

Social Enterprise Acceleration Services for sub-Saharan African Health

POSITIVE IMPACTS OF NEW PROGRAM
INNOVATIONS

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Executive Summary

Miller Center for Social Entrepreneurship at Santa Clara University offers a variety of social enterprise accelerator programs designed to increase the capacity of social entrepreneurs who are working to end poverty and protect the planet. Since its inception, the evolution of the Global Social Benefit Institute (GSBI) has innovated several types of acceleration services with varying program elements and goals. While all GSBI programs contain structured curriculum, customized mentorship and often an investor showcase at the core of the program, a new accelerator program, the GE healthymagination Mother and Child Program, running 2016-2018, offered novel program elements that add a heightened level of value to participating entrepreneurs. Such program innovations included applicant restriction to the health sector in Africa, a kick-off event in which entrepreneurs were able to engage with each other, Miller Center staff and GE executives in person, as well as a collaborative grant funding opportunity following completion of the program. This paper argues that the program innovations debuted in the GE healthymagination Mother and Child Program led to increased collaboration and development of the health-related social enterprise ecosystem, ultimately adding value to both individual entrepreneurs and the broader landscape of health in Africa. The positive results of the GE healthymagination Mother and Child Program should help inform the planning of future cohorts of existing GSBI programs, as well as the development of additional accelerator programs.

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Introduction

As a Global Social Benefit Fellow for Miller Center for Social Entrepreneurship at Santa Clara University, I was introduced to social entrepreneurship as a solution to ending poverty and protecting the planet. As a fellow, I spent two months conducting action research at a social enterprise called Nurture Africa, located in Nansana, Uganda. Nurture Africa was one of thirteen social enterprises selected to participate in the first cohort of the GE healthymagination Mother and Child Program, a collaborative enterprise accelerator program offered by Miller Center and General Electric (GE).¹ While my interactions with Nurture Africa began after it completed the GE healthymagination Mother and Child Program, I was interested in learning about the way in which Nurture Africa grew and developed throughout, and as a result of, this program. This led me to wonder how enterprise development is measured and how effective enterprise acceleration programs are at creating significant growth and change for enterprises. Moreover, with the GE healthymagination Mother and Child Program being the first of its kind, I was additionally interested in researching how this program, and its added program elements, performed as compared to other Miller Center accelerator programs.

From the perspective of Miller Center, the goal of providing social enterprise acceleration services is to increase and expand the capacity of social entrepreneurs.² This

¹ "Healthymagination Mother and Child Program." Miller Center for Social Entrepreneurship, Miller Center for Social Entrepreneurship, 2016, static1.squarespace.com/static/55036eefe4b0fe6c8e833e4a/t/5772cc8df7e0ab1cccf72e8b/1467141262130/Factsheet.pdf.

² Lieberman, Andrew, et al. "The GSBI Methodology for Social Entrepreneurship: Lessons from 12 Years of Capacity Development with 365 Social Enterprises." Miller Center for Social Entrepreneurship, Miller Center for Social Entrepreneurship, 2015, static1.squarespace.com/static/55036eefe4b0fe6c8e833e4a/t/55f7375de4b077a73ad314b5/1442264925736/GSBI+Methodology+for+Social+Entrepreneurship.MC.0915.pdf.

allows social entrepreneurs to improve and refine their impact and business models, while developing strategies to overcome challenges and prepare to scale their impact. Acceleration services provided by Miller Center include various elements including stage-specific programming and structured curriculum, as well as accompaniment and guidance by Silicon Valley mentors, content experts and Miller Center staff. The success of Miller Center acceleration services, as compared to other services offered, can be attributed to two distinguishing characteristics: the Jesuit values and ethos of Santa Clara University and the Center's location in the Silicon Valley, surrounded by a spirit of innovation and a history of entrepreneurship. Miller Center has worked with over 850 social enterprises and has proven the effectiveness of its acceleration services in assisting entrepreneurs with generating social change and ameliorating poverty.³

The goal of this paper is to analyze the impact of the GE healthymagination Mother and Child Program on participating social enterprises, and how its novel program elements contribute to its impact on these enterprises. The GE healthymagination Mother and Child Program acted as the first major deviation from the core GSBI accelerators and this paper hopes to address the successes and drawbacks of this program, as compared to prior GSBI programs. Additionally, this paper will inform the development of future program innovations or improvements for future cohorts of existing programs. Since the creation of the GE healthymagination Mother and Child Program, Miller Center has developed other sector specific accelerators such as the GSBI TECh Accelerator and Social Entrepreneurship at the

³ Lieberman, Andrew, et al.

Margins. Results of the GE healthymagination Mother and Child Program can help inform the planning of future cohorts of these programs, as well as the development of additional accelerator programs.

Restricting the GE healthymagination Mother and Child Program to a single sector and a single continent, as well as combining the traditional elements of a GSBI accelerator with greater networking and funding opportunities, led to increased entrepreneur collaboration and a heightened level of value added to the participating social enterprises.

Miller Center Programs

GSBI Program Innovation

Founded in 2003, GSBI has now worked with and accelerated 893 social entrepreneurs. For the first nine years of its existence, GSBI provided a “one size fits all” approach to its curriculum and programming. However, beginning in 2012, GSBI introduced a variety of stage specific programs including GSBI Online, GSBI In-Residence Accelerator and GSBI Boost. Each program combines stage-specific curriculum and executive- level mentoring through differing platforms, length and intensity. Through years of accelerating social enterprises, Miller Center has developed a vast network of mentors, investors and partners, all dedicated to ending poverty, protecting the planet and working to create a more humane, just and sustainable world.⁴

⁴ Lieberman, Andrew, et al.

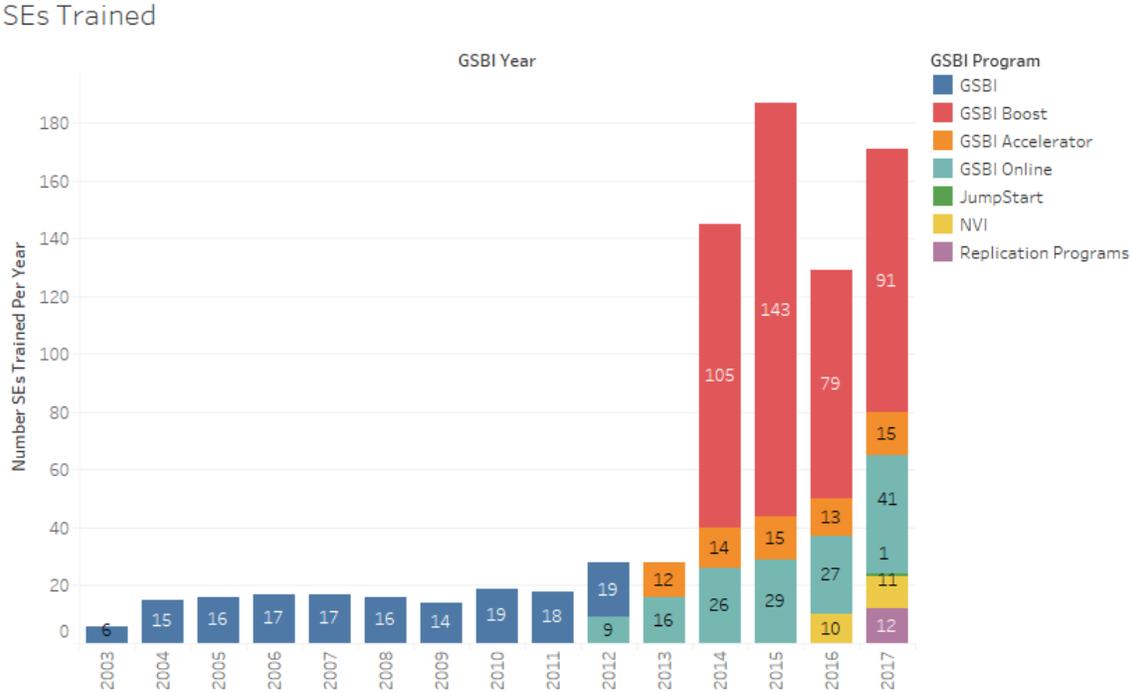


Figure 1: The Number of GSBI Social Enterprises Accelerated by Program and Year (2003-2017).⁵

GSBI curriculum aligns with the Monitor Group’s model of Blueprint to Scale, focusing on four stages: Blueprint, Validate, Prepare and Scale. In the Blueprint stage, enterprises plan and develop initial business plans. In the Validate stage, enterprises test and refine their business models while understanding the demand, viability and scalability of their organization. In the Prepare stage, enterprises enhance their supply chains, organization systems, talent and assets. Finally, in the Scale stage, enterprises expand the reach of their organizations geographically or with new products. Along with stage-specific curriculum, what distinguishes GSBI from other enterprise acceleration services is the quality and depth of the mentorship entrepreneurs receive, as well as the underlying ethos of Santa Clara University, a Jesuit institution. Mentors for GSBI have backgrounds in various sectors including successful start-ups,

⁵ Figure courtesy of Karen Paculba, Miller Center Marketing Manager

Fortune 500 companies and venture capital firms. Mentors form close relationships with entrepreneurs and accompany them on their journey, rather than simply teaching and answering questions. Each GSBI participant benefits from over 300 hours of individualized mentorship.⁶

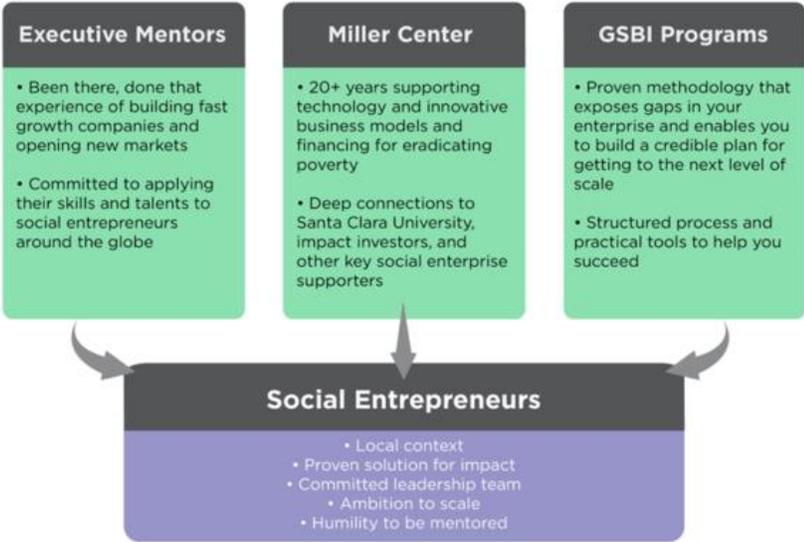


Figure 2: Ecosystem surrounding Social Enterprises participating in GSBI Programs⁷

In 2016, Miller Center introduced the GE healthymagination Mother and Child Program and in 2018 is launching two new programs known as Social Entrepreneurship at the Margins and GSBI Technology Entrepreneurship for Change (TECh). These advancements and changes represent Miller Center’s commitment to continuous improvement and program innovation. At this point in time, the GE healthymagination Mother and Child Program has completed two cohorts and Social Entrepreneurship at the Margins and GSBI TECh have cohorts beginning in

⁶ All information in the subsequent paragraph from Lieberman, Andrew, et al.

⁷ Figure sourced from Lieberman, Andrew, et al.

early summer of 2018. The following discussion spotlights the different focuses and elements of the aforementioned programs.

GSBI Online Accelerator

The GSBI Online Accelerator was the first evolution of the GBSI Methodology. Launched in 2012, GSBI Online is a 6-month, virtual program. The goal of GSBI Online is to evaluate and strengthen enterprise business models while creating sustainable growth strategies and determining the best way to present these plans to potential investors. The GSBI Online program is directed towards early-stage enterprises and is intended to help enterprises move from the Validate stage to the Prepare stage. Strong applicants for GSBI Online are businesses that have been in operation for 1-5 years, have a team of less than 20 staff and have several hundred or thousands of customers/beneficiaries. Throughout this online program, entrepreneurs work with their mentors to develop their impact, business and financial models, growth and funding plans and marketing materials. Entrepreneurs complete one online module every three weeks that focus on topics including social impact models, target markets, value propositions, marketing, sales, partnerships, operations models and financial models. Content experts and mentors are available to help entrepreneurs understand and contextualize the curriculum to their specific needs and situations. Final deliverables for GSBI Online include a slide deck to be used for investor pitches, a 2-page investment summary document, operational and social impact metrics and a business plan complete with a stage appropriate, viable strategy for growth.⁸

⁸ All information in this section sourced from: "GSBI Online Accelerator." Miller Center for Social Entrepreneurship, Miller Center for Social Entrepreneurship, 2018, www.scu-social-entrepreneurship.org/online-1/.

GSBI In-Residence Accelerator

The GSBI In-Residence Accelerator represented a cluster of innovative features in GSBI. Launched in 2013, the in-residence program is designed to help mid-stage enterprises through the Prepare stage. Organizations that have been in operation for 5+ years, have up to 500 employees, are serving thousands or tens of thousands of customers/beneficiaries and have high potential to scale are ideal candidates for the in-residence program. The program is 10 months long and involves both virtual mentoring and online support, as well as a 10-day, in-residence program at Santa Clara University. The goal of the in-residence accelerator is to prepare entrepreneurs for the investment process and scaling, as well as address any organizational gaps or challenges they are facing.

The first section of the program involves online curriculum and mentoring in which entrepreneurs develop and build upon their impact, business and financial models, as well as their growth and operating plans. Online curriculum is presented through videos, social enterprise case studies and online modules. There is less of an emphasis on filling out templates due to the complexity of the enterprise operations at this stage. Modules that the entrepreneurs complete include fundraising strategies, mission statement, impact and business models, operations and management strategies.

The in-residence portion of the program consists of seminars led by Silicon Valley executives, mentor and content experts. Each entrepreneur also gets the opportunity to present aspects of their business plans and enterprise operations to be critiqued by panels of experts, mentors and peers. Through these panels, any internal gaps are identified and addressed, allowing entrepreneurs to refine their strategies for scaling. The social

entrepreneurs work throughout the week to incorporate feedback they receive into their business plans and investment pitch. The in-residence time culminates in an investor pitch at Santa Clara University. This investor pitch allows the entrepreneurs to showcase their enterprises and connect with Miller Center's vast network of investors. Following the 2016 investor showcase, 93% of GSBI participants in that year's program raised funding within six months of the program ending. After the in-residence portion of the program, entrepreneurs continue to work with their mentors for several months to continue to incorporate feedback into their business models, as well as pursue funding opportunities. At the end of the accelerator, entrepreneurs will have a folder of materials demonstrating their investment readiness that can be presented to potential funders.⁹

GE healthymagination Mother and Child Program

The GE healthymagination Mother and Child Program was an enterprise acceleration course designed for social enterprises operating in sub-Saharan Africa that are focused on maternal and child health. The goals of the program were to help enterprises strengthen their business models, refine business plans, manage talent, reinforce organizational development and learn how to scale sustainably. Strong applicants were for-profit, non-profit or hybrid enterprises that have been in operation for 1-3 years and are looking to scale their impact. The enterprises should deliver health services, distribute, use or maintain medical equipment, develop products or technology, or provide infrastructure services, all in support of mother and

⁹ All information in this section sourced from: "GSBI In-Residence Accelerator." Miller Center for Social Entrepreneurship, Miller Center for Social Entrepreneurship, 2018, www.scu-social-entrepreneurship.org/accelerator-1/.

child health. The program was funded and run through a collaboration of the Miller Center's Global Social Benefit Institute (GSBI) and GE.

The program began with a kickoff event in Nairobi, Kenya in which GSBI mentors and GE executives helped entrepreneurs learn business fundamentals, improve strategic thinking skills and articulate impactful business plans. Each entrepreneur was then assigned 1-2 Silicon Valley business mentors with who they met-up with online throughout the 6-month program. The mentors assisted the entrepreneurs with completing program curriculum as well as the development of growth strategies, action plans and operational and impact metrics. The program culminated in a slide deck and investor pitch at the SanKalp Africa Summit in Nairobi. Following the formal program, participants were invited to apply for a GE Technical Assistance grant designed to support continued collaboration and development of the maternal and child health ecosystem within Africa. On the Miller Center social enterprise accelerator spectrum, the GE healthymagination Mother and Child Program falls somewhere between GSBI Online and GSBI In-Residence but differs from other GSBI programs by its additional program elements and the added backing of GE. One of GE's goals in participating in this collaboration was to engage in market sensing and market development. As GE expands its business operations on the African continent, it hoped to better understand the market and available opportunities in the health sector by forming relationships and learning from social entrepreneurs, as well as providing them with the skills and resources necessary to maximize their impact.¹⁰

¹⁰ All information in this section sourced from Marie Haller (Program Manager) and "Healthymagination Mother and Child Program."

GSBI Technology Entrepreneurship for Change (TECh) Accelerator

The GSBI TECh accelerator, launching in June 2018, focuses on entrepreneurs who are using technology to solve social problems. This accelerator is five months and specifically seeks applicants that are GSBI alumni or Tech Award Laureates. Tech Award Laureates are chosen by Applied Materials and the Tech Museum of Innovations in San Jose, California, in conjunction with the Tech for Global Good program. More specifically, the TECh accelerator is seeking applicants that lead technology related enterprises that have been in operation for 3+ years, are looking to raise investment ranging from \$100,000 - \$5 million within the next year and can commit 3-6 hours per week to work on program deliverables and work with mentors online.

The program contains both the structured curriculum and mentorship of the previous GSBI programs, as well as new innovations. Added elements of the TECh program include a shortlist of potential investors created by Miller Center staff, accompaniment through the investment process and master classes taught by tech industry experts. The topics of the master classes include tactical networking, how to build a high performing team and corporate governance. Other master classes feature investors that provide insight and advice on the investment process. The TECh accelerator is supported by the James and Rebecca Morgan Family Foundation, Charmaine and Dan Warmenhoven. As noted, the first cohort of the TECh accelerator begins in June 2018, with two subsequent cohorts anticipated in the coming years.¹¹

¹¹ All information in this section sourced from: "GSBI Technology Entrepreneurship For Change (TECh) Accelerator." Miller Center for Social Entrepreneurship, Miller Center for Social Entrepreneurship, 2018, www.scu-social-entrepreneurship.org/technology-entrepreneurship-for-change-tech-accelerator/.

Social Entrepreneurship at the Margins

Social Entrepreneurship at the Margins is a six-month online accelerator program focused on enterprises that serve or are led by migrants, refugees and human trafficking survivors. The program seeks enterprise applicants that either deliver products, services or infrastructure to support migrants, refugees or human trafficking survivors or are led by migrants, refugees or human trafficking survivors. Strong applicants will lead an enterprise that has been in operation for 1+ year and are willing to commit 3-6 hours to program deliverables and online mentoring. This accelerator uses the same structured curriculum and mentorship as other GSBI accelerators. This accelerator launched in May 2015 and culminates with a Bay Area investor showcase and pitch in November 2018. The timing of the showcase aligns with the Social Capital Markets (SOCAP) 2018 conference, allowing participants to engage with the social impact community present at the conference.¹²

Comparison of Program Elements

Common Elements

The common elements of all GSBI programs include structured curriculum, mentorship and access to GSBI and Miller Center resources and networks. Structured curriculum includes the online modules, videos and classes that entrepreneurs participate in. Mentorship represents the 1-2 hours per week that entrepreneurs engage with their mentors and discuss the curriculum and any business or operational challenges they are currently facing. In addition

¹² All information in this section sourced from: "Social Entrepreneurship at the Margins." Miller Center for Social Entrepreneurship, Miller Center for Social Entrepreneurship, 2018, www.scu-social-entrepreneurship.org/sem/.

to structured curriculum and mentorship, GSBI In-Residence, the GE healthymagination Mother and Child Program and Social Entrepreneurship at the Margins also include an investor showcase at the end of the program. These three program elements serve as the baseline to which the program innovations implemented for the GE healthymagination Mother and Child Program will be compared.

Unique Elements of GE healthymagination Mother and Child Program

The GE healthymagination Mother and Child Program sets itself apart from previous GSBI accelerators through several distinct program features: greater specificity in applicant selection, increased networking opportunities, added mentoring by GE executives and program supported funding opportunities following program completion.

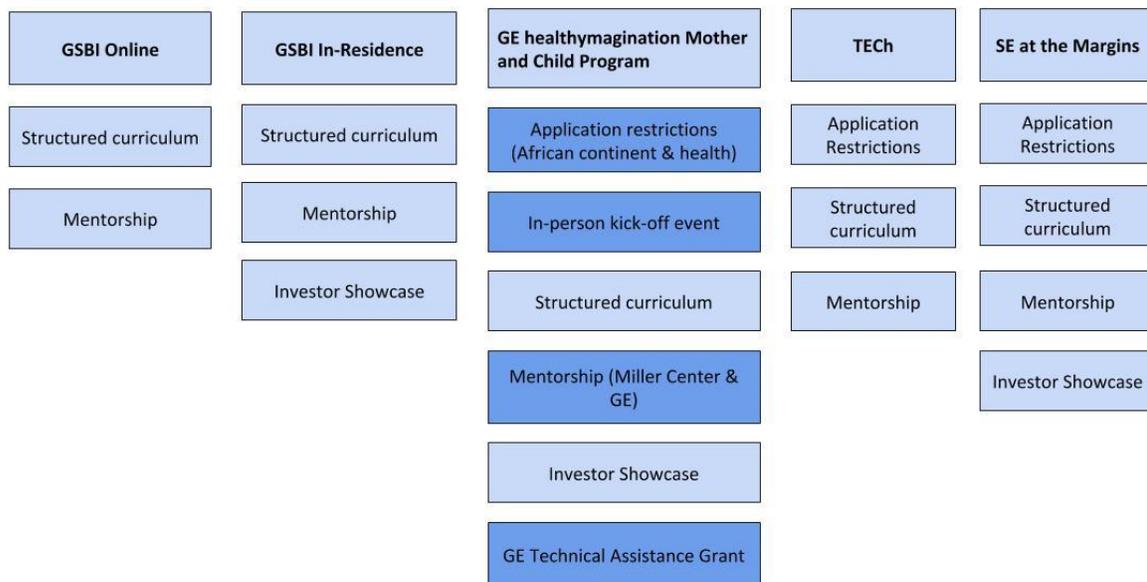


Figure 3: Comparison of Program Elements Present in GSBI Accelerators

Greater specificity in applicant selection refers to the fact that the GE healthymagination Mother and Child Program only recruited enterprise applicants that were operating within the

health sector in Africa. By restricting applications to a single sector and single continent, the GE healthymagination Mother and Child Program was able to capitalize on GE's healthcare expertise and provide enterprises with more sector appropriate resources. Increased networking opportunities included the kickoff event in Nairobi and the investor showcase at the SanKalp Conference. The GE healthymagination Mother and Child Program is the first GSBI program to incorporate an in-person kick-off event, as well as the first program to host an investor showcase outside of the United States. This increase in-person interactions allowed GE healthymagination Mother and Child Program participants greater time to network with each other, Miller Center staff and GE executives. The nature of the GE healthymagination Mother and Child Program, as a partnership between Miller Center and GE, allowed for entrepreneurs to interact with GE executives and employees both at the kick-off and investor showcase, as well as online. Moreover, following program completion, Miller Center and GE provided participants the opportunity to apply for the GE healthymagination Mother & Child Alumni Technical Assistance Grant. Funding for this grant was provided by GE, and Miller Center facilitated the distribution of information and the selection of grant recipients. The grant was "designed to support collaborative projects, both with partners inside or outside the GE healthymagination Mother and Child alumni cohort, with the goal of catalyzing scalable solutions that enhance the maternal and child health ecosystem in sub-Saharan Africa."¹³ These elements represent program innovations unique to the GE healthymagination Mother and Child

¹³ GE healthymagination Mother and Child Technical Assistance Grant description courtesy of Marie Haller

Program. The value of these traditional GSBI program elements in combination with these program innovations will be analyzed in the next section.

Impact of GE healthymagination Mother and Child Program

Results of Structured Curriculum and Mentorship

The structured curriculum and mentorship provided through the GE healthymagination Mother and Child Program, as well as other GSBI accelerators, are intended to help enterprises plan for sustainable growth and scaling. With this framework, four elements of enterprise development are targeted: Impact Model, Business Model, Scalable Operation and Investment Readiness.¹⁴



Figure 4: GSBI Framework for Sustainable Growth and Scalability ¹⁵

To become part of the GE healthymagination Mother and Child Program each enterprise had to submit an application with supporting documents and complete an interview.¹⁶ As

¹⁴ Lieberman, Andrew, et al.

¹⁵ Figured sourced from Lieberman, Andrew, et al.

¹⁶ Information provided by Marie Haller

stated above, the GSBI methodology focuses on four aspects of enterprise development: business model, impact model, scalable operations and investment readiness. To determine if any significant change occurred in the enterprises, as a result of the GE healthymagination Mother and Child Program, analyses were conducted of all 13 enterprises in cohort 1 of the program at 2 or 3 different time points (N=13 for Time 1 & 2; N=8 for Time 3). The four aspects of enterprise development that I chose to analyze were mission statement, business model, impact metrics and funding sources. These elements were chosen because data could be easily obtained for each enterprise as the various time points. Time 0 represents each enterprise's GE healthymagination Mother and Child Program application in 2016, Time 1 represents the enterprises' final investor pitches at the end of the program in 2017, and Time 2 represents individual interviews conducted with enterprise representatives in February 2018. Thirteen enterprises were analyzed at Time 0 and Time 1 while 8 enterprises were analyzed at Time 2.

The following discussion examines the four chosen elements of enterprise development and the impact that the GE healthymagination Mother and Child Program had on these elements. Overall, the structured curriculum and mentoring performed as expected and in line with other GSBI accelerators. Appendix C contains tables representing the information gathered from each enterprise at the respective time points. The final table in Appendix C identifies the overall presence and absence of change in each category for all enterprises analyzed.

Mission Statement¹⁷

According to *Building a Successful Social Venture*, a mission statement should be less than 10 words and describes what is to be changed and for whom. Furthermore, the mission statement should be comprised of a noun, a verb and a target and should “specify the customer population to be served and the outcome or benefit that is sought.”¹⁸ Analysis of mission statement evolution as a result of the GE healthymagination Mother and Child Program, revealed that 9 out of 13 enterprises (69%) made a change to their mission statement by the end of the program. As the mission statement guides the focus, operations and strategies of the enterprises, a change in mission statement is significant. Some enterprises, such as Health-E-Net made relatively minor changes to their mission statement. Their original mission statement was “to improve quality and access to healthcare for underserved populations,” while their mission statement at Time 1 was “supporting high quality healthcare delivery in Africa.”

Other enterprises, such as Nurture Africa, had more substantial changes. Nurture Africa’s original mission statement was “An African Society where vulnerable children and their families enjoy their basic rights and live to their full potential.” At Time 1, its mission statement was “empowering vulnerable families in Africa.” This represents a significant change as the original mission statement was in reality more of a vision statement. By altering its mission statement, Nurture Africa may have been able to refine and redirect its operations towards achieving its mission. Two other examples of mission statement modifications include Access

¹⁷ All information in this paragraph sourced from Appendix C unless otherwise noted. See Appendix C for references

¹⁸ Carlson, Eric D, and James L Koch. *Building a Successful Social Venture: A Guide for Social Entrepreneurs*.

Afya and Outreach Medical Service Nigeria. Access Afya changed their mission statement from “to be the first access point for health for the 8 million people living in Kenya’s informal settlements” to “creating access to quality health care for the global mass market through sustainable care models.” Outreach Medical Service Nigeria’s mission statement at Time 0 was “save the lives of One Million Vulnerable babies, children, pregnant women and elders by 2020.” Its mission statement at Time 1 was “creating high impact acute care solutions for children in Nigeria.” Both enterprises began with mission statements that described an enterprise vision or function, rather than the target customer population and the outcome. However, at Time 1, both enterprises had more specific mission statements that business operations can be aligned towards. Looking at the cohort more broadly, the majority of enterprises analyzed had more focused and more specific mission statements at Time 1, as compared to Time 0. Additionally, the mission statements from Time 1 more closely adhered to the specifications outlined in *Building a Successful Social Venture*.

At the core of a successful enterprise, is a specific and focused mission statement. The results of this analysis indicate that writing an influential and accurate mission statement can be difficult for social entrepreneurs. It is therefore necessary that social enterprise acceleration services include mission statement revision curriculum in their programs. The fact that the majority of enterprises revised their mission statements as a result of this GSBI program, illustrates that the GSBI curriculum is effective at helping enterprises define a clearer mission that can guide their operations and be better articulated to potential investors.

Business Model¹⁹

Analysis of business model modification as a result of the GE healthymagination Mother and Child Program, revealed that 1 out of 13 enterprises (8%) made a change to their business model by the end of the program (Time 1). The one enterprise that made changes to its business models was Nurture Africa. At Time 0, Nurture Africa was operating as a non-profit under a philanthropy business model. While Nurture Africa's business activities did not change significantly as a result of the GE healthymagination Mother and Child Program, at Time 1, Nurture Africa had begun transitioning from a charity model towards a more entrepreneurial, earned income model. This transition included financial models for implementing a cross-subsidy payment system in the primary health care clinic, as well as for extending the microfinance loans granted by the organization. While Nurture Africa began the journey towards financial sustainability as a result of GSBI, the rest of the enterprises in the cohort continued with their original business models. This data indicates that the business models of social enterprises, are not an easily adaptable aspect of enterprise acceleration. Therefore, curriculum should not be focused on helping enterprises successfully transition business models, but rather on improving upon current business models and operations.

Although the majority of enterprises analyzed did not undergo significant alterations in their business model, many enterprises appeared more tactful and confident in explaining their business model and activities at Time 1, as compared to Time 0. At Time 1, nearly all enterprise representatives had greater specificity and clarity in explaining the target customer, operations,

¹⁹ All information in this paragraph sourced from Appendix C unless otherwise noted. See Appendix C for references

activities, and goals of their enterprise. In interviews conducted at Time 2, several enterprise representatives indicated that delving deeply into the specifics of their business models during the GE healthymagination Mother and Child Program allowed them to feel more confident when explaining their business model to investors.

To ensure that all enterprises achieve the highest level of success in the GSBI accelerator, evidence from this program analysis suggests that traditional non-profits operating fully in a charity model should not be considered when selecting enterprises for the program. For the GSBI curriculum to be most successful, enterprises should have a firmly established business model which can be improved upon and refined throughout the program, rather than completely redefined. If GSBI does want to work with organizations transitioning from a non-profit model to a social enterprise model, separate curriculum and cohorts should be created for enterprises in such circumstances.

Impact Metrics²⁰

Carlson and Koch state that “impact metrics measure the changes in economic or social well-being that results from the outcomes of the enterprise.”²¹ Analysis of alterations in impact metric reporting as a result of the GE healthymagination Mother and Child Program, revealed that 10 out of 13 enterprises (77%) made a change to their impact metric reporting by the end of the program (Time 1). At Time 0, when asked about impact metrics, many of the enterprises reported how their metrics were collected, but only provided minimal concrete data on

²⁰ All information in this paragraph sourced from Appendix C unless otherwise noted. See Appendix C for references

²¹ Carlson, Eric D, and James L Koch. Building a Successful Social Venture: A Guide for Social Entrepreneurs.

metrics. Given that impact metrics serve as an indicator of an enterprise's success to potential investors, being able to effectively measure and communicate impact metrics is essential.

Some examples of enterprises that exhibited positive change in regard to their impact metric reporting include Life Net International, Azyh, Health-E-Net and helloDoctor/Telemed Medical Services. At Time 0, Life Net International reported a geographic impact in Burundi, Uganda and the Democratic Republic of Congo, totaling 2 million people having been impacted by their enterprises. It also noted that it collected impact metrics through most significant change methodology data, quality improvement assessments and Ministry of Health Salesforce data. In contrast, at Time 1, Life Net International reported more specific impact metrics: a 48% improvement in nurses regularly washing their hands, a 50% increase in growth chart used for every child, a 49% improvement in nurses explaining newborn risk assessment and an 81% increase in nurses following guidelines for neo-natal resuscitation. It reported impact in 90 health centers located in 3 countries and reported that its 48 team members have conducted over 1 million patient visits, doubling the quality of care delivered at partner health systems since its inception. Another enterprise, Ayzh, initially reported that its headquarters was in India but it was in the process of scaling to Africa and had sold 250,000 clean birth kits, impacting 500,000 lives thus far. It indicated that it measures impact through cost consequence analysis. At Time 1, Ayzh added 2 new impact metrics and reported that they had impacted 1.5 million lives, trained 4,000 care providers and sold over 300,000 products to 20 different countries.

Another enterprise, Health-E-Net, lacked any impact metrics at Time 0, solely reporting that they work in 2 districts in Kenya. However, at Time 1, it reported specific impact metrics

including that its paper-electronic medical record (EMR) is used with over 400 patients each month, it operates 10 clinics in Nairobi's slum and that its Gabriel tele-consultation system has conducted more than 50 consultations, impacting more than 200 people. Similarly, helloDoctor/Telemed Medical Services reported at Time 0 that they have conducted 36,907 consultations, impacting 30,000 lives and has published over 100 medical articles. It also reported that it measures impact through customer relationship management data and SMS/mobile method surveys and studies. At Time 1, it reported more specific impact metrics including 80,000+ consultations, 50,000+ lives impacted, 35+ medical doctors in the network and 95%+ customer satisfaction. It also reported \$250,000 in health spending saved by its consultation system, as well as an average of \$3 of savings per customer consultation.

Overall, from Time 0 to Time 1, the majority of enterprises changed their impact metric reporting to some degree. Many increased their specificity and reported new metrics, increasing their credibility and attractiveness to investors. The high percentage of enterprises that altered their impact metric reporting as a result of the GE healthymagination Mother and Child Program, indicates that impact metrics are an adaptable aspect of enterprise development that can be strengthened through enterprises accelerator programs. The GE healthymagination Mother and Child Program was effective at helping enterprises determine which impact metrics should be reported to potential investors and how. Future curriculum devoted to impact metric analysis is a necessary part of any enterprise accelerator program and can help social entrepreneurs better articulate their impact to investors.

Funding Sources²²

Analysis of investment readiness and funding sources, indicated that as a result of the GE healthymagination Mother and Child Program, 12 out of 13 enterprises (92%) altered their investment ask by the end of the program (Time 1). Only two enterprises, The Shanti Uganda Society and Hewa Tele did not alter their investment ask from Time 0 to Time 1. The remaining 11 enterprises either changed their investment ask by altering the type of investment requested or the amount of capital requested.

For example, at Time 0, Purple Source Healthcare was seeking \$4.5 million in equity for network expansion, medical equipment, technology infrastructure and human resources and working capital. Yet, at Time 1, they were seeking \$500,000 in grants for capacity development, marketing and patient engagement, as well as \$200,000 in grants or convertible debt to validate its model and prepare for scale. Such a significant decrease in investment ask may have indicated that Purple Source recently gained more outside funding, or that it determined the original ask was not justifiable or would not be feasible or attractive to investors. Similarly, Health Builders was seeking \$2.5 million in grants at Time 0 and \$8 million over 3 years in contributed income or public-private subsidy contracts at Time 1. This increase in investment ask indicates that Health Builders determined that increasing its capital amount and type of ask would better suit its current needs and attract investors.

Along with increasing or decreasing investment ask, several enterprises further specified their investment asks into specific categories or projects. For example, at Time 0, Life Net

²² All information in this paragraph sourced from Appendix C unless otherwise noted. See Appendix C for references

International was seeking \$1.45 million in grants to expand in Uganda, Burundi and Congo. At Time 1, it was seeking \$350,000 to fill its current funding gap, as well and delineated the following funding opportunities: \$500,000 in growth financing fund, \$450,000 for 40 additional health centers, 250,000 for a validation study, \$150,000 for a new country start up and \$50,000 for capacity building. By breaking down the investments into smaller, more specific asks, Life Net may have been able to attract more investors. Similarly, at Time 0, Nurture Africa was seeking \$1 million in grants to construct and run a maternity hospital. At Time 1, it was seeking \$150,000 in impact investment divided into the following categories: \$70,000 for healthcare (facility cross subsidy development, streamline payment system, increase client base) and \$80,000 for finances (facilitating current clients with further loans). Given Nurture Africa's change in business model as a result of this program, the modification of the justifiable ask is expected. Additionally, delineating the ask into specific projects may have made the ask more reasonable or attractive to investors. These modifications indicate that the GSBI curriculum and work with the GSBI mentors helped the social entrepreneurs alter their justifiable asks in order to make their enterprises more desirable and reasonable for investors.

Results of Added Program Elements

Increased Entrepreneur Collaboration

The greater applicant specificity of the GE healthymagination Mother and Child Program led to more specific ecosystem development. Because the GE healthymagination Mother and Child Program was restricted to a single sector and a single continent, mentorship and expertise from both Miller Center and GE could be applied more appropriately to the enterprises. Additionally, by focusing on a single sector, participating entrepreneurs had more in common

and potential partnerships with other enterprises were more geographically realistic.

Moreover, having the showcase at the SanKalp Conference in Africa, rather than in the United States, also allowed entrepreneurs to cultivate a more defined network in East Africa that could be more easily accessed in the future.

While the majority of enterprises analyzed for this research noted the importance and value of the structured curriculum and individualized mentorship, all enterprises interviewed also noted the value of convening like-minded entrepreneurs in-person and having the opportunity to network with peers.²³ Representatives from the Liberian Energy Network, Cedars Diagnostics and Health-E-Net expressed that the most valuable part of the program was being connected to a network of peers who were going through the same processes and facing similar challenges. Additionally, they communicated that having a forum to share stories and experiences with one another helped widen their networks and increase the opportunities for enterprise collaborations. Both Sisu Global Health and Cedars Diagnostics also articulated that it was a humbling experience to interact with other enterprises, learn from each other and see the range of programs and projects that health enterprises are embarking on. For Sisu Global Health, which focuses on technology and medical devices, it was valuable to learn about other divisions of health entrepreneurship and brainstorm future partnerships and collaborations. These times for collaboration between enterprises were made possible both through the program kick-off event as well as the investor showcase and GE Technical Assistance Grant. Defining the GE Technical Assistance Grant as solely for collaborative projects enhancing

²³ See Appendix B for Interview Guide

maternal and child health also allowed for increased partnership and interaction among GE healthymagination Mother and Child Program participants. Collaborations for the GE Technical Assistance grant occurred between LifeNet International and Health-E-Net, as well as Lwala Community Alliance and Health Builders. More examples of enterprise collaboration are evidenced in the subsequent case studies.

HewaTele Case Study²⁴

HewaTele is one of the standout enterprises from the first GE healthymagination Mother and Child Program cohort. The mission of HewaTele is to provide a regular supply of medical oxygen at affordable rates to reduce delay in access to emergency healthcare. In 2014, HewaTele received US \$1 million in seed funding from the GE foundation. Since then HewaTele also received a \$1 million grant from Grand Challenges Canada which was matched by contributions from UNICEF and the Kenyan government. With this money HewaTele opened two fully operational oxygen plants in Kenya in 2017. Additionally, HewaTele has capitalized on connections made with other healthymagination enterprises and is currently in talks to partner with and provide oxygen to Lwala Community Alliance, Health Builders and Access Afya. HewaTele currently has plans to build two new oxygen plants in Uganda and Tanzania in the upcoming years. While HewaTele had immense success even before participating in the GE healthymagination Mother and Child Program, it was the partnerships and customer relationships created as a result of their participation in the program that added the most value to the enterprise.

²⁴ All information from interview with HewaTele representative

Health-E-Net Case Study²⁵

Another notable enterprise from the first cohort of the healthymagination Mother and Child Program is Health-E-Net. Also based in Kenya, Health-E-Net's mission is to support high-quality health care delivery by improving medical documentation and access to specialists. It does this through two approaches: implementing paper to electronic medical record (EMR) technology and also providing tele-consultations to patients. After graduation from the healthymaginations program, Health-E-Net applied for and received the GE technical assistance grant. With the grant money they are working with fellow healthymagination alumni LifeNet International to implement the paper EMR technology in Uganda. Health-E-Net is also actively working to partner with healthymagination cohort 2 enterprise, Cedars Diagnostics, and GE to fill gaps they see in health care delivery in Kenya. Health-E-Net and Cedars Diagnostics have identified that the GE radiology equipment on lease to many health facilities in Kenya is not being used to its fullest potential. They believe this is mostly due to a lack of capacity in health care workers to operate the equipment and read and interpret the scans. They are in the early stages of proposing a focused partnership to GE in which Cedars Diagnostics would manage and run the radiology equipment and Health-E-Net would provide the medical expertise to interpret the scans and consult with the patients.

Program Feedback

Although most social entrepreneurs interviewed for this research indicated that the GE healthymagination Mother and Child Program exceeded their expectations, some entrepreneurs did express confusion and uncertainty about GE's involvement in the program.

²⁵ All information from interview with Health-E-Net representative

While many entrepreneurs noted that having both Miller Center and GE's name on the project increased their individual credibility with investors, some entrepreneurs, such as the Liberian Energy Network and Health-E-Net, indicated that they had a difficult time seeing the commonalities between the work of the social enterprises and the work of GE. Additionally, both LifeNet International and Sisu Global Health expressed that they desired greater interactions and responsiveness from GE. GE employees were very helpful with certain enterprises; for example, the GE primary health care division general manager was able to assist Sevamob in starting pilot programs in South Africa and Botswana, and GE featured Lwala Community Alliance in their documentary "Heroines of Health." Such positive interactions with GE were able to help these enterprises drive forward strategic plans and increase their presence in the ecosystem. However, other enterprises, such as LifeNet International, thought that the program could have better capitalized on potential synergy between GE and the enterprises. Despite this, almost all entrepreneurs interviewed indicated that they had increased their capacity and confidence and had a larger professional network as a result of this program.²⁶

Conclusion

The evolution of the GSBI has culminated in accelerator programs that are more specific and targeted, allowing even greater value to be added to entrepreneurs and their enterprises. The added program innovations present in the GE healthymagination Mother and Child Program exceeded the success of previous GSBI programs in terms of enterprise collaboration

²⁶ Information from interviews with enterprise representatives. See appendix B for interview guide

during and after the program. Moreover, it allowed enterprises to build strong, local networks that are sector specific. The inter-cohort collaboration is evidenced by the partnerships established and the joint projects created as a result of the GE technical assistance grant.

When analyzing specific aspects of enterprise development, this analysis suggests that investment readiness and the justifiable ask are the most adaptable aspects of enterprise development, followed by impact metrics and mission statement. According to this analysis, an enterprise's business model appears to be the least malleable aspect of enterprise development by acceleration services. In order to maximize the impact that GSBI and other acceleration services have on enterprises, greater focus should be placed on the more malleable aspects of enterprise development. Although significant changes in business models were not reported, many social entrepreneurs reported feeling more comfortable articulating their business model to potential investors. This finding should not be disregarded as improving articulation of any aspect of an enterprise is important and will help entrepreneurs attain higher degrees of investment and overall success. While the structured curriculum and individualized mentorship aspects of the GE healthymagination Mother and Child Program performed as expected, it is the added program elements that truly increased the value of the healthymagination program for the participating entrepreneurs.

Based on program feedback, if future cohorts of the GE healthymagination Mother and Child Program occur, the purpose and expectations of GE should be more explicitly explained to the entrepreneurs to avoid any misunderstandings or confusion. However, the success of the GE healthymagination Mother and Child Program can inform future iterations of this program

or new GSBI accelerator programs. If possible, specialized, sector-specific cohorts or programs, in-person peer networking opportunities, and extended, collaborative funding opportunities should be made available in other GSBI programs. Overall, the GE healthymagination Mother and Child program stands as a successful example of an enterprise accelerator that has increased enterprise collaboration, developed the health enterprise ecosystem in Africa and helped move our society towards a more humane, just and sustainable world.

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Appendices

Appendix A: Methods

Interviews (N=8)

Enterprises were selected for interviews based on the recommendation of Marie Haller, the Program Manager for the GE healthymagination Mother and Child Program. She recommended enterprises from both cohorts that she believed had interesting connections with GE during or after the program, as well as enterprises who had notable success during or after the program.

With Marie's introduction, I contacted the recommended enterprises via email. 8 interviews were scheduled with representatives of the various enterprises for February 2018. Interviews took place using Skype or Zoom and lasted between 15 and 30 minutes. The interview guide used to conduct these interviews can be found in Appendix B.

Analysis of Enterprise Development (N=13)

To analyze enterprise development as a result of the GE healthymagination Mother and Child Program, I analyzed enterprise applications for cohort one of the program, videos and slide decks from the investor pitches at the SanKalp Africa Summit and enterprise investment profiles published on Miller Center's website. Only cohort one was analyzed because cohort 2 was still in progress. Upon request, Marie Haller, program manager for the GE healthymagination Mother and Child Program, provided me access to the enterprise's program applications and slide decks from the SanKalp Summit. Video recordings of the investor pitches are published on Miller Center's YouTube page and the investment profiles for each enterprise are published on the healthymagination section of Miller Center's webpage.

Appendix B: Interview Guide

Objectives:

- Understand and evaluate the effectiveness of the Miller Center/GE collaboration
- Understand what value said collaboration has produced for SEs
- Gather information necessary to craft a narrative of each SEs journey and the impact and influence Miller Center/GE has had on that journey

Cohort 1 Enterprises:

- Health-E-Net
- HewaTele
- LifeNet International
- Lwala Community Alliance

Cohort 2 Enterprises:

- Cedars Diagnostics
- Liberian Energy Network
- Sevamob
- Sisu Global Health

Interview Questions:

- How did you hear about the opportunity to become involved in the Miller Center/GE healthymagination cohort?
- In what ways has this program supported your social enterprise's projects and initiatives?
- What has been the most valuable part of your interactions with the healthymagination program?
- Is there anyone on the GE or GSBI team who has proved particularly helpful to you? In what ways?
- What business growth or capacity development have you seen in your enterprise since working with GE/Miller Center?
- In what ways has working with the Miller Center/GE improved your access to:
 - Partnerships?
 - Investors?
- Do you hope to continue collaborating with Miller Center/GE in the future? What would you like that collaboration to look like?

Appendix C: Enterprise Analysis Tables

Appendix C: Enterprise Tables

	Table 1: Access Afya			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)¹	To be the first access point for health for the 8 million people living in Kenya's informal settlements	<ul style="list-style-type: none"> For profit, revenue Providing services (PHC and school programs). Target market: urban residents of informal settlements, casual workers or small business owners. Activities: Prevention, management and coordination of PHC 	<ul style="list-style-type: none"> Kenya, 1 Nairobi slum. Measured by anecdotes, customer care follow up, surveys and focus groups. Reached >10,600 people through 2 microclinics 	<ul style="list-style-type: none"> Private investors (equity) Grants (corporate, government, foundations, Grand Challenges Canada) Seeking \$500,000 in equity, \$10,000 in grants
Time 1²(SanKalp)	Creating access to quality healthcare for the global mass market through sustainable care models	<ul style="list-style-type: none"> \$3-4 per patient visit. Field care (schools, faculty, churches) and networked clinics (larger clinic with advanced lab). Focus on quality, tech driven efficiency, point of care diagnostics, strategic partnerships and field care. One stop shop, good clinical outcomes, affordable care. Patient-centric one-stop-shop for health and hygiene. 	<ul style="list-style-type: none"> 3 clinics 19,000 patients served 93% self reported patient improvement 4.2/5 customer satisfaction. 	<ul style="list-style-type: none"> Raised \$1.35 million but trying to raise \$2 million in series A funding. Plan to expand field programs. Short term goals are fully funded. But looking for future funders interested in this type of model.
Time 2 (February 2018)	N/A	N/A	N/A	N/A

¹ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

² "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFApFZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

Table 2: Azyh

	Table 2: Azyh			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)³	To bring simplicity and dignity to women's health. We do this by transforming access to life-saving, life-changing products	<ul style="list-style-type: none"> • For profit, revenue, • Primary market: other businesses and institutions. • Develops and distributes low-cost, appropriate technology designed to meet unique reproductive, maternal, newborn, child, adolescent needs 	<ul style="list-style-type: none"> • Headquarters in India, scaling to Africa. • Sold 250,000 clean birth kits, impacting 500,000 lives. • Measures impact through cost consequence analysis 	<ul style="list-style-type: none"> • Grants and debt • Seeking \$2 million in equity
Time 1 (SanKalp)⁴	<p>Our mission is to bring simplicity, dignity, access to over 1 billion women and girls around the globe.</p> <p>Bring simplicity and dignity to women's health worldwide</p>	<ul style="list-style-type: none"> • Low cost, high quality health products providing cleanliness and sterility. • Kit style interventions. • Sustainable and scalable model. • Janma clean birth kit • Deliver products and partnerships 	<ul style="list-style-type: none"> • 1.5 million lives impacted • 4,000 care providers trained • 20 countries with product delivered • Over 300,000 products sold 	<ul style="list-style-type: none"> • Break even in 2021 • Seeking \$200,000 in grant funding to scale Tanzania and Kenya • Seeking \$4 million in convertible debt to develop operations in 11 East African countries over 4 years
Time 2 (February 2018)	N/A	N/A	N/A	N/A

³ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

⁴ "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFApFZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

Table 3: Health Builders International

	Table 3: Health Builders International			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)⁵	Health Builders strengthens the management of health systems and builds health care infrastructure	<ul style="list-style-type: none"> • Non-profit • Target: other businesses and institutions. • Management training at health centers, health facility construction 	<ul style="list-style-type: none"> • Headquarter: Rwanda. Work in 8 districts. • Trained staff at 100 health centers that serve a population of 2.5 million • Built 8 facilities serving 170,000 people • Impact measured through management performance evaluations, national health statistics 	<ul style="list-style-type: none"> • Grants from foundations (Pace, GE, Deerfield, Segal Family, Kate Spade). • Seeking \$2.5 million in grants for construction and operation of 2 health centers
Time 1 (SanKalp)⁶	Strengthening management of health systems and building health care infrastructure.	<ul style="list-style-type: none"> • Non-profit (contributed income). • Working with PHC systems (admin and health providers) and mentoring them in the management of those facilities and services. • Provides mentorship and guidance to health center staff, ensuring they have the management and technical skills to run efficiently and cost-effectively. • Services offered by clinics: Health education, CHWs, outpatient/consultation, communicable and non-communicable diseases, curative care, maternal and child health, nutrition, mental health, hospitalization, lab, pharmacy, ambulance. 	<ul style="list-style-type: none"> • 2 million individuals with improved access • 225,000 accessing new facilities • \$1.8 million in value savings across 89 health centers 	<ul style="list-style-type: none"> • \$8 million over 3 years in contributed income or public-private subsidy contracts to increase patient visits across all services and increases funds available to health centers. • 5 newly constructed health centers and over 120 health centers mentored. • Want to expand outside Rwanda.
Time 2 (February 2018)	N/A	N/A	N/A	N/A

⁵ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

⁶ "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFAPfZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

Table 4: Health-E-Net Limited

	Table 4: Health-E-Net Limited			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)⁷	Improve quality of and access to healthcare for underserved population	<ul style="list-style-type: none"> Hybrid model, revenue Target: other businesses and institutions Remote medical consultations, quality improvement services 	<ul style="list-style-type: none"> Kenya, 2 districts. 	<ul style="list-style-type: none"> Grants (government) Seeking \$500,000 in grants to develop in-country networks. Extend into another country (Ethiopia). Prepare for Series A funding
Time 1 (SanKalp)⁸	Supporting high quality healthcare delivery in Africa	<ul style="list-style-type: none"> Medical documentation Access to specialists Paper EMR, Gabriel tele-consultations. 	<ul style="list-style-type: none"> Paper EMR: >400 pts each month, 10 clinics in Nairobi's slums. Gabriel tele-consultations: >50 teleconsultations, >200 people, >20 facilities in Turkana, Kenya 	<ul style="list-style-type: none"> \$250,000 to accelerate technology development and expand in Kenya. Hope to impact over 1 mil lives
Time 2 (February 2018)⁹	X	<ul style="list-style-type: none"> New partnerships: Collaboration with LifeNet International and Cedars Diagnostics. Hired new staff 	X	GE technical assistance grant with LifeNet

⁷ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

⁸ "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFAPfZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

⁹ Interview conducted with enterprise representative. See Appendix B for interview guide

	Table 5: Hewa Tele			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)¹⁰	To provide a regular supply of medical oxygen at affordable rates to reduce delays in emergency healthcare	<ul style="list-style-type: none"> For profit, revenue, Mix of partnership and operation agreements, training people. Target: Other businesses and institutions. Product: Medical Oxygen and Oxygen Training 	<ul style="list-style-type: none"> Kenya: 8 counties, 4 million people, 35 facilities. Serves 40 facilities over 4 countries (100,000 people). Has trained 30 health care providers (2,160 people). Impact measured by collecting customer consumption data, quantitative and qualitative studies 	<ul style="list-style-type: none"> Grants (GE Foundation). Seeking \$2 mil in equity (2 plants in Kenya). Seeking \$500,00 in grants (establish 5 depots and purchase more cylinders to increase geographic area)
Time 1 (SanKalp)¹¹	To provide reliable and affordable life-saving medical oxygen	<ul style="list-style-type: none"> Hub and spoke distribution model governed by public-private partnership. Improve O2 supply, train health workers, sustainable business model 	<ul style="list-style-type: none"> Reached at least 3 million people 50 public and private facilities in 5 counties. Trained 150+ healthcare workers. Increased access to safe surgery by at least 30%. 90% of customers are satisfied 	<ul style="list-style-type: none"> Seeking \$2 million in convertible debt or grant to set up new plants and expand geographic reach. Public-private partnerships to reduce the risk of investment
Time 2 (February 2018)¹²	X	<ul style="list-style-type: none"> Refined their business model so it could be bankable Opened 2 new O2 plants 	X	<ul style="list-style-type: none"> More confidence Better ability to see who would be good partners/funders

¹⁰ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

¹¹ "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFApFZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

¹² Interview conducted with enterprise representative. See Appendix B for interview guide

Table 6: LifeNet International

	Table 6: LifeNet International			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)¹³	Transform African health centers to provide quality, sustainable care.	<ul style="list-style-type: none"> • Non-profit • Target: other businesses and institutions • Medical and management training, pharmaceutical delivery, growth financing 	<ul style="list-style-type: none"> • Burundi (all provinces), Uganda (3 regions), DRC (2 areas). • Seen over 2 million people in partner health centers that received LifeNet training. • Impact metrics collected through MOST (most significant change) methodology data, quality assessments for health facilities to measure quality improvement. • Use data from MOH forms that is uploaded to Salesforce 	<ul style="list-style-type: none"> • Grants (Foundations) • Seeking \$1.45 million in grants (expansion in Uganda, Burundi and Congo)
Time 1 (SanKalp)¹⁴	Transforming African health centers to provide quality, sustainable care	<ul style="list-style-type: none"> • Provides bundle of services for rural health centers that improve the quality of clinical care and improve the sustainability of them as businesses. • Medical training, management training, pharmaceutical and equipment supply program, loan program 	<ul style="list-style-type: none"> • Quality score card measure, adherence to international best practices, continuous assessment of partner performance. • 48% improvement in nurses regularly washing their hands • 50% increase in growth chart used for every child • 49% improvement in nurses explaining newborn risk assessment • 81% increase in nurses following guidelines for neo-natal resuscitation. • 3 countries, 90 health centers, 1 million+ patient visits, 48 team members. • Has doubled the quality of care delivered at partner health systems since inception 	<ul style="list-style-type: none"> • 2017 funding gap: \$350K. • Funding opportunities: <ul style="list-style-type: none"> ○ \$500,000 in growth financing fund ○ \$450,000 for 40 additional health centers ○ \$250,000 for validation study ○ \$150,000 for new country start up, 10 health center footprints ○ \$50,000 for capacity building
Time 2 (February 2018)¹⁵	X	<ul style="list-style-type: none"> • Depth of curriculum into the business model and financials during GSBI helped them refine their business model and gain confidence in explaining it. • Working on strategies planning initiatives and creating protocols to develop and integrate paper EMR into their systems. 	X	More confident in talking with potential investors

¹³ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

¹⁴ "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFApFZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

Table 7: Lwala Community Alliance

	Table 7: Lwala Community Alliance			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)¹⁶	Drastically decrease maternal and infant mortality in rural Kenya	<ul style="list-style-type: none"> • Non-profit • Target: individual customers. • Individuals tracked by community health workers (CHWs), safe deliveries, patient visits. 	<ul style="list-style-type: none"> • Kenya, 3 counties. • Individuals reached by CHWs=39,410 • Safe deliveries=4,843. • Patient visits: 48,000. • Measured through storytelling and videos (customer and patient stories through print, photos and videos). • Salesforce customer relationship management system. • Annual household survey. • Trying mobile data collection, pilot site for Kenya EMR 	<ul style="list-style-type: none"> • Grants (corporate, foundations), government, user fees. • Seeking \$900,000 in grants to build "systems change team" for Migori county
Time 1 (SanKalp)¹⁷	Drastically decrease maternal and infant mortality in rural Kenya	<ul style="list-style-type: none"> • Community led health: employ and train traditional birth attendants to be CHWs. Track every pregnant mother, child under 5 and person living with HIV. • Engage communities to drive their own health solutions and hold local healthcare systems accountable. • Drive down maternal and child mortality. • Create links between communities and formal health systems. 	<ul style="list-style-type: none"> • 97% skilled delivery rates • 80% completion of prenatal visits • 300% increase in contraceptive update • 94% immunization coverage • 85 CHWs cover 30,000 people. • 5000 children enrolled 	<ul style="list-style-type: none"> • Seeking \$1 million over 36 months • Want to scale to 1 million people over in next few years. • Codify and develop program, show proof of concept. • Increase # of facilities, people served, % skilled delivery, % immunization rates
Time 2 (February 2018)¹⁸	X	Working on consolidating and refining financial strategies. Refining value prop and growth strategies during GSBI brought clarity. Currently hiring new people and developing quality improvement protocols	X	Feel more comfortable identifying who would be good partners or investors

¹⁵ Interview conducted with enterprise representative. See Appendix B for interview guide

¹⁶ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

¹⁷ "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFApFZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

¹⁸ Interview conducted with enterprise representative. See Appendix B for interview guide

Table 8: Nurture Africa

	Table 8: Nurture Africa			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)¹⁹	An African Society where vulnerable children and their families enjoy their basic rights and live to their full potential	<ul style="list-style-type: none"> • Non-profit • Target: individual customers • Activities: Primary Health Care, HIV services, Antenatal, Education support services, HIV testing 	<ul style="list-style-type: none"> • Uganda. 1 district. • Measures through storytelling and videos, special surveys and studies, SMS, most significant change stories 	<ul style="list-style-type: none"> • Grants (government, foundation, volunteer fees). • Seeking \$1 million in grants to construct maternity hospital and running costs for 3 years
Time 1 (SanKalp)²⁰	Empowering vulnerable families in Africa	<ul style="list-style-type: none"> • Holistic model: health, education, finances to empower vulnerable families. • Transitioning from philanthropy model to earned income model. • Phase 1: pilot projects (financial model for health services, cross subsidy model & financial model for extending microfinance loans) 	<ul style="list-style-type: none"> • Health: 10 years of service, 20,000 clients a year. • Financial services: 10 years of service, 800 guardians supported/year, 90% pay back rate. • Education: 10,000 children a year 	<ul style="list-style-type: none"> • \$150,000 in impact investment: <ul style="list-style-type: none"> ○ \$70,000 for healthcare (facilitate cross subsidy development, streamline payment system, increase client base) ○ \$80,000 for finances (facilitate current clients with further loans)
Time 2 (February 2018)	N/A	N/A	N/A	N/A

¹⁹ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

²⁰ "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFApFZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

Table 9: Outreach Medical Service Nigeria

	Table 9: Outreach Medical Service Nigeria			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)²¹	Save the lives of One Million Vulnerable (babies, children, pregnant women and elders) by 2020.	<ul style="list-style-type: none"> For profit, revenue. Target: individual customers/people. Activities: Pediatric, neonatal and maternal services, school health service 	<ul style="list-style-type: none"> Nigeria Customer relationship management data. 62,000 pediatric 1800 neonatal 300 maternal 2200 children in school health program 	<ul style="list-style-type: none"> Equity (self) Seeking \$1 million in debt to invest in operational infrastructure and med equipment. Seeking \$2 million in equity to invest in strengthening corporate governance and human resource for health quality. Seeking \$1 million in grants to invest in R&D. Seeking \$1 million in gifts to invest in R&D
Time 1 (SanKalp)²²	Creating high impact acute care solution for children in Nigeria	<ul style="list-style-type: none"> Saving babies by training and supporting existing private sector health systems, saving babies by growth of Outreach advanced centers. Unlocking potential in private clinics and the community. Early presentation of sick babies, improved access to standardized care --> improved economic productivity in Lagos, decreased morbidity and mortality 	<ul style="list-style-type: none"> 65,900 sick children saved between 2010 and 2016. 1300 sick neonates seen over a 6-year period. Over next 5 years: 150 enhanced hospitals, >30,000 trained health care workers, >300,000 sick babies saved 	<ul style="list-style-type: none"> \$468,000 (setting up a training center and maintaining operations to break even). \$100,000 in grant for training equipment
Time 2 (February 2018)	N/A	N/A	N/A	N/A

²¹ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

²² "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFApFZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

Table 10: Purple Source Healthcare

	Table 10: Purple Source Healthcare			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)²³	Optimize the operational and clinical processes of primary care providers to deliver quality care affordably to patients.	<ul style="list-style-type: none"> • For profit, revenue • Target: other businesses and institutions. • Integrates primary care providers into a single network, optimizes their financial, operational and clinic processes. • Help deliver quality, affordable care to women and children. • Integration of clinics and optimization of financial, operational and clinical processes. • Community outreaches 	<ul style="list-style-type: none"> • Nigeria. 1 district. • Integrated operations of 7 clinics • Provided treatment to 32,000 people. • Impacted 500 people through community outreaches • Measured through customer relationship management data, surveys and studies and SMS/mobile methods 	<ul style="list-style-type: none"> • Debt (corporate) • Seeking \$4.5 million in equity for network expansion, medical equipment, technology infrastructure and human resources + working capital. • Seeking \$500,000 in grants for capacity development, marketing and patient engagement
Time 1 (SanKalp)²⁴	Improving access to world-class quality affordable primary healthcare services in Nigeria (Improving access to quality, affordable healthcare services in Nigeria)	<ul style="list-style-type: none"> • Primary care networks. • High quality, patient-centered, prices within affordability threshold. • Centralized procurement of high quality inputs, provide hassle-free links with hospitals, negotiate favorable contracting terms. • Decrease the cost of inputs and improve efficiency and outputs. 	<ul style="list-style-type: none"> • Acquired Mt Sinai group, • 7 clinics in Lagos • 60,000+ patient visits, • 1400 antenatal visits 	Seeking \$200,000 in grants or convertible debt to validate our model and prepare for scale
Time 2 (February 2018)	N/A	N/A	N/A	N/A

²³ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

²⁴ "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFApFZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

Table 11: Shanti Uganda Society

	Table 11: Shanti Uganda Society			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)²⁵	The Shanti Uganda society improves infant and maternal health, provides safe women-centered care and supports the well-being of birthing mothers and women living with HIV/AIDS in Uganda.	<ul style="list-style-type: none"> • Non-profit, but organizational programs are for profit. • Midwifery school: pre-revenue. • Target: individual customers. • Trains and educates midwives in a holistic, collaborative care midwifery model. • Full service birth house, midwifery school 	<ul style="list-style-type: none"> • Uganda, 1 district. • Birth house=27,650. • Midwifery school: 1,112,500. • Impact measured through blogs, newsletters, annual reports. • Surveys and studies (community meetings, M&E, tri-annual reports, district reports). Monthly birth house stats 	<ul style="list-style-type: none"> • Grants (foundation), individual donors. • Seeking \$500,000 in "Other" (gifts, grant or unrestricted fund) to build, establish curriculum, staff and run midwifery school. • Can help become profitable in 4 years
Time 1 (SanKalp)²⁶	Improving maternal and infant health throughout East Africa	<ul style="list-style-type: none"> • Birth house with Mother-centered care • Prenatal education, yoga • family planning • community garden program, • health education workshops for teams. • Creating Midwifery school: 2.5-year certified training program, provide quality trained midwives throughout East Africa 	<ul style="list-style-type: none"> • Luweero district of Uganda. • Supported over 1000 births with maternal mortality rate of 0. • 3056 parents have been tested for HIV, reducing mother to child transmission. • 15 Ugandan staff employed. • Average of 7 prenatal appointments 	Seeking \$500K in grant funding: <ul style="list-style-type: none"> • \$300,000 to construct midwifery school and build curriculum • \$200,000 to bring operations to capacity and breakeven. • With this funding and tuition revenue we can break even by 2020
Time 2 (February 2018)	N/A	N/A	N/A	N/A

²⁵ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

²⁶ "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFApFZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

Table 12: Telemed Medical Services/Hello Doctor

	Table 12: Telemed Medical Services/Hello Doctor			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)²⁷	To place immediate, reliable and affordable healthcare into the hands of people.	<ul style="list-style-type: none"> • For profit, revenue. • Target: individual customers/people. • Phone and web based medical advisory, tele-consultation and remote monitoring services. Consultations, educational articles 	<ul style="list-style-type: none"> • Ethiopia • 36,907 consultations which impacted 30,000 individuals • Published 100 medical articles read by over 860,000. • Measure impact through customer relationship management data, surveys and studies, SMS/mobile methods 	<ul style="list-style-type: none"> • Equity (self, friends), • Grants (business competition, foundation). • Seeking \$300,000 in equity and \$200,000 in grants
Time 1 (SanKalp)²⁸	To place reliable healthcare into the hands of Ethiopians	<ul style="list-style-type: none"> • Phone & Video Consultation services • Patient-centered engagement and tracking services • Automated SMS/voice follow up services. • Clients can pay using mobile money or airtime credit. • Healthcare payers (like insurance and employers can subscribe) 	<ul style="list-style-type: none"> • Ethiopia • 80,000+ consultations, • 20,000+ consultations in priority health areas including MCH and taboo health issues. • 50,000+ individual lives touched • 35+ medical doctors in network • 95%+ customer satisfaction • \$250,000 in health spending saved. • Return on average \$3 to client's pockets in savings 	<ul style="list-style-type: none"> • Seeking \$500,000 in equity and \$100,000 in grants to impact 1 mil individuals and become financially sustainable. (\$250,000 will be given to strategic initiatives, \$350,000 for operational capital). • Want to build up video platform, expand team and geographic reach
Time 2 (February 2018)	N/A	N/A	N/A	N/A

²⁷ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

²⁸ "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFApFZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

Table 13: Village Hopecore International

	Table 13: Village Hopecore International			
	Mission	Business Model	Impact Metrics	Investment Readiness
Time 0 (GSBI Application)²⁹	Transforming lives through enterprise, health and education	<ul style="list-style-type: none"> • Non-profit. • Provide microloans, business education, health education and health support with an emphasis on HIV/AIDS, malaria, and mother/child wellness. • School-based mobile clinics, loans, mosquito nets, clean drinking water systems, handwashing stations. 	<ul style="list-style-type: none"> • Kenya. 3 districts. • School-based mobile clinics (40,000), loans (2500), mosquito nets (9000), clean drinking water systems (40,000), handwashing stations (40,000). • Impact measured through success stories of clients, regular surveys, feedback sessions with mothers and clients 	<ul style="list-style-type: none"> • Grants (foundations, private investors). • Seeking \$40,000 in equity • Seeking \$500,000 in grants to expand loan programs and maternal and child health program
Time 1 (SanKalp)³⁰	Eradicating poverty in Africa, beginning in Kenya	<ul style="list-style-type: none"> • 501(c) 3 registered in US and Kenya. • Annual operating budget of \$600,000. • Staff=50, • Operating in 516 villages. • Services: clean water systems and hand hygiene for schools, maternal and under 5 health, school-based child health, micro-enterprise program, community outreach, sexual and reproductive health, 24 hours health advice phone line 	<ul style="list-style-type: none"> • Operating in 516 villages. • >18,500 mosquito nets distributed • >45,000 children given health education, clean drinking water and soap, • >8,000 mothers educated on caring for children under 5 • >3,000 clinical services provided to children under 5 and their mothers • >1000 mothers received family planning 	<ul style="list-style-type: none"> • Seeking \$1.2 million in grant funding over 5 years • 2017 budget: \$50,000 funding gap
Time 2 (February 2018)	N/A	N/A	N/A	N/A

²⁹ GE healthymagination Mother and Child Program Application. Access granted by Marie Haller (Program Manager)

³⁰ "GE Healthymagination 2016-17 Cohort 1 Final Presentations." *YouTube*, Miller Center, 2017, www.youtube.com/playlist?list=PLTFApFZek1zpi57c1tZ-D1v08Y3VKwoTE. Access to slide decks granted by Marie Haller (Program Manager)

Table 14: Summary				
	Mission	Business Model	Impact Metrics	Investment Readiness
Access Afya	X		X	X
Ayzh	X		X	X
Health Builders International			X	X
Health-E-Net Limited	X		X	X
Hewa Tele Ltd	X		X	
LifeNet International			X	X
Lwala Community Alliance			X	X
Nurture Africa	X	X	X	X
Outreach Medical Service Nigeria, Ltd	X			X
PurpleSource Healthcare	X			X
The Shanti Uganda Society	X		X	
helloDoctor / Telemed Medical Services			X	X
Village HopeCore International	X			X
Total # of enterprises demonstrating change	9	1	10	12
Percentage of enterprises demonstrating change	69%	8%	77%	92%