USAID
FROM THE AMERICAN PEOPLE

CENTER FOR
INNOVATION
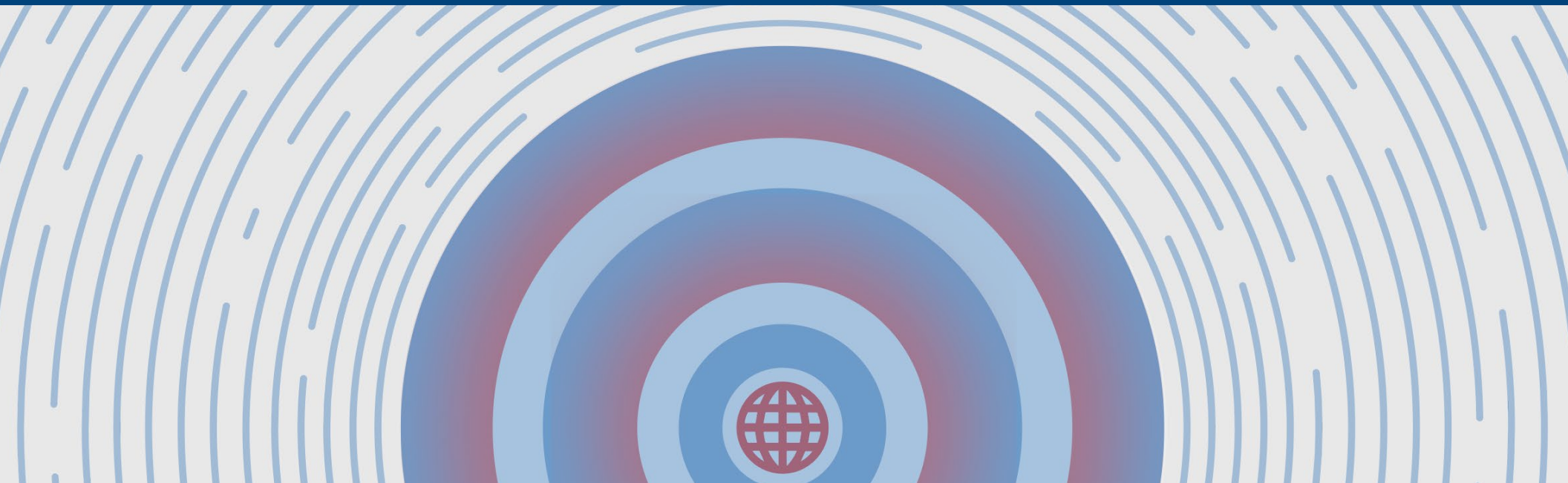AND **IMPACT**
USAID | Global Health

INNOVATION REALIZED:
Expanding the path to Health Impact

A guide to amplify global health innovation at USAID

USAID's **Center for Innovation and Impact (CII)** takes a business-minded approach to fast-tracking the development, introduction and scale-up of health interventions that address the world's most important health challenges. CII invests seed capital in the most promising ideas and novel approaches, using forward-looking business practices to cut the time it takes to transform discoveries in the lab to impact on the ground.

CENTER FOR
INNOVATION
AND IMPACT

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FOREWORD

To our Global Health Colleagues:

As we all know, the global health community has set ambitious goals—from preventing child and maternal deaths, to controlling the HIV/AIDS epidemic, to combating infectious diseases. And we've made so much progress. Whether it is a new treatment regimen or vaccine, an innovative financing partnership, or a novel service delivery approach, innovation has been a core part of our work for decades. But we also know our current trajectory will not take us to the ambitious goals we have set for ourselves, whether measured as the Sustainable Development Goals, the 90-90-90 targets in HIV, the FP2020 commitments, or many others.

We created *Innovation Realized: Expanding the Path to Health Impact* to take stock of our successes, more clearly define innovation in the context of USAID's global health work, and, most importantly, practically lay out ways that USAID staff can identify opportunities and then apply innovation to solve real problems in our work.

This resource has been co-developed with significant input from many colleagues in the field and across health offices, capturing best practices, dispelling myths, and highlighting examples of innovation in global health. However, we are offering this version as a working draft that we can collectively continue to refine and add to with more content and examples. As such, and as with all our work, we hope you put this guide to the test, provide us your feedback, and let us know how we at CII can be helpful to you in your work.

Thank you,

Center for Innovation and Impact
Bureau for Global Health, USAID

ACRONYMS

A&A: Acquisition and Assistance

ADS: Automated Directives System

AIDS: Acquired Immune Deficiency Syndrome

AMP Health: Aspen Management Partnership for Health

AOR: Agreement Officer Representative

APS: Annual Program Statement

BAA: Broad Agency Agreement

bCPAP: Bubble Continuous Positive Airway Pressure

CDCS: Country Development Cooperation Strategy

CLA: Collaborating, Learning and Adapting

COR: Contracts Officer Representative

CPARS: Contractor Performance Assessment Reporting Systems

DIB: Development Impact Bond

DIV: Development Innovation Ventures

FAA: Fixed Amount Award

FOG: Fixed Obligation Grant

FP: Family Planning

GC: General Counsel

GOF: Fixed Obligation Grant

ICS: Integrated Country Strategy

LDHF: Low-Dose High-Frequency

M&E: Monitoring and Evaluation

MCSP: Maternal and Child Survival Program

MEL: Monitoring, Evaluation, and Learning

MERLIN: Monitoring, Evaluation, Research, and Learning Innovations Program

MMR: Maternal Mortality Rate

MNH: Maternal and Newborn Health

NMR: Neonatal Mortality Rate

MOH: Ministry of Health

MOU: Memorandum of Understanding

OAA: Office of Acquisition Assistance

PAD: Project Appraisal Document

PDP: Project Design Plan

PMP: Performance Management Plan

PSE: Private Sector Engagement

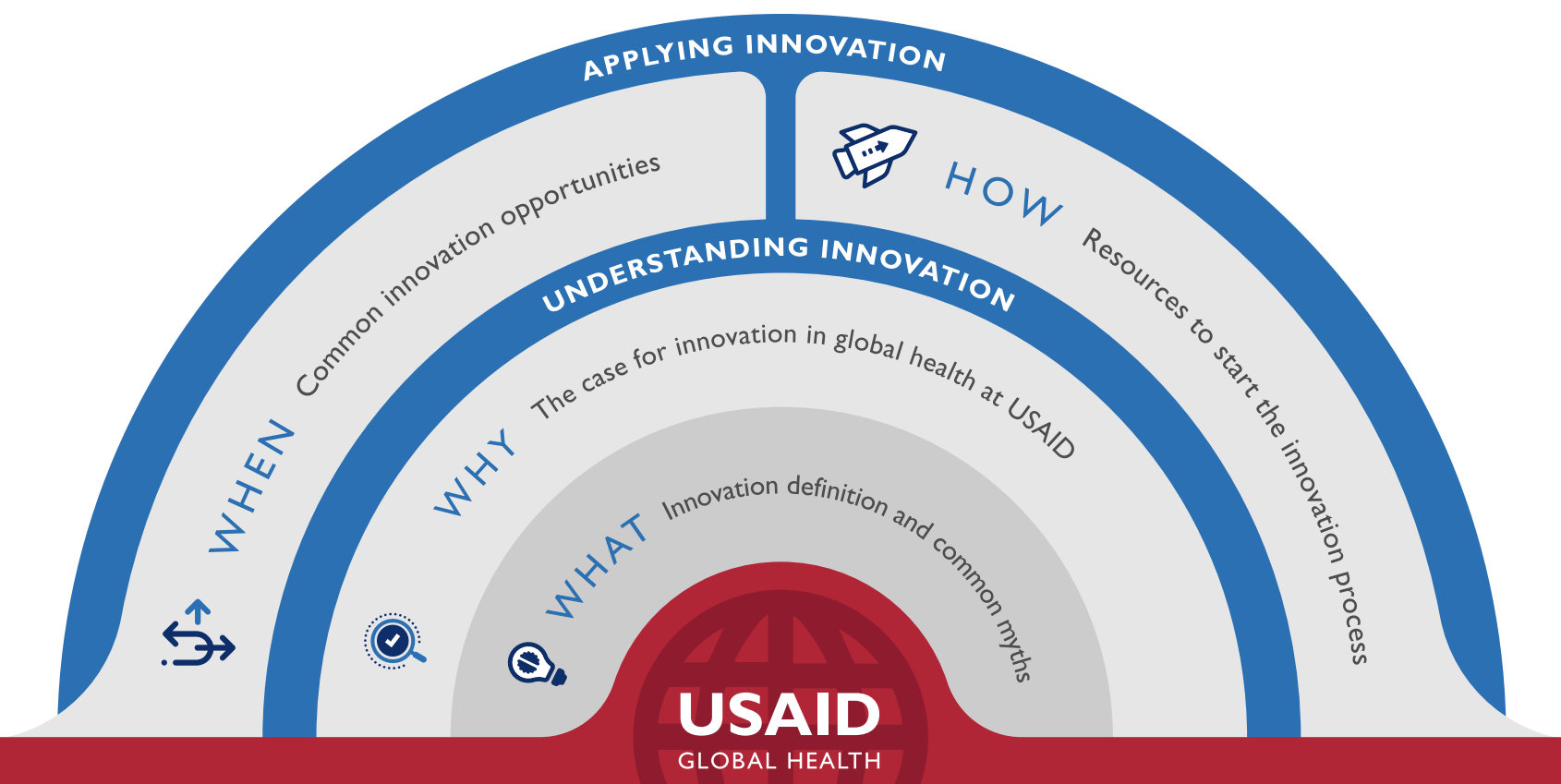**RFI:** Request for Information

SDG: Sustainable Development Goal

SOAR: Senior Obligation Alignment Reviews
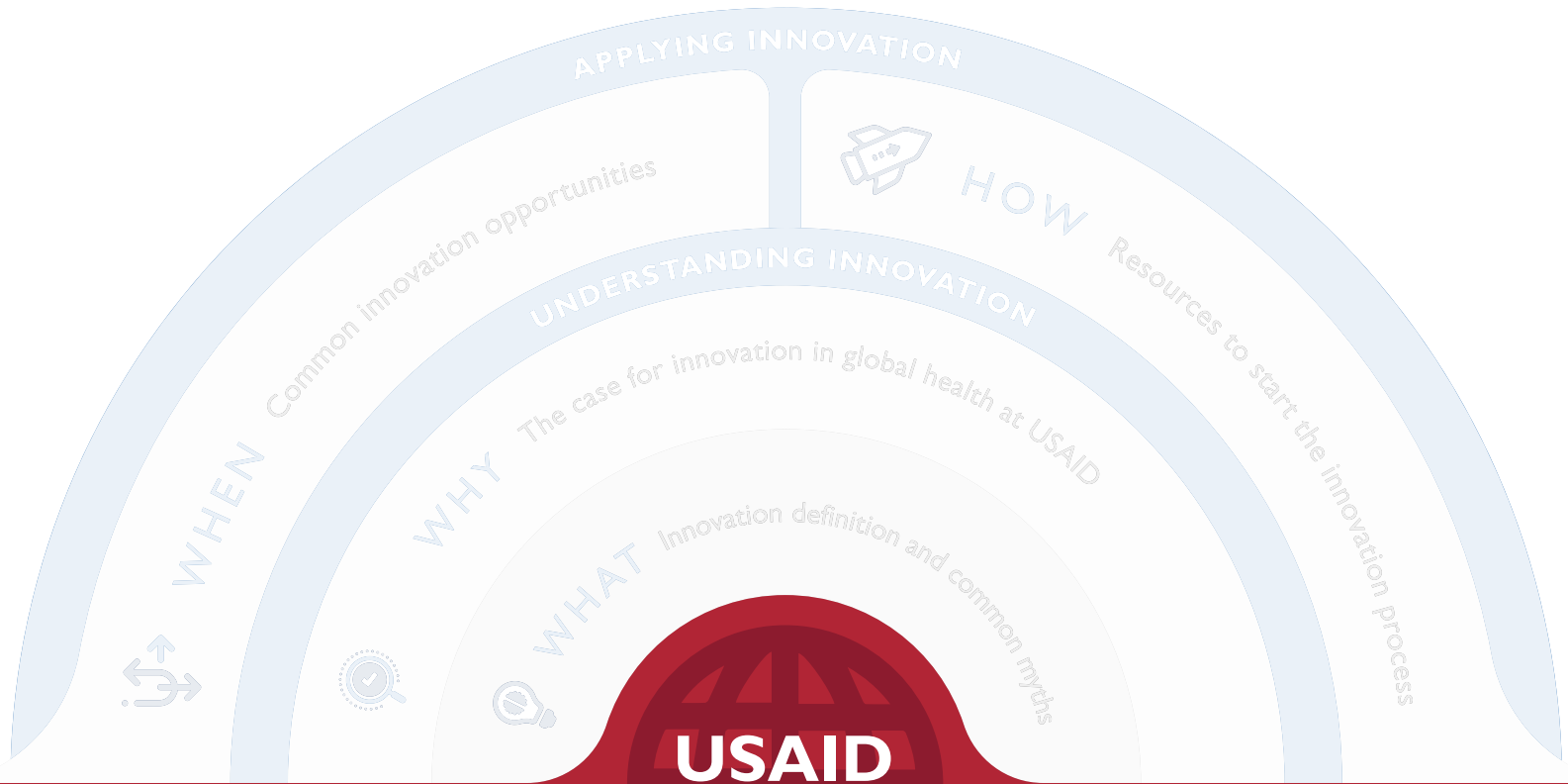
TA: Technical Assistance

USG: United States Government

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Concentric arc diagram labels: APPLYING INNOVATION, UNDERSTANDING INNOVATION, WHEN — Common innovation opportunities, WHY — The case for innovation in global health at USAID, HOW — Resources to start the innovation process, WHAT — Innovation definition and common myths

USAID
GLOBAL HEALTH

INNOVATION REALIZED:
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THIS GUIDE AIMS TO SUPPORT THE APPROPRIATE USE OF INNOVATION ACROSS USAID GLOBAL HEALTH TEAMS.

It builds upon USAID's strong foundation in innovation as well as its ongoing efforts to further innovation across the agency. We can use this guide to align on shared language, identify specific innovation opportunities, and access existing resources with which to start our innovation journeys. This guide helps initiate the innovation process but is not a step-by-step or end-to-end "how to" resource.
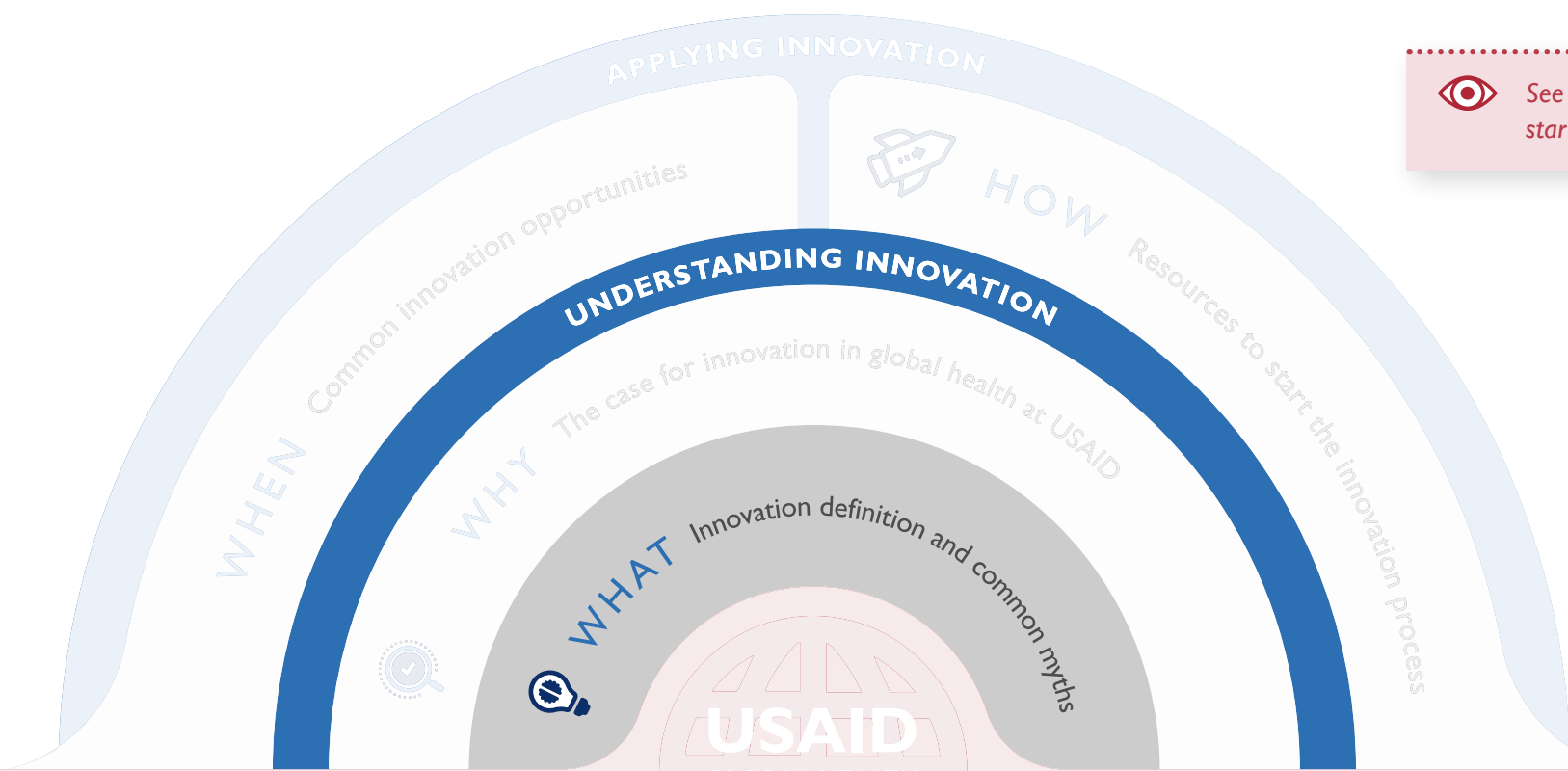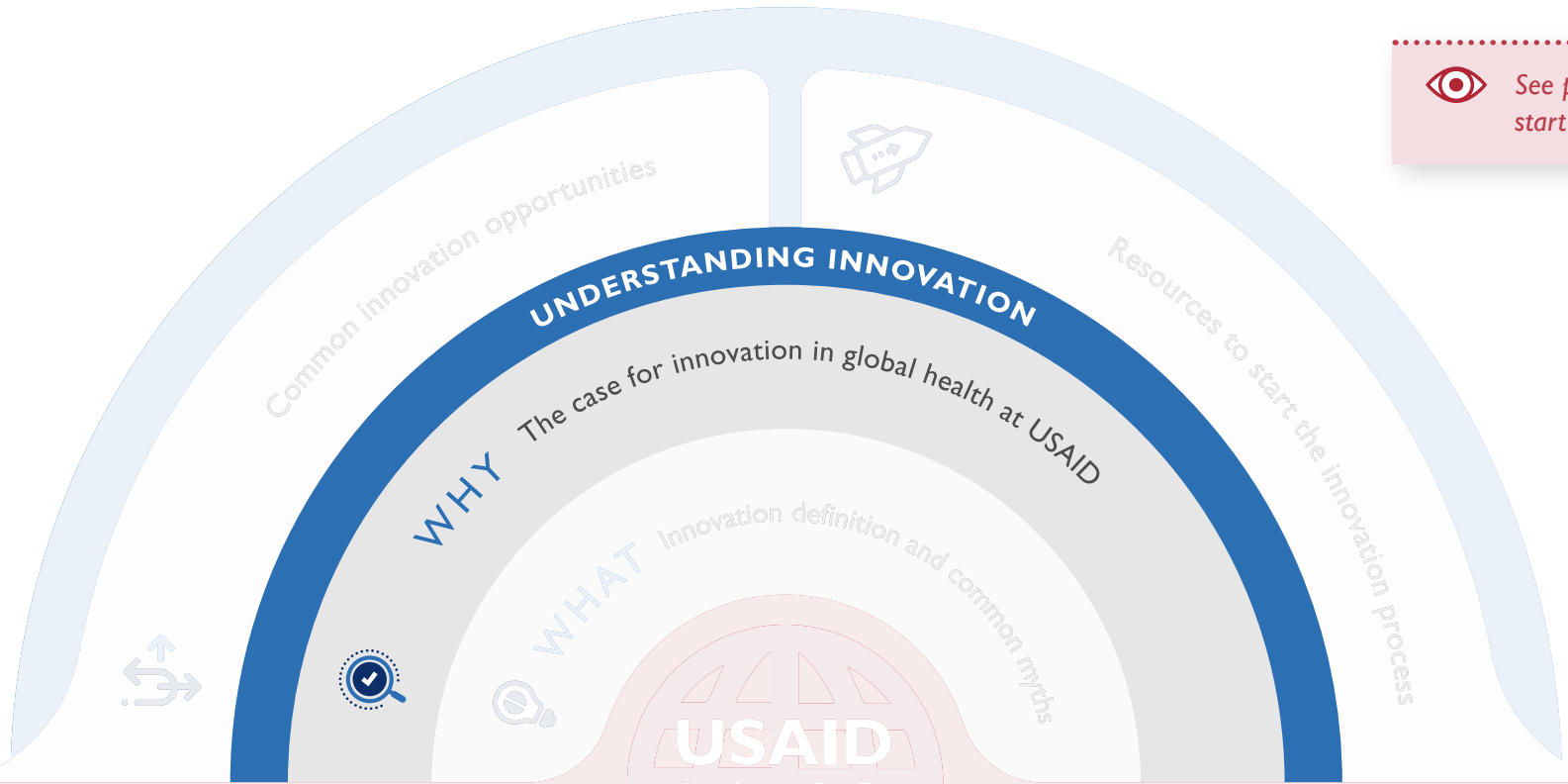
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What is innovation? USAID defines innovation as the pursuit of novel approaches that lead to substantial improvements in addressing development challenges. Innovation involves an iterative and dynamic process that can result in new or improved business or organizational models, operational or production processes, or products and services. Innovation is neither synonymous with invention nor limited to new gadgets, technology, or radical change. Anyone can innovate, not just small, nimble organizations or those with a high appetite for risk. Most importantly, innovation supports a clear goal, not an end state.

How to use this section: Given "innovation" has become a buzzword that can mean something different to each person, use definitions and terminology to promote a more constructive and unifying understanding of innovation across USAID global health.
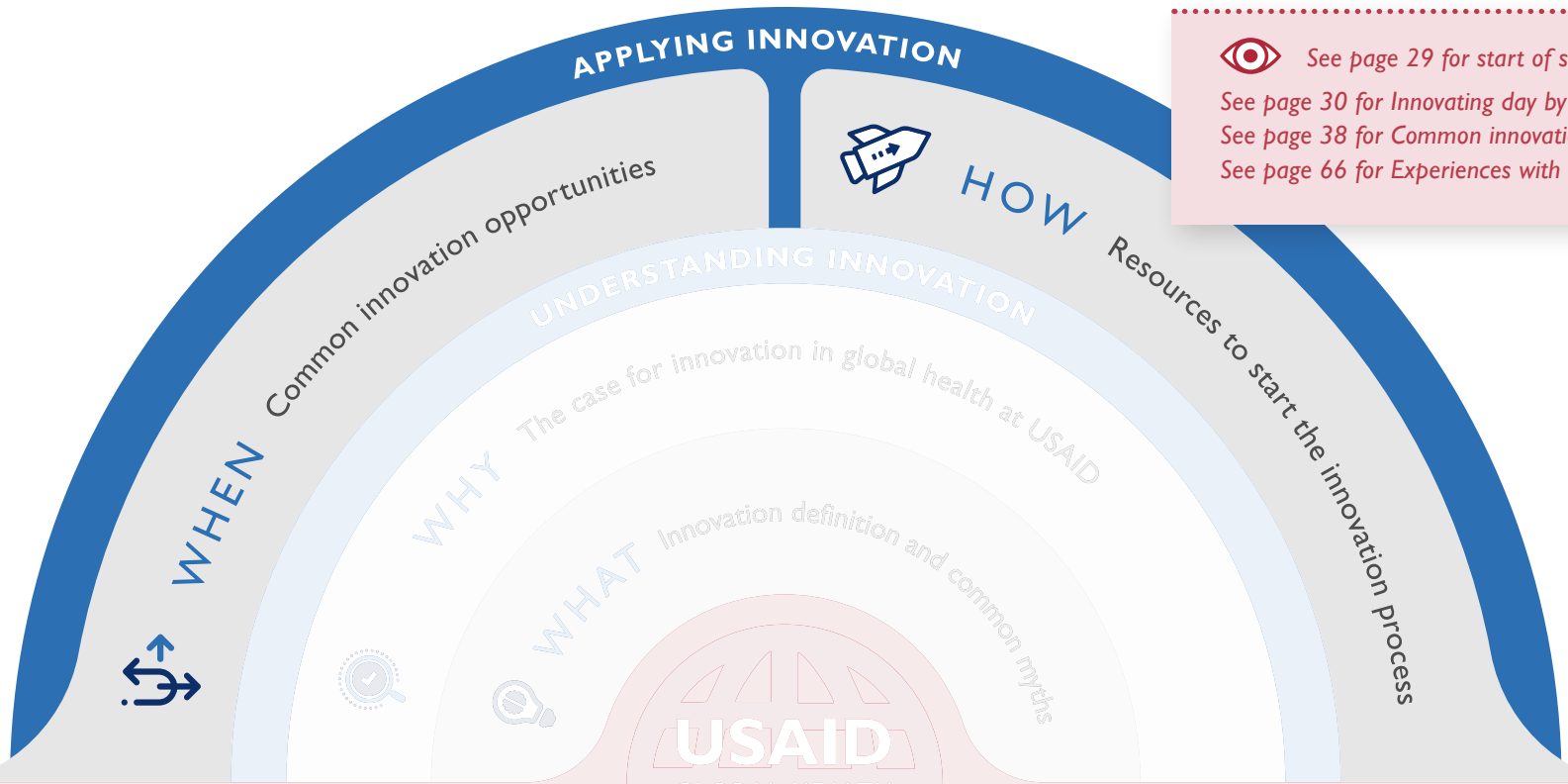
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Why innovate? USAID already innovates. We improve the solutions we support (e.g., by developing low-dose, high-frequency training for health care providers); we engage partners in new ways (e.g., by creating a new global partnership to scale up access to assistive technology); and we enhance our financing and work structures (e.g., by streamlining communications with partners). Still, we must continue to innovate in order to achieve the Sustainable Development Goals (SDGs) by 2030. Most countries are not on track, and resources to accelerate progress are limited. In 2016, there was a $134 billion shortage of financing needed to achieve health-related SDGs. In light of lagging progress and limited resources, innovation can help drive greater impact and efficiency. Innovation also builds on the sense of purpose and the impact goals that compel us to work at USAID.

How to use this section: Make the case for innovation to encourag staff, leaders, and partners to take (smart) risks, when appropriate,

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When and how to innovate? In global health, we have five common innovation opportunities: (i) to develop new or improved solutions, (ii) to scale existing solutions, (iii) to cultivate new or different partners/engagement models, (iv) to access more or better funding, and (v) to incorporate more flexible working structures. Innovation across these areas is possible, but rarely easy. It requires that we navigate uncharted territory, iterate often, and weigh the risk of pursuing new ideas against the need to first secure supportive evidence. Yet we can make the process easier by pursuing incremental changes to day-to-day work, applying best practices, and implementing supporting processes (e.g., human-centered design or co-creation). Overall, it is important to remember that innovation is neither a "check the box" activity, nor a requirement, nor an end in itself. Rather, innovation is most powerful when the combination of goals, barriers, and existing solutions require novel approaches to achieve health impact.

How to use this section: Use tools and resources provided in this guide to identify and further define innovation needs. Then take concrete next steps (e.g., identify relevant considerations, ask questions, review resources, and reach out to relevant points of contact for support) to begin charting the innovation process.
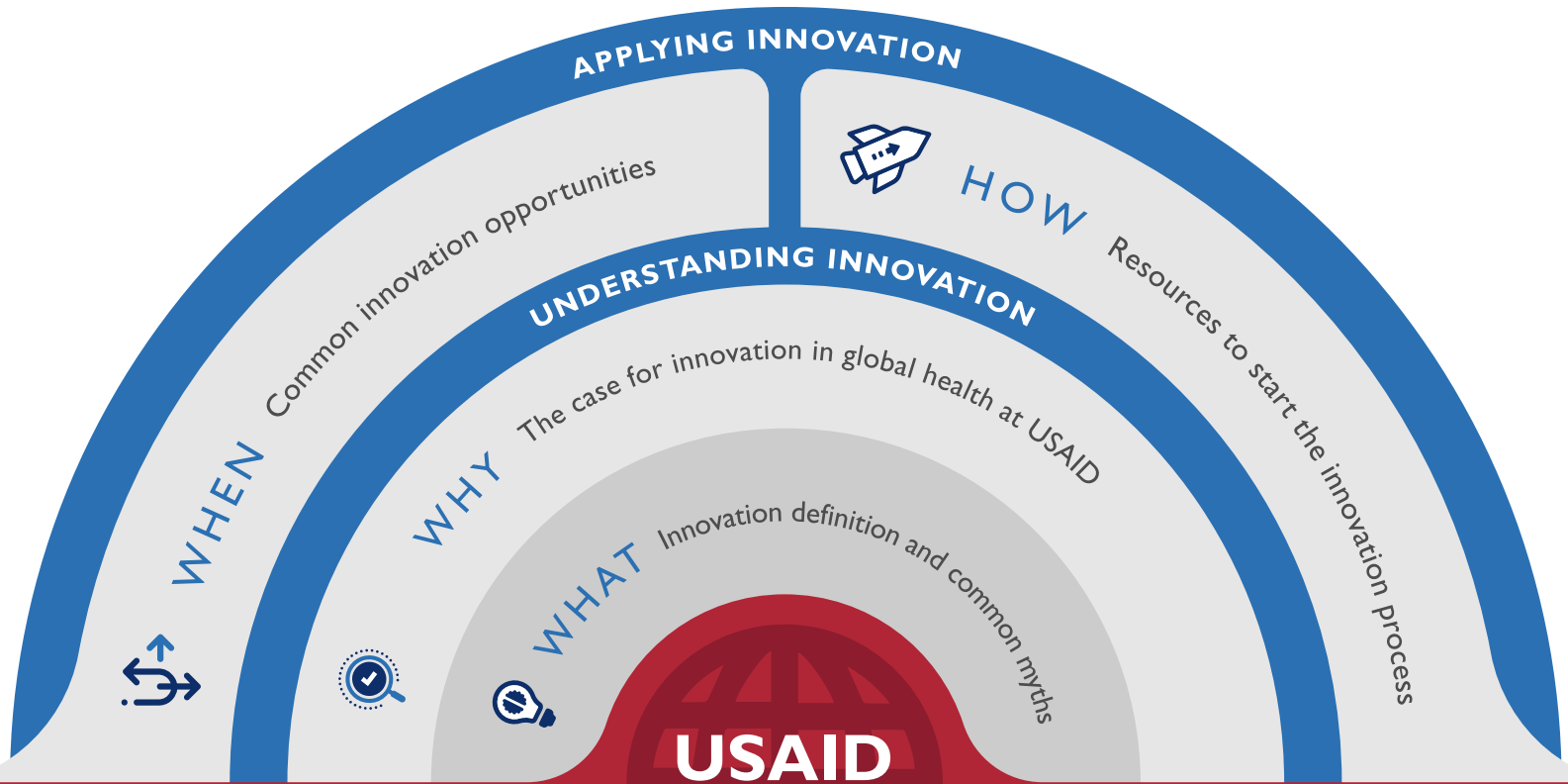
INNOVATION REALIZED:
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WHILE THIS GUIDE IS ONE RESOURCE TO BUILD AWARENESS AND KNOWLEDGE, IT MUST BE PART OF A BROADER VISION TO BUILD A CULTURE OF INNOVATION AT USAID. THIS INCLUDES CONTINUED EFFORTS TO ALIGN CULTURAL AND STRUCTURAL FACTORS (E.G., TRAINING AND CAPACITY, STRONG LEADERSHIP COMMITMENT, RISK APPETITE) TO ENABLE US TO TEST NEW APPROACHES.

WE LOOK FORWARD TO PUSHING THE ENVELOPE, TAKING RISKS, AND ACHIEVING OUR SHARED HEALTH IMPACT GOALS THROUGH INNOVATION. FOR QUESTIONS OR SUPPORT, PLEASE CONTACT THE CENTER FOR INNOVATION AND IMPACT (CII), CII@USAID.GOV, AND OTHER INNOVATION CHAMPIONS THROUGHOUT THE AGENCY.

This guide aims to strengthen our global health work.

WHY THIS GUIDE?

USAID IS A LEADER IN GLOBAL HEALTH INNOVATION, AND WE WANT TO BUILD ON THIS.

- We already innovate on a daily basis and have best practices and lessons to offer
- There is a **desire to build upon this strong foundation** by aligning on shared language, synthesizing past learnings, and consolidating best practices and resources
- In particular, **"innovation" has become a buzzword** that means different things to different people and elicits a range of reactions—from excitement, to cautious support, to skepticism
- Moreover, **there is a need to contextualize existing innovation resources** within global health—and clearly map out **how we can use them** for common innovation needs

WHO SHOULD USE?

ALL USAID STAFF WORKING ON GLOBAL HEALTH PROJECTS OR ISSUES.

- **Staff across all levels and functional roles**—including office directors, team leads, technical advisors, operations and management support, and others
- Teams from **USAID Missions and Washington**

HOW TO USE?

REVIEW DEFINITIONS, IDENTIFY OPPORTUNITIES, AND ACCESS RESOURCES.

- **Review what innovation means** in the USAID global health context and why it is important (section III)
- **Identify specific opportunities** where innovation can support us in strengthening our programming and advancing our overarching goals (section IV)
- **Access resources** to support innovation in priority areas across the program cycle (section IV)
- Throughout, this guide **highlights success stories, best practices, and lessons learned** from USAID efforts to invest in and apply innovation

THIS GUIDE WAS DEVELOPED THROUGH A HIGHLY CONSULTATIVE, COLLABORATIVE, AND ITERATIVE PROCESS THAT INVOLVED OVER 70 PEOPLE FROM MANY OFFICES, MISSIONS, AND PARTNER ORGANIZATIONS. THROUGH INDIVIDUAL CONVERSATIONS, GROUP WORKSHOPS, AND DRAFT REVIEW, WE DREW FROM THE EXPERIENCES AND EXPERTISE OF USAID STAFF AND EXTERNAL EXPERTS TO STRUCTURE, DEVELOP, TEST, REFINE, AND VALIDATE THIS CONTENT.

This guide provides priority resources to help identify and start to explore innovation opportunities.

THIS GUIDE DOES..

- **Define innovation and why it is important** for USAID's work in global health
- **Help us identify opportunities** to strengthen our work via incremental or transformational innovation
- **Provide a guiding framework for when and how to innovate** that focuses on five common global health innovation opportunities
- **Provide practical examples** and a **mapping of existing resources**

THIS GUIDE DOES NOT..

- **Provide a step-by-step or end-to-end "how to" guide** for the innovation process
- **Provide a ready-made innovation strategy** for USAID global health teams
- **Recommend where specific USAID teams should focus** innovation efforts
- **Create new or duplicative resources to support the innovation process**—rather than leveraging what already exists

Using this guide can help us overcome challenges and make progress towards our global health goals.

EXPECTED OUTCOMES OF THIS GUIDE

- **Use of common language around what innovation means and why it is important** in the global health context at USAID—with colleagues, partners, and other external stakeholders
- **Identification of common innovation opportunities** that we encounter in global health
- **Access to resources** to support innovation in these identified areas
- **Engagement with CII and/or champion innovators for support**, as needed, throughout the process

TARGET RESULTS

- **Improved health outcomes of USAID programming**—whether via incremental improvements or new approaches—to accelerate progress and results aligned with the SDGs
- **More nimble and adaptable USAID global health teams** that are better-positioned to meet the evolving needs of people and communities
- **Improved processes and efficiencies** that make day-to-day work tasks easier
- **Improved sense of purpose, autonomy, and influence**, driven by new opportunities to engage with different ideas, voices, and partners

WHAT ELSE IS NEEDED TO MAINSTREAM INNOVATION?

- **Continuing to increase awareness and understanding** of innovation and its value
- **Building capacity** to innovate through training, tools, and resources
- **Empowering staff to take risks** and think differently through strong leadership
- **Motivating innovation** (e.g., incentivizing the pursuit of new approaches, removing penalties for failing)
- **Addressing cultural and structural challenges** that inhibit innovation over time
- **Strengthening systems that support learning and iteration** (e.g., knowledge management)

Sources: Stakeholder interviews

This guide is one part of broader efforts to encourage innovation.

SELECT EXAMPLES OF EFFORTS TO ENCOURAGE INNOVATION[1]

Playbook: Enterprise Risk Management for the U.S. Government:
Compiles and defines best practices for enterprise risk management

U.S. Government

Agency-wide

Global Health Bureau

A&A Strategy:
Outlines key changes to better enable and equip acquisition and assistance (A&A) workforce and systems to advance self-reliance through effective partnering and procurement reform

New Partnerships Initiative (NPI):
Helps operationalize vision and catalyze new approaches outlined in A&A Strategy

Private Sector Engagement Policy:
Aims to to drive outcomes by expanding engagement with the private sector

Risk-Appetite Statement:
Designates new innovations and innovative modalities for acquisition and assistance as areas with high-risk appetite

Center for Innovation and Impact:
Applies business-minded approaches to the development, introduction, and scale-up of health interventions to accelerate impact against important health challenges

Global Health Innovation Act (2017):
Demonstrates the commitment and interest of USAID and the federal government in global health innovation through the desire to document successes

Leadership Philosophy:
Highlights the importance of informed risk-taking and inspires curiosity, creativity, and innovation

Global Development Lab:
Innovation hub created to produce development innovations and accelerate progress through encouraging and supporting innovation more broadly

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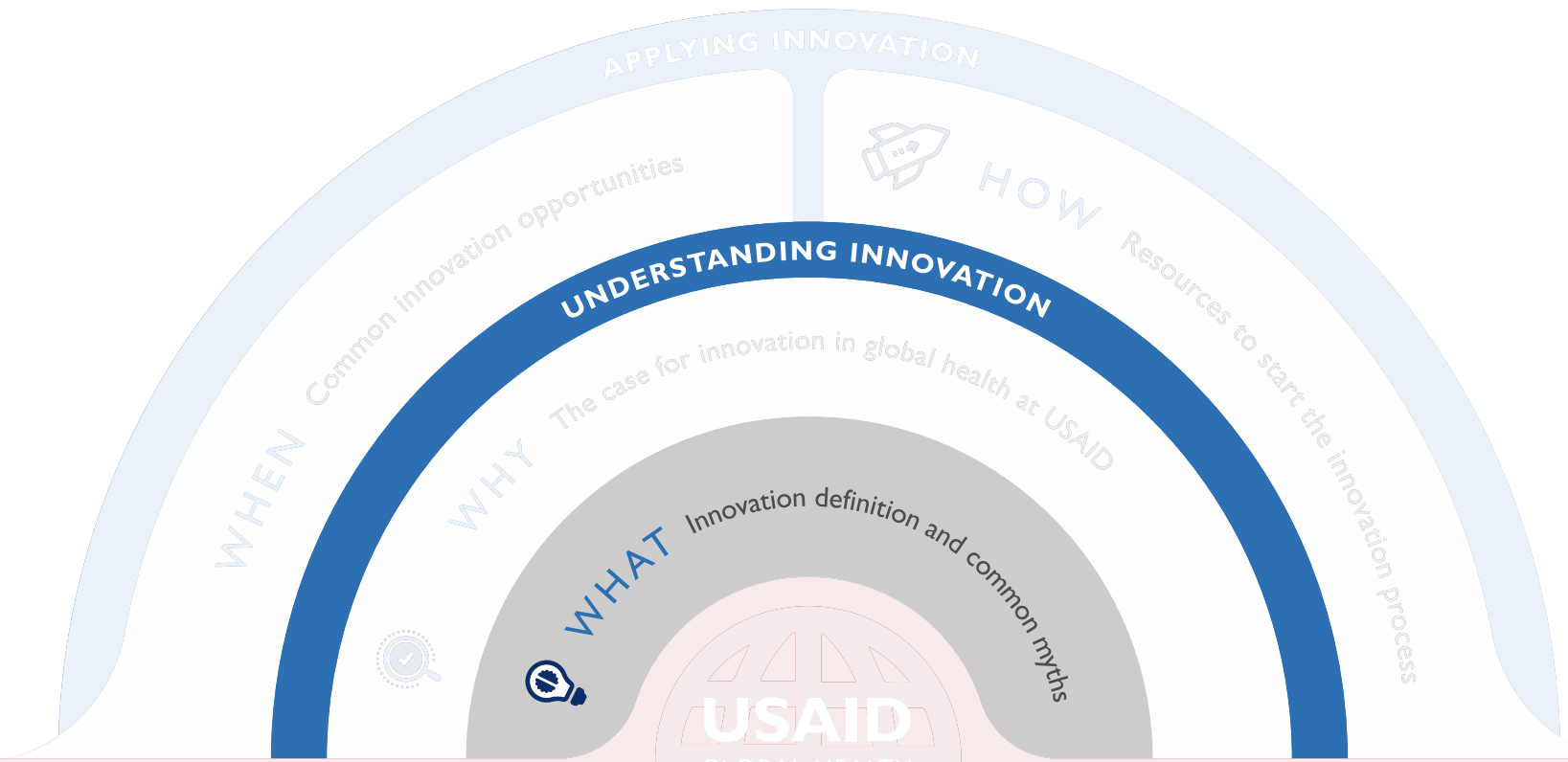
INNOVATION REALIZED:
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At USAID, we define innovation as the pursuit of novel approaches that lead to substantial improvement.

INNOVATION:

*The pursuit of a **novel business or organizational model, operational or production process, or product or service** that leads to **substantial improvements** in addressing development challenges.*[1]

See page 98 for an activity to collaboratively define innovation

Note: 1. Based on USAID definition, language adapted slightly.
Sources: USAID, "Innovation in Development," 2015; USAID DIV, "How do we define innovation?", accessed 2019; International Development Innovation Alliance, "What is innovation?", accessed 2019

Innovation is often conflated with disruptive technologies, but encompasses much more.

COMMON MYTH

MYTH BUSTER

COMMON MYTH	MYTH BUSTER	
✗ Innovation is synonymous with invention.	✓ Innovation is an iterative and dynamic process in service of a clear goal. Innovating can lead to new or improved products, services, processes, or ways of working.	
✗ Innovations are limited to new gadgets and technologies.	✓ An innovation can be "a creative solution to any global development problem."[1] Innovations are broadly defined and include new or improved services, processes, and applications of business or delivery models—in addition to products and technologies.	
✗ Innovating requires deep expertise and seniority.	✓ Anyone can innovate. We do not need to be innovation experts or senior leaders to pursue a new approach to achieve our goals. Innovation can occur across levels and functions of any organization.	
✗ Innovation must involve radical change.	✓ Innovations create new value but can span from incremental to transformational.	

Anyone can innovate, sometimes building on ideas that already exist.

COMMON MYTH

MYTH BUSTER

COMMON MYTH	MYTH BUSTER	
✖ Any improvement is an innovation.	✔ Innovation results in substantial improvement and creates new value (e.g., a new or improved product or process). Simply running a meeting more efficiently would not necessarily be an innovation.	
✖ Only small, nimble organizations with a high appetite for risk can innovate.	✔ Organizations of all sizes can innovate and are especially well-positioned to innovate when they build a culture that encourages innovation using principles like leadership support and normalization of failure.	👁 *See page 35*
✖ Innovation cannot be measured or evaluated.	✔ Innovations may require less traditional or new indicators, but can be tracked and assessed. There are a number of existing resources to help measure innovation.	👁 *See page 71*
✖ Innovation must always involve a brand new idea.	✔ Innovation can involve taking an existing idea from a country, organization, or program and adapting it to a new context, or developing the "2.0" or "3.0" version of the same concept.	
✖ Innovation only involves thinking about solutions.	✔ Successful innovation starts with a clear understanding and definition of the problem we are trying to solve. Often, it takes several iterations and reassessments to deeply understand the problem at hand.	👁 *See page 44*

Innovation can take on many different forms and functions.

MAGNITUDE

- Innovation can be **incremental, adjacent, or transformational.**

  👁 *See page 21*

- Financing, staff, physical requirements, and other necessary resources can vary considerably.

TACTICS

- **Open innovation** seeks collaboration with partners outside a given organization—such as startups, universities, business partners, customers, and independent investors—in order to boost innovation efforts.
  Example: USAID's request for information (RFI) process to help design potential activities, the Development Innovation Ventures (DIV) program, and Grand Challenges.
- **Closed innovation** occurs when organizations innovate by using only internal resources—namely their own employees, institutional contractors, and vendors.
  Example: USAID's effort to develop new internal processes (e.g., A&A strategy).
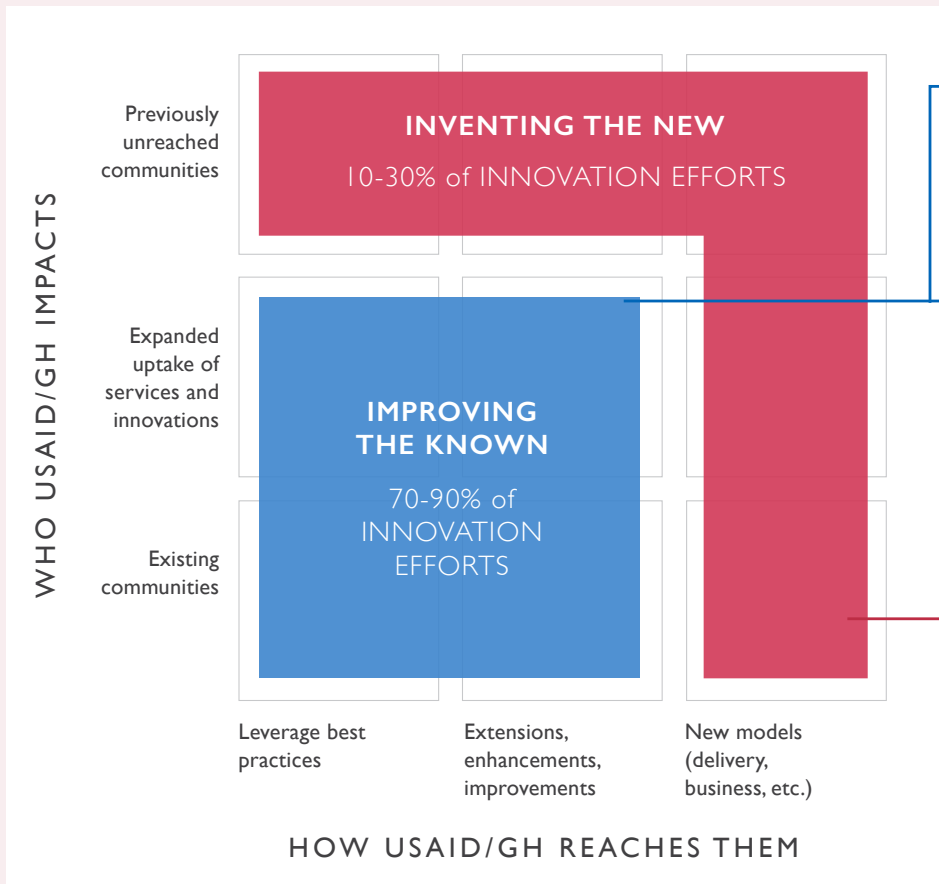
TYPES

- The Doblin **10 Types of Innovation**, adapted to the global health context, show that innovation extends far beyond products.

  👁 *See page 22*

INNOVATING CAN RESULT IN INCREMENTAL, ADJACENT, OR TRANSFORMATIVE CHANGE

WHO USAID/GH IMPACTS

- Previously unreached communities
- Expanded uptake of services and innovations
- Existing communities

INVENTING THE NEW
10-30% of INNOVATION EFFORTS

IMPROVING THE KNOWN
70-90% of INNOVATION EFFORTS

- Leverage best practices
- Extensions, enhancements, improvements
- New models (delivery, business, etc.)

HOW USAID/GH REACHES THEM

INCREMENTAL
- **Iteration or improvements** of existing programs or processes
- Often more easily implemented and more commonly successful
- Usually considered **"not risky"**

ADJACENT
- **Expanding existing programs, services, or products** to another program, organization, country/region, or context
- In other words, **adapting an existing idea** to a new context
- Often involves bringing existing expertise into a new context or addressing the current context **using new expertise**

TRANSFORMATIVE
- **Completely novel approaches** that create entirely new value
- Often considered **big steps forward**
- May **carry more risk,** involve **uncharted territory**, have **less of an evidence base**, and be **more difficult** or costly to take forward

Sources: Stakeholder interviews; USAID CII, "2018 Impact Brief," 2018; USAID Global Development Lab, "Open Innovation Briefing," 2019

MANY TYPES OF INNOVATION ARE RELEVANT TO OUR GLOBAL HEALTH WORK

10 TYPES OF INNOVATION ADAPTED TO GLOBAL HEALTH[1]

OFFERING

1. Product performance
How you design your core offerings (form and function)

2. Product system
How you link and/or provide a platform for multiple products

3. Service
How you provide value to customers and consumers beyond and around your products

---

The Pumani Bubble Continuous Positive Airway Pressure (bCPAP) is a low-cost device that helps babies breathe and has been adapted to local context in Malawi.

DELIVERY

4. Channel
How you get your offerings to market

5. Brand
How you communicate your offerings

6. Customer engagement
How your end users feel when they interact with your company and its offerings

---

Babylon Health uses artificial intelligence to deliver a range of health services in Rwanda and other countries.

FINANCE

7. Business model
How products or services are bought and sold

8. Network
How you join forces with others for mutual benefit

Aravind Eye Care (Madurai) employs three pricing models: free, subsidized, and full cost.

PROCESS

9. Enabling process
How you support the organization's core workers and processes

10. Core process
How you create and add value

Para-skilling can free up physicians to focus on surgeries by outsourcing all "overhead" work and by training specialists to handle support functions inside and outside of the operating theatre.
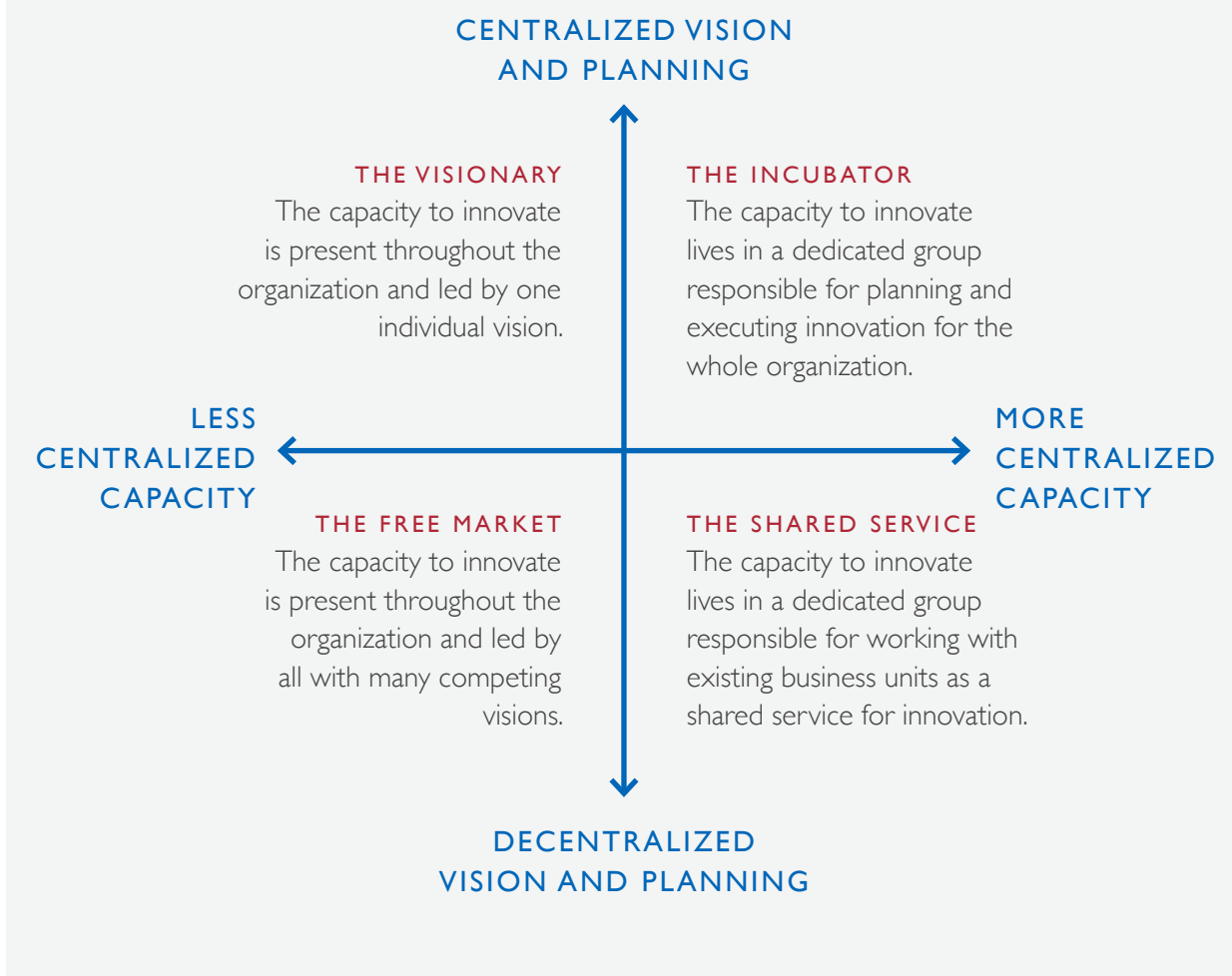
Within USAID global health, we all support innovation efforts alongside dedicated innovation teams.

TYPES OF INNOVATION MODELS THAT ORGANIZATIONS USE[1]

CENTRALIZED VISION AND PLANNING

THE VISIONARY
The capacity to innovate is present throughout the organization and led by one individual vision.

THE INCUBATOR
The capacity to innovate lives in a dedicated group responsible for planning and executing innovation for the whole organization.

LESS CENTRALIZED CAPACITY ← → **MORE CENTRALIZED CAPACITY**

THE FREE MARKET
The capacity to innovate is present throughout the organization and led by all with many competing visions.

THE SHARED SERVICE
The capacity to innovate lives in a dedicated group responsible for working with existing business units as a shared service for innovation.

DECENTRALIZED VISION AND PLANNING

- Organizations use a **variety of models to intentionally spur innovation.**

- In USAID global health, we use a **combination of models.**

- Specifically, we encourage **"free market"** innovation across USAID Washington and USAID Missions, supported by dedicated **"shared service"** innovation teams (e.g., CII).

- In the broader global health community, **USAID plays several roles driving innovation—as problem solver, enabler, convener, motivator, and integrator.**[2]

Notes: 1. Doblin, "Presentation to Stryker XLT," 2011, as cited in Stryker Orthopedics, "Innovation for Stryker India," 2010; some language updated. 2. For additional detail, see USAID Global Development Lab, "Open Innovation Briefing," 2019.

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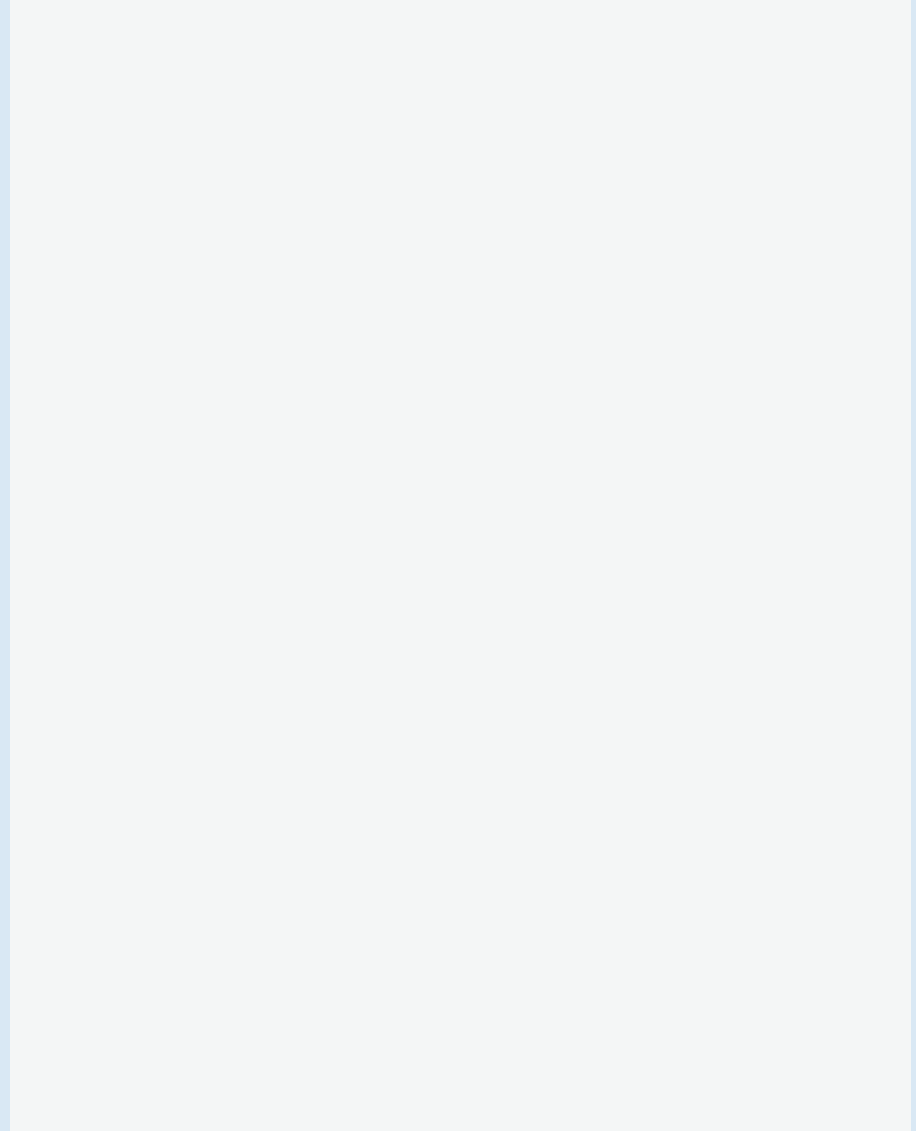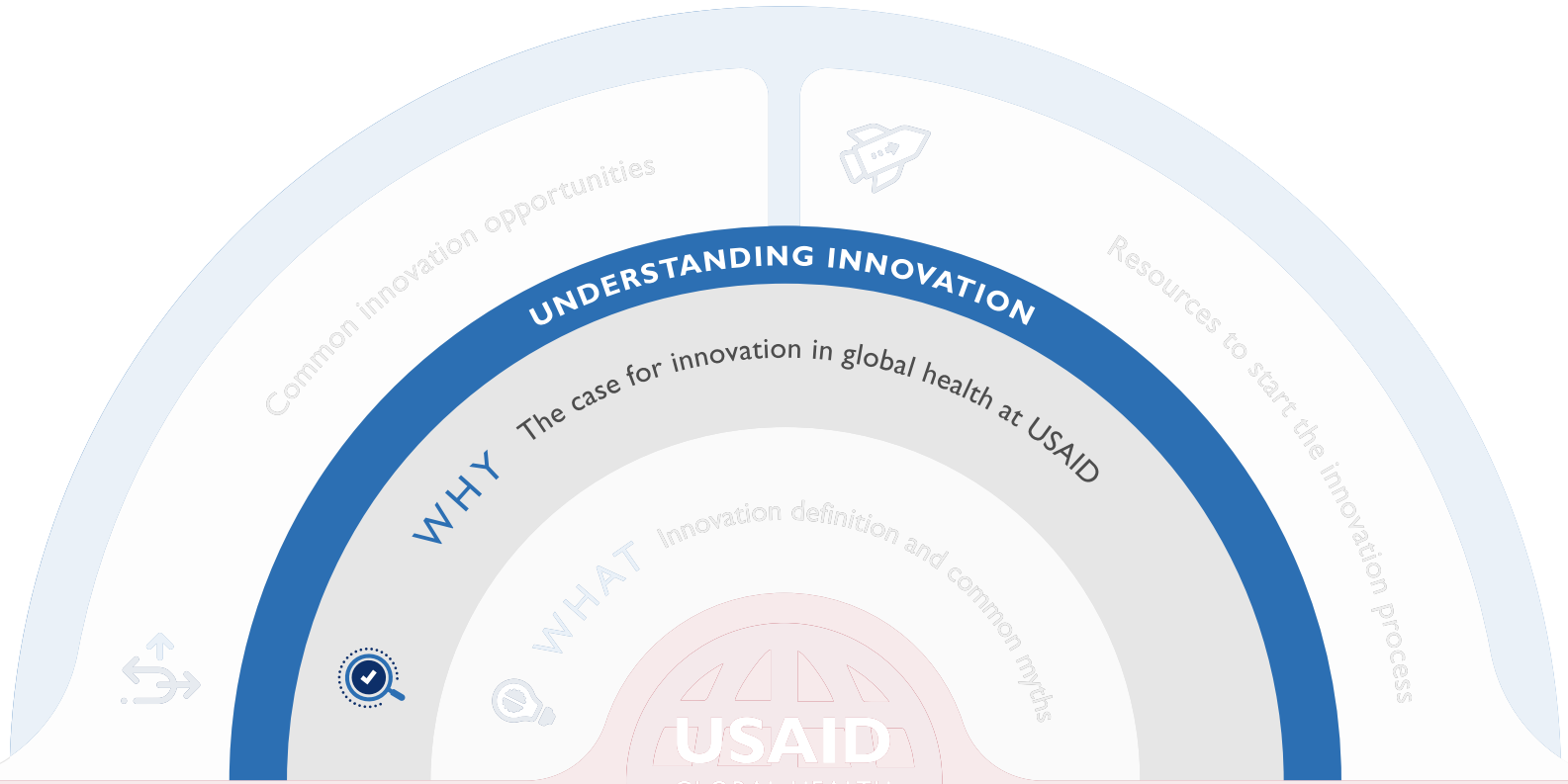
INNOVATION REALIZED:
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We need to innovate in global health to achieve our ambitious goals.

		STATUS TODAY	
3 GOOD HEALTH AND WELL-BEING	Ensure healthy lives and promote well-being for all people at all ages	**~$134B**	**Annual financing gap** to achieve health-related SDGs by 2030 in low- and middle-income countries[1]
5 GENDER EQUALITY	Achieve gender equality and empower all women and girls	**E**	Grade for current progress on SDG 5 in SDG Scorecard 2030[2]
6 CLEAN WATER AND SANITATION	Ensure availability and sustainable management of water and sanitation for all	**46/46**	**Countries in Sub-Saharan Africa that moved farther away** from—not closer to—achievement of SDG 6 in 2018[3]
17 PARTNERSHIPS FOR THE GOALS	Strengthen implementation and revitalize the global partnership for sustainable development	**C**	Grade for current progress on SDG 17 in SDG Scorecard 2030[2]

WE HAVE THE OPPORTUNITY—AND RESPONSIBILITY—TO DRIVE DRAMATIC HEALTH IMPROVEMENTS ACROSS THE WORLD, WITH THE GOAL OF ENABLING GOOD HEALTH AND WELL-BEING FOR ALL BY 2030.

Notes: 1. USAID, "Greater than the Sum of Its Parts: Blended Finance Roadmap for Global Health," 2019. 2. Oversees Development Institute, "Development Progress: Reaching the SDGs by 2030," accessed 2018. 3. SDG Index and Dashboards Report 2018, "Global Responsibilities: Implementing the Goals," 2018.

Private, public, and other actors regularly pursue innovation to advance their goals.

PRIVATE SECTOR EXAMPLES

- Google encourages its employees to devote **20% of their time to side projects.** This has led to the creation of **Gmail, Google Maps, Google News, and Google Talk**[1]

- **ServiceNow**—the #1 ranked company on Forbes' 2018 list of most innovative companies—**dedicates funding for innovation, of which 70% goes to core innovations, 20% to more ambitious projects, and 10% to "moonshots"**[2]

PUBLIC SECTOR EXAMPLES

- The UK court system is saving **$38 million annually by implementing a text message "nudge"** introduced by the Behavioral Insights Team, whose budget is less than one million pounds per year[3]

- **4/5 public sector workplaces in Sweden have introduced at least one innovative project** in the last two years[3]

- In the Danish public sector, **73% of innovations are inspired by or copied from other departments' solutions**[3]

CIVIL SOCIETY & NGO EXAMPLES

- **The American Refugee Committee**—which won "Most Innovative Company" in the not-for-profit category of Fast Company's 2019 list—launched Kuja Kuja, a real-time feedback system that tracks refugees' levels of satisfaction, collects ideas on how to improve, and shares back data[4]

- **UNICEF created a dedicated Office of Innovation** that supports countries and applies solutions that improve children's well-being—some initiatives supported include digital health and an internal innovation challenge[5]

SKETCH & WRITE DOWN YOUR THOUGHTS

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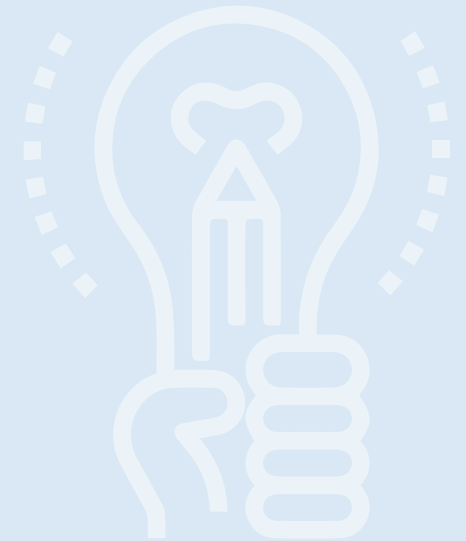
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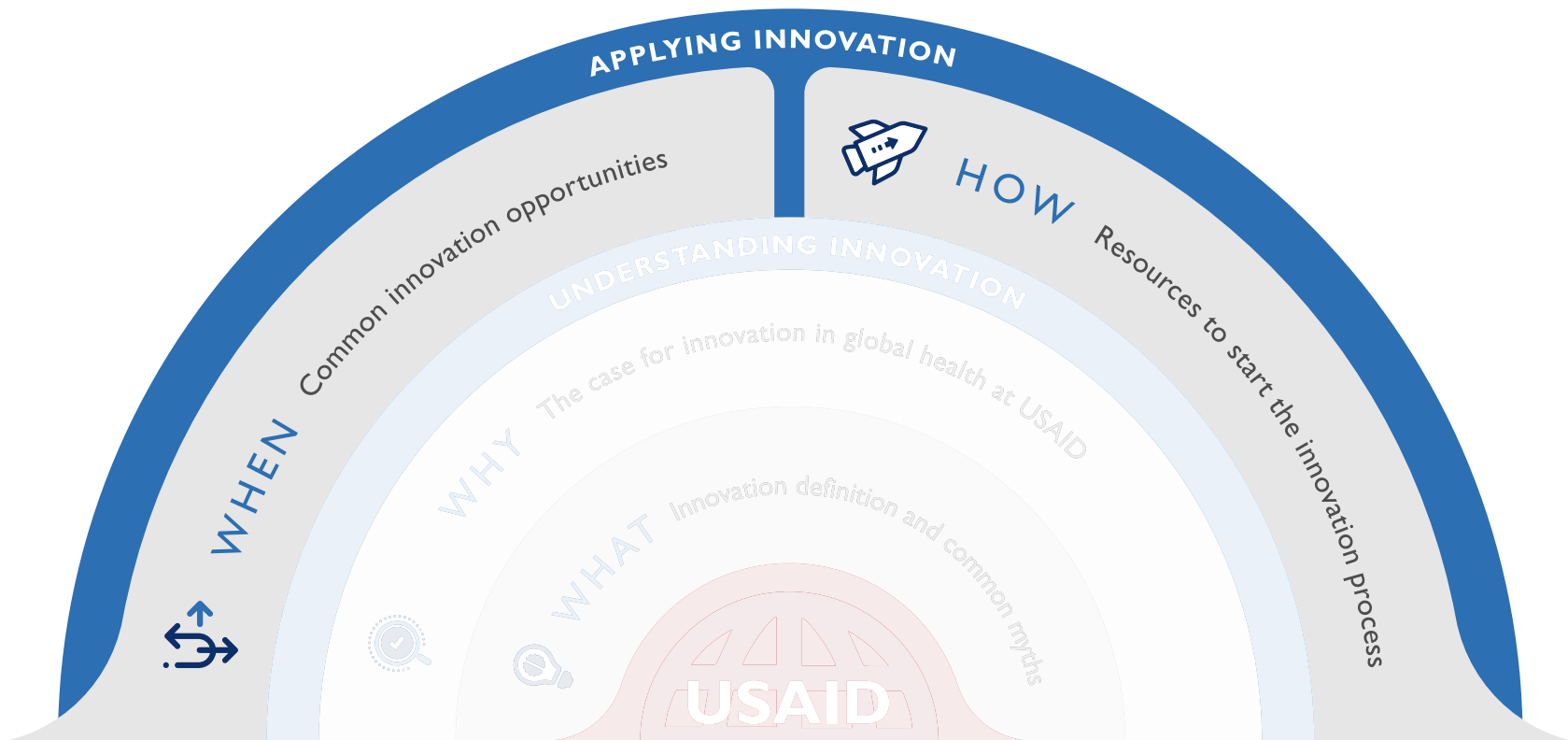
INNOVATION REALIZED:
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INNOVATING
DAY BY DAY AT USAID

> We are under-resourced to tackle the problems we work on. We need to find efficiencies… and [innovation] can help us move forward.

USAID GLOBAL HEALTH STAFF MEMBER

We recognize innovation is difficult…
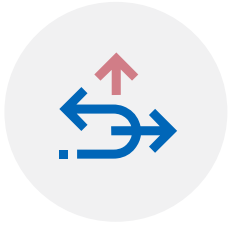
Innovation is hard, non-linear, and messy. It can feel uncomfortable and can require continuous learning and extensive revisiting.

Innovation carries risk with minimal near-term rewards and often requires a lot of time and money up front.

It is challenging to establish an adequate evidence base to pursue, quickly measure, document, and assess a potential innovation.

There are several internal factors—like internal processes and reporting requirements—that can make innovation difficult and may require soft skills, like influencing, to navigate.

There are a number of external factors—like shifting political priorities and regulations—that can accelerate or delay progress.

"It's really about… thinking outside the box and **repeatedly testing, failing, and learning** to get to the goal of solving the problem you have in mind."

"**We are scared with the large dollars of having our programs fail**… We are fearful of putting forth a new approach that gets rejected…"

"It is much **more challenging to get credible information on new approaches**… we used to rely on RCT evidence and had a standard process [for generating the evidence base] **we need to adjust**…"

"[Moving a new idea forward] can require **convincing the leadership chain** and time to socialize it."

"We have supported excellent innovations and **run into regulatory issues** and differing country priorities…**we need to be realistic about the country, appetite, and local private sector**…"

Sources: Stakeholder interviews

…but possible and valuable day-to-day.

BEST PRACTICES FOR INDIVIDUALS

- Innovation is an approach that **all staff—across functional roles and levels—can apply** in their daily work

See page 34 for more information

BEST PRACTICES FOR ORGANIZATIONS

- **Organizations that enable innovation are** led by strong, supportive leaders who encourage their staff to take risks

See page 35 for more information

SUPPORTING PROCESSES

- Using **specific approaches and techniques** can make innovation easier

See page 36 for more information

OPPORTUNITIES ACROSS PROGRAM LIFE CYCLE

- **There are many opportunities to innovate across the program life cycle**, from broad strategic planning to monitoring and evaluation.
- **Many innovations involve incremental improvements** rather than radical changes to how things work.
- There is **no "right" or "wrong" time to innovate**. Some innovation efforts will be more intentional; others will be more organic.

See page 39 for more information

ULTIMATELY, TO PURSUE OUR MISSION TO ITS FULLEST, **WE CANNOT AFFORD TO SHY AWAY** FROM PURSUING NEW APPROACHES

Sources: Stakeholder interviews

FUNCTIONAL ROLE(S) OF GLOBAL HEALTH STAFF

TECHNICAL ADVISOR	MANAGEMENT & OPERATIONS SUPPORT	A&A WORKFORCE	TEAM & OFFICE LEADERSHIP
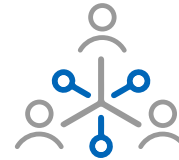
WAYS TO SUPPORT INNOVATION

|			
• Proactively identify novel programs, service delivery models, and products to test in support of impact goals • Help scale up novel programs, service delivery models, and products that have demonstrated success—especially at Mission level • Help generate evidence & lessons from innovation processes	• Help global health staff understand broad range of options & approaches available to test in strategies, projects, and activities • Advise & support global health staff in their implementation of novel approaches and processes within the USAID context • Support effective communications around innovation efforts	• Help shorten learning cycles by ensuring some metrics can be rapidly measured & analyzed, even if the target impact requires a longer term engagement • Encourage existing partners and/or engage new partners to develop, adopt, and support new approaches • Use flexible contracting approaches to allow for change while maintaining compliance	• Create incentives within teams & offices to innovate and try new ideas (e.g., run a weekly "new idea" contest) • Minimize penalties for failure (e.g., in performance reviews) • Reinforce the values that underpin a culture of innovation visibly and frequently (e.g., talking about taking risks and overcoming failure)

Sources: Stakeholder interviews

BEST PRACTICES FOR ORGANIZATIONS

Strong leadership support and buy-in to advocate and create time for staff to take risks
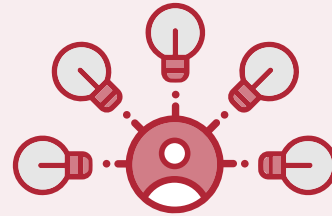
ILLUSTRATIVE ORGANIZATIONAL BEST PRACTICES TO SUPPORT INNOVATION

Allocated budget, time, & resources to operationalize innovation

Diverse, inclusive, and multidisciplinary teams to bring new perspectives and surface ideas

Supportive behaviors to empower staff including: willingness to experiment and take risks; comfort with failure and failing quickly; focusing on the end goal, not the process; incentivizing new approaches and celebrating achievements

Strong systems to support learning and iteration through documentation of successes, failures, and lessons learned (e.g., knowledge management) and promotion of strong monitoring and evaluation to adapt and improve approaches

SUPPORTING PROCESSES

PROCESS[1]

DESIGN	PROTOTYPING	CO-CREATION	ADAPTIVE MANAGEMENT
A craft and discipline that applies a specific mindset and skillset to a creative problem solving process	*Creation of early samples, models, or versions of a solution to test and improve upon an idea*	*An approach that brings people together to collectively produce a mutually-valued outcome*	*An approach that builds in flexibility and allows for change*

HOW IT SUPPORTS INNOVATION

• Enables development of informed, sensitive, inclusive, purposeful, appealing, and innovative solutions— including programs, products, services, processes • Takes into account the behaviors and needs of people and systems in which they live	• Helps test key assumptions and risk factors of a solution, before the solution is "set in stone" • Helps establish rapid iteration cycles to learn quickly and pivot • Minimizes churn and wasted effort	• Helps solicit perspectives and ideas from a diverse range of actors, to ensure novel approaches are considered • Helps strengthen ideas early on via iteration, to ensure the best solutions emerge	• Enables decision-making and adjustments based on new information received and changes in working context • Provides an opportunity to adapt path to more successfully reach the intended outcome

For more information, see ***Design for Health***

See these ***guidelines*** to encourage productive brainstorming to help with this process

Notes: 1. List is not comprehensive of processes.
Sources: USAID CII and BMGF, "Design for Health," 2018; IDEO.org, "Design Kit: Brainstorm Rules," accessed 2019

IDENTIFYING INNOVATION OPPORTUNITIES & PURSUING OPPORTUNITIES

Pausing at reflection points across the program cycle can help surface innovation needs and opportunities.
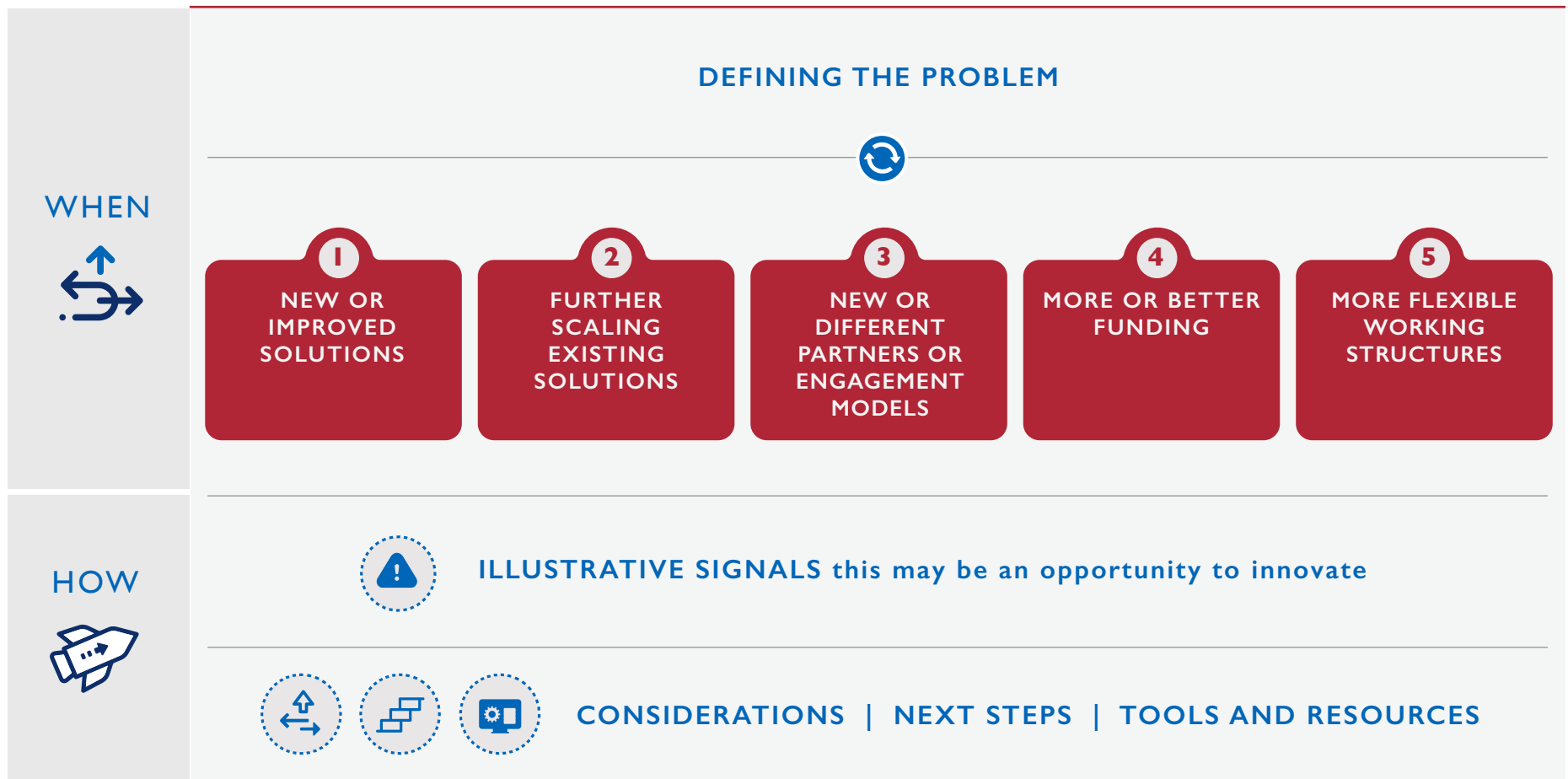
We can build strong and flexible M&E systems to drive innovation and learning across all of our activities via the development of Performance Management Plans (PMPs); Project Monitoring, Evaluation, and Learning plans (MELs); and other performance plans and reports.

We can set objectives and develop comprehensive strategies using new approaches, when needed, via the Integrated Country Strategy (ICS), Country Development Cooperation Strategy (CDCS), CDCS mid-course stock takings, and strategy-level portfolio reviews.

We can implement novel approaches that consider how we fund solutions and with whom we partner to achieve our goals during Activity, Acquisition, and Assistance; Partner Country Government Agreement design; activity annual or semi-annual workplans; and activity close-outs.

We can review our solutions and note where innovation could help us better achieve our goals by using Project Design Plans (PDPs), Project Appraisal Documents (PADs), Senior Obligation Alignment Reviews (SOARs), periodic project-level reviews, and project close-outs.

Diagram labels:
DEVELOPMENT POLICY · BUDGET · RESOURCES

Monitoring & Evaluation · Country/Regional Strategic Planning · Activity Design & Implementation · Project Design & Implementation

LEARNING · ADAPTING · RESULTS

WE CAN ALSO REFLECT DURING LESS FORMAL "STOCK TAKING" MOMENTS, SUCH AS WEEKLY STAFF MEETINGS OR PROGRESS UPDATES.

Sources: Stakeholder interviews

Priority resources in this guide help us identify when to innovate and how to pursue the innovation process.

COMMON INNOVATION OPPORTUNITIES

DEFINING THE PROBLEM

WHEN

1 NEW OR IMPROVED SOLUTIONS	2 FURTHER SCALING EXISTING SOLUTIONS	3 NEW OR DIFFERENT PARTNERS OR ENGAGEMENT MODELS	4 MORE OR BETTER FUNDING	5 MORE FLEXIBLE WORKING STRUCTURES

HOW

ILLUSTRATIVE SIGNALS this may be an opportunity to innovate

CONSIDERATIONS | NEXT STEPS | TOOLS AND RESOURCES

Common innovation opportunities in global health (1/3).

1 NEW OR IMPROVED SOLUTIONS

Introducing new or improved programs, service delivery models, or products & technologies can help us achieve our ambitious goals.

👁 See page 45 for Already Awarded Procurement

👁 See page 49 for New Procurement

⚠ ILLUSTRATIVE SIGNALS OF OPPORTUNITIES

- After thorough investigation, an ideal solution to reach impact goals within budget and/or timeframe **is unknown**
- Solution exists, but **needs to be adapted to specific contexts**
- Solution is **falling short of health impact targets**, overall
- Solution is not driving **impact fast enough**
- Solution is not driving **impact for people who need it most**

Example we have faced:

We have been working in this field for 20 years and still do not have a good solution. We have tried, tested, and implemented a variety of approaches but we are not achieving the impact we hoped.

2 FURTHER SCALING EXISTING SOLUTIONS

Building momentum, scaling, or expanding the influence of an existing solution can advance sustainable impact.

👁 See page 50 for Already Awarded Procurement

👁 See page 51 for New Procurement

⚠ ILLUSTRATIVE SIGNALS OF OPPORTUNITIES

- Solution exists and provides value, but **overall uptake and coverage remain low**
- Solution is scaling, but **is not reaching the people who need it most** (e.g., low-income, rural)

Example we have faced:

We have a tried and tested solution that we know works based on evidence and experience, but we are not reaching enough people to really "move the needle."

Sources: Stakeholder interviews

Common innovation opportunities in global health (2/3).

3 — NEW OR DIFFERENT PARTNERS OR ENGAGEMENT MODELS

Engaging existing or non-traditional partners in new ways can strengthen impact, foster local sustainability, and increase efficiency.

ILLUSTRATIVE SIGNALS OF OPPORTUNITIES

- **Current partners are limited** by the engagement model (e.g., narrowly-defined deliverables)
- Current **award structure makes it difficult** to obtain needed capacity
- Existing awardee **needs help to innovate** their approach
- Proposed partners do not have **required skills/capacity**
- Proposed partners cannot take activity forward **sustainably in the long-term**
- Proposed partners will **not reach impact goals within budget and/or timeframe**
- Proposed partners' **approaches are very similar** and do not offer diverse ideas

Example we have faced:

We have had the same voices at the table for years and are not making the progress we want to. We need to bring together a diverse set of ideas in an inclusive way, and we want to engage the private sector, civil society, and others in the conversation.

4 — MORE OR BETTER FUNDING

Utilizing creative ways to bring in new funding or fit-for-purpose financing solutions can help us pursue our goals.

ILLUSTRATIVE SIGNALS OF OPPORTUNITIES

- **Strict funding mechanisms** prevent partners from evolving their solutions
- There is a need/opportunity to **incentivize results**
- Activity requires **significant upfront funding or is high-risk,** which impedes investment/support
- **Size of investment** prohibits testing new approaches, or **more evidence** is needed to justify larger investment
- USAID **funding is not sufficient** to support the activity at desired scale; other donor funding may be needed
- **Long-term, sustainable funding source** is not yet secured

Example we have faced:

We feel good about the solution we are implementing, but we need more money for this intervention to have its intended impact. Unfortunately, we cannot allocate more funds toward this effort.

Sources: Stakeholder interviews

Common innovation opportunities in global health (3/3).

5 MORE FLEXIBLE WORKING STRUCTURES

Adapting our program management, procurement, and monitoring practices can increase our flexibility and enable us to pursue the best solutions.

👁

⚠ ILLUSTRATIVE SIGNALS OF OPPORTUNITIES

- Management approaches limit **partner or implementer success** (e.g., rigid deliverables or metrics)
- **Procurement processes** limit involvement of less traditional partners (e.g., small start-ups)
- Strict requirements or inflexible monitoring and/or management practices **do not allow for change over time**
- **Lessons learned** from evaluations are not shared or incorporated into practice or occur with a delay that prevents progress
- **Inefficiencies in day-to-day processes and workflows** limit progress

Example we have faced:

Our current partner has an idea to adapt our approach to achieve greater impact but our agreement does not allow for change—or would require modification that requires too much time and effort.

Sources: Stakeholder interviews

While considering innovation needs, it is important to clearly define the problem—this is often an iterative process.

DEFINING THE PROBLEM

- There is a critical need to **clearly define the problem** before working on the solution
- It is "**a deceptively simple task**" as "what at first seems to be the problem is often merely a symptom of a deeper problem"[1]
- It involves **unpacking the problem and examining the wider context**

TAKE ACTION

- **Ask ourselves what else could be going wrong** 3-4 times before we commit to one problem
- Walk through a few different problem statements for the same problem to find which one is clearest, most actionable, and resonates among stakeholders
- **Existing and easy-to-use resources** are available to define the problem

👁 See page 101
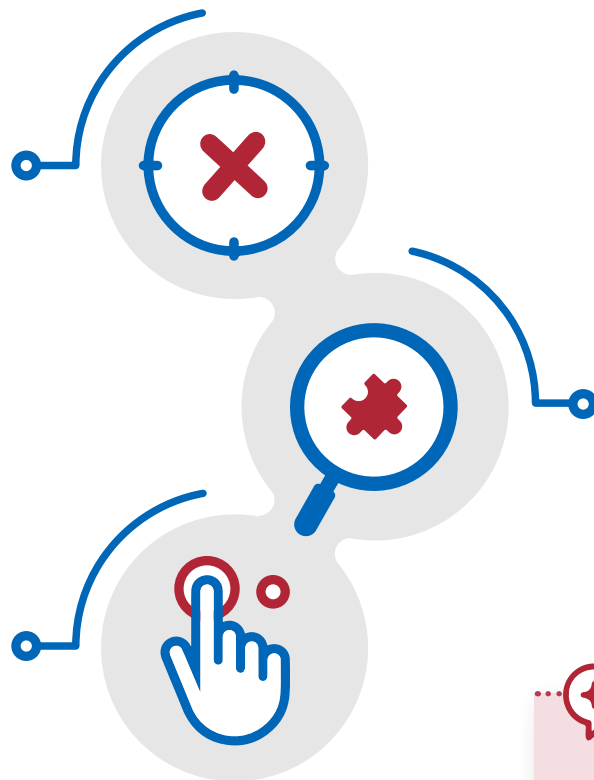
RATIONALE

- Often we have to **think through several different underlying problems** to identify the real one that needs to be addressed
- Identifying the real problem and defining it clearly will **guide the innovation process**

After further defining the problem, we may realize the innovation opportunity is different from what we originally thought. As needed, revisit the five common innovation opportunities (slides 41-43) to identify the starting place to use this guide

Notes: 1. Nesta, "Development Impact & You—Practical Tools to Trigger & Support Social Innovation.."
Sources: Stakeholder interviews; Nesta, Development Impact & You, "Practical Tools to Trigger & Support Social Innovation: Problem Definition"

CONSIDERATIONS	QUESTIONS TO ASK	IS THIS RELEVANT TO FURTHER EXPLORE?	
Existing vs. new solution	Does a solution already exist that could be improved?	☐	👁 See page 76
Feedback and pain points	Do we need to better understand the problem, or why an existing solution is not working?	☐	👁 See page 76
Implementation or enabling environment	Is the implementation of the solution constraining its success?	☐	*If implementation of the solution is constraining success, please see page 50*
Additional funds	Are additional resources needed to support a new or improved solution?	☐	*If funding is a constraint, please see page 58*
Award modification or termination, in extreme circumstances	Is a major change needed to support a new or improved solution?	☐	👁 See page 77

WHEN AND WHY WAS INNOVATION NEEDED?

COMMON INNOVATION OPPORTUNITIES

- **New or improved solutions**—improved model for training front line health workers to increase skills retention.
- **Further scaling existing solutions**—builds capacity of health workers to bring life-saving care and fills gaps in quality and access to basic health services for women and children nation-wide.

SIGNAL

- There have been many interventions developed to build clinical care capacity of community health workers. Historically, USAID has supported clinical training for providers, but **knowledge and skills retention and translation of learnings into practice has remained a challenge.**
- Multiple studies have reinforced the **need for an improved training model** to fill gaps in provider skillsets, strengthen existing capacity, and ensure retention of knowledge and skills to drive the **provision of improved, consistent quality care.**[1]

HOW DID USAID PURSUE THE OPPORTUNITY?

NEXT STEPS

- Jhpiego, in partnership with USAID, **developed Low-Dose, High-Frequency (LDHF)**—a capacity-building approach that promotes maximal retention of clinical knowledge, skills, and attitudes through short, targeted, in-service, simulation-based learning activities that are spaced over time and reinforced with structured, ongoing practice sessions on the job site.
- The **approach was designed based on a 2011 literature review** that found that educational techniques are critical to learning outcomes; that targeted, repetitive interventions can result in better learning outcomes; and that the setting should be selected to support relevant and realistic practices and increased efficiency.
- In 2013, USAID and partners, through the **Saving Lives at Birth Grand Challenge for Development, awarded Jhpiego a transition to scale award** for a study to measure the effectiveness of the current in-service training and the LDHF approach. **Jhpiego directly supported the Uganda Ministry of Health, engaged stakeholders, and developed the training to align with national standards and best practices**. Results reinforced the effectiveness and potential impact of the LDHF approach on maternal and perinatal outcomes in Uganda.
- Additional **studies conducted by USAID's Maternal and Child Survival Program (MCSP) validated these results** across focus countries.
- With sufficient evidence, MCSP now promotes and supports LDHF training in implementation countries.

TOOLS AND RESOURCES

- The LDHF approach was designed based on results from a [literature review](#) conducted by USAID's partner, Jhpiego.
- See MCSP publications and write-ups of the LDHF approach.

Notes: 1. In Madagascar, for example, only 50% of obstetrician gynecologists had been trained in antenatal care. The numbers for midwives at primary health facilities were even lower.
Sources: Stakeholder interviews

ROADBLOCKS & WORKAROUNDS

● *Initially, MNH and FP skills and competencies were not taught through Pre-Service Education (PSE) and there was a lack of in-service training opportunities (Madagascar)*

● Prior to roll-out of the LDHF approach, it was important to understand the landscape of challenges and opportunities in how pre- and in-service training was being provided. This then informed how a new deployable training approach could be successful.

● We developed core training principles and wrote up an approach to be tested. We then adapted training materials for provider workplaces and offered short, frequent, targeted training sessions.

● *During roll-out of LDHF, practicing providers can be resistant to change, not have the time for frequent practice, or believe their skills are sufficient (Liberia)*

● Involving providers in the identification of solutions was an effective strategy to increase motivation and willingness to participate in skill updates.

● We empowered providers by emphasizing their role and importance in educating students. Gaps in knowledge were demonstrated in provider test results at in-service training.

● By engaging teams rather than individuals, this approach supported changes in behavior for whole units and facilities.

● *District, regional, and national MOH not convinced of need to alter training approach*

● Understanding the evidence needed to convince all levels of MOH staff of the added value of this new approach, we conducted studies to demonstrate its effectiveness, communicate its results, and provided technical assistance to scale.

RESULTS

> **REMINDERS OF THE THEORIES AND PRACTICE DONE DURING THE SUPERVISION VISITS HELP REFRESH OUR MEMORIES UNTIL [THESE SKILLS] BECOME HABITS IN DAILY PRACTICE."**
>
> *—LDHF-TRAINED PROVIDER IN MADAGASCAR*

• **The LDHF approach may be more effective than traditional workshop-based training approaches.**[1] Many providers noted that the hands-on, frequent practice better enabled them to improve and maintain complex and infrequently used skills, such as those needed in obstetric emergencies.

• **Onsite trainings reach more clinical providers and combat challenges with staff re-assignments.** Providing onsite training and supportive supervision enabled training and support for all of the providers in a health facility.

• **The LDHF approach is a proven, cost-effective scalable model across various geographies and contexts** because it is skill agnostic and can be adapted to meet needs of existing programs and health worker training curriculums. Recent findings indicate that not every skill set requires repetition, but that use of simulation and repetition is particularly relevant for complex, critical, and infrequently performed skills.

• **Targeting teams may help improve the transfer of new skills.** Delivering training to teams within their workplace helps them immediately apply new skills and provides a supportive environment.

• Initially, innovating to improve a training approach was challenging and disrupted the status quo, but now this innovation is linked to **improved provider capacity to save mothers' and children's lives.**

Notes: 1. Globalization and Health, "Incremental cost and cost-effectiveness of low-dose, high-frequency training in basic emergency obstetric and newborn care as compared to status quo: part of a cluster-randomized training intervention evaluation in Ghana," 2017.
Sources: Stakeholder interviews

SPOTLIGHT: SAMPLE CRITERIA THAT CAN HELP "FILTER" INNOVATION OPTIONS

In a scenario considering several innovation options, structured criteria can help to evaluate options and determine which path to pursue. While a variety of criteria can be used, below are two examples of criteria USAID teams have implemented. For more information on filtering and selecting innovations, please contact CII or the Lab.

PAST INNOVATION CHALLENGE CONSIDERATIONS[1]

- **Innovation demonstration**: solution offers a creative approach to the problem outlined and is clearly differentiated from existing approaches in the proposed setting (i.e., significant improvements in cost, quality, and/or access to essential health services relative to standard practice/current offerings)
- **Sustained impact**: demonstration that investment in the proposed solution could result in transformational gains in maternal and newborn survival and in the prevention of stillbirth globally
- **Execution plan**: extent to which the proposed project objectives and interim milestones are appropriate, feasible, and technically sound within the budget and time allocated for either seed, validation, or transition funding
- **Evaluation plan**: extent to which the project has proposed a clear, measurable, and realistic monitoring and evaluation plan, including key indicators to measure project success
- **Team capacity and partnerships:** demonstration that the applicant and its partners have the necessary depth and breadth of talent, experience, and leadership in order to execute their project

There was also an overarching focus on finding ideas with the potential to achieve sustainable, groundbreaking impact and/or to become game changers in the field.

DIV APPLICATION/EVALUATION CRITERIA[2]

1. **Innovation & impact**: definition of the problem and its impact
2. **Cost-effectiveness**: cost of solution and potential social benefits
3. **Evidence & evaluation**: existing theory and evidence of the solution's impact along with associated measurable metrics
4. **Implementation**: plans for each stage in the implementation of the solution (e.g., building operational capacity, systems, and partnerships; testing financial viability; documenting progress)
5. **Sustainability and pathway to scale**: long-term viability and methodology for a pathway to scale
6. **Project team**: roles, expertise, and experience of implementors

CONSIDERATIONS	QUESTIONS TO ASK	IS THIS RELEVANT TO FURTHER EXPLORE?	
Pain points and problem definition	What problems or needs must the solution address?	☐	See page 78
Existing solutions	Can we learn from or build on ideas that already exist?	☐	See page 78
New solution	How can we come up with new ideas?	☐	See page 79

ALREADY AWARDED:
We are working within an existing project or award

CONSIDERATIONS	QUESTIONS TO ASK	IS THIS RELEVANT TO FURTHER EXPLORE?	
Understanding global or country-level obstacles	Do we understand what is impeding scale-up?	☐	👁 See page 80
New partnerships and/ or new money needed	Do we need more resources or different partners to drive scale-up?	☐	👁 See page 80
Plan development and incorporation in strategic planning documents	How can we change our plans to drive scale-up?	☐	👁 See page 81
Continual learning and improvement	How can we learn and improve on an ongoing basis?	☐	👁 See page 81

CONSIDERATIONS	QUESTIONS TO ASK	IS THIS RELEVANT TO FURTHER EXPLORE?	
Understanding global or country-level obstacles	Do we understand what is impeding scale-up?	☐	👁 See page 82
Partnerships and/or new money needed	Do we need more resources or different partners to drive scale-up?	☐	👁 See page 82
Procurement design and development	What procurement option is most appropriate to drive scale-up?	☐	👁 See page 83
Incorporation in strategic planning documents	How can we design our plans to drive scale-up?	☐	👁 See page 84
Continual learning and improvement	How can we learn and improve on an ongoing basis?	☐	👁 See page 84

CONSIDERATIONS	QUESTIONS TO ASK	IS THIS RELEVANT TO FURTHER EXPLORE?	
New model with existing partner	Is there a more impactful or efficient way to work with the partner we have?	☐	See page 85
Bringing in new partners with new skills or new money	Do we need new partner(s) with different skills or resources?	☐	See page 86
Award modification, in extreme circumstances	Is a major change needed to support a more impactful or efficient partnership?	☐	See page 87

SPOTLIGHT: USAID STAFF CAN EXPLORE AND ENCOURAGE PARTNERSHIPS OUTSIDE OF DIRECT FUNDING RELATIONSHIPS

COMMON MYTH:

For USAID, a partnership must involve funding another actor.

FLEXIBLE FORMS PARTNERSHIP CAN TAKE:

- **Human capital**: USAID teams can drive new partnerships via staff capacity, expertise, and partner support without providing funding. For example, USAID supported the creation of the **Global Handwashing Partnership** through a commitment to develop, support, and launch the effort.
- **Convening**: USAID also has convening power to connect actors, forge partnerships, and build new initiatives. This can be done through phone calls, meetings, or larger gatherings. For example, USAID has brought public, private, and civil society actors together to **develop national strategies in Malawi and Nigeria.**

> **WE NEED TO MOVE AWAY FROM THE IDEA THAT PARTNERSHIP MEANS MONEY. CREATING AN EFFECTIVE PARTNERSHIP IS POSSIBLE THROUGH ROLLING UP YOUR SLEEVES, DOING TASKS YOU MAY NOT WANT TO DO, AND ULTIMATELY, INVESTING TIME."**

NON-TRADITIONAL PARTNERSHIP OPTIONS:

- **Via specific mechanisms**: For example, Apex is a contracting model designed to make it faster and easier to connect with smaller partners.
- **Via larger awards**: It is sometimes possible to carve out windows of larger programming to support new types of partnerships. For example, USAID has supported smaller grants for local organizations to bring in and build local capacity.
- **Via emergency funding**: Given different requirements, emergency funding can provide an opportunity to work with new partners in ways not possible through other awards.
- **Via external initiatives**: Not all new partnerships need to exist within the USAID program cycle. For example, USAID played a role in launching *Roll Back Malaria, Ending Preventable Maternal Mortality, and the Every Newborn Action Plan.*

Sources: Stakeholder interviews

3 NEW OR DIFFERENT PARTNERS OR ENGAGEMENT MODELS

NEW PROCUREMENT: We are planning for the future or designing a new procurement

CONSIDERATIONS	QUESTIONS TO ASK	IS THIS RELEVANT TO FURTHER EXPLORE?	
Type of partner	What types of partners should we consider?	☐	See page 88
Mutual value proposition of the partnership	What are the objectives of the partnership?	☐	See page 89
Which specific partner	Who should we work with, specifically?	☐	See page 89
Potential model and plan to engage	What is the most impactful and efficient way to work together?	☐	See page 90

SPOTLIGHT: CO-CREATION IS A COLLABORATIVE DESIGN PROCESS THAT CAN HELP PRODUCE BETTER OUTCOMES

SUMMARY
- Co-creation is a collaborative design process that can generate buy-in and produce better outcomes.
- We can use it for many purposes, including procurement methods like APS and BAA, work planning, and everyday problem solving.

WHAT IS IT?

A design approach that brings people together to collectively produce a mutually valued outcome, using a participatory process that assumes some degree of shared power and decision-making.

WHY USE IT?

To engage with a greater diversity of stakeholders, foster collaboration, and work together toward better outcomes. It can help to better understand the problem and more quickly identify potential solutions.

WHEN AND WHEN NOT TO USE IT?

It can be used for a variety of purposes, from supporting procurement processes like Annual Program Statement (APS) and Broad Agency Agreement (BAA) to work planning and everyday problem solving. Co-creation can be applied throughout the program cycle. However, because it requires the sharing of insights, the co-creation process may be of less interest to partners in competition, especially when funding is not guaranteed.

WANT TO LEARN MORE? More information is available here and you can reach out to OAA to access additional training and resources. If you want to discuss incorporating co-creation into your work tasks, contact CII or OAA.

Sources: USAID, "Discussion Note: Co-creation Additional Help," 2017

WHEN AND WHY WAS INNOVATION NEEDED?

COMMON INNOVATION OPPORTUNITIES

- **New or different partners or engagement models**—bringing in private sector professionals to Ministries of Health.
- **New or improved solutions**—developing new models to build leadership and management capabilities in the public sector.

SIGNAL

- In 2015, a USAID intern completed a study on opportunities to improve community health.
- A key finding from this work was that **Ministries of Health (MOH)** could strengthen community health systems by building their leadership and management capacity.
- **Leadership and management capacity building programs existed, but there was a gap**: few provided human-centered, "boots on the ground," organic, and interactive training opportunities focused more on quality than quantity.
- At the same time, **there was recognition that other partners—in particular, private sector stakeholders—had capabilities** that were lacking within the MOH.

HOW DID USAID PURSUE THE OPPORTUNITY?

NEXT STEPS

- Following recognition of this need, several partners, including USAID, the Office of the UN Special Envoy for Health, and The Aspen Institute, **came together to discuss the identified challenge and potential solutions**.
- They ultimately decided to **launch the Aspen Management Partnership for Health** ("AMP Health"), a partnership that aims to strengthen leadership and management capabilities of MOHs through public-private partnership.
- **A multitude of strategy sessions took place at the global level and country level.** These sessions focused on **value propositions, country prioritization, and designing the menu of offerings** within the partnership model.
- The partners **decided to house the partnership within the Aspen Institute** and hired a Director.
- USAID staff have worked on this effort since its launch.
- The partners "**built the ship as it was sailing**"—which is less typical for USAID.

TOOLS AND RESOURCES

- USAID staff did **extensive "landscaping" via interviews with internal and external experts and by benchmarking other initiatives** (e.g., Global Health Corps, Peace Corps).
- USAID staff also made use of **best practices in adaptive management and private sector engagement**.

Sources: AMP Health website, accessed 2019; Stakeholder interviews

ROADBLOCKS & WORKAROUNDS

RESULTS

- *Limited interest from MOHs in certain countries*
- AMP Health **walked away from some countries that had initially been prioritized.**
- AMP Health **doubled down on a demand-driven model** and focused on countries eager to participate. Ensuring overall "fit" of partnerships was key to success.
- AMP Health **secured MOUs with these countries**, to clearly articulate why each MOH wanted to participate and their goals for participating. This was done through many rounds of "back-and-forth" conversations. They first shared and tested their ideas. Then they followed up to better understand community health challenges. Finally, they discussed whether management and leadership could resolve the challenges and considered ways in which the AMP Health model may be uniquely suited for the effort.

- *Challenges with Kenya program*
- AMP Health leaders were **not afraid to fail.**
- Given Kenya program was not delivering maximum value due to a range of challenges (MOH interest, not finding the right scope of work), AMP Health **decided to close the program.**

- *Securing funding*
- Early on, USAID used its convening power to bring potential partners together to identify funding opportunities.
- By engaging early, potential partners were able to jointly design programming based on shared interests.
- Some partners did not see alignment and pursued other opportunities, which allowed AMP Health to focus on securing more high-potential partners.

- Today, AMP Health exists as a standalone organization and **places private sector professionals, known as "Management Partners," within MOHs** to engage in real-time joint problem solving, planning, training, and facilitation.
- AMP Health currently operates **seven programs across four countries**: Ghana, Malawi, Sierra Leone, and Zambia.
- The model also supports **leadership labs, online courses, live learning days, in-country workshops, and executive coaching to strengthen MOH capabilities.**
- Key achievements include:
  - **Leading development of Malawi's first-ever National Community Health Strategy (NCHS)**, which has been disseminated to all 29 districts in Malawi.
  - Other key results from Malawi include appointing and orienting dedicated **community health coordinators** in all districts and **identifying +$200 million** in resources and new partnerships/funders for the NCHS.

Sources: AMP Health website, accessed 2019

CONSIDERATIONS	QUESTIONS TO ASK	IS THIS RELEVANT TO FURTHER EXPLORE?	
Funding instruments	What type of funding instrument (e.g., grant, non-grant) is most appropriate to achieve our goals?	☐	👁 See page 91
Funding disbursement	How should funding be disbursed over time to best achieve our goals?	☐	👁 See page 92
Funding amount	Do we have enough funding to achieve our goals? If not, how can we mobilize more?	☐	👁 See page 93

> "Healthy mothers and newborns are the foundation of healthy and prosperous societies…We must partner to develop new technologies and seek new ways of delivering solutions to women and children who need them most. [Saving Lives at Birth] will speed up progress we're already making—and will lead to new kinds of progress that we have yet to conceive.

MELINDA GATES, CO-CHAIR OF THE BILL & MELINDA GATES FOUNDATION

The Maternal and Newborn Health
DEVELOPMENT IMPACT BOND

Photo Credit:
Paul Joseph Brown / GAPPS

SAVING LIVES AT BIRTH:
A GRAND CHALLENGE FOR DEVELOPMENT

> This results-based financing mechanism is ground-breaking in that it takes a business approach to development, while still targeting basic needs like improving the quality of care and private facilities"

MARK GREEN, ADMINISTRATOR OF USAID

WHEN AND WHY WAS INNOVATION NEEDED?

COMMON INNOVATION OPPORTUNITIES

- **More or better funding**—creating more flexible, milestone-based funding structures to support the "go or no-go" progress of innovative projects, without over-committing USAID resources to new ideas that may not achieve goals

SIGNAL

- In 2010-2011, USAID and partners launched the **Grand Challenge Saving Lives at Births**, which called for innovative solutions to address the problem of maternal and neonatal mortality
- More frequently used models of assistance, such as grants and cooperative agreements, **were not well-suited to support the higher-risk approaches and solutions** featured within the Grand Challenge
- Rather, these innovative solutions **required more flexible, milestone-based, smaller tranches of funding** that could reward incremental progress without over-committing resources to higher-risk, untested ideas

HOW DID USAID PURSUE THE OPPORTUNITY?

NEXT STEPS

- USAID staff explored feasible arrangements to support fixed amount awards that would allow for stage gating of funding
- During the award negotiation stage, OAA, program, and technical staff at USAID worked with the future awardee to co-develop a technical milestone table
- The milestone table laid out a clear plan to provide staged funding to the awardee, where no milestone would involve less than 5% of the overall award ceiling

TOOLS AND RESOURCES

- The team used USAID Automated Directives System (ADS) 303 for fixed amount awards and additional help documents

ROADBLOCKS & WORKAROUNDS

- 🔴 *Difficulties agreeing to milestones and appropriate staged funding amounts during award negotiation*
- 🔵 It can be time-consuming and challenging for the implementing partner and all USAID stakeholders to agree on what the major milestones should be and appropriate stage-gated funding for each. However, with good coordination, communication, and shared understanding, a milestone table over the course of a 2-3 year grant period can be co-developed and followed

- 🔴 *The milestone table deliverables and staged funding often require modification throughout the period of performance*
- 🔵 It is nearly impossible to predict progress and obstacles for an innovation; inevitably the milestone table developed at the start of the award will need adaptation. Therefore building in flexibility for pivoting and efficient award modifications for timeline and milestone changes is critical

- 🔴 *The funding is never enough!*
- 🔵 No matter the level of funding and flexibility of stage-gated funds for an innovation, support to the implementing innovator is important to help identify additional flexible funding structures

RESULTS

- Today, the vast majority of Grand Challenge innovations are successfully supported through fixed amount awards that allow for stage gating of funding in line with accomplishment of technical milestones
- The model has proven flexible and has helped innovators make incremental progress while balancing risk to USAID
- The model of stage-gating funding—aligned with critical go/no-go milestones— is an approach that could be useful across all of USAID support to health programming in order to incentivize incremental progress with agreed-upon tranches of funding throughout the life of the project

CASE STUDY: USING DEVELOPMENT IMPACT BOND (DIB) TO BRING IN NEW INVESTORS, MOBILIZE UPFRONT CAPITAL, AND DRIVE RESULTS

TYPE OF INNOVATION: FINANCE

WHEN AND WHY WAS INNOVATION NEEDED?

COMMON INNOVATION OPPORTUNITIES

- **More or better funding**—using a non-traditional financial instrument to mobilize upfront resources and then incentivize results throughout implementation

SIGNAL

- Rajasthan, India has some of the highest maternal and newborn mortality rates (MMR, NMR) in the world.
- Despite efforts to improve maternal and newborn survival by incentivizing women to deliver in facilities, the MMR and NMR have not decreased as much as expected.
- Subsequent research found that the quality of care was variable, especially between public and private facilities.
- Public facilities were required to meet government standards of care, while private facilities were not.

HOW DID USAID PURSUE THE OPPORTUNITY?

NEXT STEPS

- USAID and other partners explored solutions that could provide implementing partners with flexible, upfront funding to enable them to provide technical assistance (TA) to private health facilities to help them improve their quality of care and reach government standards.
- This led to the idea of the Utkrisht Development Impact Bond (DIB)
- USAID then worked with other DIB partners to agree upon key design elements of the DIB, including the size of the outcomes payments and the project outcomes

TOOLS AND RESOURCES

- CII worked closely with General Counsel (GC) and OAA during the development of the DIB and the contracting process

ROADBLOCKS & WORKAROUNDS

- *High startup costs and level of effort*
- Setting up a DIB can be complex and time consuming given the number of partners involved and the different role for USAID.
- Early support from GC and OAA, and frequent communication with partners, helped keep the process moving.
- As USAID gains more experience with DIBs, the transaction costs will reduce over time.

- *Real-time problem solving*
- During implementation, a number of unexpected challenges emerged that had to be addressed, including changes to the eligibility criteria for private health facilities.
- Because the DIB project design accounted for the need to pivot and be flexible, these unexpected challenges were addressed quickly.
- A strong partnership and internal communication plan ensured that these issues could be addressed in a timely manner, with minimal disruption to project implementation and overall timeline.

RESULTS

- The Utkrisht Impact Bond was launched in 2017 to help improve the quality of care for mothers and newborns in private health facilities.
- UBS Optimus Foundation provides flexible, upfront funding to two implementing partners, Hindustan Latex Family Planning Promotion Trust (HLFPPT) and Population Services International (PSI); Palladium is the project manager.
- HLFPPT and PSI use the flexible funding to provide tailored TA to participating facilities, based on their specific needs, to help them meet government quality of care standards.
- Mathematica verifies if facilities have met standards, which triggers an outcomes payout from USAID and Merck for Mothers
- Therefore, USAID and Merck for Mothers have shifted programmatic and financial risk to UBS Optimus Foundation and only pay for outcomes.
- Likewise, the implementing partners are able to pivot and innovate in real time to achieve the desired results.

5 MORE FLEXIBLE WORKING STRUCTURES

CONSIDERATIONS	QUESTIONS TO ASK	IS THIS RELEVANT TO FURTHER EXPLORE?	
Program management	Can we improve our day-to-day management approach?	☐	👁 See page 94
Procurement	Can we consider other procurement options?	☐	👁 See page 94
Monitoring, evaluation, & learning	Does our approach to MEL encourage trying novel approaches? Or, can we improve our MEL approaches, overall?	☐	👁 See page 95
Other internal processes	Are we facing other process-related pain points that are impeding our impact goals?	☐	👁 See page 95

SPOTLIGHT: MENU OF INNOVATIVE PROCUREMENT METHODS

A variety of procurement options that can encourage and foster innovation are available. Annual Program Statements (APS) and Broad Agency Announcements (BAAs) are two common examples. Directly comparing them can help identify which mechanism may be most useful for a situation. If you would like to discuss whether APS, BAA, or another method might be a helpful approach, please contact CII or OAA.

	ANNUAL PROGRAM STATEMENT (APS)	**BROAD AGENCY ANNOUNCEMENT (BAA)**
WHAT IS IT?	A flexible, outcomes-focused procurement tool used to jointly identify and define problems, challenges, and opportunities to address. It can be open to responses for up to a year.	A procurement tool used to collaborate with the private and public sector when facing R&D development challenges that do not have a clear solution but appear to offer an opportunity for innovation.
WHY USE IT?	To inform USAID activities by engaging more diverse stakeholders and finding common ground.	To engage with more diverse stakeholders to inform USAID activities.
WHEN TO USE IT?	To support a variety of creative approaches towards developing methodologies to assess and implement development objective activities; this can include private-public sector partnerships.	It is most frequently used when pursuing an unknown R&D solution.
WHAT ARE THE RESULT(S)?	• Grant • Cooperative agreement *A Global Development Alliance (GDA) could also be developed*	• Grant • Cooperative agreement • Contract

More information is available here. If you are interested in the APS approach and you want to discuss the process, contact CII or OAA.

More information is available here. If you are interested in the BAA approach and you want to discuss the process, contact CII or OAA.

WHEN AND WHY WAS INNOVATION NEEDED?

COMMON INNOVATION OPPORTUNITIES

- **More flexible working structures**—making the process of reviewing and approving documents easier within a large project that involved many countries, USAID teams, and partners

SIGNAL

- The $560 million Maternal and Child Survival Program (MSCP) project generated a **large number of study results and documents to review**
- The documents covered diverse technical areas implemented via more than **40 work-plans in 32 countries**
- A large number of USAID staff from Missions and Washington **had to review and approve these documents**
- This created a **large workload**, especially for certain team members (e.g., M&E point of contact)

HOW DID USAID PURSUE THE OPPORTUNITY?

NEXT STEPS

- The core AOR management team and the partner's management team **had discussions about how** to streamline the process of document review & approval
- This led to the suggestion to **create a new process** to engage all relevant people in an organized way, without having only one or two people (e.g., AOR and M&E point of contact) manage this large amount of work
- The team then **drafted a review & approval guidance document** and **solicited input** from the partner and the MCSP AOR management team
- The guidance document **clearly specified the levels of review & approval** and the timeline for different deliverables
- After the document was finalized, the team organized meetings with USAID Washington extended technical teams working on the project to **clarify and socialize the guidance document**
- An email was then sent to all field activity managers and Population, Health/ Nutrition (PHN) officers from 32 countries to **share the guidance document**
- The AOR team continues to guide the document review & approval process and reminds reviewers of the deadlines

TOOLS AND RESOURCES

- USAID staff had **discussions with other offices and bureaus** to learn from their experiences
- Input from the USAID Washington and the project-level **communication teams** was very helpful in developing a new approach

ROADBLOCKS & WORKAROUNDS

RESULTS

- **Lack of familiarity with new process, given not all staff read the guidance document**
- The team made explicit efforts to **introduce and socialize the new guidance document** with USAID technical teams, field activity managers, and PHN officers before launching
- After launch, the AOR team continued to **help explain and clarify the new process** to individual staff members via emails and phone calls
- The AOR team also developed a **Google template** to help teams to add comments during document review
- After using this Google template for the first time, Mission staff increasingly drove this process on their own

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- *Lower compliance with new process, given staff time and capacity constraints*
- The AOR team used the guidance document to **regularly send reminders**, especially to Mission staff

- Having an organized process streamlined workloads for USAID staff and partners and improved the **efficiency of the team**
- **Compliance with deadlines increased**, which helped partners focus more on country-level implementation rather than tracking documents
- The new process also contributed to **better documentation of USAID's investments** given the input received from staff

EXPERIENCES WITH INNOVATION AT USAID

We need time, capacity, and funding to innovate.

COMMON CHALLENGES

Limited time and capacity	Identifying and filtering opportunities	Securing the right funding

WORKAROUNDS

• **Pursue conversations with supervisors to include innovation opportunities** in job description and scope of work • **Drive toward flexible and supportive program management**—which promotes continuous learning, experimentation, and risk-taking (e.g., incentivizing innovation) • **Carve out regular opportunities to identify and/or pursue innovation day-to-day** (e.g., in weekly team meetings), recognizing that some innovations could save time in the longer term • **Reach out to dedicated support teams** (e.g., CII, Global Development Lab) to support aspects of innovation process • **Participate in training opportunities** "as available" to learn new approaches	• With a program or activity, be strategic and **clearly define top opportunities for innovation and criteria** any innovation opportunity must meet—to avoid "innovation for the sake of innovation" • Conduct **landscape analysis that considers pros/cons** of opportunities • **Draw on monitoring & evaluation resources** to consider pros/cons of opportunities, adding a level of rigor and analysis to how opportunities are selected 👁 For M&E, see page 64 👁 For filtering criteria to help select between innovation options, see page 48	• Consult with colleagues and support teams (e.g., CII, Global Development Lab) **to review options of what is possible** • **Seek out partners who are well-positioned** to provide funding or other resources that USAID cannot • **Work with OAA and General Counsel (GC)** to explore and implement suitable funding solutions into the award during the negotiation phase

Sources: Stakeholder interviews

Leadership and government support are also critical to secure.

COMMON CHALLENGES

Securing leadership buy-in

Partnering with governments to drive scale

WORKAROUNDS

- Identify key decision-makers and **understand their priorities, doubts, and unanswered questions**
- Pursue **opportunities to socialize the innovation and advocate for support** (e.g., reframing messages to resonate), including communicating results with the broader stakeholder community
- Act as a **knowledge broker** to share information and generate buy-in
- **Establish connections with other functional team members** (e.g., Office of Acquisition Assistance, General Counsel) to share relevant templates and learnings on innovation approaches

- **Understand the steps necessary to achieve scale** and government adoption (e.g., level of documentation and evidence required)
- **Empower innovators to navigate this process**
- Develop **strategic relations across and within teams**, to mitigate against government transitions
- **Develop clear evidence & track record** (e.g., a shareable presentation, dossier) to advocate for government support

Sources: Stakeholder interviews

Innovation can sometimes complexify M&E and requires tailored approaches.

COMMON CHALLENGES

Measuring and evaluating innovation

Generating evidence to pursue novel approaches

WORKAROUNDS

- Clearly articulate the **end goal supported by the innovation process and frame M&E efforts** around this goal.
- **Reach out to an M&E expert** as needed to discuss the level of evidence required (e.g., theory of change, randomized controlled trial)
- Develop **clear milestones that serve as "go or no go" decision points** and clearly determine whether the innovation process should continue.
- For each innovation, develop a combination of **comparable and flexible metrics**—the former to allow for comparison across a broader portfolio, the latter to capture the progress of the innovation itself
- Look at existing **M&E plans from innovation-focused activities** (e.g., Saving Lives at Birth) to spark ideas for specific metrics or approaches that could be applicable.
- **Support knowledge translation and share information** gleaned from M&E to support global learning of best practices and failures

- Understand the **minimum bar of evidence needed** for an innovation process to move forward. Often, these requirements are not "set in stone"
- Based on this, **consult decision-makers** to present evidence and rationale that meets this bar and mitigates any concerns around value, feasibility, or risk.
- **Pursue incremental innovation** grounded in prior evidence and measure and document results to build the knowledge base

Challenges and roadblocks are normal in the innovation process. *See page 70*

Sources: Stakeholder interviews

IT IS COMMON TO EXPERIENCE SKEPTICISM, DOUBT, AND OTHER CHALLENGES

COMMON EXPERIENCES WHEN INNOVATING

Navigating challenges and roadblocks

Experiencing discomfort and ambiguity

Encountering skeptics

Iterating and revising the approach

Redefining the problem several times

Feeling discouraged about reaching the goal

Advocating for the idea to leaders, staff, and partners to garner support and overcome doubt

Navigating new territory related to the innovation and the process to pursue it

BUT IN THE END, IT IS ALSO COMMON TO ACHIEVE NEW IMPACT RESULTING FROM A SUCCESSFUL INNOVATION PROCESS

Sources: Stakeholder interviews

Other resources to support innovation process (1/2).

CATEGORY	RESOURCES	CATEGORY	RESOURCES
Adaptive Management	• CLA Toolkit–Adaptive Management • Adaptive Management discussion notes • CLA Toolkit–Shock Response Programming and Adaptive Mechanisms	Funding	• Investing for Impact • WEF Blended Finance Toolkit • WEF Blended Finance Primer • OECD Blended Finance Resources • Convergence Blended Finance Resources • WB Guide for Effective Results-Based Financing Strategies • Greater than the Sum of its Parts: Blended Finance Roadmap for Global Heath • Private sector capital report
Co-creation	• Spotlight: Co-creation *See page 55* • OAA Co-creation training • PDT–Co-creation, facilitation, support, and assistance • OAA co-creation resources • DIY, Creative Workshop • Brainstorm rules • Co-creation discussion notes • Business Managers Toolkit, Co-creation		
		Knowledge management/ existing innovations	• WB–Becoming a knowledge-sharing organization • Case studies *See pages 46, 56, 59, 64*
		Monitoring & evaluation	• MERLIN • IDIA: Measuring the Impact of Innovation • Benchmarking Innovation to Impact 2018—KPMG • Global Development Lab: A Social Rate of Return Approach to Measuring Portfolio-Level Impact of Social Innovation Funds • CLA Toolkit–Monitoring • CLA Toolkit–Evaluation
Culture	• USAID Risk Appetite Statement • USAID Leadership philosophy • Quantifying a Culture of Innovation, SPIGIT		
Crowdsourcing/Grand Challenges	• Challenge Toolkit • Global Development Lab: Steps 1-6		
Design	• Design for Health • iDesign • Engage HCD • DIY Toolkit, Causes Diagram	Open innovation	• Global Development Lab: Open Innovation Briefing • Global Development Lab: Open Innovation Training
Filtering innovations	• Spotlight: Sample criteria that can help "filter" innovation options *See page 48* • Digital Health Investment Review Tool • Global Development Lab Evaluation Criteria		

Sources: Stakeholder interviews

Other resources to support innovation process (2/2).

CATEGORY	RESOURCES
Partnerships	• Spotlight: Partnerships *See page 53* • USAID Private Sector Engagement Policy • Partnering for Impact • Global Development Alliance, why partner • Contractor Performance Assessment Reporting Systems (CPARS)
Procurement	• USAID A&A strategy • OAA Innovative Procurement Techniques
Points of Contact	• CII • OAA • Global Development Lab
Public Sector Innovation	• Developing innovation portfolios for the public sector, Deloitte • Eight myths about Public Sector Innovation Debunked • What is government innovation? • The New Practice of Public Problem Solving • UNDP: Spark, Scale, Sustain • Catalyzing public sector innovation, Deloitte
Scaling	• Idea to Impact • Ready, Set, Launch • Market Shaping Primer • IDIA: Insights on Scaling Innovation • Pathways to Scale

CATEGORY	RESOURCES
Other	• Global Development Lab: Acceleration Toolkit • Global Development Lab: Communications Toolkit • Development Impact and You: Innovation Toolkit • Innovation Trends Report 2019 • Rockefeller Foundation: Innovation Guide for Funders • Intuit: Catalyst • Nesta Playbook • Implementing Partner's Guide to Assistance Award Terminations

Sources: Stakeholder interviews

Additional questions about innovation or how to get started?

CONTACT THE USAID CENTER FOR INNOVATION AND IMPACT FOR SUPPORT (CII).

ANNEX

ADDITIONAL DETAIL ON COMMON INNOVATION OPPORTUNITIES

additional detail

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
Existing vs. new solution	Consider whether adapting, re-designing, re-inventing, or implementing an existing solution (e.g., used in another context or sector) will meet your impact goals.	• **Design for Health:** online resource with practical guidance for using human-centered design to ground solutions in user needs • Spotlight: Co-creation • **DIY, Creative Workshop:** materials and instructions to conduct a meeting to share experiences and co-creation solutions • Case study: Building health care capacity with a low-dose, high-frequency approach • Spotlight: Sample criteria that can help "filter" innovation options	
Feedback and pain points	Discuss what is and what is not working with stakeholders to clearly define the needs (e.g., using design) and refine the problem definition as needed. Collect and assess available data to help identify potential pain points (e.g., qualitative and formative research or monitoring and evaluation data).	• **DIY Toolkit, Causes Diagram:** provides a structured way to identify root causes • **Design for Health:** online resource with practical guidance for using human-centered design to ground solutions in user needs • **The Feedback Fallacy:** reflections on how best to share feedback with team members • **How People with Different Conflict Styles Can Work Together:** discussion of "conflict styles" and implications for interactions with others	

additional detail

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Award modification or termination, in extreme circumstances	Consider modifying the agreement or contract to allow for necessary flexibility. In extreme scenarios, it may be best to end the award and develop a new solution to maximize impact. *See page 49.*	Implementing Partner's Guide to Assistance Award Terminations: provides guidance and communication for implementing partners	_____ _____ _____ _____ _____ _____

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Pain points and problem definition	Clearly define the needs (e.g., using design approaches) and refine the problem definition as needed.	• **Design for Health:** online resource with practical guidance for using human-centered design to ground solutions in user needs • **DIY Toolkit, Causes Diagram:** provides a structured way to identified root causes	
☑ Existing solutions	Assess what has been done before—both within global health at USAID and by other partners and sectors to determine if there is an existing approach that can be leveraged or adapted.	• Case study: Building health care capacity with a low-dose, high-frequency approach • Spotlight: Sample criteria that can help "filter" innovation options	

NEW PROCUREMENT: We are planning for the future or designing a new procurement

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ New solution	• Consider co-creative, iterative approaches to crowd in new ideas (e.g., hackathon, idea incubator, industry day) and consider bringing in new and diverse perspectives to brainstorm and develop the solution. • Design a new procurement (i.e., A&A planning), considering mechanisms and approaches (e.g., design) that can generate new ideas. • Build adaptable solutions into design.	• Spotlight: Menu of innovative procurement methods • Spotlight: Co-creation • Design for Health: online resource with practical guidance for using human-centered design to ground solutions in user needs • Case study: Building health care capacity with a low-dose, high-frequency approach • DIY, Creative Workshop: materials and instructions to conduct a meeting to share experiences and to co-create solutions • CLA Toolkit, Adaptive Management: provides definitions, tools to get started, and important tips • CLA Toolkit, Shock Response Programming and Adaptive Mechanisms: describes how new projects can be designed to be adaptative and how existing projects can respond to needs for change • Spotlight: Sample criteria that can help "filter" innovation options	

additional detail

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Understanding global or country-level obstacles	• Identify barriers that are preventing the solution from having impact at scale (e.g., uptake challenges, ecosystem factors, need for additional clinical and/or efficacy data). • Generate and develop solutions to overcome those barriers.	• <u>Idea to Impact:</u> guide to introduction & scale of product/service • <u>Ready, Set, Launch:</u> guide to country-level scale of product/service • <u>Market Shaping Primer:</u> focused resource on strengthening market for health product/service • <u>IDIA, Insights on Scaling Innovation:</u> funder practices, challenges, and lessons learned from scaling	_____ _____ _____ _____ _____ _____
☑ New partnerships and/or new money needed	• Consider whether there are specific partners that will help to achieve sustainable scale. If you need to bring in a new partner or work with an existing partner in a new way, *see page 52.* • Assess whether you need to bring in new funding in creative ways to support scale. If so, *see page 58.*	• <u>Pathways to Scale:</u> guide to business models & partnerships	_____ _____ _____ _____ _____ _____ _____ _____

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Plan development and incorporation in strategic planning documents	• With partners, jointly develop adaptations to the path forward that will further scale the solution. • Incorporate the plan into strategic planning documents. • Reflect the changes in workplans and budgets as needed, building in opportunities for reflection about whether the revised approach is helping to reach the intended scale.	• CLA Toolkit, Adaptive Management: provides definitions, tools to get started, and important tips • CLA Toolkit, Shock Response Programming and Adaptive Mechanisms: describes how new projects can be designed to be adaptive and how existing projects can respond to needs for change • Adaptive Management Discussion Note: offers key tactics to facilitate adaptive management throughout the program cycle. Additional information can be found here.	
☑ Continual learning and improvement	• Continue to iterate on the scaling plan, learning from monitoring and evaluation, and feedback from partners.	• MERLIN: Global Development Lab evaluation awards to enable innovation measurement • IDIA, Measuring the Impact of Innovation: funder challenges and lessons learned about measuring innovation • Reach out to Global Development Lab	

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Understanding global or country-level obstacles	• Identify barriers that are preventing the solution from having impact at scale (e.g., uptake challenges, ecosystem factors, need for additional clinical and/or efficacy data). • Generate and develop solutions to overcome those barriers.	• Idea to Impact, guide to introduction & scale of product/service • Ready, Set, Launch: guide to country-level scale of product/service • Market Shaping Primer: focused resource on strengthening market for health product/service • IDIA: Insights on Scaling Innovation: funder practices, challenges, and lessons learned from scaling • DIY Toolkit, Causes Diagram: provides a structured way to identified root causes	
☑ Partnerships and/or new money needed	• Consider whether there are specific partners that will help to achieve sustainable scale. If you need to bring in a new partner or work with an existing partner in a new way, see Slide 48. • Assess whether you will need to bring in new funding in creative ways to accelerate and sustain scaling (e.g., multi-donor partnership). If so, *see page 58*.	• Pathways to Scale: guide to business models & partnerships	

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Procurement design and development	• Set vision, even pre-award, on the focus on sustainable scaling—considering diverse partners and solutions. • Design a new procurement (i.e., A&A planning), considering mechanisms that can generate new ideas and bring diverse partners to the table • Build an adaptable approach into the design.	• Spotlight: Menu of innovative procurement methods • Spotlight: Co-creation • **Design for Health:** online resource with practical guidance for using human-centered design to ground solutions in user needs • Case study: Building health care capacity with a low-dose, high-frequency approach • **CLA Toolkit, Adaptive Management:** provides definitions, tools to get started and important tips • **CLA Toolkit, Shock Response Programming and Adaptive Mechanisms:** describes how new projects can be designed to be adaptive and how existing projects can respond to needs for change	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

additional detail

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Incorporation in strategic planning documents	• Incorporate plan into strategic planning documents.		
☑ Continual learning and improvement	• Continue to iterate on the scaling plan, learning from monitoring & evaluation and feedback from partners.	• MERLIN: Global Development Lab evaluation awards to enable innovation measurement • IDIA, Measuring the Impact of Innovation: funder challenges and lessons learned on measuring innovation • Reach out to Global Development Lab	

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ New model with existing partner	• Assess whether partner work-plans or relationship structure can be adjusted to better meet goals (e.g., during annual review plan). • Consider using co-creation to define plan to work towards these goals.	• **CLA Toolkit, Adaptive Management:** provides definitions, tools to get started, and important tips • **CLA Toolkit, Shock Response Programming and Adaptive Mechanisms:** describes how new projects can be designed to be adaptative and how existing projects can respond to needs for change • **Adaptive Management Discussion Note:** offers key tactics to facilitate adaptive management throughout the program cycle. Additional information can be found **here**. • Spotlight: Co-creation	

additional detail

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
Award modification or termination, in extreme circumstances	• Consider whether a subcontract or subaward to a new partner with different skills could supplement existing partnerships and engage COR/AOR accordingly. • Assess whether a strategic partnership may be valuable (e.g., inter-agency collaboration agreements, engaging external partners as a technical advisory committee, developing shared learning agendas across organizations). • For further considerations related to new partners, *see page 54.* • Determine whether creatively incorporating other partners who can help fund a solution may be useful (e.g., multi-donor partnership). *See page 58.*	• CLA Toolkit, Adaptive Management: provides definitions, tools to get started, and important tips • CLA Toolkit, Shock Response Programming and Adaptive Mechanisms: describes how new projects can be designed to be adaptive and how existing projects can respond to needs for change • Adaptive Management Discussion Note: offers key tactics to facilitate adaptive management throughout the program cycle. Additional information can be found here. • Spotlight: Partnerships • Reach out to OAA	

additional detail

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Award modification or termination in extreme circumstances if needed	• Consider modifying the agreement or contract to allow for needed flexibility. • In extreme scenarios, it may be best to end the award and develop a new procurement to engage new partners and maximize impact. *See page 54.*	• Implementing Partner's Guide to Assistance Award Terminations: provides guidance and communication for USAID staff to share with implementing partners	_____ _____ _____ _____ _____ _____

additional detail

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
Type of partner	• Consider less traditional partners—including private sector, local enterprises, civil society, faith-based organizations, and strategic partners (including inter-agency collaboration and agreements). • Consider methods to reach out to and identify new partners—including lowering barriers of entry (e.g., more streamlined application)—throughout the project or award (e.g., procurement, design, and implementation).	• USAID Private Sector Engagement Policy: a 2018 agency-wide call for action to undertake a major cultural and operational transformation to expand engagement with the private sector to drive outcomes • Partnering for Impact: Global Development Alliance materials outlining benefits and paths to partnering with the private sector • Spotlight: Partnerships • Case study: Improving leadership and management capabilities in MOHs through public-private partnership • Spotlight: Menu of innovative procurement methods—some of these mechanisms can lower the barrier to entry for new partners • OAA Innovative procurement techniques	

additional detail

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
Mutual value proposition of the partnership	• Establish the value and considerations each partner would bring. • Conduct a due diligence process earlier in the procurement to shape the award.	• Global Development Alliance, why partner: describes unique assets USAID brings to its private sector partnerships and benefits for partners • Contractor Performance Assessment Reporting Systems (CPARS): review CPARS for specific partners	
Which specific partner	• Attract people who might not be traditional. Target the specific type of partner (e.g., local, private sector, faith-based organizations) through methods like informal communications, industry days, and specified selection criteria in calls for proposals. • Consider engaging partners in the development of the solution (e.g., co-creation) through a flexible procurement method like APS or BAA. Continue working with them at other stages of implementation like design and work planning.	• Spotlight: Menu of innovative procurement methods • OAA Innovative procurement techniques • Spotlight: Co-creation • Spotlight: Partnerships	

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Potential model and plan to engage	• Determine requirements for partnership. • Explore existing and emerging partnership models, including inter-agency collaborations and agreements and engagement of external partners as technical advisory committees. • Analyze analogues if possible. • Select and document terms of the partnership. • Consider including crisis modification clauses or language in the award that allows you to shift direction. • Assess whether co-creation would be helpful for work planning.	• Case study: Improving leadership and management capabilities in MOHs through public-private partnership • Spotlight: Partnerships • Spotlight: Co-creation	

CONSIDERATIONS

HOW TO FURTHER EXPLORE

TOOLS & RESOURCES TO USE

NOTES AND NEXT STEPS

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Funding instruments	• Explore other USAID funding options—such as fixed amount awards (FAAs), fixed obligation grants (FOGs), results-based instruments, conditional risk mitigation instruments—that can support activities more effectively and efficiently than traditional grants. Bring in your AO/CO early and often to understand new approaches that are available. • Consider pros/cons of each potential option. • Select option and launch work to design non-grant instruments.	• **USAID A&A strategy:** outlines key agency-wide changes to better enable and equip acquisition and assistance (A&A) workforce and systems to advance self-reliance • **Investing for Impact:** reviews trends in development finance and highlights ways in which USAID leverages private investment and applies non-traditional approaches to finance • **WEF Blended Finance Toolkit:** resources on how to pursue blended finance opportunities • **WEF Blended Finance Primer:** overview of what blended finance is • **OECD Blended Finance Resources:** comprehensive resources to support scale of blended finance, including five guiding principles to follow and annual data/reports on blended finance transactions • **Convergence Blended Finance Resources:** library of documents, reports, case studies, and other resources on blended finance • **World Bank Guide for Effective Results-Based Financing Strategies:** overview on results-based financing along with a guide that outlines how to choose, design, and implement those strategies • **Private Capital Report** • Reach out to OAA	_____

4 MORE OR BETTER FUNDING

additional detail

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Funding disbursement	• Assess whether stage-gating or tiering USAID funding could help reduce risk & allow for iteration.	• **Investing for Impact:** reviews trends in development finance and highlights ways in which USAID leverages private investment and applies non-traditional approaches to finance	_____ _____ _____ _____

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
Funding amount	• Explore opportunities with partners to crowd in more funding across a diverse spectrum of capital, including mobilizing domestic resources and multi-donor partnerships. • For further considerations on new partners, *see page 54*.	• <u>Investing for Impact:</u> reviews trends in development finance and highlights ways in which USAID is leveraging private investment and applying non-traditional approaches to finance • <u>Greater than the Sum of its Parts: Blended Finance Roadmap for Global Health:</u> roadmap for USAID that can attract new partners and funders • <u>WEF Blended Finance Toolkit:</u> resources on how to pursue blended finance opportunities • <u>WEF Blended Finance Primer:</u> overview of what blended finance is • <u>OECD Blended Finance Resources:</u> comprehensive resources to support scale of blended finance, including five guiding principles to follow and annual data/reports on blended finance transactions • <u>Convergence Blended Finance Resources:</u> library of documents, reports, case studies, and other resources on blended finance • <u>World Bank Guide for Effective Results-Based Financing Strategies:</u> overview on results-based financing along with a guide that outlines how to choose, design, and implement those strategies • <u>Private Capital Report</u>	

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Program management	• Explore collaboration, learning, and adaptive management techniques to incorporate, iterate, and improve upon throughout the approach. • Implement specific collaboration, learning, and adaptive management techniques and monitor results.	• CLA Toolkit, Adaptive Management: provides definitions, tools to get started, and important tips • Adaptive Management Discussion Note: offers key tactics to facilitate adaptive management throughout the program cycle. Additional information can be found here. • CLA Toolkit, Shock Response Programming and Adaptive Mechanisms: describes how new projects can be designed to be adaptative and how existing projects can respond to needs for change	
☑ Procurement	• Engage in A&A planning and identify procurement restrictions/challenges that inhibit progress toward goals. • Consider the menu of innovative procurement methods. • Assess which options best address identified pain points. • Select an option and move forward with the award.	• Spotlight: Menu of innovative procurement methods • Spotlight: Co-creation • OAA Innovative procurement techniques • Reach out to OAA	

additional detail

CONSIDERATIONS	HOW TO FURTHER EXPLORE	TOOLS & RESOURCES TO USE	NOTES AND NEXT STEPS
☑ Monitoring, evaluation, & learning	• Draw on existing creative and flexible ways to measure the success of new approaches. • Help design monitoring, evaluation, and learning systems to drive innovation. Draw on examples.	• MERLIN: Global Development Lab evaluation awards to enable innovation measurement • IDIA: Measuring the Impact of Innovation: funder challenges and lessons learned on measuring innovation • CLA Toolkit, Monitoring: provides definitions, tools to get started, and important tips • CLA Toolkit–Evaluation: provides definitions, tools to get started, and important tips • Reach out to Global Development Lab	
☑ Other internal processes	• Consider engaging leadership and/or co-workers as needed to evolve the processes within your control. • Learn more about agency-wide initiatives that tackle innovation across common processes at USAID (e.g., procurement or financial management).	• [Leadership support resources] • USAID A&A Strategy: outlines key agency-wide changes to better enable and equip acquisition and assistance (A&A) workforce and systems to advance self-reliance • USAID Risk Appetite Statement: provides guidance on the amount and type of risk the agency is willing to accept	

ACTIVITIES AND ADDITIONAL RESOURCES

COMMON INNOVATION NEEDS ARE RELEVANT ACROSS THE PROGRAM CYCLE

COMMON INNOVATION NEEDS IN GLOBAL HEALTH AT USAID

PROGRAM CYCLE

	Country/Regional Strategic Planning	Project Design & Implementation	Activity Design & Implementation	Monitoring & Evaluation
1 NEW OR IMPROVED SOLUTIONS	✔	✔	✔	✔
2 FURTHER SCALING EXISTING SOLUTIONS	✔	✔	✔	
3 NEW OR DIFFERENT PARTNERS OR ENGAGEMENT MODELS		✔	✔	
4 MORE OR BETTER FUNDING	✔	✔	✔	
5 MORE FLEXIBLE WORKING STRUCTURES	✔	✔	✔	✔

Sources: Stakeholder interviews

ACTIVITY

MATERIALS NEEDED

- Sticky notes
- Sharpies

INSTRUCTIONS

- Provide USAID definition of innovation.
- Ask each person to write down as many innovation myths as come to mind in about three minutes (one per sticky note).
- Take turns sharing myths, group them into categories, and discuss.

CATEGORY 1

just new gadgets

CATEGORY 2

EXPECTED OUTCOMES

- Introduce people to the idea of innovation.
- Dispel myths about innovation within your team.
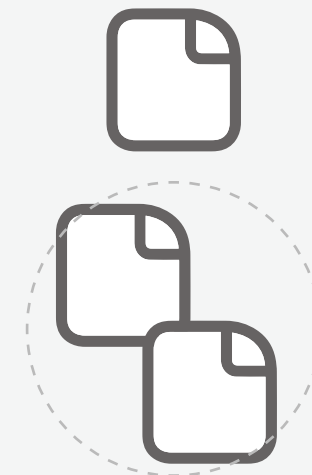
ACTIVITY

MATERIALS NEEDED

- Sticky notes
- Sharpies

INSTRUCTIONS

- Ask each person to write down as many reasons to innovate as come to mind in about three minutes (one per sticky note).
- Take turns sharing reasons, group them into categories, and discuss.

EXPECTED OUTCOMES

- Identify what motivates and encourages innovation within your team's context.

CATEGORY 1

to reach SDGs

to accelerate impact

CATEGORY 2
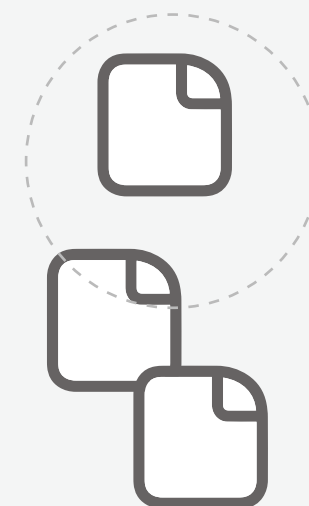
RESOURCES TO HELP DEVELOP INNOVATION STRATEGIES AND PRIORITIES
When to innovate?

ACTIVITY

MATERIALS NEEDED

- MAD LIB worksheets
- Pens

INSTRUCTIONS

- Ask each person to complete the worksheet.
- Take turns sharing reasons, group them into categories, and discuss.

EXPECTED OUTCOMES

- Identify common entry points to innovation and opportunities for innovation within your team.

MAD LIB WORKSHEETS USAID FROM THE AMERICAN PEOPLE

The last opportunity to innovate was ___

_____
(NEED OR OPPORTUNITY)

when _____
(WHEN YOU NOTICED IT)

I realized it because _____

_____
(WHAT MAKE YOU REALIZED IT)

When to innovate?

ACTIVITY

MATERIALS NEEDED

- Pens/pencils
- Worksheets
  - DIY Toolkit: Problem Definition[1]
  - Global Development Lab: Tools for Innovative Programming, Step 1: Identify & Define the Problem,[2] pg. 15

INSTRUCTIONS

- Complete the worksheets per the instructions provided to document, compare, and discuss viewpoints on the problem at hand.
- Reframe the problem statement and iterate, as needed, to generate a constructive, relatable, and clear problem statement.

EXPECTED OUTCOMES

- A clear problem definition that broadly resonates and can help spark the innovation process.

DIY – PROBLEM DEFINITION

Can you think of this problem in a differente way? Can you reframe it?

What evidence do you have that this is worth the investment?

What social or cultural factors shape this problem?

Who is it a problem for?

What is the key issue you are trying to address and why is it important?
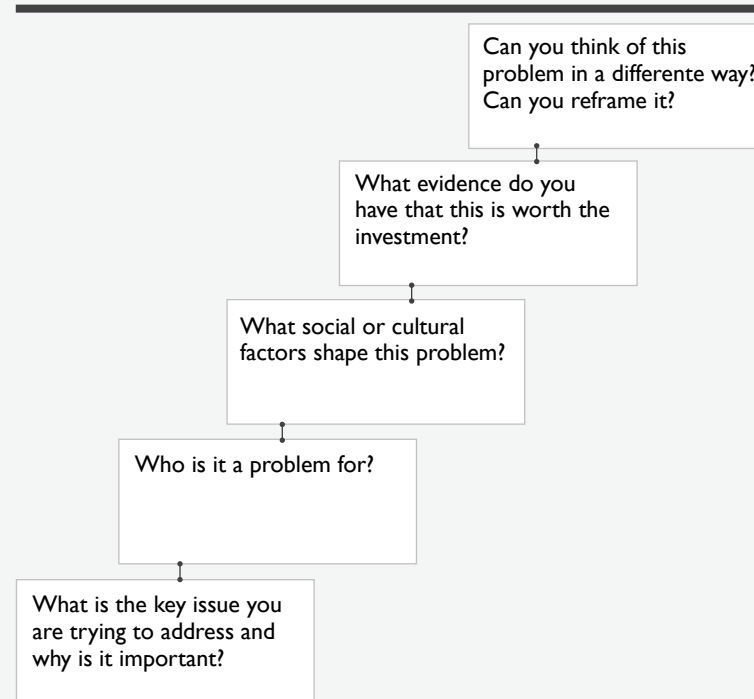
Notes: 1. Nesta, "Problem Definition." 2. USAID DIV. Step 1: Identify and Define the Problem.

RESOURCES TO HELP DEVELOP INNOVATION STRATEGIES AND PRIORITIES

How to innovate?

ACTIVITY

MATERIALS NEEDED

- Paper
- Pens

INSTRUCTIONS

- Ask each person to develop an action plan based on the innovation opportunities identified in previous activities or based on another opportunity related to their work
- Ask each person to share their with at least one other person who can help hold them accountable for following through.

EXPECTED OUTCOMES

- Develop an action plan to pursue an innovation need and commit to moving forward.

ACTION PLAN

NEXT STEPS

See page 17 for USAID's definition of innovation

- Innovation has become a "buzzword" that means something different to each person.
- At the extremes, it describes everything and nothing.
- At USAID and beyond, the word "innovation" inspires a variety of reactions—from excitement, to cautious support, to skepticism.
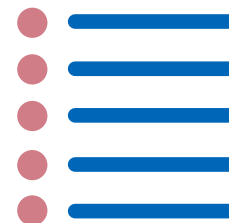- Therefore, there is a need and a desire to rally around a more constructive and unifying understanding of innovation.
- At USAID, innovation refers to the pursuit of a novel business or organizational model, operational process, production method, product, and/or service that leads to substantial improvements in addressing development challenges.
- We need to encourage this broad definition, and actively dispel common myths (see below).
- Otherwise, we risk promoting a less constructive understanding of innovation that doesn't effectively support our goals.
- For more information, see **this article**, which lays out a strong case for why definitions matter. *"True innovation isn't just some magic carnival of invention, like a Steve Jobs keynote with a pretty toy at the end. It is a continuing process of gradual improvement and assessment that every institution and business experiences in some way."*

See page 18 and 19 to read about common myths and myth busters

- There are a number of common myths associated with innovation—which are important to discuss and actively dispel.
- For example, innovation is not synonymous with invention, is not limited to new gadgets and technology, and does not always involve radical change.
- It does, however, always result in improvement and creates new value.
- Innovation involves an iterative and dynamic process and can result in a variety of outcomes (mentioned above). Some people refer to these outcomes as "innovations."
- It is critical to promote the message that everyone can innovate at USAID regardless of their seniority or functional role(s).

See pages 20, 21 and 22

- Innovation encompasses a broad range of improvements and can be broken down by dimensions of magnitude, tactics, and area.
  Magnitude: Innovating can result in various degrees of change:
    o <u>Incremental</u> change involves iteration or improvements to existing programs or processes. It is not considered very "risky" and is typically the most common and most reliably successful form of innovation.
    o <u>Adjacent</u> innovation involves expanding existing programs, services, or products to another program, organization, country/region, or context or adapting an existing idea to a new context. We may be pursuing adjacent innovation at USAID when we adapt a proven solution from one country and scale it for another country.
    o <u>Transformative</u> innovation involves completely novel approaches that create entirely new value and are big steps forward. These enter unchartered territory and are therefore considered more "risky." They may rely on a limited evidence base and may be more costly.
  Tactics: Innovation can be open or closed. Open innovation is a means by which to collaborate with external partners in the pursuit of new approaches and ideas (e.g., Grand Challenges). Closed innovation occurs internally (e.g., USAID A&A strategy for innovation on internal processes).
  Area: Innovation can also span a number of different areas:
    o <u>Offering</u> innovation covers product performance, product systems, and services. A global health example is the Pumani bCPAP, a product designed and adapted to the Malawi context.
    o <u>Delivery</u> innovation includes channel, brand, and customer engagement. For example, Babylon Health is using artificial intelligence to deliver distributed health care.
    o <u>Process</u> innovation focusses on enablement and core processes. A global health example is para-skilling, which outsources "overhead" work of physicians to free them to conduct more surgeries.
    o <u>Finance</u> innovation relates to business model and networks. Aravind Eye Care is an example in global health with various pricing models (free, subsidized, and full cost).
- We can pursue innovation at USAID across all of these areas—and there are a variety of tools and resources (including this guide) that can support the process.
- You will see these categories often and it's important to remember that there is no "one way" to talk about innovation. Rather, innovation comes in many shapes and forms.

SOURCE	INNOVATION IS..
USAID	A novel business or organizational model, operational process, production method, product, and/or service that leads to substantial improvements in addressing development challenges. It may incorporate science and technology but often addresses broader factors like working processes or business models.
USAID Development Innovation Ventures (DIV)	A **creative solution to any global development problem**. Innovation can be a product, technology, service, or application of a business or delivery model.
International Development Innovation Alliance (IDIA)	A **new solution with the transformative ability** to accelerate impact.
Business Today	Not just about coming out with new products, where successes are notoriously few and, even if achieved, are often copied by competitors. For a real breakthrough—disruptive and sustainable innovation—**companies must look beyond products and core offerings, and incorporate innovations across multiple aspects of the business.**
Department of Foreign Affairs and Trade (DFAT)	The **application of a new approach that creates a significantly greater positive impact** than that realized through current practices.
Innovation by Design	Recognizing that innovation comes in different sizes—**incremental improvements, major advancements, and big disruptions**—helps demystify the whole concept of innovation so it applies to each and every employee, no matter his or her role or function.

SOURCE	INNOVATION IS..
Greg Satell, Harvard Business School	Innovation, **at its core, is about solving problems**. There are as many ways to innovate as there are types of problems to solve. There is no one "true" path to innovation. It is better to **treat it as a set of tools** designed to accomplish specific objectives.
MIT Sloan	**Far broader in scope than product or technological innovation. It creates substantial new value** for customers and the firm by creatively changing one or more dimensions of the business system.
The Atlas of Innovation for Economic Stability	Anything **different than standard practice that has the potential for radical social, environmental, or economic impact.**
DIY Toolkit	Inventing, adopting, or adapting **ideas that can deliver better results.**
Nesta–Innovation for International Development	About doing business differently. **It is the successful exploitation of new ideas that create value** at scale which could apply to a range of products, processes, services, business models, and technologies. The value created could be commercial, public, social, or indeed, combinations of all of the above.
UNICEF–Journeys to Scale	An approach defined **as doing something new or different that adds value.**
UNDP–Spark, Scale, Sustain	Identifying **new and more effective solutions that add value** for the people affected by development challenges.
Canadian Manufacturers & Exporters	The successful **development and application of new forms of knowledge**—new ideas, business practices, skills, and technologies—**to create greater value for customers.**

SOURCE	INNOVATION IS..
Internal	• "…something new or novel. It could be a thing or a way of doing things… usually has an element of creativity to it involves thinking outside someone's discipline and applying them to new areas… there is usually a problem or something not working optimally [that can be more effectively address through this new way of thinking]." • "identifying what the bottleneck is—why current interventions aren't working. And then testing ideas that would address the bottleneck…" • "…trying to do things differently to get results different from the usual approach" • "…interventions that achieve outcomes better, cheaper, etc." • "….certainly around the types of products that we fund in development, as well as ways that we can ensure that those processes could be taken up through regulatory processes." • "…doing something new and different. Of course new systems, technologies or approaches comes to mind." • "…somewhat design driven. Start innovating new solutions by first identifying the problems. Being innovative is not just thinking of different solutions but also defining problems differently — staying away from assumptions so that you can open a place for new solutions and perhaps for seeing problems differently." • "…a fit-to-purpose tool or approach and what a team is trying to achieve." • "….trying new approaches, working with different partners." • "…anything that is a new and hypothetically better way to accomplish what we're trying to accomplish." • "…not a product. It's a process to better do what we are doing."
External	• "…more of a process." • "…an accelerator."

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