Saving Lives at Birth Round 8 Opportunity for Innovators

Round 8 focuses on transition to scale—a crucial element in achieving many of the SDGs (Sustainable Development Goals). Transition to scale funding assists in kickstarting scale and sustainability initiatives, with a proven impact on global health. Read on to learn from our recent interview with two innovators—Bempu (India) and Simprints (UK)—who have received follow-on funding from Saving Lives at Birth and are now transitioning to scale.

Dan Storisteanu
Co-founder, Simprints

What is Simprints, and how are you working to improve the lives of mothers and/or babies globally?

Simprints is a technology nonprofit that spawned a number of years ago at the university of Cambridge. What we sought to do was provide an end-to-end implementation of identification solutions using fingerprinting hardware, as well as an app that can be put on mobile phones that integrates with cloud software and health record apps.

In Bangladesh, around 30% of expectant mothers never see a health worker. Many health workers have nearly 2,000 patients each, and you can imagine what it'd be like if a GP had 2,000 patients. A good portion of patients don't have formal identification; many don't know their date of birth. It's a huge challenge to ID these patients and then link them to a health record.

One of the main focuses for Simprints was to identify anyone regardless of whether they have any formal ID and consistently and accurately link them to a health record.

Many community health workers are also financially incentivized to make visits. With Simprints, we can also equate one set of each fingerprint to a healthcare visit for better tracking. Creating a unique identifier and linking people with health records, enhancing incentivization and improving programs on a grand scale with more accurate data are all central to our mission.

How has Saving Lives at Birth assisted Simprints in achieving its vision?

I would dare to say that Simprints wouldn't exist today without SL@B and that first seed grant. They gambled on us when we were just a few students with an idea, and it became something that we could start working on full-time. From that grant, we were able to co-create this identification system with users.

We found that SL@B really valued evidence-based solutions, and that helped us put their funding toward testing different systems and prototypes in the field. We spent a lot of time travelling in Bangladesh and elsewhere, collecting about 135,000 fingerprints. Coming into that grant, we started with an idea; coming out of it, we had a prototype system that we could go on to continue to commercialize.

What has been the process for transitioning your innovation to scale? What has been the biggest challenge/hurdle for Simprints throughout the process?

Since that seed grant, we've deployed eight projects with a total of 50,000 beneficiaries. We're confident now that we can handle projects at that size, but the vision that Simprints has is for a lack of identification to never be a reason why someone is not seeking care. We're basically seeking global systemic change. Last July, we were awarded two million dollars to basically optimize what Simprints has built for scale and then deploy it nationally across Bangladesh. The goal is to improve the healthcare outcomes for about 4.5 million expectant mothers and newborns. Saving Lives at Birth has helped catalyze this new phase.

We've come across severe technical challenges before when we've had to put certain projects on hold—data sharding is a great example, which happens when one database changes without notifying the other one. Fortunately, we've had the opportunity to identify and work on fixes for issues such as this. We just need to think constructively to turn certain failures into educational opportunities to make sure they don't happen again.

What advice do you have for other innovators hoping to bring their projects to fruition and realize their goals?

One of the most important things for us in the beginning was this idea that it's never too early to bring prototypes and ideas to the people who are going to be using them. As soon as we had a tiny bit of money and a fuzzy idea, we went out to Bangladesh and learned so much by talking to the user right from the start. We had so many assumptions that were false; assumptions about how intuitive our systems would be for users in Bangladesh, for example. Through user testing and spending real time in the field, we were able to identify where we had gone wrong and adjust from there. You need to always keep your users in mind, even if you're constantly doing what feels like fire-fighting.

Simprints Biometric System is a SL@B grantee.

Another thing that's more apparent as we grow is the focus on creating a true company culture. We needed a place that was a fun, safe environment where people could explore radical ideas and feel comfortable doing so. It's something you have to be incredibly thoughtful and proactive about, which isn't something I fully appreciated at first.

One last thing: There will always a million things you'll want to do. I think the most important thing to understand is what the greatest bottleneck is, and then prioritizing that above all else.

What has been the most rewarding part of your experience working to improve global outcomes for maternal, newborn and child health (MNCH)?

To know that we're now about to help such an incredible organization as Brac improve their reach via our product is so rewarding. Because Brac works at scale, there's a lot of potential here to impact the lives of a lot of people.

Annika Gage

Public Health and Partnerships Lead, Bempu Health Pvt. Ltd.

What is Bempu, and how are you working to improve the lives of mothers and/or babies globally?

Bempu is a socially motivated organization with the fundamental goal of not only improving newborn survival, but also the quality of life for newborns so that they make it out of the first month of life successfully and get started on a healthy path to success—both later on in childhood and in adulthood.

How has Saving Lives at Birth assisted Bempu in achieving its vision?

We can't ignore the financial foundation that SL@B has given the organization as a whole since they funded our first product. We could never have had the same success with the Bempu hypothermia device without that funding, which allowed us to do research with doctors, test it out with our user base and develop the product successfully. Bempu also won the transition to scale grant last year, which really allowed us to take our vision and our work beyond that initial success that we had from the validation grant. We're really looking to increase our reach with this new grant.

The other thing we've really benefited from was access to different networks from USAID. [Sr. Advisor for Global Partnerships and Newborn Health at USAID] Lily Kak has been instrumental in helping us reach out to networks across the world and has introduced us to people who could really benefit from our solution. Just as important, she's also provided great mentorship to us about where our solution might be more useful or less useful.

What has been the process for transitioning your innovation to scale? What has been the biggest challenge/hurdle for Bempu throughout the process?

The Bempu Bracelet is a unique product in that we have several different market segments across class barriers, and we're seeking to expand our impact across all of them. We are currently in the midst of expanding our reach in India after being approved for about 3,000 devices by the government of Rajasthan and have since been able to approach about 20 of the Indian states, partially a result of our ability to expand our staff, but also from connections and access to more networks.

I specifically work on our international partnerships and sales team, so we're actively on the midst of approaching large public health organizations in tandem with the governments of those countries to see if they'd like to work together to implement Bempu interventions in their region. We recently got an order from UNICEF Benin and in the past have gotten a large order from the government of Papua New Guinea as supported by UNICEF.

As far as challenges go, one is that these processes with governments and UNICEF are really long. They may be very interested in your device and love it, but there are so many stakeholders that need to be on board before a purchase is improved. In India, even if you get approved by the central government, there's then a procurement process that you have to go through. In terms of seeing an end in sight, we're not always sure when we're actually going to reach the babies we're trying to help.

What advice do you have for other innovators hoping to bring their projects to fruition and realize their goals?

I think that resilience is important. It's about persistence and having an internal team culture that's one of affirmation and support, because you do face a lot of rejection and failure. Something that Ratul always tells us is to not be afraid to experiment. I think it's important that whoever is leading an organization encourage their employees to fail and not be afraid to do that. Being able to communicate with your team and understand their processes is also a great way to learn and grow from one another—having a balance of different strengths is really important.

What has been the most rewarding part of your experience working to improve global outcomes for maternal, newborn and child health (MNCH)?

The newborn temperature monitoring band is a SL@B funded innovation. Photo: Share America

I'll give you one really good example. My colleague Mona and I went to Papua New Guinea and spent about two weeks in one of the most remote districts of the eastern highlands, where they're really just setting up their health infrastructure. We were with a midwife who runs a clinic for about five different villages by herself, and she's been one of the fiercest advocates for our bracelet there in that region. There was a family who came in with a sick infant and she gave them the bracelet—they left after the infant had stabilized.

At the weekly follow-up, they came back and said that the funniest thing had happened—the grandfather had started doing kangaroo mothercare. In that region, it's pretty uncommon for men to be caring for the infant. For me, that was a really powerful moment—when your device not only changes health outcomes, but can have an impact on some of the darker sides of culture and improve things in those ways, I think that means you're doing good work.

We also just reached a 50% balance of women-to-men in our organization. For a tech company, I think that's pretty amazing.