations, and drug delivery systems.
- With the \$47M disbursed, grantees leveraged more than \$19.5 million from outside sources of funding.
- SL@B innovations have a high focus on the following major causes:
  - Of neonatal death: neonatal infections, neonatal tetanus, diarrheal diseases, and other causes of neonatal death.
  - Of maternal death: hypertensive disorders, obstructed labor, and other direct and indirect causes of maternal death.
- No policy changes were reported as being adopted as a result of the innovations.

## RECOMMENDATIONS

Based on the evaluation findings, the five recommendations, below, can serve as a guide to increase SL@B program effectiveness and its benefits:

- 1. Increase efforts to leverage the partnership’s benefits and forge additional relationships between grantees and other organizations.** SL@B could build on its work at the DevelopmentXChange to further leverage its resources and create more formal structures to link grantees to other organizations. Additional seminars could be added that focus on how to leverage funds and build networks. Web platforms could provide additional resources and online networking for grantees. The Operational Committee calls for a platform where SL@B partners can coordinate to further leverage their networks and connections to help grantees. Resources could be pooled to address in-country regulatory issues.
- 2. Increase understanding of stillbirth and linkages to other data.** There is a general lack of understanding in the field as to the causes of stillbirth. Data may be available that could help improve this understanding, but this knowledge gap could be hindering its use. Providing technical assistance to innovators can help in understanding how their innovations can help lower stillbirth rates.

Learning how data can help to contribute to this understanding/knowledge base could help increase this understanding and bring innovations that could be applied to the stillbirth issue.

- 3. Increase efforts to engage developing country innovators.** To make this change, the program could add more developing country reviewers, use increased and more diverse methods of outreach to reach developing country innovators, require developing country partners for transition-to-scale grantees from high-income countries, and hire grant specialists to assist potential grantees to navigate the application process.
- 4. Develop more concrete definitions of innovation and achieving scale.** Discussions among the partners to determine more concrete definitions of innovation and scale in diverse contexts could help both applicants and reviewers in the grant process. These discussions could be included in the partners meetings.
- 5. Include a discussion of the grantee path to scale as part of the evaluation and selection process.** Use the screening phase to evaluate the grantees' path to scale and include this step as part of the selection process. Use strategy mapping after the grant award to help ensure grantees outline the path to scale and sustainability from the start. As partnerships were a critical lever for achieving scale, "bake in" partnerships to the process.



# I. INTRODUCTION

## EVALUATION PURPOSE

The evaluation examines the unique nature of the Saving Lives at Birth (SL@B) program and its early progress achieving outcomes and impacts. The SL@B program provides both seed and transition-to-scale grants to fund innovators from around the world in an effort to source and scale maternal and neonatal health innovations with the greatest potential for impact. The evaluation considers both program-level and grantee-level program aspects, including the international program context; call for grant applications and subsequent selection process; progress in supporting and achieve scaling success among grantees; effects of the community of innovators; early progress towards improved health outcomes in women, newborns, and their families; as well as results, lessons learned, next steps, and recommendations.

The current SL@B partners are the primary audience of this evaluation, but it can also provide lessons for similar programs working in the development arena as well as for future grantees. The partners have committed to continuing the SL@B program beyond the originally envisioned four rounds with the goal of an additional \$50M in funding, beginning in 2015. Decisions about the scope of future investments and improved processes for SL@B 2.0 are the primary intended use of this evaluation. The report can also be useful for potential future SL@B partners, grantees, and other program stakeholders. The report can also serve as a communication tool for “sharing the story” of SL@B 1.0.

## EVALUATION PROCESS

The evaluation is primarily qualitative in nature, taking into consideration feedback from focus group participants and interviewees, data from background project documents provided by SL@B partners and from outside sources, and information from the SL@B Pumani bCPAP Scale-up in Malawi Case Study. A total of 20 grantees and influential thinkers in the maternal and neonatal health innovation space participated in four focus groups that USAID staff led during the 2014 Development×Change event in Washington, DC. A consultant interviewed 10 influential thinkers, application reviewers, and representatives from partner organizations for their feedback on the SL@B process. Two USAID staff from outside the SL@B team led the Malawi case study.

## EVALUATION QUESTIONS

The following questions from the original scope of work drove the focus of the evaluation research:

1. Does Saving Lives at Birth fill a niche within the maternal and neonatal health innovation space?
2. Is the grant selection process appropriately designed to identify potentially groundbreaking prevention and treatment approaches for pregnant women and newborns?
3. What are some scaling successes, failures, and lessons learned stemming from the Saving Lives at Birth portfolio?
4. What is the value add of the Saving Lives at Birth “community of innovators”?
5. What early results related to improved health outcomes amongst women and newborns (outputs and intermediate outcomes) can be attributed to the work of projects supported through Saving Lives at Birth?

## PROJECT BACKGROUND

Saving Lives at Birth: A Grand Challenge for Development was launched in January 2011 as a joint effort between five partner organizations. It consists of four calls for applications in five years, with some projects extending beyond 2016. The United States Agency for International Development (USAID), the Bill & Melinda Gates Foundation (BMGF), Grand Challenges Canada (GCC), the Government of Norway (GoN), and the U.K. (DFID) are the program partners, with the World Bank as a program associate. USAID and GCC serve as the managing partners, directly working with grantees to administer the funds. Each partner brought its strengths to the table, as follows: USAID has significant “on-the-ground” experience and a long history of managing grant programs; GCC and BMGF bring experience in running Grand Challenges; GoN brought a broad perspective on innovation through its leadership on the Every Woman, Every Child (EWEC) Innovation Working Group; and DFID brings deep experience funding health programs.

The partnership's ultimate goal is to leapfrog its way forward through innovation, to address persistent and intractable challenges. By awarding grants to innovators to develop and implement their ideas, the partners aim to facilitate innovative prevention and treatment approaches to make an impact on the problems of stillbirth, newborn death, and maternal death in rural and low-resource settings. The program represents a concerted effort by the partners to contribute to the ongoing global EWEC effort and Millennium Development Goal (MDG) to dramatically reduce maternal and child mortality by 2015.

At the time of its creation, there was a major gap in interventions around childbirth and the early postnatal period, as evidenced by the 2.6 million stillbirths, 2.9 million neonatal deaths, and 287,000 maternal deaths per year. Furthermore, according to United Nations MDG research, the maternal mortality ratio in low- and middle-income countries is 14 times higher than in the high-income regions. The MDG maternal and child mortality goals will not be reached without accelerated interventions. There is also a growing proportion of child deaths that occur in the first month after birth.<sup>1</sup> SL@B interventions target mothers and children during the early postnatal period where there has been little progress to reduce mortality, particularly for disadvantaged women in underserved communities.

The partners seek to close innovation gaps by nurturing innovative ideas that accelerate substantial and sustainable progress in reducing maternal and newborn deaths and stillbirths at the community level. Innovations cover three main domains believed to represent the most significant roadblocks to progress but also biggest opportunities for improvement: science and technology, service delivery, and demand-side innovations. The innovations should empower pregnant women and their families to be aware of and engage in healthy behaviors and to access health care during pregnancy, childbirth, and the early postnatal period.

*SL@B Timeline:* SL@B has a rapid six-month timeline from the release of the RFA to the grant award nomination. The RFA is advertised through several channels, including grants.gov, email blasts to a listserv of more than 30,000, biweekly newsletters, Twitter campaigns, and through SL@B partner networks. After the RFA is released, applicants have about a month to ask questions; responses are then posted on grants.gov and the SL@B website. In its latest iteration, applicants had two months to submit seed applications and transition concept notes. Within two months, the transition finalists are identified and notified to submit full applications. The DevelopmentXChange event is held five months after the release of the RFA; the awards are finalized two months later.

---

<sup>1</sup> See <http://www.un.org/millenniumgoals/childhealth.shtml> and <http://www.un.org/millenniumgoals/maternal.shtml>.

*SL@B Review Process:* On behalf of the partners, USAID oversees a rigorous, four-month, multi-stage review process for each grant round. In round 1, the partners received 613 applications and funded 21 seed grants and 3 transition grants; in round 2, the partners received 502 applications and nominated 15 for awards—12 seed and 3 transition-to-scale grants. And in round 3, after reviewing 422 applications, the partners nominated 22 grants for award—18 seed and 4 transition-to-scale grants. In round 4, out of nearly 500 applications received, the partners nominated 26 seed grants and 4 transition-to-scale grants for award.

By round 3, the evaluation process had evolved and the partners had made several changes to the RFA through annual review sessions. Most notably, by round 3 they had added a concept note review for transition grants and a new “pre-seed” award, called “Incubator Awards”; a funding solution was included for current seed grants that needed additional funds to demonstrate proof of concept; and there were separate criteria for seed and transition grants. Round 3 saw a noticeable increase in the percentage of low- and middle-income country (LMIC) applications entering the first technical review and a sustained success rate for LMIC transition applicants. Round 3 also saw improved full applications for transition grants, but the continuing challenge of ensuring sufficient proof-of-concept, the award of 10 “Incubator Awards,” and the unsuccessful attempt of many of current seed grantees to receive follow-on funding. Round 4 grants were awarded in the fall of 2014; the round 4 review was not complete at the time this evaluation began.

*SL@B Grants:* SL@B seed grants are approximately \$250K each and support the development and validation of innovative ideas to improve maternal and neonatal health. The transition-to-scale grants are approximately \$2M and assist innovators with demonstrated proof-of-concept to transition toward scale up. Few innovative solutions are likely to be supported at the transition-to-scale stage. For example, from hundreds of applications in an open competition, three may receive follow-on funding.

To date, the partners have issued four calls for applications and awarded \$47M in grants to 81 projects, including 77 seed grants and 14 transition-to-scale grants. The partners have put forth the goal of an additional \$50M to continue the program as SL@B 2.0 in 2015.

Key SL@B program features include the Development<sup>x</sup>Change, an annual multi-day event for SL@B grantees and applicant finalists, and the 3-day Xcelerator workshop and mentoring support for grantees. The Development<sup>x</sup>Change encourages the formation of a “community of innovators” and offers seminars for grantees and applicants to encourage networking, partnership building, and capacity development. The Development<sup>x</sup>Change is the last stage in the evaluation process for competition finalists. The partners announce award nominees during the final forum. The Xcelerator program provides additional skill-building support to improve progress toward scaling success of grantee innovations.

## EVALUATION METHODS AND LIMITATIONS

Focus groups and semi-structured interviews, a desk review of available project documents, and a case study that investigated the SL@B-funded Pumani bCPAP Scale-up in Malawi were the methods used to address the five evaluation questions.

### Focus Groups

**Background and Process:** A total of 20 SL@B grantees participated in one of four focus groups during the July 2014 Development<sup>x</sup>Change event. SL@B program staff suggested participants for the focus groups and handled the invitations and other logistics. Two USAID staff from outside the SL@B

team and with no prior relationship with the grantees facilitated the focus groups; one engaged directly with the participants and the other transcribed the meetings. The focus group participants were from both developing and developed countries and gave their perspectives from a range of innovator types, stages, and backgrounds. Some participants were transition-to-scale grant recipients, but the majority were seed grant recipients. Innovations focused on service delivery, science and technology, demand, or a combination thereof. Participants provided their feedback on the five SL@B evaluation questions. Given the focus group time constraints, the focus group facilitators refined the questions with SL@B staff guidance. Each focus group lasted for about an hour.

**Limitations:** To ensure diversity among grantees, SL@B program staff recommended participants for and invited them to participate in the focus groups. In addition, the short length of time to complete the focus group study limited the amount of information collected and the number of people involved, but allowed the team to capitalize on the grantees being together in Washington, DC, for the DevelopmentXChange.

## Interviews

**Background and Process:** A total of 11 key informants participated in semi-structured interviews over the phone with a consultant in October and November 2014. The interviews were designed to provide further insights into focus group comments and fill gaps in the SL@B portfolio review findings. The key informants included representatives from SL@B partner organizations, influential thinkers in the maternal and neonatal health and scaling arena, and reviewers of multiple rounds of SL@B grant applications. SL@B program staff suggested key informants and facilitated introductions via email. The interview questions stemmed from the five SL@B evaluation questions, but also reflected themes that emerged through the focus group analysis and desk review. Each telephone interview took about an hour to complete. The interview questions were tailored to the knowledge and experience of each informant with SL@B.

**Limitations:** A SL@B partner recommended key informants and facilitated introductions to the consultant who served as the interviewer. The length and number of interviews were limited due to time constraints.

## Desk Review

**Background and Process:** The review was designed to provide data on project inputs and outputs as well as additional information on the SL@B program context. The literature reviews compared SL@B program characteristics and practices with other programs and with industry standards. A consultant reviewed the documents to gather specific data about the SL@B program, including characteristics of the funded innovations, analysis of program success during the past four rounds, and specific program outputs. GCC supplied preliminary data on reported impacts by all round 1 and 2 grantees based on a retrospective analysis, which provided a more substantive foundation to contrast with the qualitative data.

**Limitations:** Given the scope of the evaluation, the desk review data are qualitative, rather than quantitative.

## Case Study

**Background and Process:** Two USAID staff—external to the SL@B program—conducted the Malawi case study on the SL@B transition-to-scale award, Rice 360's bCPAP device. The goal was to distill key

lessons learned for others who are planning to scale-up a device or intervention as part of the SL@B program. The study evaluated the bCPAP device against two scaling-up frameworks, the World Health Organization's (WHO's) ExpandNet Framework and the USAID Center for Accelerating Innovation and Impact's Scale-up Planning Workbook, to determine key scaling attributes as well as barriers and challenges faced.

**Process:** In mid-September 2014, the USAID case study team joined the Rice 360° and Ministry of Health team on planned site visits to 6 Central and District Hospitals where the Pumani bCPAP device had been introduced or there were plans to introduce it. At each site, the combined teams met with the bCPAP program coordinators, nursing supervisors, frontline nurses, district health officers, and district nursing officers. They also had access to a variety of documents through an internal USAID SL@B project website and a literature review.

**Limitations:** The case study was evaluated by a donor, not outside evaluators, which could have limited the openness of those who participated in the study and, from the evaluator viewpoint, brought a more subjective view to the study.



## II. FINDINGS

### QUESTIONS

#### **Question 1: Does Saving Lives at Birth Fill a Niche within the Maternal and Neonatal Health Innovation Space?**

**Summary:** As a flexible mechanism that provides seed and transition-to-scale funding for critical innovations in maternal and neonatal health, SL@B appears to fill a useful niche in the innovation space. SL@B grants help to level the playing field for all innovators so that the main focus is on the idea, with the aim of achieving the maternal and child health 2015 MDG, where accelerated progress is critical.

SL@B is a concerted effort by five donors who are working in partnership to fund health innovations to improve maternal and neonatal health. The flexibility of the funding mechanism has created an opportunity for innovators to take risks. SL@B involves innovators from low- to high-income countries and from academic, public health, engineering, and entrepreneurial backgrounds.

The Harvard School of Public Health’s Executive Director of the Maternal Health Task Force, Mary Nell Wegner, describes SL@B as an equalizing force that levels the playing field for innovators with good ideas to find funding.

#### **Comparative Advantages**

Based on the focus group discussions, grantee interviews, and the desk review, SL@B brought several key comparative advantages to the table, as follows:

*Attracted a diverse range of innovators and ideas through its simple application process, low burden of reporting data, and an environment where it is safe to take risks*

The SL@B process encouraged a diverse group of applicants to present innovative solutions to maternal and child health challenges. Applicants had a variety of backgrounds—some in public health or academia, but others were engineers, entrepreneurs, and in non-public health areas. A grantee said, “I’m not an engineer or doctor, but I have an innovation that is relevant,” and cited his inclusion as making the SL@B grant program unique, compared to other grants.

Executive Director Wegner<sup>2</sup> stated that SL@B pushes applicants to devise specific innovative solutions to maternal and child health challenges, and as such, the program attracts individuals from a broad range of disciplines and fields.

Grantees in the focus groups most often cited the simple application process as leveling the playing field and keeping the focus on their idea. According to a grantee, “[the application] allows us to have an idea and apply for funding in a shorter time frame than having to think and plan way ahead.” The program was flexible enough to allow many grantees to take risks and make adjustments using lessons learned. The flexibility also allowed grantees to recover from mistakes or to change course according to new learning.

---

<sup>2</sup> Note: Only key informants who gave permission are quoted in this report.

The SL@B strategy takes risks; as a result, it allows grantees to build a track record so that they can attract funding from other, more risk-averse grant programs. A few participants suggested that SL@B lowers the risk for the grantees and allows for other sources of funding.

#### *Ability to provide grantee support beyond funding*

SL@B offered crucial grantee support beyond funding. Applicants had not found this level of support with other grants. The high level of SL@B support and communication, both during and after the application process, was a unique program aspect that grantees appreciated. Applicants could also ask questions when submitting a proposal. Grantees expressed appreciation for the support throughout the process in contrast to experiences with other programs. “Some other funders, they give money and want reports with a timeline. They aren’t really doing follow-up. Saving Lives at Birth are so good with follow-up.” Grantees agreed that most other funders did not provide the same support as SL@B. SL@B support included the Development×Change event, Xcelerator workshop, and the frequent direct communication with SL@B program managers.

#### *Focus on innovative ideas rather than on a track record of success*

Grantees found that a key comparative advantage was the program’s focus on the idea rather than on the applicant’s track record. According to grantees, other agencies show more caution when funding new ideas. A grantee mentioned in a focus group that the SL@B grant, “gave people the opportunity to actually say ‘my ideas are good.’” When comparing SL@B to their experiences with other programs, grantees agreed that SL@B took risks and opened doors for innovative ideas that would have otherwise not found funding. According to Executive Director Wegner, SL@B provides “a chance that someone will discover something great and that we can leapfrog ahead.” Although the grantee selection process also takes team capacity, execution, and the assessment plan into account, there is consensus that the idea’s innovativeness has the greatest weight.

#### **Value Add to Grantee Work**

According to focus group participants, SL@B contributed value to the work of grantees in three ways: through capacity development; ability to leverage funds; and by convening a community of innovators.

- Capacity development increased their ability to conduct monitoring and evaluation (M&E), refine their projects; it also gave them leverage and contacts that opened doors to more funds and new markets.
- The program gave grantees many opportunities to leverage funding.
- The community of innovators was a chance to bounce ideas off one another and to collaborate.

**Capacity development:** Through the Development×Change event and the Xcelerator workshop, and with extensive supportive communication with SL@B program managers, SL@B grantees built capacity. At the Development×Change and through the Xcelerator workshop, grantees and applicants learned about M&E, logic models, and logframes. They had access to seminars on networking, scale-up, and mhealth tools. According to grantees in focus groups, the workshops and follow-up support that the SL@B program managers provided helped them to build capacity for more rigorous M&E. The Xcelerator workshop also contributed to grantee work. The Xcelerator—with its emphasis on networking, scale-up, and mhealth tools—helped them to change how they do their work. According to a grantee, “We do our work better because of that experience.” The capacity gained also spilled over into grantees’ other programs.

**Leveraging funds:** The SL@B grant gave round 1 and 2 grantees unique opportunities to leverage funds from other sources, resulting in 11 grantees leveraging an additional \$19M in funding (see table 12, below). Some participants said that having the SL@B name associated with their grant was particularly helpful, while others said that having the grant itself was what made the difference. SL@B took a risk to fund them and that lowered the burden of risk on other funding sources. Many grantees agreed that most other sources prefer to fund innovators with established track records. Outside funding sources perceived the SL@B grant as validating the innovator’s potential. In addition to giving them access to other funding opportunities, the grant program helped them leverage connections to form partnerships. These partnerships were crucial to scaling up an innovation. A SL@B grant “lubricated those contacts” and helped grantees negotiate with businesses and manufacturers.

**The community of innovators:** SL@B fostered a network of competition finalists and grantees; focus group participants considered the network as a key source of value to their work. According to a grantee, “There’s an intangible value to being brought together.” The SL@B program brought innovators together and provided a meeting place during workshops and networking sessions. Sitting down with innovators in similar circumstances gave grantees an opportunity to “share what works and what doesn’t work,” which grantees found useful. They added that these conversations would lead to “regular discussions with other organizations.” The annual Development×Change conference was the primary opportunity that grantees said made it possible for them to form these connections.

**Filling Innovation Gaps**

The SL@B portfolio contributes to filling innovation gaps in focus areas that key global initiatives have identified. SL@B aims to fill gaps in science and technology, service delivery, and demand-side innovation. The science and technology gap stems from a lack of medical technologies to prevent, detect, or treat medical problems in mothers and newborns in communities and clinics. The service delivery gap stems from a lack of trained and equipped health workers in the proper locations in developing countries. The demand-side innovation gap highlights a lack of information among mothers about available health services and practices.

According to the 2013 portfolio analysis of rounds 1–3, the majority of grantee projects have focused on newborn survival. Maternal survival also received significant attention, but there is an underrepresentation of projects that have a stillbirth focus. A larger proportion of transition-to-scale grants focus on preventing stillbirths in contrast to the seed grants. Table 1, below, shows the percent of projects that focus on each gap, disaggregated by round. Innovations addressing multiple gaps are possible.

**Table 1: Percentage of SL@B Projects Addressing Maternal and Newborn Survival**

Innovation Gap	Round 1	Round 2	Round 3
Stillbirth	9.1%	5.4%	10.2%
Neonatal	68.2%	75.7%	72.9%
Maternal	68.2%	67.6%	69.5%

As shown in tables 2 and 3, below, the 2013 portfolio analysis of rounds 1–3 revealed that an integrated solution was the largest focus areas of both the seed and transition grantees, followed by technology and service. Some grantees focused on a particular gap in the three domains listed above, while others provided solutions that addressed multiple gaps. Among seed grant recipients, innovations that only

addressed service delivery gaps were the least common, appearing only in round 3. Although the transition-to-scale grants were to be designed to address integrated solutions, as shown in table 2, below, not all recipients proposed integrated solutions.

**Table 2: Seed Grants**

Innovation	Round 1	Round 2	Round 3
Integrated Solution	52.6	37.8	40.8
Tech + Service	21.1	24.3	22.4
Tech + Demand	10.5	5.4	6.1
Service + Demand	5.3	8.1	8.2
Sci/Tech Only	5.3	5.4	16.3
Service Only	0	0	4.1
Demand Only	5.3	2.7	2

**Table 3: Transition-to-Scale Grants**

Innovation	Round 1	Round 2	Round 3
Integrated Solution	66.7	83.3	70
Tech + Service	33.3	16.7	20
Sci/Tech Only	0	0	10

### **Value Add of Partnership**

The partnership’s ultimate goal is to leapfrog forward through innovation, to address persistent and intractable challenges. A unique aspect of SL@B is the collaboration between the five donors. Through interviews with the Norwegian Agency for Development Cooperation (Norad) and GCC,<sup>3</sup> their representatives provided insights into the nature and value add of working together to create and administer this program.

According to these two partners, the partnership’s main benefits are as follows:

- **Ability to concentrate resources to leverage a larger funding amount.** More partners making a concerted effort to improve maternal and child health led to the pooling of resources and more resources for grantees.
- **Spreading an ambitious workload between managing partners.** By collaborating, managing partners are able to take on more grantees. In supporting more innovations, the more transformative ideas can be funded.
- **Drawing on each partner’s complementary specialized experience.** The partners recognize that each brings different strengths and experiences. According to Haitham El-Noush at Norad, “This convergence helps us each leverage what we do best.”

<sup>3</sup> Only staff from these two organizations responded to the interview request in the allotted time.

- **Accessing partner networks and connections.** The partnership allows each partner to benefit from the contacts and relationships that the other partners have built. However, partners have not yet determined the best way to optimize these connections for the benefit of the grantees.

## **Question 2: Is the Grant Selection Process Appropriately Designed to Identify Potentially Groundbreaking Prevention and Treatment Approaches for Pregnant Women and Newborns?**

**Summary:** Based on the data and feedback to date, the grant selection process appears to be designed appropriately to identify potentially groundbreaking prevention and treatment approaches for pregnant women and newborns.

The grant selection process consists of five review stages during which the reviewers identify ideas that are both innovative and likely to succeed. SL@B's rapid turnaround time means that grants are selected within six months from the proposal submission deadline. The five review stages are as follows:

1. **The eligibility screen:** At the first stage, the screen ensures that applicants meet the basic requirements of the submission process, such as page length and necessary attachments.
2. **Screen:** At the second stage, reviewers screen out standard practice ideas. Seed applications are screened based on their project abstract. The transition screen has evolved over the four rounds, from using only the project abstract to using a three-page concept note.
3. **Technical review:** Innovative applications are sent to technical reviewers who evaluate applications based on the full set of criteria. A one-day, in-person discussion concludes the technical review.
4. **Interview stage:** Finalists move to the interview stage and simultaneously attend the Development<sup>x</sup>Change multi-day event where they attend workshops and present their projects to peers and donors. According to reviewers, the interviews are the pivotal stage of the review process. The round 2 analysis stated that “interviews either strengthened an applicant’s chances or revealed unseen deficiencies in the proposal.”
5. **Final selection:** Partners review the ranked list and announce the award nominations.

To review the grant selection process and its design, post-procurement process analysis documents were examined and interviews conducted with four reviewers who participated in several SL@B applicant reviews. Following each of the three rounds of awards, the SL@B program conducted an in-depth internal review to solicit feedback from reviewers and applicants on the application and screening processes, and then synthesized the findings in a lessons learned document. These lessons were incorporated into each new round so that the process evolved over time. The round 4 review process concluded in August 2014; the process analysis was not available at the time this evaluation was initiated. Further analysis is needed to take into consideration the long-term outcomes and impacts of the grantee innovations to draw more robust conclusions about the effectiveness of the screening process.

Below are some highlights from the screening and selection processes:

- The **round 1 innovation screen** evaluated proposals based on innovation and significance. To establish a competitive range, USAID reviewed individual and the cumulative scores that six screeners assigned to each application, and their comments about applicant ideas. The round 2 analysis found that the “standard deviation did not greatly affect final outcomes in round 1” and was eliminated in round 2.

- The **round 2 innovation screen** evaluated proposals based on innovation, relevance, and significance. According to the round 2 review analysis, this process allowed “for a competitive and diverse pool of innovators to continue onto TEC (technical evaluation committee) 1.” As “reviewers expressed difficulties in evaluating transition grants on the basis of a 250-word abstract,” reviewers evaluated a longer concept note in round 3.
- The **round 3 innovation screen** evaluated proposals based on innovation and impact. For transition-to-scale grants, reviewers made their assessments and assigned scores based on a three-page concept note.

### **Technical Review**

The partners continue to tweak and improve the criteria after each round of applications. In rounds 1 and 2, seed and transition applicants shared the same criteria. In round 3, the seed and transition criteria were separated to further delineate the nuances between the two.

In **round 1**, proposals were evaluated according five criteria, as follows:

1. Innovation and Significance
2. Execution Plan and Organizational Capacity
3. Sustainability
4. Pioneering, Innovation, and Significance
5. Past Performance

The first three criteria were of equal importance and more important than past performance. The final award selection was based on a combination of technical, cost, and pioneering innovation (the fourth criterion), with pioneering innovation being significantly more important.<sup>4</sup> Round 1 reviewers expressed difficulty in evaluating innovation and significance as one criterion. As a result, in round 2 they were divided and “significance” was expanded to include an application’s relevance to the challenge. Two new subcriteria for transition grants were added under “Relevance and Significance” to ensure they fulfilled the requirements of being integrated solutions and previously demonstrating proof-of-concept. Criterion 2: Execution Plan and Organizational Capacity was expanded to include evaluation. Criterion 5: Past Performance, while assessed and considered, was not a scored criteria for round 2.

In **round 2**, proposals were evaluated according to five criteria, as follows:

1. Innovation
2. Relevance and Significance
3. Execution and Evaluation Plan and Organizational Capacity
4. Sustainability
5. Pioneering

---

<sup>4</sup> Reviewers were able to assign scores of 0, 5, and 15 to the pioneering criteria and a “15” helped set applications apart from others. This arrangement followed the BMGF’s “gold star” system where the criteria were incorporated to allow reviewers to champion certain applications. Most reviewers encouraged interval scoring from 0 to 15, rather than only allowing the 0, 5, and 15 scores.

Some reviewers were frustrated because of the exclusion of cost information and budgets, which made it difficult to assess the relevance and significance of products, an innovation’s sustainability, and the weighting and definition of the pioneering criterion. As a result, more detailed financial information was requested in the round 3 application.

In **round 3**, proposals were evaluated according five criteria, as follows:

1. Innovation
2. Impact
3. Execution and Evaluation Plan and Organizational Capacity
4. Sustainability
5. Pioneering

The final award selection was based on a combination of technical, cost, and pioneering innovation (the fifth criterion), with pioneering innovation being significantly more important. A major change in the round 3 review was including the budget at the TEC 1 and TEC 2 stages. Other round 3 changes included a concept note review for transition grants; the addition of a new “pre-seed” award, called “Incubator Awards”; the incorporation of a funding solution for current seed grants that need additional funds to demonstrate proof of concept; and separate criteria for seed and transition grants.

Through interviews, reviewers raised a number of points about the selection criteria. For example, a reviewer mentioned that the scoring system was not very clear, nor was how the scores translated into decisions made. The reviewer expressed difficulty in assessing sustainability using the short application documents. Debate also existed among reviewers on the definition of innovation itself and how that translated into concrete terms.

*Evolving selection criteria:* Table 4, below, shows how the selection criteria evolved from round to round with reviewer feedback. All four rounds included a particular focus on innovation. Other categories that appeared throughout the four rounds were the execution plan, organizational capacity, pioneering nature of the innovation, and sustainability.

**Table 4: Evolution of Selection Criteria (Rounds 1–4)**

Round 1	Round 2	Round 3	Round 4
Innovation and Significance	Innovation	Innovation	Innovation
Execution Plan and Organizational Capacity	Relevance and Significance	Impact	Sustained Impact
Sustainability	Execution and Evaluation Plan and Organizational Capacity	Execution and Evaluation Plan and Organizational Capacity	Execution and Evaluation Plan
Pioneering, Innovation, and Significance	Sustainability	Sustainability	Organizational Capacity and Partnerships
Past Performance (not scored)	Pioneering	Pioneering	Pioneering

## Review Process

**Reviewer diversity:** The varied background of the reviewers and their depth of experience propelled many ideas through the innovation screen (the evaluation subquestion put particular focus on the innovation screen).<sup>5</sup> During the evaluation process, some of those interviewed raised concerns that good ideas didn't get through because of the diversity of the reviewers' backgrounds.

**Short review timeline:** Due to the short timeline and the large number of applications, reviewers spent a brief amount of time on each and considered a limited amount of information. A reviewer suggested bringing in more reviewers who are from or living in developing countries, even though travelling to Washington, DC, for the in-person meeting would represent additional financial costs.

**Increase LMIC representation among grantees:** Reviewers had unanimous interest in increasing the representation of LMICs among applicants and among the subsequent grantees, which resonated with donor interest in increasing efforts to help applicants from developing countries to thrive in the competition. According to interviewees and some focus group participants, possible reasons for the lack of representation included language barriers, a lack of familiarity with the grant application system, and less awareness among potential applicants about the SL@B opportunity. The LMIC applicants were also less successful in making the transition from applicant to grantee in rounds 2 and 3. These issues received open discussion in SL@B. As table 5, below, shows, the percent of LMIC applicants grew more robust during the three rounds; however, the percent of LMIC grantees remained lower than the percent of LMIC applicants. Representation of LMIC grantees decreased from round 1 to round 2 but increased slightly in round 3. Further investigation is needed to determine why the robust numbers of LMIC applicants did not transfer to similar numbers of grantees.

**Table 5: Application and Award Statistics for Rounds 1–3**

	<b>Applicants: Round 1</b>	<b>Awards: Round 1</b>	<b>Applicants: Round 2</b>	<b>Awards: Round 2</b>	<b>Applicants: Round 3</b>	<b>Awards: Round 3</b>
Number of	613	24	502	15	422	22
% of total: LMICs	28%	25%	48%	13%	43%	14%
% of total: Universities	25%	37.5%	18%	27%	26%	45%
% of total: Non-profits	50%	37.5%	66%	67%	57%	32%
% of total: For-profits	20%	21%	10%	6%	13%	23%
% of total: PIO/other	5%	5%	6%	0%	3%	0%

Note: PIO=private international organization.

<sup>5</sup> However, one reviewer suggested that some good ideas had not made it through but ultimately had found other funding and were very successful.

### Question 3: What are Some Scaling Successes, Failures, and Lessons Learned Stemming from the Saving Lives at Birth Portfolio?

**Summary:** Key drivers of scaling success from the SL@B portfolio appear to be the partnerships between innovators and outside organizations that the DevelopmentXChange and SL@B staff made possible, along with the capacity-building workshops at the DevelopmentXChange and the Xcelerator program. Grantees cited issues with moving from seed grants to transition-to-scale grants and moving from the innovation stage to commercial success. Lessons learned, detailed below, include recognizing the evolving nature of SL@B, continuing to reevaluate the program after each funding round, and making changes to the process over time. For SL@B 2.0, an external program midterm and final evaluation are recommended, following USAID evaluation guidelines. Further discussions on how to define achieving scale and what innovation entails should continue.

#### **Drivers of Scale-Up Success**

According to focus group participants, the primary drivers of their scale-up success were partnerships with outside organizations and the skills learned through SL@B capacity-building workshops. Focus groups also mentioned the grant funds themselves, characteristics of the innovations, the community of innovators, and the program's flexible nature. In addition, the SL@B Pumani bCPAP Scale-up in Malawi Case Study identified several drivers of scaling success for the case study, as follows: a high-level political commitment and on-the-ground dedication to the innovation, strong evidence to inform decision making, incorporation into existing processes, and a supplier who is interested in commercializing the innovation.

**Making connections and building partnerships:** The benefits from the partnerships were the most-often-cited driver of scale-up success among focus group participants. Benefits included gaining additional financial and non-financial support, providing technical expertise to improve innovations, or providing solutions to problems. The partnerships assisted in the development of grantee innovations and helped carry them to scale. Partnerships involved both short- and long-term support from organizations outside the SL@B arena; these included country governments, commercial organizations, and other international organizations. Focus group participants mentioned three main types of partnerships—with governments, commercial organizations, and international organizations, as follows:

- **The government partnership** involved a relationship where the government adopts the innovation and sees that it receives widespread use by providing it to government health care workers.
- **The commercial partnership** entails a relationship with a pharmaceutical company or multinational device company. In contrast to partnerships with governments, the commercial relationships require a much stronger focus on the business angle. According to a focus group participant, "...if you want to be successful and scale-up and build these business partnerships, we have to give partners a commercial pitch. You have to be able to deliver the numbers."
- **Partnerships with an international organization**, such as WHO, were also important. A grantee mentioned that over the course of their research, WHO became interested in the project and wanted to collaborate.

Partnerships with these organizations allowed grantees to leverage the initial grants to gain more funding so they could take their project to scale and to take advantage of outside expertise. While the SL@B program puts emphasis on innovative ideas, most other grant programs favor teams with proven track

records. A grantee explained, “For us, this grant legitimizes our project. You can go to investors and show your track record. It bodes well for investors to have funding already.” Innovators often have a narrow focus on the technology aspect and need assistance when it comes to the other elements that are crucial to scale up. A grantee said, “We are a little lab and won’t be implementing our products all over the world. We need these partnerships.”

The SL@B partners played a key role in facilitating partnerships between grantees and outside organizations and provided opportunities for grantees to form additional partnerships. A focus group participant noted, “We ended up finding two of our implementation partners through Saving Lives at Birth.” The SL@B staff made specific introductions and provided networking platforms at the Development<sup>x</sup>Change event.

**Skill building:** Development<sup>x</sup>Change and the Xcelerator workshops helped innovators gain skills and training—in M&E and business planning—that many focus group participants credited with helping them achieve scale. Focus group participants cited three main types of trainings as being the most helpful to them in achieving transition-to-scale success, as follows:

- M&E capacity building added rigor to their approaches. “It’s helped us build measurement capacity.”
- The case study examples of innovations that achieved a successful transition to scale were eye-opening experiences that grantees felt would be helpful in achieving results.
- The commercial or business training helped innovators think about the financial aspects of their innovation. “We attended a particular workshop where we were required to almost tear a business apart and plot the path to scale.” Furthermore, having a clear business plan helped grantees establish partnerships with commercial organizations.

**The Xcelerator program** helped grantees gain a deeper understanding of their innovation beyond what was technically feasible. For example, through strategy mapping, grantees were able to gain a more clear understanding of their strategic path forward. In some cases, the Xcelerator was able to facilitate a pivot. For example, a grantee shifted focus from trying to provide the innovation to a large number of cash-strapped pharmacies to concentrating on regulatory agencies as the main buyers. The business model shift increased the product features that they could provide due to the higher anticipated price point. There were many other groups of innovators that experienced similar pivots related to the target profile, business model, stakeholders, and other business aspects.

### ***Xcelerator Program Recommendations***

Addressing a grantee’s path to scale early on could help address issues on transition to scale and achieving or moving toward commercial success. Two interviewees associated with the Xcelerator program made the following recommendations:

- Carol Dahl, Executive Director of the Lemelson Foundation, recommended conducting strategy mapping in parallel to discerning technical feasibility after the initial award is made.
- Joel Segre, who served as an applicant reviewer and the Xcelerator facilitator, encouraged SL@B to add questions about the path to scale as part of the screening process during the initial application process.

In the course of working with grantees in the Xcelerator program, Joel Segre identified seven questions that could help grantees refine the path to scale and help distinguish innovations that have the greatest

potential for impact at scale (see annex VI for more information). It would be useful for SL@B 2.0 to incorporate these questions into the initial application.

The questions are:

1. In what specific geography and context of care will this innovation be a top priority?
2. Is there demonstrated consumer demand?
3. Who will the first customer be?
4. Is there a clear plan for delivery?
5. Is the innovation really better than the alternatives?
6. What else must be in place for impact?
7. What is the exit strategy from grant funding?

**Other drivers of success** noted were the grant funds, characteristics of the innovations, the community of innovators, and program flexibility. The grant funds helped grantees achieve their results. The innovations had characteristics that included cost-effectiveness and tangible impacts. Once an innovation demonstrated that it was more cost effective than current standards of care, it created a strong impetus towards scale up. Being able to demonstrate tangible effects helped to increase the successful adoption of an innovation. “There needs to be a clear result that we can use to convince mothers and communities. People ask, ‘Why do I need to use that?’ ‘Your baby will be saved!’ Communicating the benefits is really important; people need convincing,” a participant stated.

The community of innovators allowed grantees to share experiences and solve problems. For example, many innovators discovered the benefits of leveraging grant funds from other grantees.

The program’s flexibility allowed grantees to adjust course midstream. A focus group noted that “people said there was an openness to try new things rather than being held rigidly to the original plan.” This flexibility allowed grantees to recover from setbacks or to adapt based on new learning.

### **Barriers to Scale-Up Success**

According to focus group participants, the primary barriers to scale-up success were a gap in the program’s innovation funding pipeline and an inability to connect the impact of their innovation to commercial value. Other barriers to scale included navigating the extensive regulatory system and unclear definitions of scale up.

A lack of sufficient funds and of time posed a gap in the pathway to scale. Many mentioned “missing rungs in the ladder” for taking an innovation from pilot to scale. A focus group participant said, “Proof of principle is so far from transitioning and scale. There’s so much that happens in between.” The need for intermediate funds and a longer timeframe to achieve scale were the two most common solutions that focus group participants suggested. Some focus group participants attributed the gap in funds and time to SL@B’s lack of experience in the innovation process. A grantee noted, “It’s like they’re dabbling in this world of scientific discovery without an awareness of how long this takes.” Other grantees noted that innovations of different types have vastly different needs or that expecting all seed grants to reach the point of commercial manufacturing was unrealistic.

Grantees also shared concerns about how few innovations commercial manufacturers take from development to scale up. It was challenging to translate the impact of an innovation into a commercial value. A participant explained that since their focus is more on the public health impact, to shift their focus to the more commercial aspects of their work posed a challenge. Another participant pointed out that commercialization potential is a part of the National Institutes of Health application, but that the SL@B application does not include this element.

Navigating an extensive regulatory system was a barrier to scale that several focus group participants mentioned. Beyond a lack of sufficient resources to navigate the regulatory system, a grantee mentioned a struggle to manage the system's multiple demands. "Just getting through regulatory approval process is unto itself a monumental hurdle."

To address the regulatory challenges that many innovators faced in developing countries, SL@B could examine how to leverage its strengths and networks to address these challenges, perhaps through pooling resources in-country or economies of scale.

The lack of a clear definition of what transitioning to scale meant was a frequently mentioned source of difficulty in achieving scale. Although there was improvement in clarifying the definition over time, a focus group participant described the struggle to determine whether their innovation met the scope criteria prior to the definition clarification. This lack of clarity resulted in a yearlong delay. Other focus group participants mentioned a talk during the Development<sup>x</sup>Change event that unpacked different types of going to scale and encouraged this discussion to continue.

### ***The Malawi Case Study: Drivers and Barriers to Scaling Success and Next Steps***

The Malawi Case Study described scaling up as "an art rather than an exact science—it depends on a variety of factors." The case study's recommendations include additional planning for scale up, a resource team with diverse skills sets, and conducting a formal capacity assessment and environmental scan.

**Background:** The SL@B Pumani bCPAP Scale-up in Malawi Case Study evaluated the key characteristics of the Rice's 360<sup>o</sup>'s bCPAP device. To determine key attributes that relate to scaling success, the case study used WHO's ExpandNet Framework and the USAID Center for Accelerating Innovation and Impact's *Idea to Impact: A Guide to Introduction and Scale of Global Health Innovations*.

**Drivers of Scaling Success:** Among the Pumani bCPAP's drivers of scaling success are a high-level political commitment and on-the-ground dedication to the innovation, strong evidence to inform decision making and incorporate it into existing processes, and a supplier interested in commercializing the innovation. The grantee was able to achieve the rollout of the device in all district hospitals, as planned.

The high-level political commitment and on-the-ground dedication of partners such as the Malawi College of Medicine, Queen Elizabeth's Central Hospital (QECH), and the Malawi Ministry of Health (MOH) provided significant assistance for the implementation of the device in Malawi. Strong positive evidence from the clinical data of the initial seed grant contributed to decision making as it provided information regarding the immediate benefits of the machine. Furthermore, the Rice and MOH teams made substantial efforts to incorporate the innovation into existing structures in the central and district hospitals. At the time of the case study publication, 3<sup>rd</sup> Stone Design was working on the regulatory documentation and a business plan for the innovation, which will help to ensure a reliable supply chain and quality control. These drivers of scaling success may be lessons for others.

**Barriers to Scaling Success:** The case study noted the following barriers to scaling success: the swift movement from the seed to transition-to-scale grants, insufficient involvement of the user organization, the resource team’s lack of diverse skills and capacity, and sustainability.

Despite the strong positive evidence supporting this innovation at QECH that propelled the innovation from a seed grant to a transition-to-scale grant, this evidence did not take into account the operating environment of the district-level hospitals. If the central and district hospitals (user organizations) had been more involved in the process, it may have averted a number of the challenges that the resource team faced and helped them to be more aware of the potential barriers to the device’s introduction and implementation. The Pumani bCPAP Scale-up did not achieve all planned outcomes, however, as its use was inconsistent across health facilities.

Sustainability was cited as one of the greatest challenges. The innovation will require a sustainable supply chain for hospitals, a plan to transition from subsidized products to direct purchasing of the bCPAP machines, and a customer base that extends beyond the currently identified non-governmental health organizations. The hurdles in the transition to scale, insufficient stakeholder involvement, lack of skills, and lack of sustainability are issues that other innovations may need to overcome to successfully achieve scale-up.

**Case Study Recommendation:** To address some of the in-country hurdles cited above, it was recommended that a Malawi-based resource team member, with experience in public health, organizational development, capacity building, or business planning and administration, could benefit the team, project, and scaling efforts.

### **Overall Lessons Learned**

In terms of lessons learned, it is important for SL@B to continue to evaluate each funding round, to document its successes and challenges, and to make changes to the process over time. Further discussion is needed on how to define achieving scale and what innovation entails. And possible solutions to the funding gaps mentioned above should be explored, such as providing larger seed grants according to the needs of individual grantees or offering a bridge or more guidance between the seed and transition-to-scale grants. Addressing scale-up concerns from the beginning of the application process should be considered. Given the assessment limitations, it is recommended that an outside evaluator conduct thorough midterm and final program evaluations of SL@B 2.0, to draw more detailed quantitative conclusions, following USAID evaluation guidelines.

As SL@B moves forward, it will be worthwhile to extract lessons learned from the three grantees and their innovations that have successfully bridged the gap between seed grants and transition-to-scale grants. For example, conducting a longitudinal qualitative analysis would be useful in assessing these three grantees:

- William Marsh Rice University’s Low-Cost Respiratory Support that concentrates on reducing early neonatal death in Malawi
- Boston University’s PharmaCheck, a counterfeit and substandard drug detector device for the developing world
- Chagamaka’s seed mobilizing maternal health in rural Kenya that uses e-vouchers and information technology

#### Question 4: What Is the Value Add of the Saving Lives at Birth “Community of Innovators”?

Summary: At SL@B events, grantees gained opportunities to join and benefit from a community of innovators. At the DevelopmentXChange events in Washington, DC, competition finalists and grantees had an opportunity to meet, network, share learning, and form supportive relationships. At the Xcelerator program—a three-day workshop for grantees—grantees had an additional opportunity for networking and to form a community of innovators. Although there was not a control group to compare this experience, SL@B received positive feedback about these events and suggestions on how to improve these activities from focus groups and competition finalists.

##### *What has been deemed a success?*

The majority of focus group respondents expressed an appreciation for the community of innovators. A focus group participant stated, “It feels like there’s an intangible value to being brought together.” The SL@B program facilitates the community formation. According to a respondent, the interaction creates the community of innovators. Some focus group participants mentioned an initial sense of competition that prevented cooperation, but most agreed that once this competition subsided, the community of innovators brought a number of benefits to their work.

**Value add:** The most-often-mentioned value add was the sharing of learning between innovators. They could exchange ideas and solutions to shared problems. A participant noted, “We were doing things differently. Therefore, it is important to identify people with similar circumstances. To then share what works and what doesn’t work. This was very useful.” Sharing solutions saved time, thus accelerating innovation; the discussions could lead to regular interactions and even spark collaboration.

Some specific examples of learning were as follows:

- **Implementation science:** Interactions with other innovators led to learning about the science of implementation. Another participant mentioned learning how “an organization”<sup>6</sup> would implement their strategies in Nigeria, validate, and then leave. “That was the first time I thought about how to get innovation there. That was a really good indirect connection.”
- **How to work with local governments** and how to handle a government structure transitions were important take-away lessons.
- **Collaboration** was a key value add for participants. A focus group participant said, “We’ve definitely benefitted from the community and it led to specific collaborations. It’s led to the development of our innovations.” The long-term collaboration was “fundamental to figuring out whether this innovation could go forward.”

##### *What could be done differently?*

###### *Barriers:*

- **The initial sense of competition between innovators posed an early barrier to the formation of the community of innovators:** There was an initial lack of communication between innovators that prevented the sharing of experiences that they found so valuable later on. According to a focus group participant, “Trying to determine what worked for them, what worked for us, because of the initial sense of competition, it didn’t work too well.” However, once finalists

---

<sup>6</sup> Note: The participant did not specify if it was a SL@B or a non-SL@B innovator.

became grantees, the sense of competition faded. A focus group participant described coming to the Development×Change as a finalist to complete interviews with SL@B reviewers. Upon returning to the Development×Change in later rounds as a grantee, the participant described a more relaxed atmosphere that allowed the exchange of ideas and collaboration.

- **Networking struggles:** Some participants described the networking events as a struggle to form connections or had a lack of long-term connections from their networking attempts. Some innovators didn't have enough time to form connections during the events. "We're supposed to man our own booths and we don't have time to go check out the other ones." Opportunities for interactions were few and informal, which did not necessarily lead to collaboration. However, another focus group participant felt pressured by formal introductions.

### **Recommendations**

The majority of focus group participants expressed a desire for SL@B to make a deliberate effort to create connections between innovators because "bringing us together and putting us in the same room doesn't mean we are a community." Focus group participants gave numerous and occasionally conflicting suggestions for changes and improvements regarding the community of innovators. Some urged SL@B project managers to make more deliberate and formal efforts to encourage the formation of a community of innovators, providing more time or different settings, particularly in developing countries—to go "to the field to see things working" and gain practical skills in a developing country. Others cautioned against trying to force the community, advising that organic relationship building was better. Overall, focus group participants agreed on the need for more time for conversations between innovators, including socializing.

Focus group participants suggested several ways to deliberately create connections among innovators, including:

- Conduct regular gatherings/meetings to share lessons learned
- Do more to connect innovators beyond simply emailing a list of other innovators
- Facilitate specific connections between relevant innovators
- Formalize the connections
- Hold regular encounters outside of the Development×Change between organizations doing similar types of work
- Match innovators according to experience
- Provide contact lists to participants

### **Question 5: What Early Results Related to Improved Health Outcomes amongst Women and Newborns (Output and Intermediate Outcomes) Can Be Attributed to the Work of Projects Supported through Saving Lives at Birth?**

**Summary:** Using data as of October 2014, most SL@B innovations have not yet reached the point of impact, but a few projects have begun to show results and outcomes. Intermediate SL@B outcomes show an impact in terms of the number of beneficiaries and intermediaries accessing products or services and in job creation. In addition, grantee organizations reported the creation a total of 34 innovative prototypes, service delivery models, drug (re)formulations, and drug delivery systems. And

through their SL@B grants, grantee organizations were able to leverage more than \$19.5 million from outside sources to move their innovations forward.

### Early Reported Results

Early reported results and data are from round 1 and 2 grantees, who are far enough along to have some meaningful results. SL@B anticipates conducting similar grantee data analyses for later rounds. It should be noted that as a large portion of the portfolio are product development projects, outcomes beyond “number of innovative products developed” are not widely available at this stage. The preliminary data, as of October 2014, tracks the ultimate and intermediate project outcomes as well as outputs (such as building tools and capacity to execute). Intermediate outcomes include the number of beneficiaries and intermediaries accessing the innovation, jobs created, and policy or legislation changes. Ultimate outcomes include the number of lives saved and improved in LMICs.

According to table 6, below, grantees reported that more than 763,000 beneficiaries accessed their products or services, and almost 32,000 intermediaries contributed to this access. Thus far, a total of 124 jobs were created in high-income countries as well as in LMICs. As yet, no grantee has reported any policy changes being adopted as a result of their project.

**Table 6: Intermediate Outcomes from Rounds 1 and 2**

Intermediate Outcome Indicator	Total Achieved
Total beneficiaries who accessed products or services	763,334
Total intermediaries <sup>a</sup> who accessed products or services	31,856
Total jobs created as a result of the project	124
Total policies <sup>b</sup> adopted through the project	0

a. Intermediaries include those who help the innovation administration as well as individuals supporting new product or service implementation throughout LMICs.

b. Defined as those that an innovator expects a governing body to adopt during the timeline of SL@B support.

Of the 36 round 1 and 2 grants, a total of 763,334 beneficiaries have been reached since 2011. As noted in table 7, below, three grantees organizations comprise the bulk of this, namely: JSI Research & Training (731,250 recipients of CHX); Grameen Foundation (22,900 mobile midwife enrollees); and Zoe Alexander Ltd (1,397 women accessing MamaTele). These early numbers should continue to grow as grantee organizations continue on their path to achieving scale.

**Table 7: Beneficiaries Accessing Products or Services**

Grantee Organization	Number	Indicator
AMREF	268	Women at intervention sites who deliver with a skilled birth attendant
Baylor College of Medicine	632	Periodontal disease exam and xylitol offered
Changamka Microhealth Limited	1,044	Pregnant women who accessed any maternity e-voucher
D-Rev	138	Usability field trials conducted across 12 sites
Grameen Foundation	22,900	Mobile midwife enrollees across 4 districts

Grantee Organization	Number	Indicator
		(As of June 9th, 2014)
Health Partners	579	579 members enrolled in a member-owned health co-op
Healthpoint Services	607	Pregnant women across 7 Punjabi communities
Jhpiego (PPIUD)	837	837 <i>in vivo</i> insertions performed
Johns Hopkins University	1,000	Women who have received ultrasound
JSI Research & Training	731,250	People who have received CHX
Moi University School of Medicine	1,009	Pregnant and lactating women who participated in <i>chamas</i> or group care
Partners for Development	548	Loans given
Population Council	165	Women enrolled in phase 1 and 2
Rice University	380	Patients who have been treated with CPAP at the nine phase one hospitals
Save the Children	511	Home visits with pregnant mothers for delivery, pregnant mothers with danger signs, and infants with danger signs.
FINCON	39	Pregnant women accessed birthing centers
WHO	30	Healthy women delivered with the <i>Odon Device</i> in a normal delivery
Zoe Alexander Ltd	1,397	Women who accessed MamaTele
<b>Total Beneficiaries</b>	<b>763,334</b>	

The three grantee organizations that have engaged the most intermediaries are JSI Research & Training (30,121 FCHVs), Grameen Foundation (1,185 TBAs, CHVs, nurse supervisors of volunteers), and Jhpiego (898 PPCs and HMS/HBB trainers and participants) (table 8). As grantee organizations continue on their path to scale, more intermediaries will become engaged in the process of spreading the use of the innovations.

**Table 8: Intermediaries Accessing Products or Services**

Grantee Organization	Number	Indicator
AMREF	40	Clinicians, midwives, and community health care workers
Development Research and Project Centre (dRPC)	128	ISOLs and apprentices
Duke University	125	Mothers surveyed, CHWs, nurses, and pharmacists trained on use of Pratt Pouch
Grameen Foundation	1,185	TBAs, CHVs, nurse supervisors of volunteers
Healthpoint Services	13	Nurses and village health works completing home visits and managing telephone-based counseling
Jhpiego (Day of birth)	898	HMS/HBB trainers qualified, peer practice coordinators

Grantee Organization	Number	Indicator
		(PPC) trained, providers that complete 1-day BAB course and 1-day HBB course
Jhpiego (PPIUD)	88	Providers trained to use the PPIUD inserter
Johns Hopkins University	33	Community health workers and physicians
JSI Research & Training	30,121	FCHVs
Moi University School of Medicine	78	CHVs, facility providers, and district health officials who were trained or participated in chamas or group care
Rice University	48	Trained champion trainers from nine hospitals, completed on-site trainings, trained nurses and clinicians, as of March 2014
Save the Children	97	Midwives and nurses on fetal heart rate monitoring, health workers involved in delivery and trained to capture data related to each death on cell phones using adapted audit software, VHTs trained to conduct home visits.
The Financial Consultants (Fincon)	25	Women's health volunteers and community midwives trained on to use mobile app with capacity building support provided
Total Intermediaries	31,856	

The majority of all new jobs created have been within LMICs (tables 9, 10). Healthpoint Services (26 jobs) and Hospital for Sick Children (20 jobs) created the highest number of jobs. The initial reported data shows that grantee organizations have created a total of 106 jobs in low- and middle-income countries.

**Table 9: Jobs Created in LMICs**

Grantee Organization	Jobs
AMREF	15
Development Research and Project Centre	4
Healthpoint Services	26
Hospital for Sick Children	20
Jacaranda Health	3
Moi University School of Medicine	9
The Financial Consultants (Fincon)	12
University of British Columbia	4
University of Oxford	1
Zoe Alexander Ltd	12
Total Jobs	106

**Table 10: Jobs Created in High-Income Countries**

Grantee Organization	Jobs
Hospital for Sick Children, Canada	3
University of British Columbia, Canada	9
University of Oxford, UK	6
Total Jobs	18

Program outputs from the 36 grants awarded in rounds 1 and 2 included the creation a total of 34 innovative prototypes, service delivery models, drug (re)formulations, and drug delivery systems. The grantees leveraged the funds awarded to obtain an additional \$19.5 million from outside sources (tables 11, 12).

**Table 11: Outputs**

Output Indicator	Total Achieved
Innovative prototypes, service delivery models, drug (re)formulations, and drug delivery systems developed and successful, and/or refined	34
Analytical models developed	0
Curriculum changes and policy changes	1
Results disseminated/published, patents	5
Funds leveraged through projects	\$19.5 million

**Table 12: Sources of Leveraged Funds**

Sources	Amount
International Atomic Energy Agency	\$15,000
Sprinkles Global Health Initiative	\$50,439
United Nations Innovations Working Group Catalytic Grant	\$200,000
Gates Foundation	\$235,000
Swedish International Development Cooperation (SIDA) and Abbott	\$390,000
Unknown	\$630,000
Unknown	\$1,000,000
General Electric	\$2,000,000
Becton Dickinson	\$15,000,000
Total	\$19,520,439

Becton Dickinson (\$15 million) was the largest contributor of additional funds to donor organizations, with General Electric (\$2.0 million) also contributing a substantial amount. Two sources are unknown.

**Major Causes of Maternal and Neonatal Mortality and Stillbirths**

Grantee projects from rounds 1, 2, and 3 focused primarily on newborn and neonatal survival, according to the 2013 analysis of the SL@B portfolio. Many innovations have a multiple focus. While 72.9% of

projects include a focus on newborn survival and 69.5% include a focus on maternal survival, only 10.2% focus on preventing stillbirths. In each round, SL@B looked for balance across the portfolio.

**Maternal Mortality:** The major causes of maternal mortality addressed in the portfolio are hypertensive disorders, infections, obstructed labor, severe bleeding, unsafe abortion, and other direct and indirect causes. The SL@B portfolio focuses on hypertensive disorders, obstructed labor, and other direct and indirect causes of maternal death at a greater percent than the global burden (according to WHO) that a given cause of maternal death poses. The focus on infections was just below the proportion of burden that accounts for deaths due to infection. Round 3 had the largest focus across the portfolio on infection (TTS 25%, 22.2%). While severe bleeding accounts for approximately 25% of maternal deaths, only 10.2% of the portfolio focused on severe bleeding. Round 2 had a surge in projects focused on severe bleeding (26.7%), relative to rounds 1 and 3 (4.5% for each). Reviewers sought to achieve balance across the portfolio, given the program's broad focus.

**Neonatal Mortality:** The major causes of neonatal mortality addressed in the SL@B portfolio are birth asphyxia and trauma, congenital abnormalities, diarrheal diseases, infections, prematurity and low birth weight, tetanus, and other causes. The SL@B portfolio focuses on diarrheal diseases, neonatal infections, neonatal tetanus, and other causes of neonatal death at a greater percent than the global burden (according to WHO) that a given cause of neonatal death poses. The projects that focus on birth asphyxia/birth trauma, congenital abnormalities, and prematurity and low birth weight are slightly less than the burden that these maternal death causes pose globally. For example, low birth rate accounts for 30% of neonatal deaths, while 21% of round 1, 16.1% of round 2, and 25.4% of round 3 seed projects target this cause of neonatal death. Comparing the three rounds, round 3 grants had the greatest focus across all major cases of neonatal death.

### III. CONCLUSIONS

Overall, SL@B has been seen as a unique, results-driven, multi-donor-funded program, promoting innovations and progress in maternal and neonatal health prior to the 2015 MDG target date. Applicants with innovative ideas from diverse backgrounds all over the world can apply for funding using a simple application process. The capacity-building workshops and events and the transition-to-scale funds have been crucial in helping ideas grow into viable solutions. Even at this early stage, SL@B has begun to yield positive results. The donors' collaborative efforts to continually improve the process are making a difference in program outcomes. The partnership is achieving its goal to leapfrog forward with innovation and address significant challenges.

#### QUESTION 1—NICHE WITHIN THE MATERNAL AND NEONATAL HEALTH INNOVATION SPACE

- The SL@B program is a unique collaboration between five donors. Working together, the donors have given the grantees access to networks and results.
- The donors have funded a total of \$47M in grants to 81 projects—77 seed grants and 14 transition-to-scale grants—in four rounds of funding.
- A major value add of SL@B for grantees has been the capacity-building workshops and the ability they give grantees to leverage additional funds and expertise. The workshops gave the grantees the idea about leveraging funds and provided them with examples of how to do it. They found the validity of having the grant helped them to reach out to other funding sources and leverage funds.
- With the donors' help, grantees were able to significantly leverage SL@B funds, increasing the amount of funding available and helping them to jump ahead in the innovation space.
- Grantees appreciated the opportunities and benefits from being part of the community of innovators.
- SL@B has made a concerted effort to attract a wide range of innovators. The innovators come from high-, middle-, and low-income countries and from a wide range of disciplines such as academia, engineering, the entrepreneurial arena, and public health.
- Most innovations within the SL@B portfolio are integrated solutions addressing gaps in current funding opportunities in science and technology, service delivery, and demand-side innovation.

#### QUESTION 2—GRANTEE SELECTION PROCESS

- Reviewers had a diverse range of backgrounds and a depth of experience that helped facilitate an evolving applicant review process.
- There is interest among reviewers and partners to increase the representation of innovators from LMICs among grantees; while there was a good number of LMIC applicants, they remained a minority in the pool of grantees.
- Selection criteria evolved between rounds with input from internal evaluations. Consistent focus remained on innovation as well as organizational capacity, pioneering, and the execution plan.

- Reviewers expressed a desire for increased clarity in the scoring system as well as a clearer and more concrete definition of innovation.

### **QUESTION 3—SCALING SUCCESSES, FAILURES, AND LESSONS LEARNED**

- Drivers of scaling success were the partnerships between innovators and outside organizations and the SL@B capacity-building workshops. Partnerships with government, commercial, and other international organizations provided grantees with additional technical and in-country expertise and enabled grantees to leverage additional funds from outside partners.
- Grantees leveraged more than \$19.5 million from outside funding sources in rounds 1 and 2, increasing the funds that SL@B grantees received.
- Innovations most likely to achieve scale are those with characteristics such as having tangible impacts and high cost-effectiveness. A strong understanding of target consumers also contributes to scaling success.
- Moving from seed to transition-to-scale grants has posed a barrier to many grantees due to a lack of sufficient funding or support to bridge the gap. To date, only three seed grant recipients have received transition-to-scale grants.
- The greatest challenge that many of the technically focused innovators mentioned facing have been translating impact into commercial value.
- As encouraged by the Xcelerator program, establishing a clear path to scale should be considered earlier on in the process. As such, strategy mapping should be employed soon after award.
- The seven key questions could help the innovators to further reflect about the path to scale and help the partners to delve deeper into this process. The goal would be to improve the likelihood of achieving scale.

### **QUESTION 4—VALUE ADD OF THE COMMUNITY OF INNOVATORS**

- Grantees saw the value add of the community of innovators. Through this collaborative experience, grantees have been able to benefit from the experience and the lessons learned of other innovators and to solve problems more quickly.
- As competition exists in the application process, innovators found more value and benefit from the community of innovators once they were grantees.
- Most grantees advocated for increasing deliberate efforts to foster the community of innovators, such as by providing contact lists to innovators and making specific strategic introductions.<sup>7</sup>
- A few grantees cautioned against forcing connections between innovators, advocating instead for the opportunity to form organic relationships on their own and more time to talk with other innovators in informal settings.

---

<sup>7</sup> For example, although the focus groups were part of the evaluation and not the grant process, they were cited by grantees as a positive example of a chance to talk and share experiences with one another.

## QUESTION 5—EARLY RESULTS

- Preliminary data is available from round 1 and 2 grantees, as of October 2014.
- Early intermediate outcomes from rounds 1 and 2 include more than 763,000 beneficiaries and 32,000 intermediaries accessing grantee products or services. A total of 124 jobs were created in high-, middle-, and low-income countries.
- No round 1 and 2 grantees reported policy changes being adopted as a result of their projects.
- Early outputs include building tools and capacity to execute. Round 1 and 2 grantee organizations reported the creation a total of 34 innovative prototypes, service delivery models, drug (re)formulations, and drug delivery systems.
- SL@B innovations in rounds 1 to 3 have a high focus on these major causes of maternal death: hypertensive disorders, obstructed labor, and other direct and indirect causes of maternal death.
- SL@B innovations in rounds 1 to 3 have a high focus on these major causes of neonatal death: neonatal infections, neonatal tetanus, diarrheal diseases, and other causes of neonatal death.
- There was a low focus on stillbirths among SL@B innovations in rounds 1 to 3.



## IV. RECOMMENDATIONS

SL@B has been successful at achieving its goal, pushing for innovations in the maternal and neonatal innovation space. By continually reevaluating the grant program and processes, SL@B has improved itself several times over. Moving forward, no major course corrections are recommended. Participants gave SL@B a very positive review overall. To move forward and achieve even more, SL@B should continue its strategy and make few adjustments to the existing program.

Based on the actionable findings, these five recommendations suggest a call to action to help make SL@B an even more effective and beneficial program:

- 1. Increase efforts to leverage partnership benefits to forge relationships between grantees and other organizations.** From the evaluation findings, benefits of the partnerships between the donor organizations have not been fully used. Each donor organization has a network of relationships that can help open doors to benefit the program and its grantees. To date, partnerships with outside organizations have been crucial to the scaling success of grantee innovations. The operational committee is one platform for coordination and consultation that can help the managing partners foster connections between grantees and other organizations.

**Suggested next steps:** Interviewees expressed a desire to see the operational committee sessions have more impact and to further leverage the partnership's benefits. According to El-Noush, the operational committee discussions are very interactive and great ideas come forward, but there is room for improvement with regard to capturing and translating these ideas into action that drives real changes and can enhance the partnership. Interviewees agreed that the operational committee calls could be used in more efficient and targeted ways to further the partnership. As there are partner meetings and other coordination mechanisms among the donor partners, it would be useful to come up with more systematic ways to leverage the partnerships and connect grantees with non-managing partners. For example, SL@B could examine how to leverage its strengths and networks to address the regulatory challenges that many innovators face in developing countries, perhaps through pooling resources in-country or in economies of scale.

- 2. Increase focus on stillbirths.** There has been a lack of focus on the innovation gap regarding stillbirths, according to the 2013 portfolio analysis data.

**Suggested next steps:** With a general lack of understanding in the field as to the causes of stillbirth, data may be available, but this knowledge gap could be hindering its use. Providing technical assistance to innovators to understand how their innovations can help lower stillbirth rates and how data can help to contribute to this understanding/knowledge base could help increase this understanding and bring innovations that could be applied to the stillbirth issue. In addition, SL@B could increase the emphasis on innovations that address stillbirths in the application process and add weight to applicant innovations with a focus on stillbirths.

- 3. Increase efforts to engage developing country innovators.** Grantees and donors noted the low representation of LMIC grantees, despite a robust number of applicants.

Suggested next steps include:

- Add more developing country reviewers
- Require transition-to-scale grantees from high-income countries to include developing country partners

- Increase outreach to developing country innovators by advertising the grant more extensively
- Make available grant specialists on-call to assist potential grantees from LMICs and help them through the application process
- Provide additional assistance to ensure the applicants make it to the grantee stage

- 4. Develop more concrete definitions for innovation and achieving scale.** There was some confusion among grantees and reviewers regarding the definitions for innovation and achieving scale. Grantees weren't always sure if their idea was hitting the mark or was on target. They mentioned wanting a better understanding of how to be “innovative in a global context” and define what was a “global game changer.” Sometimes screeners questioned if they were being consistent with other reviewers and with what SL@B wanted.

**Suggested next steps** include further consultation among partners to develop definitions of innovation and scale according to diverse contexts and revisiting these definitions over time. This information could help applicants have a better idea of what's being asked of them and give reviewers a more clear and consistent understanding of what SL@B is looking for.

- 5. Include a discussion of the grantee path to scale as part of the evaluation and selection process.** Addressing this issue early on in the grant process—during the application process and shortly after awarding the grant—could make the transition from seed grants more fluid and make it a more proactive method.

**Suggested next steps** include using the screening phase to evaluate the grantees' path to scale and including the evaluation results as part of the selection process. Also the use of strategy mapping after the grant award can help ensure grantees outline the path to scale and sustainability from the start. “Bake in” partnerships as a critical lever for scale. The partners could also consider further interim funding for seed grants that are making strides but not yet at proof-of-concept stage or ready for the transition-to-scale grant.

# ANNEX I. EVALUATION STATEMENT OF WORK

## SAVING LIVES AT BIRTH PROGRAM PERFORMANCE EVALUATION DRAFT SOW

### PROGRAM INFORMATION

**Program Title:** Saving Lives at Birth: A Grand Challenge for Development

**Start-End Date:** January 2011 – January 2016 (Five years, four calls for applications, some projects will extend beyond 2016)

**Budget:** \$50 million

### Description

The United States Agency for International Development (USAID), the Bill & Melinda Gates Foundation (BMGF), Grand Challenges Canada (GCC), the Government of Norway (GoN), and the U.K. (DFID) joined together to launch Saving Lives at Birth: A Grand Challenge for Development. The Partners seek to facilitate groundbreaking prevention and treatment approaches for pregnant women and newborns in rural, low-resource settings around the time of delivery when the majority of deaths occur. By identifying new, breakthrough solutions, the Partners aim to dramatically and sustainably reduce stillbirth, newborn death and maternal death and contribute to the ongoing global “Every Woman, Every Child” effort to dramatically reduce maternal and child mortality by 2015.

Saving Lives at Birth is grounded in the belief that the estimated 2.6 million stillbirths, 2.9 million neonatal deaths, and 287,000 maternal deaths that occur globally each year signal a major gap for intervention specifically around childbirth and the early postnatal period—a time when mothers and babies are most vulnerable and global progress in reducing mortality has been particularly poor. This gap in interventions is particularly acute in poor, underserved communities and among women who are disadvantaged.

Innovative ideas that can leapfrog conventional approaches are critical in this area to accelerate substantial and sustainable progress in reducing maternal and newborn deaths and stillbirths at the community level. The Partners seek innovative prevention and treatment approaches across three main domains: (1) Science and technology; (2) Service delivery; and (3) Demand-side innovation that empowers pregnant women and their families to practice healthy behaviors and be aware of and access health care during pregnancy, childbirth and the early postnatal period, especially the first two days after birth.

Saving Lives at Birth invests in innovative approaches by providing seed funds (approximately \$250K) to support the development and validation of innovative ideas and transition funds (approximately \$2M) to transition innovations with demonstrated proof-of-concept toward scale up. To date the partners have issued three calls for applications and awarded 61 grants—51 seed and 10 transition-to-scale—for 59 of the most promising solutions (see [savinglivesatbirth.net](http://savinglivesatbirth.net) for a complete listing and project summaries). The partners issued the fourth and last call under the first phase of the partnership on January 8, 2014, and anticipate awarding up to an additional 30 awards by the end of December 2014. There is strong initial interest among the partners to continue the program beyond the initially envisioned four rounds with the goal of a \$50M commitment beginning in 2015 (SL@B 2.0).

A key feature of Saving Lives at Birth is the Development×Change, a dynamic multi-day event that brings the Saving Lives at Birth “Community of Innovators”—competition finalists and grantees—together for networking and skill-building workshops. On the last day of the event innovators have the opportunity to display their innovations in an open marketplace and attend a high-level forum. For competition finalists the Development×Change is the last stage of the competition; there they are interviewed by the application evaluators and award nominees are announced at the final forum.

In early 2014, the Saving Lives at Birth partners embarked on an exercise to more explicitly articulate the program’s theory of change and develop a common metrics toolkit to be used to assess impact and processes in Saving Lives at Birth grants. The theory of change and associated metrics will clearly articulate assumptions that underpin a pathway to impact, and also give a common vision of how the partners guide investments and measure results as the program moves forward. The theory of change exercise and this evaluation will be carried out in parallel; however, they are quite complementary and it is envisioned that there will be several key opportunities for sharing data and outputs across the two that will be incorporated as appropriate into each other.

### **Existing Data**

- “Analysis” documents: Following the completion of each “round” (RFA issuance and grant selection process), USAID analyzes applicant and nominee data and feedback from reviewers to identify trends in applicant progression through the selection process and explore whether the RFA is effective in communicating to applicants the objectives of the program and the characteristics of a strong application.
- Portfolio reviews: The Saving Lives at Birth partners have conducted annual analyses to detail the progression of the grantees and characterize the distribution of grants across key areas of interest.
- Advisor consult notes: In December 2012, the Saving Lives at Birth partners held a small roundtable discussion with select renowned experts in maternal and neonatal health, innovation and scale, business, and grant-making programs.
- Grantee consult notes: In December 2012, the Saving Lives at Birth partners held a meeting for grantees attending the annual Grand Challenges meeting in Ottawa to collect feedback on the grantees’ experience with the program.
- Four RFAs
- Review process data sets (reviewer scoring and comments) from the first three rounds
- Development×Change agendas and participant evaluations (as incorporated into the “analysis” documents described above) from the first three rounds
- Operational plan
- Theory of Change concept note and draft deliverables
- Grant related documentation: grant agreements, grant workplans, RMAFs/PMPs, milestone reports, annual reports, etc.
- Focus group discussion notes and analysis (conducted during 2014 Development×Change, July 30-August 1<sup>st</sup>)

## EVALUATION FUNDAMENTALS

**Purpose:** The purpose of this external evaluation is to assess the unique nature of the Saving Lives at Birth program as well as progress towards and potential early outcomes/impact from its efforts to source and scale maternal and neonatal health innovations with promise of impact. The evaluation should focus on both program-level and grantee-level aspects of the program, including the global context in which the program is situated; the grant solicitation and selection process; grant implementation progress and results, particularly any progress towards scale up and improved health outcomes in women, newborns and their families; as well as the contribution of the “community of innovators.” Qualitative and quantitative data will be used to illustrate the value and potential future impact of the Saving Lives at Birth program. This information will aid partner decision making around and inform the development of the possible new program concept (SL@B 2.0).

**Audience(s):** Current Saving Lives at Birth partners and their organizations (primary); potential future Saving Lives at Birth partners; grantees and other program stakeholders

### Intended uses:

- *Primary:* To inform decisions about scope of future investments and improved processes for SL@B 2.0
- *Secondary:* As a communication tool for “sharing the story” of SL@B 1.0 (a description of the program’s implementation approaches, and their effects in a variety of contexts, that is more systematic and analytic than can be communicated via self-report)

**Evaluation questions:** The evaluation team will be tasked with addressing five overarching questions, each of which has several sub-questions. See Appendix A for the specific sub-questions.

1. Does Saving Lives at Birth fill a niche within the maternal and neonatal health innovation space?
2. Is the grant selection process appropriately designed to identify potentially groundbreaking prevention and treatment approaches for pregnant women and newborns?
3. What are some scaling successes, failures, and lessons learned stemming from the Saving Lives at Birth portfolio?
4. What is the value add of the Saving Lives at Birth “community of innovators”?
5. What early results related to improved health outcomes amongst women and newborns (outputs and intermediate outcomes) can be attributed to the work of projects supported through Saving Lives at Birth?

**Timeline:** It is anticipated that the evaluation will begin in late March 2014 and last approximately 12 weeks.

## TECHNICAL REQUIREMENTS

### Methods and Process

The evaluation will use a mixed method design to be comprised of the following, but not limited to:

1. *Kick-off meeting*: The consultant will meet with USAID and other interested Saving Lives at Birth partner staff and consultants developing the theory of change to refine the evaluation questions and finalize the scope of work and discuss the data collection and analysis plan. Objectives of the surveys and interviews for major stakeholders will be finalized. In addition, a communication strategy and plans for data collection and analyses, including in-depth review of technical documents and interviews, will be discussed and finalized.
2. *Review and synthesis of existing data and background documents*: The documents listed under “existing data” above will be provided to the evaluator. The evaluator will analyze, synthesize, and draw conclusions from this existing data to help answer the evaluation questions. The evaluator also should review key relevant documents and websites available in the public domain such as the Every Newborn Action Plan, Every Woman Every Child, the UN Commission on Lifesaving Commodities, Innovation Working Group, etc. Other documents may be added or requested as needed or deemed appropriate. The evaluator will consult with the team on the theory of change exercise; as noted above, the theory of change exercise and this evaluation are complementary exercises that will feed into each other, and some of this documentation already may have been gathered and analyzed by the theory of change team.
3. *Surveys and/or focus group discussions*: The evaluator may help validate two survey instruments crafted by the USAID and Saving Lives at Birth partners—one for administration to Saving Lives at Birth grantees (n=59), and one for administration to other members of the Saving Lives at Birth “community of innovators” (finalists from Rounds 1-3 and other key stakeholders)—as well as assist with the cross-tabulation and analysis of this data. The evaluator will craft a focus group discussion guide and conduct focus groups with DevelopmentXChange attendees on July 30<sup>th</sup> and 31<sup>st</sup>.
4. *Interviews*: The evaluator will conduct a small number of key informant interviews with select staff from Saving Lives at Birth partner organizations, application reviewers, and other major stakeholders within the maternal and neonatal health community as well as the challenge/prize community. The Saving Lives at Birth partners will furnish a list of key informants and their contact information. Interviews may also be conducted with select grantees and members of the “community of innovators” in follow-up to survey responses.
5. *Field visits/case studies*: If feasible, the consultant may travel to Nepal, Malawi, and/or Ghana with another member of the Saving Lives at Birth team to visit and document in case study form the implementation/scale-up process and results of the Chlorhexidine Navi Care Program, the Rice University bCPAP Device, and Scaling up MOTECH projects, respectively. In addition, through telephone (and possibly in-person) meetings/interviews, the consultant may document in case study form the commercialization process for the Odon Device.
6. *Analysis*: The consultant will use rigorous analytical methods, such as coding, to synthesize data and findings from the desk reviews, surveys, interviews, and case studies and make recommendations for future program directions. Evaluation recommendations should be derived from and readily attributable to the data collected and synthesized rather than based on the opinion or personal conclusions of the evaluator.

Evaluation question	Data sources	Collection methods	Suggested Analysis approach
<b>1. Does Saving Lives at Birth fill a niche within the maternal and neonatal health innovation space?</b>	<ul style="list-style-type: none"> <li>• Strategic and summative documents from global MNH initiatives (e.g., EWEC, ENAP, UNCoLSC, etc.)</li> <li>• Key informants (global MNH experts, SL@B partners, SL@B grantees, foundations and investors, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Document desk review</li> <li>• Interviews</li> <li>• Surveys and/or FGDs</li> </ul>	Coding Tabulation
<b>2. Is the grant selection process appropriately designed to identify potentially groundbreaking prevention and treatment approaches for pregnant women and newborns?</b>	<ul style="list-style-type: none"> <li>• RFAs</li> <li>• Review process data</li> <li>• Application reviewers</li> </ul>	<ul style="list-style-type: none"> <li>• Document desk review</li> <li>• Interviews</li> </ul>	Coding
<b>3. What are some scaling successes, failures, and lessons learned stemming from the Saving Lives at Birth portfolio?</b>	<ul style="list-style-type: none"> <li>• SL@B partners</li> <li>• NCIIA</li> <li>• Grantees</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews</li> <li>• Surveys and/or FGDs</li> <li>• Case studies</li> </ul>	Coding Tabulation
<b>4. What is the value add of the Saving Lives at Birth “community of innovators”?</b>	<ul style="list-style-type: none"> <li>• Grantees</li> <li>• Development×Change attendees</li> </ul>	<ul style="list-style-type: none"> <li>• Surveys and/or FGDs</li> <li>• Select in-depth interviews to follow-up surveys</li> </ul>	Tabulation Coding
<b>5. What early results related to improved health outcomes amongst women and newborns can be attributed to the work of projects supported through Saving Lives at Birth?</b>	<ul style="list-style-type: none"> <li>• Grantee documentation</li> <li>• DHS and other publicly available data</li> </ul>	<ul style="list-style-type: none"> <li>• Sampling</li> <li>• Desk review</li> </ul>	Coding

## **Staffing**

The evaluator must be qualified and be sufficiently respected so that his/her recommendations will be authoritative and influential. The evaluator should have experience in leading other evaluations, particularly of a complex program. The ideal candidate would have:

- Strong knowledge, skills, and experience in program evaluation
- Strong qualitative and quantitative analytical skills and a mixed method orientation
- Developing country experience
- Familiarity with grant review processes
- Knowledge of and experience with investing in innovation
- Knowledge about global maternal and neonatal health technologies and programming
- Knowledge of scale-up theories and methodologies
- Excellent writing and communication skills with experience in producing team-based reports
- Ability to travel extensively in a short amount of time

Potential candidates must be able to evaluate and synthesize information quickly, make clear and well-founded recommendations, and draft to the written report and debriefings.

## **MANAGEMENT INFORMATION**

### **Deliverables**

The evaluator will prepare the following deliverables; all will require final approval by USAID/Washington.

1. Inception report: Work plan, analysis plan, timeline and outline of final report
2. Comprehensive, analytical, evidence-based evaluation report including case studies that:
3. Details and describes the methodology
4. Provides conclusions on the key evaluation questions
5. Provides recommendations and identifies key questions for future consideration
6. (See Appendix B for additional reporting guidelines)
7. PowerPoint presentation of evaluation findings highlights
8. Debriefings
  - a. On interim/preliminary findings for Saving Lives at Birth partners (if requested)
  - b. On final findings for Saving Lives at Birth partners
  - c. Open presentation on final findings hosted by USAID (if requested)

## Logistics

The evaluator will be responsible for evaluation logistics including scheduling meetings and interviews, making flight and hotel travel arrangements, and obtaining visas and reimbursements for expenses. The Saving Lives at Birth team will facilitate introductions as necessary. Field visit logistics will be coordinated by USAID in concert with the HQ and in-country grantee teams.

## Estimated LOE and Schedule

Activity	Days Team Leader	Timing (depends on start date)
<b>Preparatory Work</b>		
Review of existing data/background materials (to be provided by USAID/GCC)	5	June 10-13
Planning meeting (VTC; includes Saving Lives at Birth partner staff)	1	June 16
Continue review of documents/materials, draft inception report, schedule interviews, finalize case study site visits and data collection plans, and make travel arrangements	5	June 17-20
Submit inception report and interview and focus group discussion instruments	--	June 23
Receive approval for interview and focus group discussion instruments	--	June 26
<b>Data Gathering</b>		
Conduct interviews	5	June 30-July 8
Field visit case study 1 (includes travel)	8	July TBD
Field visit case study 2 (includes travel)	8	July TBD
Field visit case study 3 (includes travel)	8	July TBD
Conduct focus group discussions with DevelopmentXChange attendees	2	July 30-31
<b>Data Analysis/Drafting Report</b>		
Coding/analysis of FGD and interview data and drafting of preliminary findings and PPT	8	August 4-12
Submit PPT (as requested)	--	TBD
Draft case studies	7	August TBD
Debrief presentation of findings to partners	1	August 19
Submit draft report	--	August 22
Receive feedback	--	August 29
Revise report based on feedback	5	September 1-5
Submit 2 <sup>nd</sup> draft report	--	September 8
2 <sup>nd</sup> round of review and feedback	--	September 8-11

Activity	Days Team Leader	Timing (depends on start date)
Revise report based on feedback	1	September 12
Open debrief hosted by USAID (includes travel to DC)	2	TBD
Tweak and submit final report	.5	September 15
<b>Total LOE</b>	<b>66.5</b>	<b>June-September</b>

**Estimated budget:** Not to exceed \$150,000

## **APPENDIX A: COMPLETE LIST OF EVALUATION QUESTIONS AND SUB-QUESTIONS**

1. Does Saving Lives at Birth fill a niche within the maternal and neonatal health innovation space?
  - What is Saving Lives at Birth’s comparative advantage vis-à-vis other maternal and neonatal health grant programs (funded both by SL@B partners and other donors)?
  - What value does the Saving Lives at Birth program add to the work of grantees?
  - To what extent does Saving Lives at Birth contribute to filling the innovation gaps identified by key global initiatives (e.g. IWG, Child Survival, FP2020, CoIA, and UNCoLSC, EWEC)?
  - To what extent does the partnership add value to the program (compared to each organization investing separately)?
2. Is the grant selection process appropriately designed to identify potentially groundbreaking prevention and treatment approaches for pregnant women and newborns?
  - Is the innovation screen effective in “screening out” applicants proposing ideas that are “standard practice” and/or not relevant to the Challenge?
  - Are the selection criteria and the scoring system appropriate in identifying approaches that are both innovative and impactful? In identifying approaches that are likely to reach scale?
  - Has the process of selecting innovations become more efficient and effective over time to fund those ideas that best answer the call?
3. What are some scaling successes, failures, and lessons learned stemming from the Saving Lives at Birth portfolio? (using case studies, etc.)
  - Are there any common characteristics of Saving Lives at Birth innovations that are transitioning to or on a path to scale?
  - What are the key scale-up issues that have been identified (barriers/drivers of success)?
  - To what extent has the partnership been a catalyst in efforts to put innovative ideas on a path to scale?
  - Are the resources—financial and non-financial—provided to grantees sufficient to put them on a path to scale?
4. What is the value add of the Saving Lives at Birth “community of innovators”?
  - What has been deemed a success?
  - What could be done differently?
5. What early results related to improved health outcomes amongst women and newborns (output and intermediate outcomes) can be attributed to the work of projects supported through Saving Lives at Birth?
  - Have we seen improved coverage on key MNH indicators from our TTS investments?

- To what extent are Saving Lives at Birth grantees reaching and/or targeting the “hardest to reach” populations?
- To what extent are Saving Lives at Birth grantees addressing the major causes of maternal and neonatal mortality and stillbirths in developing countries?

## **APPENDIX B: REPORTING GUIDELINES**

The report shall follow Saving Lives at Birth branding procedures. An acceptable report will meet the following requirements as per USAID policy (see **USAID Evaluation Policy**, <http://www.usaid.gov/evaluation/policy>):

- The evaluation report should represent a thoughtful, well-researched and well organized effort to objectively evaluate what worked in the project, what did not and why.
- The evaluation report should address all evaluation questions included in the scope of work.
- The evaluation report should include the scope of work as an Annex. All modifications to the scope of work, whether in technical requirements, evaluation questions, evaluation team composition, methodology or timeline shall be agreed upon in writing.
- Evaluation methodology shall be explained in detail and all tools used in conducting the evaluation such as questionnaires, checklists and discussion guides will be included in an Annex to the final report.
- Evaluation findings will assess outcomes and impacts using gender disaggregated data, if appropriate.
- Limitations to the evaluation shall be disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence and data and not based on anecdotes, hearsay or the compilation of people’s opinions.
- Findings should be specific, concise and supported by strong quantitative or qualitative evidence.
- Sources of information need to be properly identified and listed in an Annex, including a list of all individuals interviewed.
- Recommendations need to be supported by findings. Recommendations should be action-oriented, practical and specific, with defined responsibility for the action.

The annexes to the report shall include:

- The Evaluation Scope of Work
- Any “statements of differences” regarding significant unresolved difference of opinion by funders, implementers, and/or members of the evaluation team
- All tools used in conducting the evaluation, such as questionnaires, checklists, survey instruments, and discussion guides
- Sources of information, properly identified and listed

- Disclosure of conflicts of interest forms for all evaluation team members, either attesting to a lack of conflict of interest or describing existing conflict of interest.

All data sets collected by USAID or one of the Agency's contractors or grantees for the purposes of an evaluation must be uploaded and stored in a central database. The data should be organized and fully documented for use by those not fully familiar with the project or the evaluation. Until this database is established, data can be submitted to [DevelopmentData@usaid.gov](mailto:DevelopmentData@usaid.gov).



# ANNEX II. EVALUATION METHODS AND LIMITATIONS

## DESK REVIEW

The desk review consists of a synthesis of existing data and background documents to provide a foundation for understanding and evaluating the SL@B program.

SL@B staff provided background documents to the reviewer, including the Malawi case study, portfolio reviews, post-procurement process analyses, request for applications (RFAs), theory of change materials, innovation pipeline data, and the SL@B Achieved RMAF Results Tracker. The reviewer examined these documents, highlighting passages from each document providing relevant information according to each of the evaluation questions. These passages included observations, which the reviewer summarized to provide a basic synthesis of available information on the SL@B program. These background resources also provided descriptive data of the SL@B portfolio. Tables throughout the evaluation present the data, primarily showing the composition of the SL@B portfolio as well as early results.

The reviewer also looked at information from key relevant websites and documents available in the public domain from the key international maternal and child health initiatives regarding innovation gaps. The initiatives include the Innovation Working Group (IWG), the Child Survival initiative, FP2020 (Family Planning), the Commission on Information and Accountability for Women's and Children's Health (CoIA), Every Woman Every Child, and the UN Commission on Lifesaving Commodities. Relevant information was compiled from these websites, but not summarized directly in the report. Instead, they were referenced as resonating with the innovation gaps that the SL@B grant program directly identifies.

A note from the Xcelerator program entitled, "7 Tough Questions (*that innovators wish we asked earlier*)" was provided by Joel Segre, a facilitator of the Xcelerator program that worked directly with teams of grantees. The recommendation to ask these questions during the application process appears in Lessons Learned, as well as under the recommendations for establishing a clear path to scale.

The main limitation of the desk review was the limited scope of the review and the lack of external sources providing direct information about the SL@B program. The limited scope of the desk review was mitigated by interviews with key influential thinkers in the maternal and neonatal health innovation space who filled knowledge gaps.

## FOCUS GROUPS

Four focus groups with a total of 20 SL@B grantees were conducted during the July 2014 DevelopmentXChange event to gather opinions from the perspective of non-traditional development organization grantees about the value add of the SL@B program's components and opportunities to improve.

The SL@B program managers purposefully selected participants for the focus groups to include perspectives from a range of innovator types, stages, and backgrounds. USAID employees facilitated the focus group and transcribed participant comments on a laptop. The facilitator explained to the

participants that their comments would be anonymous. Each focus group lasted for approximately one hour; the facilitator asked questions and requested further information on several key evaluation objectives.

The analysis of the focus group transcripts involved pulling quotations according to the evaluation questions and analyzing the prevalent themes. The questions asked in the focus group sessions did not perfectly mirror the evaluation questions, but rather were designed to draw out comments that would apply to a number of different questions. There were five driving questions for the SL@B program evaluation, each with a number of sub-questions. The nature of the sub-question provided the main code whereby the evaluator pulled out relevant quotations. A thematic analysis of the quotations yielded different findings that focus group participants touched on.

Qualitative analysis exists in a different paradigm from quantitative analysis and purposive sampling is an accepted strategy. There are acceptable forms of bias in qualitative analysis. For example, although program managers did not conduct the focus groups, the focus groups were conducted by USAID staff that could have introduced some bias into the equation. The length and number of focus groups was also limited, which limited the depth of the conversation and analysis.

## **INTERVIEWS**

The interviews triangulate with findings from the desk review and focus group opinions to provide a deeper understanding of SL@B portfolio findings and to fill in information and understanding gaps.

During a few weeks in October and November 2014, 11 key informants participated in semi-structured interviews. These key informants included representatives from SL@B partner organizations, influential thinkers in the maternal and neonatal health and scaling arena, and reviewers of multiple rounds of SL@B grant applications. A SL@B program staff member compiled a list of 16 key informants to contact and made introductions between the interviewees and the evaluator by email. Of the 16 key informants contacted, 15 responded, but only 11 were able to schedule interviews within the limited timeframe. The evaluator conducted the interviews by telephone and Skype; each interview lasted between 30 and 45 minutes. The interviewer transcribed comments for both the interviews and during the focus groups at the Development<sup>x</sup>Change. Interviewees were informed that their comments would be anonymous unless they provided direct permission and approval of those passages via email.

To analyze and incorporate interviewee comments into the evaluation, the reviewer summarized all of the key points of each interview and compiled them into a list. Each key point with the quotes were then added into the evaluation. In the few cases where direct quotes were necessary, permission was received from the interviewees prior to publication of the draft. The reviewer performed the interviews and conducted the analysis. If the interviews yielded insights into other questions, the reviewer incorporated the comments, regardless of whether direct questions on those topics were asked.

The selection and introduction of the interviewees by a SL@B partner may have introduced bias in the pool of interviewees. There may have also been self-censorship among the respondents due to the fact that they were introduced to the evaluation consultant by SL@B staff. The length and number of interviews was also limited due to time constraints. The time limitations made it impossible for all contacted key informants to participate in the interviews and limited the initial list of interviewees to contact.

# ANNEX III. DATA COLLECTION INSTRUMENTS

## FOCUS GROUP MODERATOR GUIDE

### Background and scene setter [5 minutes]

Thank you for joining us today. [General introductions.] The Saving Lives at Birth partners are facilitating a set of focus groups among current grantees and other stakeholders to obtain reflections and feedback about the Saving Lives at Birth program. In many ways, Saving Lives at Birth represented a novel model for identifying and accelerating the scale-up of new ideas, approaches and technologies for maternal and neonatal health, so we'd like to take advantage of having you all here for the Development<sup>x</sup>Change to talk about how this program has unfolded.

I'd like to make it clear that this process is geared toward learning and continuous improvement. The information that we discuss today is not related to any grant applications or assessments, and will not be attributed to any individuals. So I want you to feel free to speak freely about things that have gone well as well as those that could be improved.

My colleague is here to take notes during the session so we can be sure we capture all of your feedback faithfully. Again, your individual comments will be kept confidential, though we may excerpt some anonymous quotations if they illustrate a point well.

We are holding a total of 4 focus groups with grantees and other participants at the Development<sup>x</sup>Change. Based on the themes and concepts that emerge from the groups, we will write up a summary of findings and relevant issues for further consideration with the Saving Lives at Birth team.

Ok, let's get started. I have a set of questions that I'd like to walk you through. We'd like everyone to participate, so don't be shy. We'll also have a parking lot if there are issues that we'd like to come back to later or address in another setting.

*Overarching objective:* To gather feedback on the Saving Lives at Birth program to help us understand the program's unique qualities, value-add, and opportunities for improvement from the perspective of non-traditional development organization grantees.

**[PRIORITY #1]** Tell us about your initial interest in applying for a Saving Lives at Birth grant.

- **PROBE** on attraction to SL@B relative to other funding opportunities/mechanisms, e.g., donor partnership, community of innovators, open call, focus on science and technology, service delivery, and demand creation innovations.
- [Rationale: We are interested in understanding Saving Lives at Birth's unique position within the maternal and neonatal health space and whether it is filling a void that other funding mechanisms are not as well as whether it being a partnership of five major donors adds value from the perspective of the grantees.]

**[PRIORITY #4]** Since you became engaged in the program, what is one result you've achieved that you are really proud of? What helped you to achieve this?

- **PROBE** for SL@B role in helping achieve the result, e.g., added value, increased PR or communications, helped the project to leverage funding, etc.
- [Rationale: We are interested in understanding the drivers of both the success and failure of our grantees efforts and how Saving Lives at Birth has contributed to this success (or failure). As a program we strive to support our grantees' success in many ways and are continuously looking for more and better ways to do so.]

**[PRIORITY #2]** Thinking about scaling up your innovations, what is one key successful characteristic that can enable scale? What are some specific challenges you have faced or are facing? To overcome these challenges, what type of support do you receive, and from whom?

- **PROBE** for support provided by SL@B specifically. Is it sufficient? What other types of support would be helpful to you in overcoming these challenges? **PROBE** for financial, technical, or other support.
- [Rationale: The ultimate goal of Saving Lives at Birth is to reduce maternal and neonatal deaths; we seek to do this by supporting groundbreaking approaches to reach and be sustained at scale. We recognize that scaling is difficult and as a program have worked to provide focused support through our Xcelerator program, but we are interested in exploring additional ways that we can effectively support our grantees to scale their innovations.]

**[PRIORITY #3]** Would you say the community of innovators has been a valuable part of the program? How did you engage with this community, and what was the result? What are some opportunities for engaging with the community in the future?

- **PROBE** on a specific example of value each innovator has derived.
- **PROBE** on the successes of the community.
- **PROBE** on ways the community can be improved.

Rationale: To date the DevelopmentXChange has been our primary avenue for engaging the community of innovators; we are interested in understanding the benefits of the community of innovators and how we can engage the community going forward both at and beyond the DevelopmentXChange

### **Wrap up [5 minutes]**

- Flip chart highlights on niche, scaling, and value add
- Thank you for your time and participation. We greatly appreciate your honesty and your contributions to the discussion. As I mentioned, the next steps will be to finish the focus groups with the other grantees and development community members, summarize key themes and concepts, and write a summary for the Saving Lives at Birth partners and other interested parties. We wish you the best of luck with your projects!

## INTERVIEW INTRODUCTION AND QUESTIONNAIRES

The introduction script served as a guide to the interviewer's introduction explanation. In addition to the text below, the beginning of a call with an interviewee consisted of personal introductions and greetings. Additional questions were added to the semi-structured interviews below to delve further into answers that were provided.

Introduction Guide:

I am a consultant writing an assessment of SL@B, synthesizing research that's been done. I'm filling in gaps using these interviews.

This won't be recorded, but I will transcribe your comments as you speak. I will summarize comments in the assessment. I may use quotes from the interviews to illustrate a point, but I will not attribute a quote to you without showing you the text first and obtaining your permission.

Driving Question that I hope to answer for the Saving Lives at Birth assessment is [the main assessment question varies according to the interviewee].

Representatives from partner organizations and influential thinkers in the maternal and neonatal health space received questions regarding whether Saving Lives at Birth fills a niche within the maternal and neonatal health innovation space. Below are some specific interview questions for SL@B partner representatives:

1. What has been your general experience with the SL@B grant program?
2. What has been your general experience with other grant programs, particularly within the maternal and neonatal health innovation space?
3. How does the SL@B grant compare to other maternal and neonatal health grant programs?
4. How has been your experience managing the grant program in coordination with other partnerships?
5. How does this experience working in a partnership compare to working with separate programs?
6. Is there anything else you would like to share about how the SL@B grant program fits into the overall maternal and neonatal health innovation space?

Below are some specific questions for influential thinkers in the maternal and neonatal health innovation space.

1. Describe experience with SL@B.
2. Describe what the situation was in the MNCH world and innovation space in 2011 when SL@B began.
3. How does the rest of the maternal health community view SL@B?
4. How does the SL@B grant compare to other maternal and neonatal health grant programs?
5. Is there anything else you would like to share about how the SL@B grant program fits into the overall maternal and neonatal health innovation space?

Reviewers from multiple rounds of the SL@B grant received questions surrounding whether the grant selection process was appropriately designed to identify potentially groundbreaking prevention and

treatment approaches for pregnant women and newborns. Below are some specific questions for the reviewers.

- Is the innovation screen effective in “screening out” applicants proposing ideas that are “standard practice” and/or not relevant to the Challenge?
- Are the selection criteria and the scoring system appropriate in identifying approaches that are both innovative and impactful? In identifying approaches that are likely to reach scale?
- Has the process of selecting innovations become more efficient and effective over time to fund those ideas that best answer the call?
- Is there anything else you would like to share about your experience as a reviewer with the SL@B grant program?

Influential thinkers in the scaling space that were also associated with the Xcelerator program received questions regarding their experiences working with grantees through the Xcelerator program and their insights into drivers and barriers to scaling success. Below are some specific questions for the influential thinkers.

1. Describe the Xcelerator Training Program and how it provides scale-up support for the SL@B Program.
2. What are some of the key drivers of success that you have seen facing the SL@B innovations? The focus group said it was partnerships and the capacity-building workshops.
3. What are some of the key barriers to scale that you have seen facing the SL@B innovations? The focus groups said that the commercialization of innovations posed a great challenge, and that there was a funding gap.
4. Could you elaborate on the funding gap and possibly describe what some industry standards are for innovation scale up?
5. Could you provide insight into whether the resources they had (financial and non-financial) were enough to put grantees on a path to scale?
6. Is there anything else you would like to add?

# ANNEX IV. SOURCES OF INFORMATION

## A. Desk Review Documents

SL@B staff provided:

- The Malawi Case Study
- Portfolio Reviews (Round 1, 2, and 3)
- Post-procurement Process Analyses
- Request for Applications (RFAs)
- Theory of Change Materials
- Innovation Pipeline Data
- SL@B Achieved RMAF Results Tracker

### **External Websites and Documents:**

#### **Innovation Working Group (IWG)**

Innovation Working Group. Every Woman Every Child Information Pamphlet. Accessed Oct. 22nd 2014. [http://www.who.int/pmnch/activities/jointactionplan/iwg\\_brochure\\_lowres.pdf](http://www.who.int/pmnch/activities/jointactionplan/iwg_brochure_lowres.pdf).

Innovation Working Group. 2011 work plan for the Innovation Working Group. Accessed Oct. 22nd 2014. [http://www.who.int/pmnch/activities/jointactionplan/2011\\_innovation\\_wg\\_workplan\\_v1.0.pdf](http://www.who.int/pmnch/activities/jointactionplan/2011_innovation_wg_workplan_v1.0.pdf).

Innovation Working Group. Every Woman Every Child “Investing in Our Common Future.” Accessed Oct. 22nd 2014. [http://www.who.int/pmnch/activities/jointactionplan/100922\\_2\\_investing.pdf](http://www.who.int/pmnch/activities/jointactionplan/100922_2_investing.pdf).

Innovation Working Group. “Global Strategy for Women’s and Children’s Health.” Accessed Oct. 22nd 2014. [http://www.who.int/pmnch/topics/maternal/20100914\\_gswch\\_en.pdf](http://www.who.int/pmnch/topics/maternal/20100914_gswch_en.pdf).

#### **Child Survival**

UNICEF. 2014. “Accelerated Child Survival.” Accessed Oct. 22nd 2014. [http://www.unicef.org/health/index\\_childsurvival.html](http://www.unicef.org/health/index_childsurvival.html).

#### **FP2020 (Family Planning)**

Family Planning 2020. The 2012 London Summit on Family Planning. Accessed Oct. 22nd, 2014. <http://www.familyplanning2020.org/about-us/the-2012-london-summit-on-family-planning>.

#### **Commission on Information and Accountability for Women’s and Children’s Health (CoIA)**

WHO (World Health Organization). “About Accountability for Women’s and Children’s Health.” Accessed Oct. 22nd, 2014. [http://www.who.int/woman\\_child\\_accountability/about/en/](http://www.who.int/woman_child_accountability/about/en/).

## **The UN Commission on Life-Saving Commodities for Women and Children (UNCoLSC)**

The UN Commission on Life-Saving Commodities for Women and Children. “Lifesaving commodities - RMNCH.” Accessed Oct. 22nd, 2014. <http://www.lifesavingcommodities.org/about/lifesaving-commodities/>.

## **Every Woman Every Child (EWEC)**

“Thematic Report: The Global Campaign for the Health Millennium Development Goals 2011. Innovating for Every Woman Every Child.” Accessed Oct. 22nd, 2014. [http://www.who.int/pmnch/activities/jointactionplan/innovation\\_report\\_lowres\\_20110830.pdf](http://www.who.int/pmnch/activities/jointactionplan/innovation_report_lowres_20110830.pdf).

Other Documents:

The Xcelerator program provided a PowerPoint presentation containing a note entitled “7 Tough Questions (*that innovators wish we asked earlier*).” See annex VI.

## **B. Focus Group Participants**

There were 20 recipients of SL@B grants and experts in association with the Xcelerator program invited to participate in the focus groups. Grantees included individuals from a diverse set of backgrounds, including those from high-, middle-, and low-income countries.

## **C. Interviews with Participants**

The 11 semi-structured interview participants included representatives from SL@B partner organizations, influential thinkers in the maternal and neonatal health and scaling area, and reviewers of multiple rounds of SL@B grant applications. Although the initial list that the SL@B staff member compiled included 16 key informants, only 11 were able to schedule interviews within the limited timeframe. Interviewees did not give permission to include their names in direct association with a statement or quote unless they had reviewed the comment first to ensure that the transcriber accurately captured their point.

The interviewees who provided permission to include direct quotes were:

**Mary Nell Wegner** - Executive Director of the Maternal Health Task Force at the Harvard School of Public Health

**Haitham El-Noush** - Senior Adviser in the Department for Global Health, Education and Research at Norad

**Carol Dahl** - Executive Director of the Lemelson Foundation

**Joel Segre** - Applicant reviewer and facilitator for the Xcelerator program run by VentureWell

## ANNEX V. DISCLOSURE OF ANY CONFLICTS OF INTEREST

<b>Name</b>	Amelia Pittman
<b>Title</b>	Consultant
<b>Organization</b>	
<b>Assessment Position</b>	<input checked="" type="checkbox"/> Team Leader <input type="checkbox"/> Team member
<b>Assessment Award Number</b> <i>(contract or other instrument)</i>	
<b>USAID Project(s) Evaluated</b> <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	
<b>I have real or potential conflicts of interest to disclose.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If yes answered above, I disclose the following facts:</b></p> <p><i>Real or potential conflicts of interest may include, but are not limited to:</i></p> <ol style="list-style-type: none"> <li><i>1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.</i></li> <li><i>2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.</i></li> <li><i>3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.</i></li> <li><i>4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.</i></li> <li><i>5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.</i></li> <li><i>6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.</i></li> </ol>	<p>I served as an intern from June to August of 2014 for the Center for Accelerating Innovation and Impact (CII) within the Global Health Bureau at USAID.</p> <p>My primary duties did not relate directly to the Saving Lives at Birth Program, but I did participate with the focus groups. I transcribed the focus group comments and assisted with the initial analysis.</p>

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

<b>Signature</b>	Amelia Pittman
<b>Date</b>	November 20 <sup>th</sup> , 2014

# ANNEX VI. SEVEN TOUGH QUESTIONS (THAT INNOVATORS WISH WE ASKED EARLIER)

A note from the Xcelerator program: *The National Collegiate Inventors and Innovators Alliance (NCIIA) conducts the Xcelerator program, an immersive venture development program designed to provide training and mentoring to Grand Challenges grantees to rapidly advance their innovations, and support them in reaching impact and scale. As we work with them to refine their path to scale, we have identified several questions our participants wish they had been asked sooner. Our hope is that these questions will not only assist judges to more easily highlight innovators with the greatest potential for impact at scale, but will also help the innovators themselves consider some of the tough questions whose answers will increase their likelihood of success.*

- 1. In what specific geography and context of care will this innovation be a top priority?** Innovators should be familiar with how the problem they are solving stacks up against other priorities in MNCH. In some cases, innovators are so excited about the science that they lose sight of the problem they originally intended to solve. Stronger innovators have a specific geography and setting in mind. Top innovators have spent time in that setting learning about the problem.
- 2. Is there demonstrated consumer demand?** Some innovators talk about consumer “need” but relatively few talk about consumer “demand.” Consider that consumers may “need” to use condoms to protect themselves from disease, but if they have no “demand” for condoms, there will be no impact. Stronger innovators have spoken with 10+ potential users, in context, in country. Top innovators can readily describe how specific customer demands have shaped their innovation.
- 3. Who will the first customer be?** Many early stage innovators believe that the Ministry of Health will be their first customers, but provide little insight to that assertion. The stronger innovators readily differentiate between the first users and the first payers for their innovation. They then identify first customers most likely to build the reputation of the technology. The top innovators have identified their customer’s willingness to pay, and have adjusted their costs and prices accordingly.
- 4. Is there a clear plan for delivery?** Some innovators are so focused on their technologies that they may lose sight of delivery constraints and be forced back to the drawing board. Stronger innovators have a delivery plan in mind, and design to meet that delivery hypothesis. Top innovators validate their assumptions about the delivery plan through end-user feedback and incorporate those changing assumptions into their design process as they learn.
- 5. Is the innovation really better than the alternatives?** Some innovators are not fully aware of what alternatives may be available in the context of care, and may therefore be unable to articulate why their innovation is superior. Stronger innovators are very familiar with the alternative approaches and why theirs is better. Top innovators can identify both the markets where they have an advantage and the markets where they do not.
- 6. What else must be in place for impact?** Some innovators are not entirely clear on what staffing, partnerships, and infrastructure are present in their target context, and how those relate to what is required for their innovation to have impact. Stronger innovators can readily identify what is required and cannot be taken for granted. Top innovators can quickly describe where these minimum conditions are likely to be met, and where they will not be.

- 7. What is the exit strategy from grant funding?** Few innovators are able to describe when or how they will be financially stable, free from grant funding. Stronger innovators have four basic exit strategies in mind, as follows: 1) A one-time push solves the problem completely (e.g., smallpox); 2) A one-time donor infusion keeps the system running forever (e.g., teaching people to make oral rehydration solution from readily available materials); 3) Customers pay for the product, and it becomes a viable business (e.g., unsubsidized sales of intraocular lenses for cataract surgery); 4) The government adopts it, ostensibly paying for it indefinitely through tax revenue (e.g., public primary health clinics offering free care). Top innovators can identify their intended exit strategy, the timeline to exit, the total grant funding required (beyond the current grant), and have the passion and commitment to see their project through to exit.



**Global Health Performance Cycle Improvement Project**

1299 Pennsylvania Avenue NW, Suite 1152

Washington, DC 20006

Phone: (202) 625-9444

Fax: (202) 517-9181

[www.ghpro.dexisonline.com](http://www.ghpro.dexisonline.com)