Impact Genome Scorecard® Pilot

October 2016
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.
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
Impact Genome Scorecard®

D-Rev

Organization Overview

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>D-Rev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Social Issue Area(s)</td>
<td>Health International Development, Foreign Affairs &amp; National Security Focus Science &amp; Technology</td>
</tr>
<tr>
<td>Year Founded</td>
<td>2007</td>
</tr>
</tbody>
</table>

Program Overview

Program Type: Innovation

Program Reach

- Total Reach: 72,330 individuals
- Target Market Size: 15,000,000 individuals
- Geographic Context: Programming is primarily in urban contexts with few operations in rural and suburban contexts.

Additional Self-Reported Data: Unique Program Contribution Level

<table>
<thead>
<tr>
<th>Extent to Which Program Claims Responsibility for Impact on Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidental</td>
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</tbody>
</table>

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)

Mission Measurement Analysis

Confidence Level: Strong

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)

<table>
<thead>
<tr>
<th>Dominant Program Features</th>
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<tbody>
<tr>
<td>Designs products in a user-centric way to increase usage</td>
</tr>
<tr>
<td>Designs reliable and cost-efficient products that are world-class in quality</td>
</tr>
<tr>
<td>Leverages efficiency and scaling opportunities in product distribution</td>
</tr>
<tr>
<td>Prioritizes access to care and improve health outcomes in new products</td>
</tr>
<tr>
<td>Leverages past learnings to improve effectiveness and efficiencies over time</td>
</tr>
</tbody>
</table>

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

Social Issue Map

- Animal-Related
- Arts, Culture & Humanities
- Civil Rights, Social Action & Advocacy
- Community Development, Business & Industry
- Crime & Legal
- Education
- Employment
- Environment
- Food, Agriculture & Nutrition
- Health
  - 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
  - International Development
- Mental Health, Substance Abuse
- Public Safety, Disaster Services
- Recreation & Sports
- Religion
- Science & Technology
  - Engineering & Technology
- Youth Development

Additional Beneficiary Characteristics / Reach Information

N/A

Detailed Location Breakdown

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.

Additional Efficacy/Evidence Information

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.

Additional Data Provided

| 41 | Countries where Brilliance is sold |
| 19 | Countries where ReMotion Knees are sold |

Additional Engagement Level Information

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.

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.

Additional Product Information

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.

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.

Grantee Comments

N/A

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