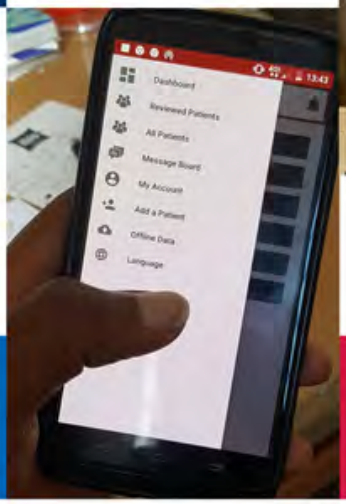
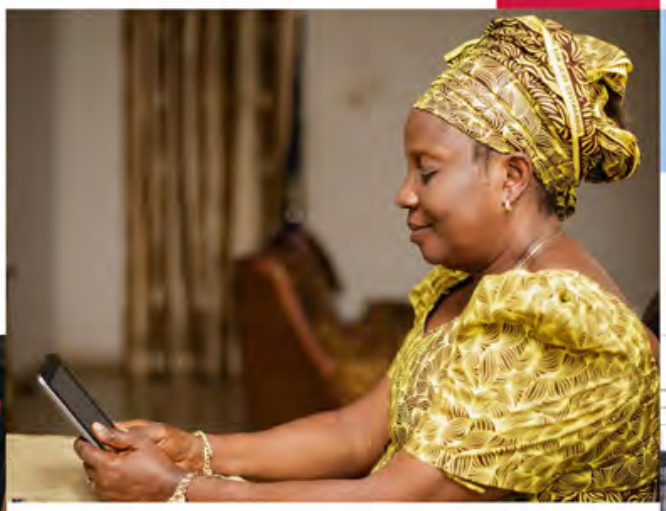
USAID
FROM THE AMERICAN PEOPLE





Technical Assistance to USAID's Inclusive Health Access Prize Winners

Activity Final Report

LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

Recommended Citation: Warren, April, Mignote Haile, Sophie Faye. The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. *May 2021. Technical Assistance to USAID's Inclusive Health Access Prize Winners – Activity Final Report.* Rockville, MD: Abt Associates.

Date: May 2021

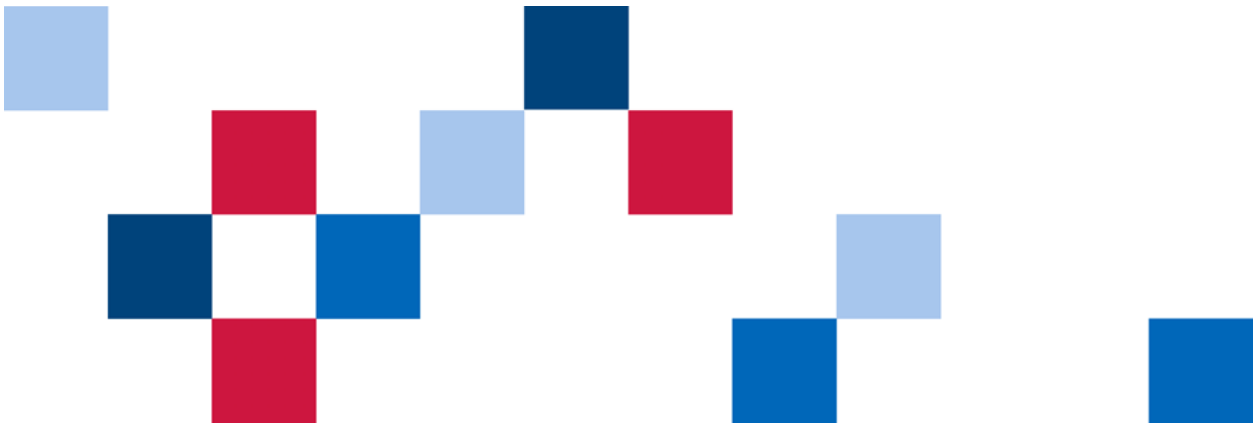
Submitted to: Scott Stewart, Task Order Contracting Officer's Representative, USAID Bureau for Global Health, Office of Health Systems

USAID Contract No: 7200AA18D00023 / 7200AA19F00014

Cover photos: Left: GICMED. Middle: MDoc. Right: Piramal Swasthya

This report was made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of the authors and do not necessarily reflect the views of USAID or the United States government.

Contents



Acknowledgments

The activity team is grateful for the collaboration from the five Inclusive Health Access Prize winners and their teams. We particularly want to acknowledge the founders who worked closely with us for the success of this technical assistance support:

- Nneka Mobisson, mDoc, Nigeria
- Conrad Tankou, GICMED, Cameroon
- Melissa Bime, Infiuss, Cameroon
- Adama Kane, JokkoSanté, Senegal
- Narayanan Iyer, Piramal Swasthya, India

Special thanks to the technical assistance providers, both individual experts and organizations listed in Annex A, for their flexibility and seamless adaptation to the remote support dictated by the COVID-19 pandemic.

The activity team is also grateful to Tara O'Day at USAID for her continuous guidance throughout activity implementation and to Jeanna Holtz at Abt Associates for her contributions.

Acronyms

COVID-19	Coronavirus disease 2019
CEO	Chief executive officer
CFO	Chief financial officer
HR	Human resources
IHAP	Inclusive Health Access Prize
LHSS	Local Health System Sustainability Project
OCB	Organizational capacity building
SE	Social enterprise
TA	Technical assistance
USAID	United States Agency for International Development

Executive Summary

Background

As countries strive to achieve universal health coverage, total market approaches – where the public and private sectors work in tandem to address population health needs – can fill gaps in service and coverage and provide financial protection. The United States Agency for International Development (USAID) launched the Inclusive Health Access Prize (IHAP) competition in May 2019 to recognize private organizations with locally led innovations that are designed to improve accountability, affordability, accessibility, and reliability of health care for poor and vulnerable populations. The five IHAP winners include: GICMED, JokkoSanté, mDoc, Piramal Swasthya and Infiuss.

Approach

The activity team provided demand-driven technical assistance (TA) to the five IHAP winners to strengthen their capacity to sustainably scale up their innovations and serve more people. The team used a co-design process to ensure that support provided aligned with organizational priorities, and that winner teams would commit their limited time to participating in meaningful TA. The activity team and the winners co-designed support plans centered on one primary TA need, which would be the focus of individualized support from an expert firm or consultant.

Primary TA focused on strengthening business models and organizational capacities to support scale and improve financial sustainability. TA was also provided to the organizations as a cohort, including a participatory organizational capacity-building (OCB) assessment, an investment landscape analysis, a group learning session, and ad hoc support to share funding opportunities and make introductions. The activity team complemented the TA with an intentional approach to learning, to support winners in their efforts to learn and adapt, and to contribute to global learning on how to strengthen the capacity of private innovators to reach scale and sustainability.

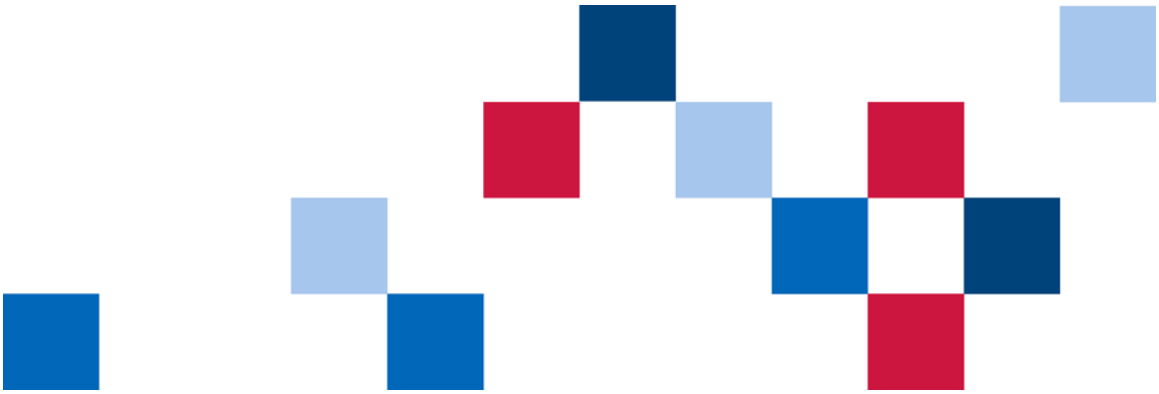
Key Lessons

Through the activity, USAID captured key lessons that can support future work with private health innovators. Important considerations for partners delivering TA to private health innovators include:

1. It takes significant time and resources to deliver effective support to private innovators, and to realize outcomes from that support.
2. Private sector innovations are often advanced by small, start-up teams. Partners must consider an organization's capacity to absorb support during design and implementation of TA.
3. Adapting to 100 percent remote TA in response to COVID-19 prolonged TA delivery but enabled broader engagement.
4. External business assessments are very valuable and can shape an innovator's strategic direction.
5. Private innovators value support rooted in global best practices and opportunities to learn from peers and network.

Private innovators also face challenges in scaling and contributing to health system goals; these include:

1. Access to finance is the primary barrier to scaling up innovators' health services.
2. Insufficient number and quality of HR impedes ability of private innovators to achieve sustainability and scale.
3. Balancing business sustainability and health impact is challenging for health innovators.
4. Limited visibility of private health innovators constrains their ability to forge the partnerships they require to scale.



Introduction

As countries strive to achieve universal health coverage, total market approaches – where the public and private sectors work in tandem to address population health needs – can fill gaps in service and coverage and provide financial protection. The United States Agency for International Development (USAID) Private Sector Engagement policy recognizes the increasing role that the private sector plays in shaping opportunities to improve people's lives. Through this policy, USAID aims to work strategically with the private sector to support countries in achieving sustained development and humanitarian outcomes.[1] Fundamental is the assumption that market-based approaches can promote scale and sustainability of outcomes, and move a country closer to the goal of self-reliance. In line with the policy, USAID launched the Inclusive Health Access Prize (IHAP) competition in May 2019, to expand access to life-saving basic health care in low- and middle-income countries. The IHAP competition recognized private organizations with locally led innovations that are designed to improve accountability, affordability, accessibility, and reliability of health care for poor and vulnerable populations. The five IHAP winners have developed technology-based solutions to help people receive the health care they need, in ways they trust, without having to pay too much or travel too far.

The IHAP winners and their peers are often referred to as health innovators and are just one type of private actor within the health system. Sometimes called health enterprises, private health innovators have three core characteristics: 1) has health impact as a core business objective, 2) possesses or is actively pursuing a sustainable, revenue-generating business model, and 3) seeks impact at scale.[2]

Private health innovators have long benefited from targeted financial support to advance their solutions, like the cash prize awarded to the IHAP winners. However, previous challenge initiatives have reported that the effectiveness of challenge funds to seed sustainable solutions was constrained by organizations' needs for capacity-building.[3] USAID's Center for Impact and Innovation has also found that many innovators struggle to achieve commercial viability and attract private financing to scale. Many need increased technical support, especially to develop viable business models and access industry expertise.[4]

To fill this gap, demand-driven technical assistance (TA) was provided to the five IHAP winners to strengthen their capacity to sustainably scale up their innovations and serve more people. The TA was complemented with an intentional approach to learning, to support winners in their efforts to learn and adapt, and to contribute to global learning on how to strengthen the capacity of private innovators to reach scale and sustainability.

---

[1] USAID Private Sector Engagement Policy: https://www.usaid.gov/sites/default/files/documents/1865/usaid_psepolicy_final.pdf

[2] Warren, A. et al. 2020. Social Enterprise Innovations in Family Planning: Case Studies. Sustaining Health Outcomes through the Private Sector Plus Project. Abt Associates.

[3] Barbary, V. et al. 2011. Promise and Progress: Market-Based Solutions to Poverty in Africa. Monitor Group.

[4] USAID Unleashing Private Capital for Global Health Innovation - Innovator and Investor Support Opportunities: https://www.usaid.gov/sites/default/files/documents/1864/USAID_Private_Captial_508.pdf

The IHAP Winners

Below is a summary description of the IHAP winners and their innovations.[5,6]

GICMED

Country: Cameroon **Year Founded: 2016**

Rural women in sub-Saharan Africa often lack access to breast and cervical cancer screening and diagnostic services that could save lives. GICMED provides access to screening, diagnostic, and treatment services for breast and cervical cancer using a portable microscope connected to a smartphone and telemedicine app. These technologies allow community health facilities to remotely screen and diagnose women with real time pathology confirmation at the point of care. GICMED partners with public and private health centers in rural areas that act as the principal sites for screening and treatment of cancers. Women no longer need to travel far and make repeated trips to be screened, diagnosed, and treated, and are therefore more likely to access care.

Vision & Scale

GICMED currently supports 23 health facilities in Cameroon and has helped screen and diagnose over 16,000 women so far. In the next five years, GICMED plans to establish partnerships in Ghana, Benin and the Democratic Republic of Congo, expanding its reach to 500,000 women in rural communities. In addition, they are integrating additional diagnostic products to screen for neglected tropic diseases into their offerings.

JokkoSanté

Country: Senegal **Year Founded: 2015**

In sub-Saharan Africa, prescription drug costs are high, health coverage is poor, and companies, foundations, nongovernmental organizations, and the diaspora struggle to ensure that money or drug donations reach intended beneficiaries. JokkoSanté is a digital payments application that helps ensure that money for health purposes is used as intended, by allowing drug prescriptions to be paid for with points instead of cash. The application allows health programs, including employer programs and corporate social responsibility programs, in Senegal to buy points online for their target populations. Members of diasporas can also buy points online for family or friends, and people can buy points in health facilities or with mobile money that can be used in quality-approved facilities and medicines. JokkoSanté also manages drug traceability, online prescriptions, and more.

Vision & Scale

JokkoSanté currently partners with 27 facilities and has helped over 6000 patients purchase medicines. Over the next five years, they will partner with various organizations and explore

[5] USAID Inclusive Health Access Prize Winners Factsheet: https://drive.google.com/file/d/1B02ID8AhVEsB8YaCtmzOd84XQenbYSj7/view

[6] USAID Inclusive Health Access Prize Winners Palm Cards: https://drive.google.com/drive/folders/1Ji5nPJwxV1U-6CCFYUXWvYfnbufafE0R

different uses for their innovative technology platform (health mutuelles, insurance, stock management) to reach 3 million people.

mDoc

Country: Nigeria **Year Founded: 2012**

Noncommunicable diseases are responsible for an increasing portion of preventable deaths in lower- and middle-income countries, especially for women and the poor who lack access to and understanding of comprehensive preventative care. mDoc harnesses virtual technology platforms to increase access by patients to chronic disease support services and partners with hospitals to create an ecosystem of integrated care solutions for people with chronic health care needs. Members access both virtual and in-person health care teams that help them create and achieve their health goals, using digital tools, nudges, and in-person meetings. mDoc also builds clinical and quality improvement capability by harnessing the tele-platform to provide chronic disease management education for local providers.

Vision & Scale

In 2020, mDoc had over 15 million patient interactions, and their members saw reductions in blood pressure, fasting blood glucose, and BMI. Over the next five years, mDoc plans to reach 1 million additional users by scaling its in-person services through partnerships with public and private health facilities in Nigeria, Ghana, and South Africa and further streamlining and enhancing its digital platform and systems.

Piramal Swasthya Management & Research Institute

Country: India **Year Founded: 2008**

Millions of people in India, especially in rural and hard-to-reach areas, lack access to primary health care services. Piramal Swasthya Management & Research Institute provides community outreach and telemedicine services that make health care more accessible and available to underserved and marginalized populations. Designed to complement the Government of India's public health care system, its helpline improves access to health information, provides medical advice for minor ailments, and links health workers to underserved areas. Piramal Swasthya also operates a mobile medical van with a basic laboratory and pharmacy that travels to rural areas to deliver primary care services.

Vision & Scale

Piramal Swasthya has served over 26 million beneficiaries with its community outreach program and Telemedicine service. Over the next five years, through the Tribal Health Collaborative, Piramal Swasthya aims to transform the lives of 54 million people of whom 20 million will be tribal people.

Infiuss

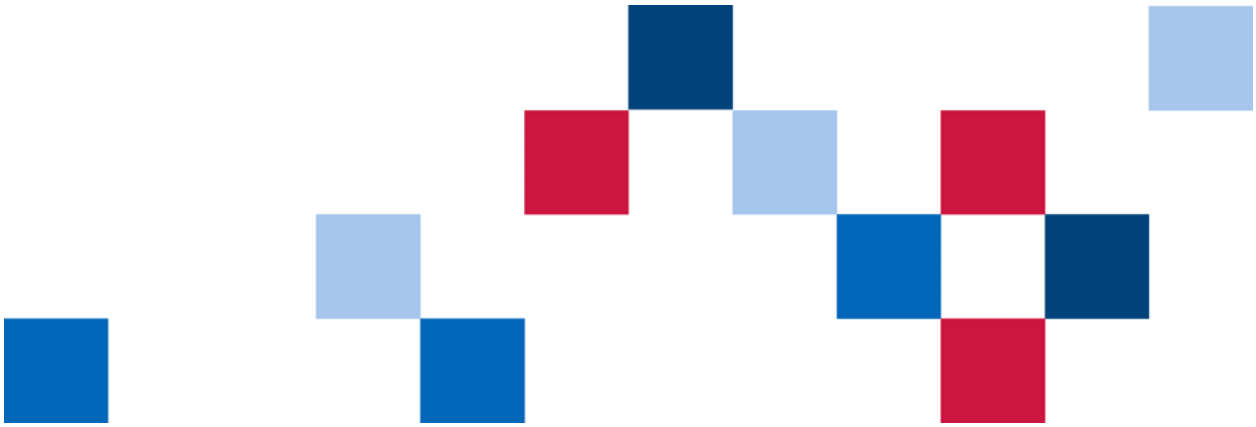
Country: Cameroon **Year Founded: 2017**

Many health care facilities in Cameroon lack blood banks, and patients are uninformed about how to locate hospitals that have blood. To get a transfusion, patients may need to provide replacement donors and pay more than $80 per bag of blood. Infiuss is an online blood bank and emergency digital supply platform in Cameroon that provides hospitals and patients with quick access to blood. Infiuss created a database of hospital blood banks that enables patients to use their phone (text, call, or use a mobile application) to request a blood type and quantity.

The blood is then sourced from partnered hospitals and delivered to patients directly in their hospital beds.

Vision & Scale

As of 2021, Infiuss has delivered blood to 6200 patients in Cote d'Ivoire and Cameroon. Over the next five years, Infiuss aims to set up its own blood testing facility in order to reduce costs for patients, and has plans to expand its to serve 100,000 people across West Africa.

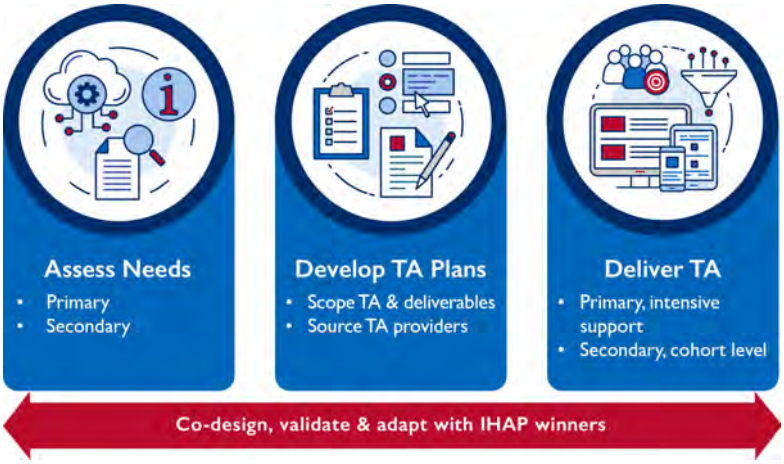


TA Provided to IHAP Winners

Needs Definition and TA Delivery Plans

Beginning in January 2020, the activity team worked with each IHAP winner to identify and validate TA priorities. Social enterprises (SEs) like the IHAP winners typically have small, overstretched teams, and their business priorities can change rapidly. The co-design process is thus critical to ensuring that the support provided aligns with organizational priorities, and that winner teams will commit their time and resources to participating in meaningful TA. The approach to the co-design and participatory delivery of TA to the IHAP winners is depicted in Figure 1.

Figure 1. TA Co-design and participatory delivery process



To deliver high-quality, responsive support within the activity timeline, the activity team and the winners co-designed support plans centered on one primary TA need. This was done to preemptively respond to an anticipated risk: that winner teams would have limited human resources and time, and thus, that they might fail to participate substantively in TA if it was: 1) not aligned with their top priorities, and 2) spread across multiple areas at once. All TA focused on strengthening business models and organizational capacities to support scale, and improving financial sustainability. Most winners had an underlying need to better understand and validate underlying assumptions of their business models, in order to in turn validate their strategy and path to sustainability.

The activity team also discussed and captured secondary TA needs that could be addressed if time and resources remained after completing primary TA, and cohort-level TA that would be provided to all winners in each winner's TA Delivery Plan. An important initial piece of cohort-level TA was a participatory organizational capacity- building (OCB) assessment, which highlighted additional areas where winners might require support. This is further described in Section 2.3, Secondary Cohort-Level TA.

After TA plans had been agreed upon with winners, the activity team sourced staff and local and international partners and consultants to deliver TA. Initially, the activity team planned to ensure that a local consultant or firm with local presence was involved in each TA engagement to build relationships between TA providers and organizations that might continue beyond the activity. However, because the sourcing process took place during the emergence of coronavirus disease 2019 (COVID-19) and related restrictions on in-person meetings and travel; the emphasis on identifying local consultants to support each winner became less important for some engagements. The activity team worked with the winners and TA providers to adapt the delivery mode for all engagements after the TA plans had been finalized. TA needs, delivery mode, and outcomes are detailed below, by winner.

Customized Primary TA

GICMED Operating Model

Need:

In the past, GICMED used ad hoc approaches to introduce cervical and breast cancer screening services at partner health facilities. Our co-assessment determined that GICMED needed support in developing an efficient and sustainable operating model that it can replicate each time it begins services at a new site. A health business expert led support to GICMED. Initially, the plan had been to pair the India-based expert with a Cameroon-based consultant; however, because of COVID-19 all support was virtual.

***Support provided*:**

The TA lead summarized findings about GICMED's current model, what was working well, where there were gaps, and challenges the business was facing. The activity team validated these findings with the founder, and together they agreed that GICMED's business model could be defined as a fractional franchise, in which public and private health centers are franchisees that are given rights to use GICMED's proprietary technology-enabled pathology services for a fee, and GICMED supports them in adopting a business process to provide those services. The model is considered "fractional" because GICMED's business process governs only a fraction of the total processes and services of a franchisee. For example, the process for using GICMED's diagnostics does not affect the facilities' services related to child health services, or pharmacy services.

The activity team and GICMED then agreed that TA would consist of two workstreams. The first would be to conduct a landscape analysis of social enterprises (SEs) providing diagnostic services for breast and cervical cancer, noncommunicable diseases (diabetes, hypertension), and neglected tropical diseases. The landscape analysis had two sub-components: 1) understand service delivery and revenue models adopted by SEs providing similar services to those of GICMED, and 2) identify SEs with products to diagnose noncommunicable diseases and neglected tropical diseases that GICMED might consider adding to its services in the future. Second, the TA providers would support GICMED in developing an operations manual for employees to use to standardize and formalize its process for working with health facility partners. The manual would include at least three modules: 1) facility selection, 2) facility onboarding, and 3) ongoing monitoring and support.

The TA providers conducted the SE landscape analysis between June and August 2020 and delivered a final database and summary of the review in September 2020. The landscape analysis included a desk review using a set of screening criteria defined with GICMED, followed by key informant interviews with SEs considered relevant for business model learning or partnerships opportunities. The review yielded several findings to inform GICMED's strategy, including lessons on demand generation tactics, potential revenue streams to explore, and key challenges to anticipate as GICMED grows. One key insight for GICMED from this exercise was that in its current model, partner facilities "do not have any skin in the game," and therefore have no incentive to sustain efforts to mobilize women for cancer screenings. The TA Lead later facilitated a brainstorm with the GICMED team on possible solutions to this to test; one such strategy that GICMED plans to test is the provision of non-financial incentives to nurses from facilities, such as peer recognition and gifts to top performing facilities.

The TA providers developed the operations manual collaboratively with GICMED between June 2020 and February 2021, with the final version delivered to GICMED in March 2021. The TA Lead met regularly with GICMED's founder for feedback – for example, after developing an outline, drafting key sections that required inputs from GICMED, and full draft and final draft reviews. In addition, the TA providers held a virtual workshop with the GICMED team to better understand key roles and responsibilities across the organization, and held a number of brainstorming sessions to come up with potential solutions to challenges GICMED is facing. These roles and responsibilities, as well as the ideas to test and a process for testing them, were integrated into the operations manual. The manual is intended to guide GICMED's Project Implementation Team to facilitate systematic scale-up of GIC models by promoting a shared understanding of GICMED's value proposition for facilities, strategy, and implementation process and tools.

Next steps:

The final manual delivered to GICMED is approximately 30 pages long and includes graphics and tools for ease of use. This French-language manual is a living document, which GICMED's Project Implamentation will periodically update as its model evolves.

The next steps for GICMED are to share the operations manual with their broader Project Implementation Team and implement the processes outlined in the operations manual in an effort to standardize their approaches. As they expand to new facilities, GICMED will test new strategies for facility support following the testing process described in the manual. Once new strategies are proven effective, GICMED will integrate them into their business model and update the operations manual.

JokkoSanté Marketing and Communication Plan

Need:

JokkoSanté was frustrated by a mismatch between the numerous awards and accolades they had received for their innovative product, and their struggle to secure sufficient resources to scale. Through the co-assessment, JokkoSanté and the activity team determined that the company needed support to develop an expansion strategy, and to develop a marketing and communications plan to communicate and market their value proposition to customers. The activity team and JokkoSanté identified a few business strategy consultants with expertise in digital health and social entreprneurship. JokkoSanté chose to work with an mHealth expert based out of France, who was able to draw on a broader team of experts through her firm, Digital Health Partnerships (DHP).

Support provided:

Support to JokkoSanté began with an in-depth assessment of JokkoSanté's current business, challenges, financials, partnerships, organizational strengths and weaknesses, and past efforts to secure new partners and customers. The TA provider, DHP, did this through review of documents shared by JokkoSanté, desktop research, and weekly check-in meetings with the JokkoSanté team, one of which included a SWOT exercise.

After the initial assessment, the DHP team went deeper by conducting a full business model analysis, including a competitive landscape and market segmentation process, to develop recommendations for JokkoSanté's strategy for scaling. This process continued to include check-ins with the JokkoSanté team, but relied more heavily on external research to understand market gaps that JokkoSanté was well positioned to respond to. A review of JokkoSanté's

technology platform demonstrated that JokkoSanté's solution could serve different use cases, including: digital health wallet, digital pharmacy supply chain solutions, digital insurance services, diaspora remittances for health, and data and artificial intelligence for health decision-making. This made the work of the TA provider more challenging, as the team needed to investigate multiple service lines and markets. Figure 2 below provides an example of the competitive landscape work conducted for one market: digital insurance.

Figure 2. Snapshot of competitive landscape in digital insurance

	BIMA	ENSURE	JUMO	corepay m-tiba	inclusivity solutions	bolcars	izikare	clinicPesa
Year and place of creation	2010, Sweden	2002, USA	2015, UK	2015, Kenya	2015, South Africa	2017, France	2018, France	2016, Uganda
Geographic scope	**Ghana,** Tanzania, Bangladesh, Cambodia, Malaysia, Pakistan, Philippines, Sri Lanka. Recently left **Senegal**	**Ghana,** Kenya, Tanzania, India, Pakistan, Philippines	**Ghana,** Kenya, Tanzania, Uganda, Zambia Pakistan	Kenya, Tanzania, **Nigeria**	Rwanda, Kenya, **Ivory Coast**	**Senegal, Ivory Coast, Cameroun**	**Senegal, Cameroun, Ivory Coast, Mali, Niger, Burkina Faso, Togo, Benin**	Uganda, Kenya
Number of beneficiaries/ users/ customers	35 million customers reached	More than 42 million customers	16 million people and small businesses served	4 million in Kenya 500k in Nigeria	More than 700K users	3K in the first year (2017)	NA	NA
Business model, focus on:	Transaction fees charged to individual users through partnerships with mobile operators	Transaction fees charged to corporates and insurers	Transaction fees charged to individual users	Transaction fees charged to private insurers, employer schemes, public health insurance, donor programs	Transaction fees charged to corporates and insurers, banks, other financial institutions	Transactions fees charged to individual users	Transactions fees charged to individual users	Transaction fees charged to individual users and to corporate companies or pharmacy facilities

The DHP team made a series of recommendations on JokkoSanté's scaling strategy and produced a two-year action plan for JokkoSanté. The final report included the following six broad tracks to focus on:

1. Build a two-year detailed strategy and budget, and seek funding from a donor.
2. Increase coverage of pharmacies in Senegal.
3. Expand business model and market segments.
4. Continue generating revenues under current business model.
5. Strengthen current partnership with telecommunications company, Orange/Sonatel.
6. Prepare for growth and scaling: address administrative and management considerations.

Each track included more-detailed steps and potential partners and customers. The report also detailed specifics to expand into each potential market, and requirements for JokkoSanté to move into new markets (such as digital pharmacy solutions). A key finding was that JokkoSanté will likely require additional donor funding in the near term to increase its reach and further prove its business viability, before being able to attract private venture capital.

In view of the additional time required for the business model analysis and scaling strategy, the activity team and JokkoSanté decided that DHP would no longer develop a full marketing and communications strategy to complement the scaling strategy. Instead, DHP worked with JokkoSanté to develop a pitch deck that articulated its value proposition for each key customer

segment, which JokkoSanté could use to approach new customers or prospective funders. The deck includes slides that can be substituted in or out based on the audience for the pitch. The activity team translated the pitch deck and the report's Strategy and Action Plan Recommendations section into French for ease of use and sharing across the JokkoSanté team.

Next steps:

The final deliverables to JokkoSanté included detailed strategy recommendations, including a two-year action plan and potential partners, and a customizable pitch deck that articulates unique value propositions for each customer segment. The next step for JokkoSanté is to strategically pursue the identified potential partners using the pitch deck. However, JokkoSanté faces the challenge of securing additional financial resources to fund expansion and exploration of new markets. Because JokkoSanté is still in the process of defining which services it wants to provide and developing a viable business model for those services, the TA provider recommended a number of philanthropic funders and partners in the near term. The need to expand their current team to add a focal person for business development was also highlighted as an important next step that is contingent on the organization being able to secure more funds.

mDoc HR Performance System

Need:

mDoc came to the TA activity in a phase of rapid growth, with its expansion outpacing its organizational systems, structure, and human resources (HR). Through our co-assessment, various needs surfaced, but mDoc's leadership clarified that its number one priority was to strengthen its HR systems and organizational structure to support scale without sacrificing service quality. In particular, mDoc wanted to build a performance management system and onboarding process that promotes its values, and ultimately, its business success. Through its networks, the activity team identified and selected a consultant based in the UK with experience in developing HR systems, including performance management systems, for SEs. The activity team initially scoped support to involve at least one trip to Lagos to work intensively with the mDoc team; however, the approach was re-envisioned to be 100 percent virtual as the implications of COVID-19 became clearer.

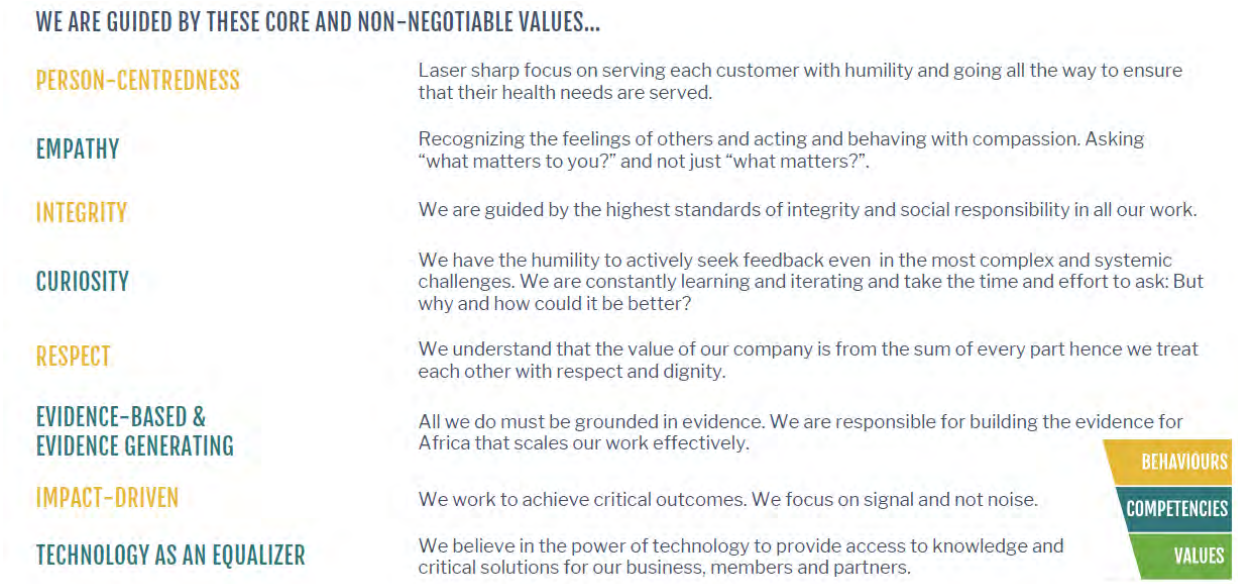
Support provided:

Support to mDoc was split into three phases: 1) Initial Discovery, 2) Design Phase I, and 3) Design Phase II. During the Initial Discovery phase, the consultant did a deep dive to understand mDoc's current organizational structures and systems, culture and values, capacities and constraints, and anticipated HR needs to support growth over the next three years. The consultant gathered this information through staff interviews and documents shared by mDoc, and then summarized observations and presented them back to the leadership team. Because the staff interviews were anonymous, the presentation provided some new insights to the leadership about staff perceptions of mDoc's culture, and the challenges staff face in performing their jobs well in the fast-paced, start-up environment.

After the Discovery Phase, the consultant kicked off Design Phase I with a series of virtual workshops to gather input and generate alignment on organizational values and core competencies. This involved creating prototypes of mDoc's organizational foundations: values, negotiable vs. core philosophies, an organizational structure, and core competencies for

employees. From there, multiple virtual meetings were held to solicit feedback, adapt the prototypes, and align mDoc's team around these foundational organizational assets.

Figure 3. mDoc's new organizational values



Design Phase II focused on designing a performance management framework and process based on the values and core competencies defined in Design Phase I. Again, a series of virtual meetings were used to gather and incorporate feedback, this time from just a core leadership group (co-founders and Head of HR). The consultant then supported the leadership team in presenting the finalized performance management framework and process to the full mDoc team. The framework outlines the annual performance evaluation process, showing how it links with company-wide goals, and provides a set of tools to use as part of the process, such as a self-evaluation form based off of mDoc's values and core competencies. After the final team presentation, the consultant provided ad hoc remote support to mDoc management as questions arose.

Next steps:

The final deliverables to mDoc included new collaboratively defined organizational values and competencies, a performance management framework, and supporting tools to apply during the performance management process.

The next step for mDoc is to implement the new performance management process, including targeting new hires that fit defined values and competencies. While mDoc's co-founders have expressed strong ownership of this new system, the leadership is extremely stretched across business priorities.

The activity team flagged this risk at the outset of the TA scoping process, and advised that the leadership will need to devolve some responsibility for operationalizing the new process to other team members. mDoc's leadership recognizes this challenge, and it is in part behind their decision to prioritize investment in strengthening their human resources systems.

Piramal Swasthya Financial Sustainability Plan

Need:

As a large nonprofit organization, Piramal Swasthya wanted to deepen its health impact. Our co-assessment identified two priority needs: 1) to strengthen overall financial sustainability and 2) to expand their monitoring and evaluation capacity. Further discussion with Piramal Swasthya led the team to prioritize financial sustainability, as it was key to expanding their work across monitoring and evaluation in other areas. The activity team identified consultants with sustainability expertise and strong knowledge of the funding landscape in India, and Piramal's leadership interviewed the top two candidates. While based in India, the consultant provided all support to Piramal virtually because of COVID-19 restrictions. A nongovernmental organization (NGO) sustainability expert familiar with the Indian health system and financing landscape oversaw work by the consultant.

Support provided:

The consultant began the engagement by conducting an in-depth review of Piramal's programming and financials to understand the costs, revenues, and strategic importance of each line of business. Simultaneously, the consultant researched potential funding for Piramal's various programs, including investigating corporate social responsibility funds and results-based financing. These internal and external assessments were done through a combination of interviews and brainstorming sessions with Piramal, review of documents from Piramal, desktop research, and interviews with external stakeholders such as foundations, corporations, and others knowledgeable about the financing landscape for global health and development in India.

The consultant presented findings from the assessments to Piramal Swasthya and Piramal Foundation's leadership. This included calling out several key challenges:

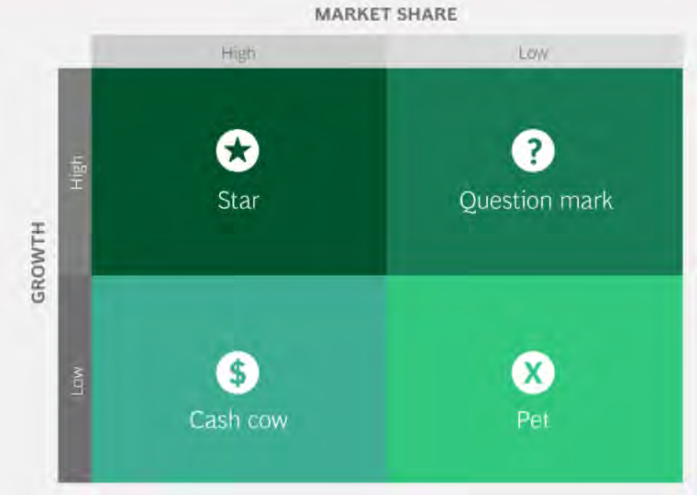
1. Cash flow and sustainability challenges from public-private partnerships work, due in part to increasing administrative costs and state governments paying Piramal over 180 days late
2. Insufficient diversity of funding sources, makes them over-reliant on a few funders
3. Chief executive officer position for Piramal Swasthya has been vacant for over six months
4. Limited business development and corporate communications capacity
5. Limited research and development and innovation functions, which are required to develop new programs and partnerships

After prioritization with the Piramal leadership team, the consultant focused the final phase of engagement in two areas: 1) developing a set of strategies to address the noted challenges and improve sustainability, and 2) building team capacity in business development. The activity team adjusted the consultant's deliverables such that he could develop and deliver a Business Development workshop for Piramal staff in September 2020. This included supporting the team in their efforts to create a formal process for generating and following new business leads, and building staff capacity to make customized fundraising pitches.

The sustainability strategies suggested to Piramal included eight key recommendations, with detailed next steps and a list of relevant funders and contacts for different opportunity areas. As part of the development of these strategies, the consultant led a virtual workshop to understand

programs and identify new opportunities using the Growth Share Matrix.[7] The new "stars," which are considered to have high growth and high market share potential, that Piramal identified and prioritized include: health and wellness centers with community nutrition hubs, telemedicine services including emergency response call centers, and remote health advisory services. Over the course of the engagement, the consultant made introductions and helped the Piramal team to pursue initial discussions with new funders and partners.

Figure 4. The Growth Share Matrix



Note: The Growth Share Matrix is a tool that helps companies prioritize where to invest across their portfolio of services or products. Stars represent areas that have the potential for high market share and high growth.[7]

Image source: Boston Consulting Group (BCG).

Next steps:

The final deliverables for Piramal Swasthya included a set of detailed and validated financial sustainability strategies and recommendations.

The next step for Piramal is to apply the prioritized strategies to pursue the identified opportunities and leverage the introductions facilitated by the TA consultant for new business development. A key challenge for this next step is the vacant chief executive officer (CEO) position that needs to be filled in order to effectively advance these strategies. This risk was identified at the outset of support, and the Piramal team agreed that the Chief Financial Officer (CFO) and the CEO for the Piramal Foundation would fill this gap until they are able to hire for a Piramal Swasthya CEO. The TA provider also built the capacity of the business development and communications teams, which should help advance near term priorities.

Infiuss Investment Readiness

Need:

During our initial co-assessment discussion, Infiuss shared that they were actively seeking to scale across West Africa, and required financing to do so. Infiuss had previously secured smaller investments (US $30K) but had struggled to convince investors that they have a robust,

[7] BCG What Is the Growth Share Matrix: https://www.bcg.com/en-us/about/our-history/growth-share-matrix

for-profit business model that merits a more significant amount of capital to grow. Together, Infiuss and the activity team co-created a TA plan focused on first assessing, and then strengthening, Infiuss's investment readiness. To lead the TA, the activity team identified a strong, Cameroon-based consultant who had previously served as an investor. The final deliverables of the TA were left open-ended, described as the development of materials to support Infiuss to attract investors, such as a pitch deck or financial projections.

Support provided:

The activity team held an initial discussion with Infiuss's founder to better understand their current financials and the best ways to work with them to secure the information required to conduct an initial investment readiness assessment. Unfortunately, following this call Infiuss became unresponsive. The founder eventually communicated that she had had a number of personal and professional challenges arise and would not be available to participate in the TA. Further, she did not have anyone else on staff that had the required knowledge to participate in her place. The activity team and USAID decided to change course and shift the planned resources to instead support all organizations based in West Africa, including Infiuss. This was done through the West Africa Investment Landscape, which is described in further detail below under secondary cohort-level TA.

Secondary Cohort-Level TA

OCB Assessments

The first component of TA provided to the full cohort of IHAP winners was an OCB assessment. Organizational capacity is the ability of an organization to accomplish its objectives and to grow and adapt over time to further its mission. Stronger local organizations with better internal policies, skills, procedures, and practices perform externally at a higher level, and as a result have greater impact in their target communities. While the activity team worked with the winners to co-assess their primary TA need, the team felt the OCB assessment would provide a useful perspective on other areas that the IHAP winners might want to invest in.

The starting point was an organizational capacity framework, which delineates 11 dimensions of organizational capacity, and an assessment tool to establish a baseline of current organizational capability. Given the unique traits of the IHAP winners, the activity team adapted this OCB framework and process to fit the primarily small, relatively young private sector organizations. The adapted OCB framework is included in Annex F. The activity team led each winner organization through a self-assessment process by phone, and then made an expert evaluation offered for comparison purposes. The team summarized the information in a brief report for each winner that describes current capacities and challenges, as well as guidance for the winner to use the tool as a self-assessment in the future.

The OCB assessments generated common findings across the winners regarding shared gaps and challenges. While all organizations understand their key stakeholders, they lack the structure and resources to conduct effective external value communication and marketing to pursue partnerships in a standardized manner. Every winner also has a well-established organizational mandate and strategy, though level of alignment between existing functions and the stated mandate varied depending on business maturation. Formal governance bodies and/or well-established accountability and oversight mechanisms are also a work in progress in most of the organizations. Furthermore, while some Gender Equity and Social Inclusion principles are inherently integrated within the scope of the organizations' work targeting

disadvantaged and vulnerable groups, the organizations lack explicit and documented policies and practices for Gender Equity and Social Inclusion.

Learning Session: Working with USAID

The activity team planned to organize a series of cohort-wide learning sessions over the course of support to IHAP winners. Following the OCB assessments, an initial poll to determine topics of interest was sent to all winners. The winners expressed the highest level of interest in learning more about how to work with USAID and implementing partners. An engaging session was created, with representation from two relevant programs across USAID, the New Partners Initiative and the Development Innovation Ventures program. In addition, the activity team identified a health SE from Kenya that had worked with USAID, the UK Department for International Development, and implementing partners, to talk about their experiences. The session provided time for questions and answers with all speakers and concluded with a group brainstorming exercise to help the IHAP winners start to think about what challenges and opportunities they might have in working with USAID and implementing partners.

According to a brief feedback survey shared directly following the event, the session was well received. In particular, winners appreciated learning more about the processes for applying for funding and when it might make sense for their organizations. The survey also solicited topics for future learning sessions. Winners suggested multiple topics, but no two organizations expressed interest in the same topic. Suggested topics included: how to write a grant application, the importance of audited financial statements, and case studies in scaling health SEs in emerging markets. Given the lack of agreement and the time constraints of the organizations, no additional sessions were scheduled and resources were instead shared on an individual basis.

West Africa Investment Landscape

Using resources freed up from earlier phases of work, the activity team developed a TA scope to support all winner organizations based in West Africa to consider private financing available to support scale.

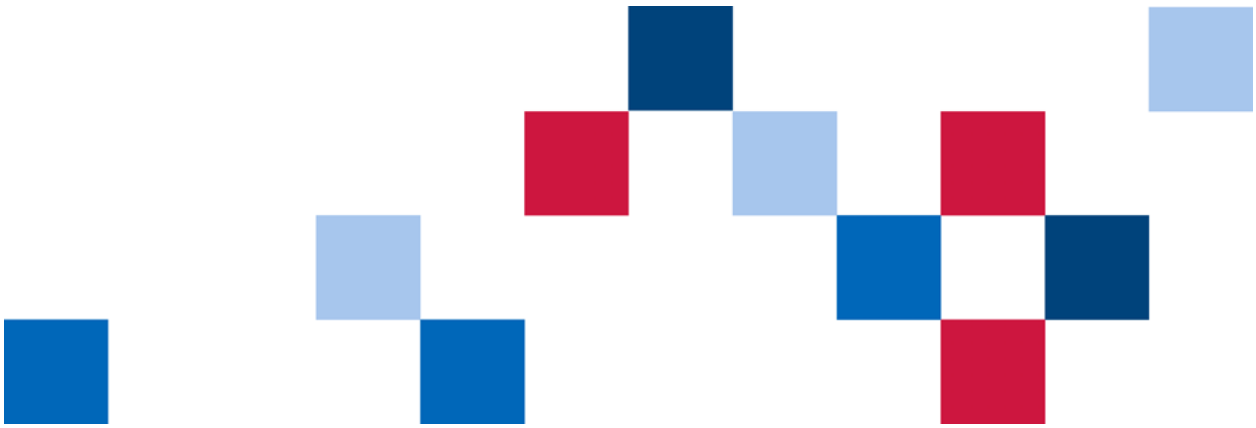
Under the scope, the activity team and the Cameroon-based investment consultant conducted an investment landscape assessment to identify potential investors and financing sources for the four IHAP winners based in West Africa: JokkoSanté, GICMED, mDoc and Infiuss. The assessment included both debt and equity investors, including traditional financial institutions, such as banks, and non-traditional or emerging sources of capital, such as impact investors. The assessment approach included a reverse engineering exercise: researching deals in the African eHealth sector to identify the investors behind those deals.

In conducting the assessments, consideration was given to financing that would be relevant to early-stage, digital health enterprises operating or expanding, in Nigeria, Cameroon, Senegal and Cote d'Ivoire. The activity included developing a high-level understanding of each winner and presenting a landscape analysis tailored to each winner's specific needs. The presentation took place through 1:1 phone consultation, and each of the three participating IHAP recipients received an electronic version of the tailored landscape reports.[8]

[8] Infiuss did not choose to participate in the 1:1 consultation, but a tailored landscape report was created for and shared with them.

Ad Hoc Support and Opportunity Sharing

The activity team shared relevant funding and technical support opportunities, such as accelerator programs, and relevant resources, such as a webinar on "Investment Opportunities in Africa: Best Ways to Align Your Startup for VC Interest," and offered ad hoc support to all organizations. Several funding and technical support opportunities and resources were shared with the winners. The activity team reminded winners regularly that ad hoc support, such as reviewing applications or making introductions, was available upon request. The team received only a handful of ad hoc support requests over the duration of the activity, which included reviewing an application for a COVIDaction grant, making an introduction to a possible partner, and support in developing and practicing for a presentation at the Social Capital Markets Conference.



Lessons Learned

Learning Process

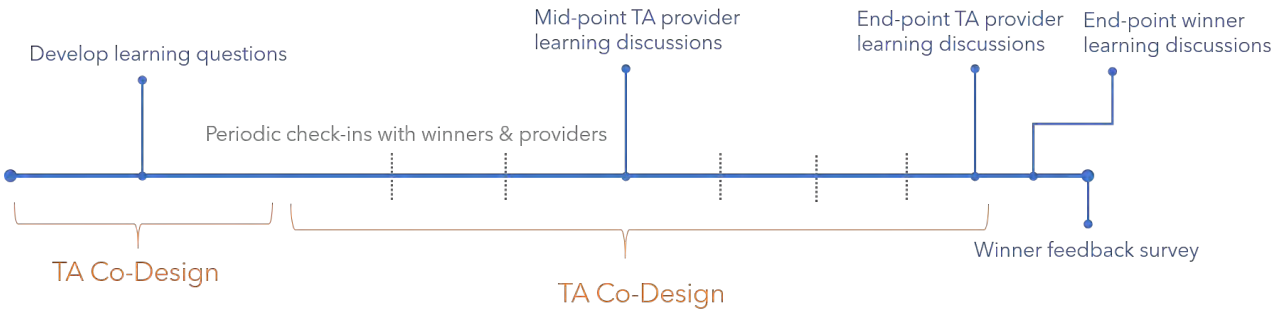
As part of the activity, the activity team embedded a process to intentionally capture emerging lessons related to working with local, private innovators to support their sustainability and scale and ultimately enhance their contributions to health system goals. These efforts were also intended to enable the activity team to adapt customized TA to these winners as needed and be able to answer broader questions related to strengthening private sector engagement.

Activity Learning Questions

1. What factors contribute to effective TA with private sector organizations, particularly innovative, small-mid-sized social enterprises/startups?
2. What and how are IHAP winners contributing to the health sector in terms of: increased health services availability, access, equity, sustainability, as well as improved enabling environment?
3. What challenges do IHAP winners face in scaling and sustaining their innovations within broader health systems?
4. As private sector innovators, how are IHAP winners engaging and working with the public sector.

The activity team developed four overarching questions as the first step of this process (see text box). These questions were informed by input from the winners during the TA co-design phase, a learning agenda, and the USAID Private-Sector Evidence and Learning Plan. The activity team used these questions to design separate interview guides for the IHAP winner organizations and TA providers, and held facilitated learning and feedback sessions at the mid and end points of the TA. The activity team also invited the IHAP winners to take a brief online feedback survey to collect additional data. Key steps in the learning process are depicted in Figure 5 below, and all learning tools are provided in Appendices B-E. Using the overarching questions as a framework, the activity team then analyzed this primarily qualitative data by identifying recurring ideas and categorizing them into themes.

Figure 5. Key steps in activity learning process



Lessons Learned

The activity team captured key insights that can support future work in two areas: 1) delivering TA to private health innovators, and 2) challenges private innovators face in scaling and in contributing to health system goals.

Delivering TA to Private Sector Health Innovators

A demand-driven, flexible approach is central to effective TA.

The activity team worked with the IHAP winners to prioritize their organizational needs, co-create TA scopes that would produce useful deliverables, and select the final TA providers. This focus on acute needs and individualized approaches helped facilitate close collaboration with each organization's leadership, and engendered ownership of the TA process and outputs. Some IHAP winners remarked that the demand- driven, customized support differed from other TA they have been offered, for example, accelerator programs that bring all businesses through a set curriculum.

Continued flexibility in TA – in terms of both scope and approach – was a key success factor identified by both the organizations and the TA providers. As TA providers learned more about the winners' business model maturity, challenges, priorities, and bandwidth, they were able to adapt their support approach. In some cases, discussions with winners and TA providers led to changes in the TA deliverables produced to better meet the needs of the winners.

It takes significant time and resources to deliver effective support to private innovators, and to realize outcomes from that support.

The activity team had a little over one year to understand needs, co-design and source TA, and deliver support to the IHAP winners. This was insufficient time to support innovators in implementing key steps that came from the TA and to achieve target outcomes. Private innovators' primary job is to run their businesses; at times, other priorities, such as adapting to COVID-19 or preparing for important business milestones, require their full attention.

The process of building trust and understanding a business also takes time; in some cases, innovators were wary of sharing financial and business model details with the activity team and TA providers. At the same time, these details are essential to understand in order to provide practical recommendations, especially for organizations working to test and operationalize business processes or execute new growth and sustainability strategies. All TA providers worked with organizational leadership to hand off the TA outputs and discuss details of next steps. However, all providers indicated specific next steps they would have liked to support the organizations with to ensure that their support translated into achievement of key organizational outcomes, if time and resources had allowed.

Private sector innovations are often advanced by small, start-up teams. Partners must consider an organization's capacity to absorb support during design and implementation of TA.

All but one of the IHAP winners consisted of a small team, with most staff serving multiple roles. The organizations' stretched HR limited their ability to engage in TA. Furthermore, both winner organizations and TA providers identified the unavailability of needed expertise and skills as a constraint to advance TA. This included lack of dedicated and experienced staff to lead finance, communications, and business development, hindering the operationalization and growth of the organizations' technical innovations. Being able to access, pay for, and/or retain talent was a cross-cutting challenge that is an important consideration when designing TA for similar

organizations. Future TA efforts should: 1) identify the appropriate team member, in terms of role and technical capacity, to serve as the primary participant in the TA process, 2) set expectations for engagement upfront, and 3) co-develop tools or recommendations with the organization so that they are positioned to operationalize any outputs after the end of technical support.

Adapting to 100 percent remote TA in response to COVID-19 prolonged TA delivery but enabled broader engagement.

The activity team adapted to fully remote support in response to the COVD-19 pandemic. This prolonged the process of delivering TA in a number of ways. First, it took TA providers longer to build rapport with winner organizations, and thus to fully understand business models, organizational culture, team capacity and dynamics, and fundamental organizational challenges. Second, a lack of dedicated in-person meeting time, which would have occurred through local consultant presence and travel, led to longer turnaround times for inputs and review by winner organizations. Despite these challenges, prolonged, remote TA had the unexpected benefit of allowing full teams from the winner organizations to participate in TA sessions. This was a result of using virtual platforms and holding shorter meetings over an extended time. Increased use of virtual platforms and collaboration also allowed the activity team and TA providers to tap into additional specialized experts for one-off consultations as needed.

External business assessments are very valuable and can shape an innovator's strategic direction.

All winner organizations said that what they found to be most useful from the support was receiving external, expert examination of business models and operations, and strategic guidance on how to move forward. This process gave them the opportunity to take a step back from their busy day-to-day operations and question their key business model assumptions. While highly valued, this often resulted in tough feedback from the TA providers that would require deep organizational changes. For example, one TA provider observed that an innovator's primary revenue model was too cost-intensive and suggested that the organization invest in exploring other uses for its technology. While organizations were mostly receptive, it took time for TA providers to convince leaders, as core organizational changes require strategy shifts and investment of time and resources that will extend beyond USAID's support to winners.

Private innovators value support rooted in global best practices and opportunities to learn from peers and network.

During both individual and cohort-level support, the winner organizations expressed strong interest in learning from global best practices and experience. The organizations also reported that they valued networking support and peer-to-peer exchange components of cohort-level TA. The activity team structured such support to be demand-driven and ad hoc, and ultimately received few requests for this type of support. Future initiatives to support private innovators should consider intentional integration of networking and peer-to-peer exchange, perhaps at regular intervals, to ensure that busy entrepreneurs take advantage of such opportunities. At a macro level, the winner organizations indicated interest in a platform for peer learning and networking trough which they can connect with entrepreneurs across the broader lower- and middle-income country health care innovation ecosystem.

Challenges for private innovators to scale and contribute to health system goals

Access to finance is the primary barrier to scaling up innovators' health services.

The IHAP winners reported access to finance as their primary barrier to scale. They described having limited seed and working capital to allow them to effectively pilot innovations, learn and

adapt their enterprises accordingly, hire people with the required technical skills, and/or invest internally to cultivate key skills, and to scale to new customers and markets while maintaining service quality. This is not uncommon among private health innovators, which often hit what is referred to as "the missing middle": a financing gap between the seed or idea stage and the growth stage, during which the enterprise is moving from an idea to a viable business model.[9] This lack of access to finance to push their innovation into a wider market threatens their potential to contribute more significantly to overall health system goals.

Insufficient number and quality of HR impedes ability of private innovators to achieve sustainability and scale.

Often on account of inadequate working capital, private health innovators have lean teams characterized by gaps in organizational structures and team members serving multiple roles. The IHAP winners also reported challenges attracting, building, and retaining talent across important functions; for example, they often require both business and clinical professionals, and face competition from global development partners able to offer higher salaries. These HR gaps make it difficult to advance initiatives required to scale their organizations. Specific roles that organizations lacked included: mid-level managers, accountants, and business development professionals, as well as key leadership roles beyond the top one or two founders to advance strategic priorities.

Balancing business sustainability and health impact is challenging for health innovators.

The IHAP winners described managing a tension between their business sustainability and their core mission of creating health impact, primarily among the most vulnerable. Relatedly, as private businesses, they struggle to decide how much of their time and resources to invest in advocacy around key health issues with government and global health partners. TA providers described the winners as tending to focus on the technical aspects of their innovations, rather than validating their revenue models and establishing sound business operations. Future initiatives to support private health innovators should encourage them to focus on strengthening their businesses first, so that their organizations can sustain themselves long enough to reach significant numbers of people with their health innovations.

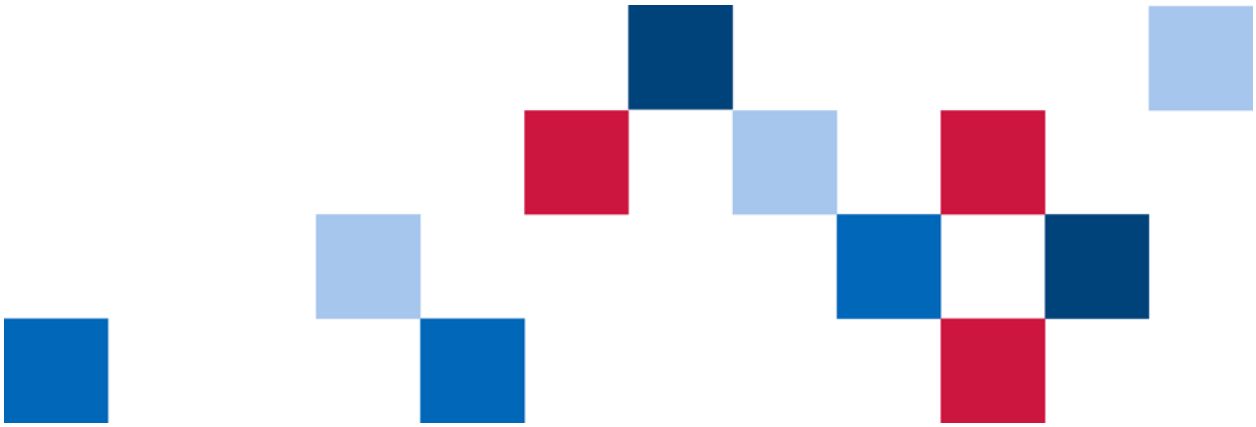
Limited visibility of private health innovators constrains their ability to forge the partnerships they require to scale.

While the IHAP winners offer solutions that expand access to essential services, they are relatively unknown to government counterparts and other key stakeholders. They struggle to access contacts in their respective Ministries of Health, get a seat at the table for relevant policy discussions, or work with regulatory bodies to ensure they are meeting required standards. When IHAP winners do work with government, they primarily interact with district or state health offices and local public health facilities. They report engaging most frequently through memoranda of understanding and contracts to deliver services. Some also participate in technical working groups related to their health areas of focus and communicate formally and informally with government stakeholders on an ad hoc basis.

The IHAP and subsequent TA is one way to strengthen the visibility of private health innovators and build their capacity to partner with larger public and private actors. To help private

[9] USAID, Unleashing Private capital for Global Health Innovation: https://www.usaid.gov/sites/default/files/documents/1864/USAID_Private_Captial_508.pdf

innovators have greater impact within their health systems, USAID and global development partners can facilitate public-private engagement, including ensuring public stakeholders are aware of innovator solutions and innovators are informed of government needs.



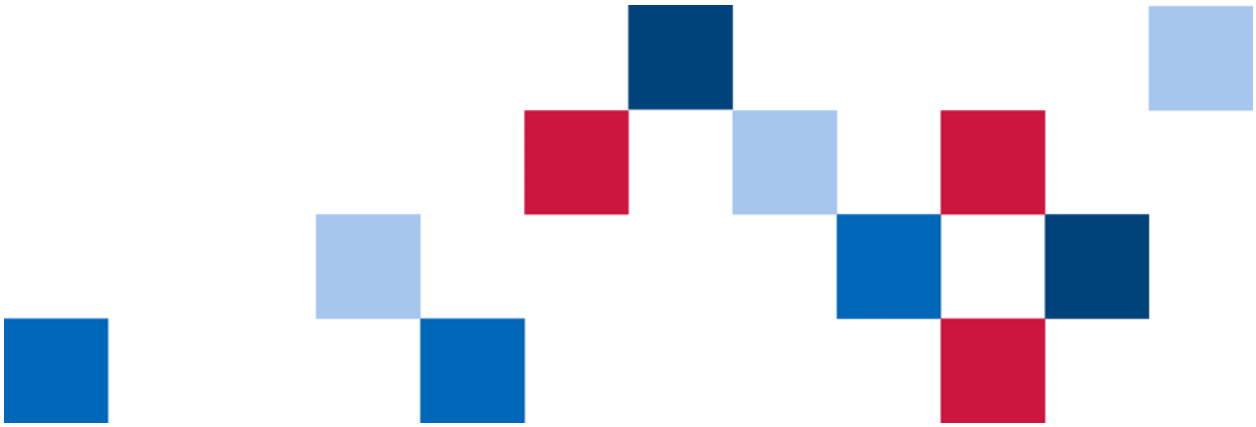
Conclusion

The IHAP winners are advancing innovative approaches and contributing to health systems goals in their countries. Winners of the IHAP are primarily contributing to increasing healthcare access and equity through innovations in service delivery. These innovations, which use technology to improve access, are particularly important in the context of the COVID-19 pandemic.

The activity team co-created individualized TA plans centered on each organization's priority need, and delivered flexible, demand-driven technical support to the IHAP winners. This support was highly valued by the organizations, which reported limited opportunities to access support from external, global experts. Further, the prize and associated TA provided opportunities for the winners to gain visibility, network, and learn from peer organizations.

As a result of this activity, the IHAP winners have recognized important organizational gaps and made strategic changes to their business models and operations, preparing them to scale sustainably. The activity team also facilitated introductions to new partners and potential funders that can support the winners on their pathways to scale. However, scaling an innovation takes significant time and resources; and each of the IHAP winners will need to take critical next steps to build on the TA provided. Most of the winners will require additional financing to implement strategies developed through the TA.

For private health innovations to scale and accelerate health impact across health systems, private innovators require both financial and technical support. Future efforts to build the capacity of private health innovators should consider the following key lessons: 1) design flexible, demand-driven support, 2) plan for long-term engagements to deliver comprehensive assistance and support resulting organizational strategy shifts, 3) provide opportunities for peer learning, networking, and sharing of global best practices, and 4) facilitate public-private engagement, as public pathways to scale may create the broadest health impact.



References

Barbary, V. et al. 2011. Promise and Progress: Market-Based Solutions to Poverty in Africa. Monitor Group. http://web.mit.edu/idi/idi/Africa-%20PromiseAndProgress-MIM.pdf

USAID Inclusive Health Access Prize Winners Factsheet: https://drive.google.com/file/d/1B02ID8AhVEsB8YaCtmzOd84XQenbYSj7/view

USAID Inclusive Health Access Prize Winners Palm Cards: https://drive.google.com/drive/folders/1Ji5nPJwxV1U-6CCFYUXWvYfnbufafE0R

USAID Private Sector Engagement Policy: https://www.usaid.gov/sites/default/files/documents/1865/usaid_psepolicy_final.pdf

USAID Unleashing Private Capital for Global Health Innovation - Innovator and Investor Support Opportunities: https://www.usaid.gov/sites/default/files/documents/1864/USAID_Private_Captial_508.pdf

Warren, A. et al. 2020. Social Enterprise Innovations in Family Planning: Case Studies. Sustaining Health Outcomes through the Private Sector Plus Project. Abt Associates. https://shopsplusproject.org/resource-center/social-enterprise-innovations-family-planning

What Is the Growth Share Matrix. Boston Consulting Group. https://www.bcg.com/en-us/about/our-history/growth-share-matrix

Annex A: TA Providers

LHSS Consortium Members

Abt Associates, Inc. led the overall design and delivery of TA to the IHAP winners, including leading the TA needs co-assessment process. Abt Associates led primary TA to GICMED through three of its experts: Ramakrishnan Ganesan, Heather Cogswell and Rachel Rosen DeLong. Ramakrishnan Ganesan also provided quality assurance and strategic guidance to the TA provider working with Piramal Swasthya. April Warren, LHSS Project Senior Technical Advisor for Private Sector Engagement, served as the overall activity lead and provided quality assurance on TA provided by all other TA providers. Mignote Haile led the learning process for the activity, and Sophie Faye provided overall management support.

Banyan Global led the West Africa Investment Landscape TA, including identifying an investment consultant, Jean-Paul Melaga, based in Cameroon. The landscapes and associated consultations were provided to GICMED, Infiuss, JokkoSante, and mDoc. Ignacio Estevez led the Banyan team.

Training Resources Group (TRG) led the adaptation of the LHSS Organizational Capacity Building (OCB) framework, and facilitated OCB assessments with each of the five IHAP winner organizations. Margaret Morehouse and Dee Hertzberg led the OCB assessments.

Subcontracted Firms and Consultants

Digital Health Partnerships (DHP) is a French company focused on scaling digital health in emerging markets. DHP led primary TA to JokkoSante, with DHP's Founder, Florence Gaudry-Perkins, leveraging her experience and networks across digital health in Senegal.

Molly Alexander is an expert in leadership and talent development based in the United Kingdom. Molly led primary TA to mDoc, building on her experience advising social enterprises on talent and leadership.

Ajay Muttreja, a retired business executive and strategic advisor to social enterprises in India, led TA to Piramal Swasthya.

Annex B: IHAP TA Providers Mid-Point Learning Discussion Guide

Overarching Learning Q: What factors contribute to effective TA with private sector organizations, particularly innovative, small-mid-sized social enterprises/startups?

1. Who are the primary POCs at [Piramal] that you rely on to advance TA? Who else is involved / participating in the TA in some way?
2. How often do you communicate with [Piramal]?
   - Probes:
     i. How often do they communicate back?
     ii. What are the main modes of communication?
     iii. What is covered through this communication?
     iv. Do you consider this communication/engagement to be effective? What makes it effective/less effective?
3. What is working well about this TA engagement/delivery? Why?
   - Probe: What do you consider be key enabler(s)
4. What is working less well or not working at all about this TA engagement/delivery? Why do you think that is?
   - Probe: What do you consider to be key constraint/barrier(s)
5. What have been the main challenges in delivering TA that you think is effective to meet the needs of [Piramal]?
   - Probes:
     i. Administrative/structural, Personality, Time, Org Technical Capacity, Delivery mode, etc.
     ii. What are the pros and cons of Piramal's organizational size in engaging with, and absorbing, this specific TA?
6. What would make your life easier, related to delivering this support? Do you have any feedback for the LHSS team on how we can better support you (or others) in this TA engagement?

Overarching Learning Q: What challenges to IHAP winners face in scaling and sustaining their innovations within broader health systems?

1. Shifting gears to the actual work of Piramal, what is your reflection so far on the types of challenges Piramal faces in scaling/expanding as a sustainable enterprise?
   - Probes:
     i. Organizational, Technical, Financial, Business-model related, Broader health system/market barriers etc.
     ii. How do you understand Piramal's current approach to these challenges?

iii. Has there been related success and/or lessons learned that have come out in your conversations with Piramal you would like to share/highlight?
iv. Has COVID-19 contributed to these? How? How is Piramal responding/adapting to COVID-19?

2. Is there anything else about this TA engagement that you would like to share?

Annex C: IHAP TA Providers End-Point Learning Discussion Guide

Overarching Learning Q: What and how are IHAP winners contributing to the health sector in terms of: increased health services availability, access, equity, sustainability, as well as improved enabling environment?

1. What do you see as the [winner org]'s primary service line at the moment?
2. Who are the [winner org]'s target customers?
   - Probe: Is there a particular focus on community-level services? Services to underserved group?
3. How does [winner org] contribute to increased health service availability, equity and/or quality?
   - Probes:
     i. Service delivery, Infrastructure, HRH, Policy, etc.
     ii. Does their work contribute to increased service availability? Equity? Quality?
4. How does [insert winner org] track and monitor [winner org]'s results/contributions? Are you aware of any system in place to measure results, impact?
5. What do you consider [winner org]'s most valuable offering to the health system(s) they operate is?

Overarching Learning Q: As private sector innovators, how are IHAP winners engaging and working with the public sector?

1. Does [winner org] view the public sector/government as a key partner?
2. Does [winner org] work with the public sector/government at any capacity at the moment? Are there plans to do so in the near future?
   - Probe: If yes, do you know the mechanism for engaging with the public sector? (Contract, MOU, LOI), and at what level (local government, regional, national)?
3. To your knowledge, how does [winner org] engage with external stakeholders, including public sector actors?
   - Probes:
     i. What is working?
     ii. What is their biggest barrier to better engagement with the public sector? What is their biggest challenge in terms of the overall enabling environment?

Overarching Learning Question: What factors contribute to effective support to private sector organizations/innovators?

1. What are the outcomes of the TA you provided to [winner org]?
   - Probes:

   i. What short term results have been achieved already?
   ii. What do you expect to result from this TA in the next 6 months? 1 year?
   iii. Any "soft" outcomes, for example, mindset shifts?

2. What would you suggest as the key next step for [winner org] that will enable them to capitalize on this TA and move towards a more sustainable enterprise?
3. What do you consider remaining challenges?
   - Probe: Is there anything you would have liked to help them with if you had additional time?
4. It is difficult at the outset, without knowing an organization deeply, to determine the most effective way to support them - is there anything you would have done differently in how you approached TA or what type of support you provided knowing what you know now?
5. Do you have any guidance or lessons learned to share for any other similar initiative that aims to support small private sector innovators?

Annex D: IHAP Winners End-Point Learning Discussion Guide

Overarching Learning Q: What factors contribute to effective TA with private sector organizations, particularly innovative, small-mid-sized social enterprises/startups?

1. In your opinion, what do you consider the primary benefit of the TA provided to your organization through LHSS?
   - Probes:
     i. Technical skill, Organizational capacity, Network/Connections, "Soft" skills, etc.
     ii. Did these results/outcomes align with your expectations and priorities at the start of the TA support? Why/why not?
     iii. Any unintended results/surprises?
2. With the constraints of time and resources in mind, do you feel that the TA support was valuable and worth the time that your organization invested in it?
   - Probes:
     i. Was it tailored to your business model/maturity/size? What worked well about the delivery mode? What didn't?
     ii. What would have made it a more effective support? (Administrative/structural, Personality, Time, Org Technical Capacity/bandwidth, other contextual factors, etc.)
     iii. Given more time and resources, what would be your priority need for additional support in the context of the TA scope?
3. What is your next step to build on the results/outputs of the TA?
   - Probes:
     i. Is there organizational ownership for the planned next step(s)? Will you implement the recommendations/system? Why/Why not?
     ii. Have priorities shifted in any way?
     iii. What are the main conditions/requirements to sustain/expand/implement/advance the TA outputs?
4. Do you have feedback to share for other similar initiatives that aim to provide effective support and engage with private sector innovators such as [winner org]?

Overarching Learning Q: What and how are IHAP winners contributing to the health sector in terms of: increased health services availability, access, equity, sustainability, as well as improved enabling environment?

1. What do you see as your primary service line at the moment? Who are your key target customers?
   - Probes:

   i. Has LHSS' TA led to any changes to these? How?
   ii. Has COVID-19 impacted these? How?

2. Where do you see as your primary contribution to the health system?
   - Probes:
     i. Increased service availability, access, equity and/or quality?
     ii. How do you track and measure your contribution/impact?
     iii. Do you have the latest statistics for your org's reach/coverage? Would you be able to share this information with us?

Overarching Learning Q: What challenges do IHAP winners face in scaling and sustaining their innovations within broader health systems?

1. What are your main barrier(s) for scaling/expanding as a sustainable enterprise and better serving your key customers?
   - Probes:
     i. Organizational, Technical, Financial, Business-model related, Enabling environment, Market barriers, etc.
     ii. What is your current approach to these challenges? Do you have success stories you can share with us?
     iii. Any lessons learned other similar enterprises operating with similar challenges could benefit from?

2. Has COVID-19 contributed to your challenges? How?
   - Probe: How are you responding/adapting to COVID-19?

Overarching Learning Q: As private sector innovators, how are IHAP winners engaging and working with the public sector?

3. Do you consider the public sector/government as a key partner?
   - Probes:
     i. If yes, are you currently engaging with them? At what capacity? At what level? (local government, regional, national)
     ii. What mechanisms do you use? (# of contract, MOU, LOI)
     iii. Probe: Do you face any challenges engaging with the public sector? If yes, what are the challenges?
     iv. If no, why not?

4. Is there anything else about this TA support or your overall experience with the LHSS project you would like to share?

Annex E: IHAP Winners Anonymous Feedback Survey

1. On a scale of 1-5, how useful was the technical assistance provided by LHSS to your organizational growth and overall objective(s)? (scale: 1= Not at all; 5 = Extremely)
2. What factors about the technical assistance did you find to be most effective? Please explain why. (open ended – required)
3. What factors could have been strengthened to better support you? Please explain why. (open ended – required)
4. What level of the health system do you currently work in? (local, regional, national, all) (multiple choice)
5. Apart from your customers, who do you consider your primary stakeholder? (open ended - required)
6. What is your organization's main challenge when it comes to the primary stakeholder identified above? (open ended - required)
7. If you currently work with the public sector, what are the mechanisms of your engagement? Please check all that apply: (contracts, MOUs, LOI, TWGs, communication to understand government regulations or check on regulatory status of our company, get touch with government counterparts as needed, others?)
8. At this moment, who are your key private sector partners? Check all that apply.

(I.e. philanthropic foundations (i.e. Rockefeller Foundation, Packard Foundation, local family foundations), development agencies (USAID, DFID, JICA, GIZ, etc.), development implementing partners (Abt, IntraHealth, JSI, Chemonics, etc.), private corporations (Telecos, Chevron, Shell, Pfizer, etc.), private health facilities, private universities, others :___)

9. For the private partners above, what is the primary purpose of your partnership (check all that apply):
    a. To sell our product/service to them
    b. To pilot a new approach
    c. To jointly enter a new geography
    d. To reach a new customer segment
    e. To gain visibility through an award or recognition
    f. To conduct research on our impact
    g. To receive funding from them (that is not due to direct sales to them)
    h. To participate in an incubator or accelerator program they are sponsoring
    i. To receive other technical support from them
    j. Other: _____

Annex F: LHSS Organizational Capacity Building Assessment Framework

Assessment Dimensions for Organizational Capacity		
Dimension	**Definition**	**Key Questions**
Organizational mandate	Existence of clear organizational mandate and functions	a. Does the organization have a stated mandate or purpose? b. Are the organizational mandate and core functions aligned? c. Is the profile and stature of the organization commensurate with its mandate? d. Are roles and functions clearly defined and carried out in practice?
Planning and managing implementation (or project planning and management)	Ability to develop long-term strategies, short- and medium-term operational plans, and to implement the strategy.	a. Does the office have a 3-year strategy (whether formal—as in a strategic plan--or informal)? b. Does the office have an operational plan to implement the strategy? c. Is the operational plan currently being used? If not what are the barriers to implementation? d. Does the office have the capacity to implement the operational plan? If not, what additional capacity is needed? e. Does the organization have any Key Performance Indicators (KPIs) defined? If so, what are they? f. Is there an activity tracking system in place—regardless of how formal?
Structure and staffing	Adequacy of the organizational structure and staff to carry out its core functions. Clarity of individual roles and responsibilities as reflected in job descriptions and work assignments.	a. Is there a well-defined organizational structure? How could it be strengthened? b. Are roles and responsibilities of existing staff clearly defined? Are there job descriptions? c. Are job descriptions current? Do any job descriptions need to be realigned or revised? d. Is there adequate number of staff to carry out the functions of the office? e. Does staff have the skills to carry out their jobs? If not, What skills need to be developed?

Assessment Dimensions for Organizational Capacity		
Dimension	**Definition**	**Key Questions**
Leadership and management	Effectiveness of leaders and managers to set direction and to plan and implement strategies and plans	a. Does the office leadership set direction, and then motivate staff and align staff behind the direction? b. Is staff involved in decision-making? In what ways? c. How is information shared? Is there regular communication among staff? Are there regular staff meetings? d. How does the staff work together as a team? e. Is work managed at a reasonable pace ensuring timely completion of tasks and deliverables? f. How is staff performance monitored? g. Is staff performance evaluated formally?
Gender Equality and social Inclusion	Explicit gender and social inclusion practices and functions.	a. Does the organization have explicit gender and social inclusion practices and functions, such as • ensuring equal access for women and vulnerable populations. • ensuring that essential services meet the needs of the populations served and are responsive to the needs of all, including women and vulnerable children, • ensuring that health worker capacity building promotes gender equality and social inclusion. b. Is staff aware of these practices and functions? c. Are the practices followed?
Resources	Adequacy of resources to carry out functions	a. Does the office have financial resources to pay for basic operating costs (e.g. transportation, office expenses, workshop venues)? b. Are the assets adequate to carry out its work? (e.g. does each member of staff have tools and equipment needed to perform required work ?) c. Are working conditions acceptable for example, does each member of staff have a place to work? Is electric power dependable? If not are there provisions to cope with fluctuations and outages? Is the work location safe?
Coordination/ stakeholder engagement	Ability to assess and fruitfully engage with key stakeholders	a. Who are the organization's key stakeholders? Who does the organization interact with? (e.g. customers, national agencies, subnational government, donors, insurers, etc.) b. How does the organization determine who their key stakeholders are and how to engage them to achieve their goals? c. Are there mechanisms in place for coordination? Are they used? d. Does staff have the capacity to make effective use of these mechanisms?

Assessment Dimensions for Organizational Capacity		
Dimension	**Definition**	**Key Questions**
Organizational governance	Existence of a structure that provides oversight and ensures accountability.	a. Does the organization operate under the right legal charter for its mandate? b. Is there a formal, legal document that defines the governance of the organization (e.g., by-laws, articles of incorporation, constitution)? c. Does the document describe the role and authorities of the board, committee structure, frequency of meetings, formal decision-making process, and process for amending the document? d. Is there a functioning board of directors or other type of governing body that provides direction, accountability, and oversight? e. If not, are there any plans for establishing one in future? f. If there is a board, is the board effective in carrying out its functions?
Technical capacity	Sufficiency of technical capacity to carry out its mandate	a. Does the organization have the technical capability to do the work of your business? (This includes management skills and skills needed to assure quality of care and service) b. What skills are needed? c. What skills are in place?
Management systems, incl. financial	Well-defined and used systems for financial management, human resources, IT, and procurement.	a. For each management system (financial management, HR, IT, procurement) : b. Is there a clearly defined planning process in place? c. Are roles and responsibilities for clear and documented? d. Is there a system in place to monitor performance in relation to plans e. What procedures are in place to ensure the quality of health services and/or products that you provide?
Compliance	Systems and capacity to ensure compliance with government requirements *(same questions with respect to USAID if organization would like to receive USAID funding in future)*	a. What are the government /regulatory requirements that the organization must meet? b. How does your organization ensure that these requirements are met, including tracking/communicating/operationalizing any updates or changes? c. Are there clear, well- established and documented compliance policies in place? g. Are roles and responsibilities for assuring compliance is clear and well documented?