



Impact Genome Scorecard® Pilot

October 2016



IMPACT GENOME
PROJECT®



How to Read the Grant Program Scorecards

Impact Genome Scorecard®
MASS Design Group

Organization Overview		Key Impact Metrics	
Organization Name: MASS Design Group Top Social Issue: Health Year Founded: 2010		Primary Organization Outcome: Design, New and Improved Products/Services/Solutions Attainment of this outcome is defined by achieving any of the following criteria within the past year: <ul style="list-style-type: none"> Products/Services/Solutions deliver positive social outcomes: <ul style="list-style-type: none"> At a greater scale than was previously possible More efficiently than was previously possible More effectively than was previously possible 	
Program Overview		Self-Reported Data	
Program Type: Innovation, Direct Service, Advocacy, Research & Analysis Program Budget: \$450,000		5. Work with local governments and implementing partners to integrate design changes as larger scale systemic efforts 6. Efficiency – they increased organizational efficiency through partnerships and opportunities with Lenovo and Autodesk 7. Effectiveness – qualitative data shows MASS improved the classroom environment through their Mubuga Primary School project as opposed to pre-existing classrooms	
Description		Resulting Social Outcome: Improve Health and Well-Being	
MASS Design Group is a nonprofit architectural firm committed to social impact through building and advocating for design that promotes health, justice, and human dignity. They design innovative buildings that amplify their partner's missions and improve people's lives, investigate the impact of buildings on individuals, organizations, and communities, advocate for a movement that demands more from architecture and empower emerging design leaders with their methodology.		Attainment of this outcome is defined by achieving any of the following criteria within the past year: <ul style="list-style-type: none"> Beneficiary population that has been successfully treated for a disease or condition Beneficiary population that has reduced incidence of a disease or condition due to preventive measures in place Beneficiary population that experiences improved quality of life 	
Program Reach		Self-Reported Data	
Total Reached: N/A – MASS Design Group does not have access to the confidential healthcare provider data collected by their service providers and by their service users on the # of patients and by their service users.		N/A MASS is unable to report on the outcome of 'Improve Health and Well-Being' due to not having access to confidential patient data collected by their healthcare partners. They are currently working on a long-term internal impact evaluation that will start to collect more granular data from these partners.	
Engagement		Additional Self-Reported Data: Unique Program Contribution Level	
MASS works with nonprofit organizations, government organizations, and private local craftsmen, and mentors young designers.		Extent to Which Program Claims Responsibility for Impact on Beneficiaries: Incidental → Solely Responsible	
Location		Mission Measurement Analysis	
Geographic Context: Programming primarily in rural contexts with little operation in urban and suburban contexts.		Confidence Level: Strong 6. MASS Design Group provided qualitative / anecdotal evidence to impact on their aligned outcome. This data was collected within the past year and is consistent or increasing year over year. They are in the process of submitting the results to be published in a peer reviewed journal.	
Demographics: Top Beneficiary Groups		Confidence Level	
Poor, Economically Disadvantaged: 4 At-Risk Population: 4 Non-Profits: 4 People with Physical Health Conditions: 4 Females: 4 Males: 4		Strength of Evidence: Strong Specifically, MASS conducted a qualitative evaluation (pre-post interview) of their Mubuga School Project. The findings showed that teachers reported that more time was spent teaching and the students were more engaged in learning in the newly designed classrooms. See back for more information.	
Demographics: Additional Beneficiary Groups		Genomic Profile (Beta)	
Poor, Economically Disadvantaged: 4 At-Risk Population: 4 Non-Profits: 4 People with Physical Health Conditions: 4 Females: 4 Males: 4		Dominant Program Features: <ul style="list-style-type: none"> Design and deliver impactful buildings that improve people's lives Leverage the innovation process to invest in communities and build local capacity Research innovative and best practices, demonstrate the impact of good design, and create tools for improving the design process Advocate for a greater demand for impactful design, and disrupt/expand the model of architectural practice Train and empower new generations of impact-driven designers 	
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MASS Design Group

Additional Information Provided		High Level Social Impact Areas Targeted	
Additional Beneficiary Characteristics / Reach Information: MASS is using ways to more systematically assess data collected by their partners (including building user reach metrics such as # of people reached). Additionally, MASS is seeking funding to conduct more in-depth studies and investigate the impact of design on user satisfaction and project-based outcomes.		7. Housing: Affordable Housing, Community Development, Business & Industry, Education & Learning, Environment, Health, Agriculture & Nutrition, Youth Development 8. Health: Ethnic Group/ Rights & Racial Equity, Community Economic Development, Community Renewal, Climate Change, Neighborhood Revitalization, Literacy & Secondary Education, Affordable Housing 9. Education & Learning: Libraries, Post Secondary Education, Civic Change, Natural Resources Conservation & Protection, Water Pollution Control, Public Health	
Detailed Location Breakdown		Sample Specific Social Impact Areas Targeted	
MASS is in the process of building an internal impact tracking initiative to capture, analyze, and disseminate the impact of their work. Over the next year, MASS will be working to develop methodologies and tools to more consistently document, organize, and share qualitative and quantitative data collected, as well as leverage data, stories, and insights to substantiate their design hypotheses and inform future work.		10. Health: Ethnic Group/ Rights & Racial Equity, Community Economic Development, Community Renewal, Climate Change, Neighborhood Revitalization, Literacy & Secondary Education, Affordable Housing 11. Education & Learning: Libraries, Post Secondary Education, Civic Change, Natural Resources Conservation & Protection, Water Pollution Control, Public Health	
Additional (Efficacy/Evidence) Information		Additional Data Provided	
MASS is in the process of building an internal impact tracking initiative to capture, analyze, and disseminate the impact of their work. Over the next year, MASS will be working to develop methodologies and tools to more consistently document, organize, and share qualitative and quantitative data collected, as well as leverage data, stories, and insights to substantiate their design hypotheses and inform future work.		11. African and international students recruited and enrolled in the African Design Centre program 12. African and international students recruited and enrolled in the African Design Centre program 13. African and international students recruited and enrolled in the African Design Centre program	
Additional Product Information		Climate Comments	
For the past year, MASS has worked to better integrate their design, research, and advocacy work. They also worked to test and strengthen their expanded structural practices, from project visioning to planning and stakeholder engagement, design, construction, and evaluation.		MASS will continue to leverage the building environment to improve health and wellbeing, but also education, equity, and social justice. Its projects are designed to improve health and wellbeing, but also education, equity, and social justice. In addition to their design and construction projects, MASS is also working to improve the impact of their work through research, advocacy, and training initiatives. Measuring the impact of such a wide range of projects is challenging and difficult to condense into a single metric or number. As MASS seeks to build out its impact tracking capacity as a firm, it will be investigating ways to better capture the depth and breadth of the work it does.	
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Each grant program scorecard contains the following information:

- 1. Organizational Overview** – Provides a brief overview of the grantee organization.
- 2. Program Overview** – Provides a brief overview of the grant program, including budget and program description.
- 3. Program Reach** – Provides data on the reach of the grant program's activities in terms of individuals (e.g., children) and locations (e.g., particular countries) reached, as well as a description of how beneficiaries engage in programming.
- 4. Program Demographics** – Profiles the population served by age, socio-economic status, minority status, and civil status.
- 5. Outcome Profile** – Describes the outcome aligned to the grant program and assesses the level of evidence present in grant reporting to suggest the grant program has achieved its intended outcomes. An evidence quality rating is also provided to describe the caliber of the data grantees provided in the Scorecard Survey. *These scales are described on the following page.*
- 6. Analysis and Insight** – Provides high-level analysis on the data provided to support achievement of outcomes.
- 7. Social Issue Map** – Displays all the high-level social impact areas targeted by the program, in addition to highlighting several specific sub-areas within those broader areas.
- 8. Additional Beneficiary Characteristics/ Reach Information** – Gives additional detail about the program's beneficiaries and more information on its reach and target markets.
- 9. Detailed Location Breakdown** – Details all the states and countries the program reaches.
- 10. Additional Efficacy/Evidence Information** – Provides details of the program's efficacy and methods of evidence gathering.
- 11. Additional Data Provided** – Lists additional key performance metrics that the grantee provided.
- 12. Additional Engagement Level Information** – Describes the procedures, frequencies, and durations associated with client engagement.
- 13. Additional Product Information** – Provides an in-depth account of the program's products, services, solutions and their outcomes, if applicable.
- 14. Grantee Comments** – Includes any comments grantees submitted with their survey.

How to Read the Grant Program Scorecards

What is the purpose of the “Confidence Level” rating? The “Confidence Level” rating allows standardization of the reporting across grants. It assumes that every grantee should be able to produce appropriate evidence to support the achievement of its intended outcomes.

What components are analyzed for the “Confidence Level” rating?: The “Confidence Level” rating assesses the quality of the measurement practices utilized by grantees and whether the evidence provided is substantial enough to support impact. The rating analyzes the following components:

- **Research Design:** In determining the research design, we look to see the methods used to collect the reported data. The range of validity goes from weak (e.g., qualitative observations, performance metrics) to strong (e.g., pre-post surveys, randomized control studies).
- **Evidence Collection Characteristics:** In determining the evidence collection characteristics, we look to see how the reported data was collected. The types of characteristics assessed are the recency of the data collection, the comprehensiveness of the data sample, consistency of the results, the publication of the data, and whether or not a third-party collects the data.

How is the “Confidence Level” rating determined?

The rating is characterized by the following scores:

1. **Strong** – The grantee provided substantial evidence that confidently shows the grant had a positive impact on the aligned outcome or that the grantee model is effective. For a strong rating, grantee data is often consistent year-to-year, collected recently, is collected by a third-party, published, and/or is inclusive of all the grantee’s participants. This data is often collected via pre/post surveys, point-in-time studies, or independent evaluations.
2. **Moderate** – The grantee provided modest evidence that shows that the grant has positive impact on the aligned outcome. This includes scenarios where the grantee reported positive impact on the outcome but did not provide substantial evidence to back the claim. For a moderate rating, grantee data is often inconsistent and/or lacking detail or rigor. This data can be in the form of qualitative/anecdotal observation, performance metrics, descriptive statistics, or pre/post surveys.
3. **Weak** – The grantee provided limited data that does not definitively show that the grant has positive impact on the aligned outcome. This data is often in the form of qualitative/anecdotal observation or output metrics.

How is the efficacy rating determined for the outcome of “Design New and Improved Products/Services/Solutions?”

1. **High** – The grantee provided evidence, either qualitative or quantitative, that their product/service/solution achieved all of the following: greater scale, efficiency, and effectiveness than was previously possible.
2. **Medium** – The grantee provided evidence, either qualitative or quantitative, that their product/service/solution achieved one or two of the following: greater scale, efficiency, and effectiveness than was previously possible.
3. **Low** – The grantee did not provide any evidence on the value of their product/service/solution.

What do the Harvey balls refer to in the “Demographics: Top Beneficiary Group” section?

- The grantee stated that >90% of their program population is made up of the beneficiary group
- ◐ The grantee stated that 51-90% of their program population is made up of the beneficiary group
- ◑ The grantee stated that 20-50% of their program population is made up of the beneficiary group

D-Rev

Organization Overview

Organization Name	D-Rev
Top Social Issue Area(s)	Health International Development, Foreign Affairs & National Security Focus Science & Technology
Year Founded	2007

Program Overview

Program Type	Innovation
Program Budget	\$1,600,000

Description

D-Rev is a 501(c)(3) health technology company that focuses on addressing a critical inequality gap in complex global healthcare markets: access to quality, context-appropriate medical technologies that save lives and enable people to live longer, more productive lives. This approach of marrying cutting edge technology with affordability prompts greater competition in markets, resulting in greater choice in products, higher quality for patients, and the reduction of serious health conditions.

Program Reach

Total Reach	72,330 individuals
Target Market Size	15,000,000 individuals

Location



Geographic Context
Programming is primarily in urban contexts with few operations in rural and suburban contexts.

Demographics: Top Beneficiary Groups

Proportion of Program Population	
Poor, Economically Disadvantaged	●
People with Physical Health Conditions	●
Families	●
At-Risk Populations	●
Infants to Preschool (under age 5)	●

Key Impact Metrics

Primary Organization Outcome: Design New and Improved Products/Services/Solutions

Attainment of this outcome is defined by achieving any of the following criteria within the past year. Products/Services/Solutions deliver positive social outcomes:

- At a greater scale than was previously possible
- More efficiently than was previously possible
- More effectively than was previously possible

Self-Reported Data: Based on the Re-Motion Knee and Brilliance Products

Efficacy

High

Achieved Greater:

- **Scale** – existing devices (prosthetic knees) are 2-25x more expensive
- **Efficiency** – marketing and distribution partners enable efficiency
- **Effectiveness** – existing solutions (phototherapy) were 1/10 as effective

Resulting Social Outcome: Improve Health and Well-Being

Attainment of this outcome is defined by achieving any of the following criteria within the past year:

- Beneficiary population that has been successfully treated for a disease or condition
- Beneficiary population that has reduced incidence of a disease or condition due to preventive measures in place
- Beneficiary population that experiences improved quality of life

Self-Reported Data

72,330

Program Reach
of participants served

99.9%

Efficacy Rate
% participants achieving a positive outcome

72,323

Actual Outcomes
Total # participants achieving a positive outcome
(Program Reach x Efficacy Rate)

\$22

Cost per Outcome
Total Budget / Outcomes

Additional Self-Reported Data: Unique Program Contribution Level

Extent to Which Program Claims Responsibility for Impact on Beneficiaries



D-Rev relies on many partnerships to sell, distribute, install, manufacture, test, design, and implement their devices. D-Rev's key partnerships include Phoenix Medical Systems Ltd., logistics/manufacturing companies, governments, donors, hospitals, and clinicians.

Mission Measurement Analysis

Confidence Level

Strong

Moderate

Weak

Strength of Evidence

For the outcome of "Design New and Improved Products/Services/Solutions" D-Rev provided quantitative evidence that indicated that their products achieve greater scale and effectiveness than existing solutions, while sharing qualitative evidence about their increase in efficiency.

D-Rev leverages observational pre-post surveys/studies to support their stated impact on "Improve Health and Well-Being". Their evidence has been collected within the past year, is inclusive of all individuals they serve, and is consistent or increasing year-over-year.

With correct usage of the devices by clinicians and doctors, D-Rev's Brilliance phototherapy has shown to have 100% efficacy and their ReMotion Knees show that <5 % fail with 79% of amputees continuing to wear their devices after 6 months.

Genomic Profile (Beta)

Dominant Program Features

• Designs products in a user-centric way to increase usage	Importance to Program
• Designs reliable and cost-efficient products that are world-class in quality	●
• Leverages efficiency and scaling opportunities in product distribution	●
• Prioritizes access to care and improve health outcomes in new products	●
• Leverages past learnings to improve effectiveness and efficiencies over time	●

The data above was reported by D-Rev in September 2016.

Additional Information Provided

<p>Social Issue Map</p>	<ul style="list-style-type: none"> • Animal-Related • Arts, Culture & Humanities • Civil Rights, Social Action & Advocacy • Community Development, Business & Industry • Crime & Legal • Education • Employment • Environment • Food, Agriculture & Nutrition • Health <ul style="list-style-type: none"> • Assistive Technology Equipment Provision • Health Care Equipment & Supplies Provision • International Public Health/International Health • Maternal & Infant Care • Quality of Health Care • Housing • Human Services • International Development, Foreign Affairs & National Security <ul style="list-style-type: none"> • International Development • Mental Health, Substance Abuse • Public Safety, Disaster Services • Recreation & Sports • Religion • Science & Technology <ul style="list-style-type: none"> • Engineering & Technology • Youth Development
<p>Additional Beneficiary Characteristics / Reach Information</p>	<p>N/A</p>
<p>Detailed Location Breakdown</p>	<p>The program operates in Bangladesh, Belgium, Cambodia, Canada, Chile, Colombia, Cote d'Ivoire, the Dominican Republic, Ecuador, El Salvador, Ghana, Guatemala, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Jamaica, Jordan, Kenya, Lebanon, Liberia, Malawi, Malaysia, Mexico, Morocco, Myanmar, Nepal, Nicaragua, Nigeria, Oman, Pakistan, Peru, the Philippines, Sierra Leone, South Africa, the Syrian Arab Republic, Thailand, Tunisia, Turkey, Uganda, the United Arab Emirates, the United Republic of Tanzania, the United States (no specific state specified), Vietnam, and Zimbabwe.</p>
<p>Additional Efficacy/Evidence Information</p>	<p>All estimates are based only on confirmed installations of the device, derived from monthly installation reports received from D-Rev's partner, Phoenix Medical Systems. All ReMotion fitting reports are sent directly to D-Rev by clinics providing patients with ReMotion. By the end of 2017, D-Rev will have 3 to 4 additional studies underway measuring improvements in access to care and health outcomes as a result of their products, thereby providing even more up-to-date estimates.</p>
<p>Additional Data Provided</p>	<p>41 Countries where Brilliance is sold 19 Countries where ReMotion Knees are sold</p>
<p>Additional Engagement Level Information</p>	<p>D-Rev does not sell its products directly to its beneficiaries. Instead, D-Rev's customers are those who do procurement for hospitals and clinics: doctors, clinics, hospitals, health companies, governments, and donors. These entities may purchase multiple devices over time through repeat sales, however.</p> <p>Babies will be treated just once for neonatal jaundice, although a single machine may treat up to 500 babies. Amputees may be fit multiple times with a ReMotion Knee, but each ReMotion Knee is only used by one amputee.</p>
<p>Additional Product Information</p>	<p>D-Rev has designed and taken to market Brilliance and the ReMotion Knee — and begun work on New Product Development — because existing products/solutions were too expensive or too ineffective to close the gap in access to quality health care in target low-resource countries.</p> <p>In the past year, D-Rev's engineers and project managers employed the following best practices in their development of D-Rev's products: a user-centered approach, needs-finding, product landscape analysis, field work, consultation with experts, testing, prototyping, quality design and manufacturing processes (including CAPA, 5S), regulatory approvals and markings, and impact assessment.</p>
<p>Grantee Comments</p>	<p>N/A</p>

