Request for Proposal: Baseline Data Study of Newborns in Cameroonian Hospitals

No. 2016-01

Deadline Extended: Submissions accepted on rolling basis until Friday, March 11th, 2016
**Part 1: General Information**

### 1.1 Objective

The objective of this Request for Proposal is to select a Baseline Data Study research organization to enter into a contract with Grand Challenges Canada to provide the services described in the Statement of Work, attached herein as Appendix A.

### 1.2 Period of contract

It is anticipated that the resulting contract will be in effect from April 15th, 2016 to a date when services have been delivered, to be no later than early November 2016.

**Part 2: Standard instructions, clauses and conditions**

### 2.1 Bidder Profile and covering letter

Grand Challenges Canada requests that you (hereafter “Bidder”) submit a Bidder Profile to the Contracting Authority by email (as provided in section 2.2 below), as early as possible, but no later than Friday, March 4th, 2016.

The Bidder Profile must include the Bidder's name, address, telephone number and email address.

Grand Challenges Canada requests that each Request for Proposal (RFP) bid contain a covering letter signed by the Bidder. The covering letter should reference the RFP Number 2016-01. The Bidder's signature indicates acceptance of the terms and conditions set out and/or referenced in this RFP. A contract will not be awarded until a signed covering letter from the Bidder is received by Grand Challenges Canada. If the Bidder fails to provide a signed covering letter when requested to do so by Grand Challenges Canada, then the Bidder shall be disqualified from the bidding process and be declared non-compliant.

### 2.2 Contracting Authority

Grand Challenges Canada
101 College Street, Suite 406
MaRS Centre, South Tower
Toronto, Ontario, M5G 1L7

Attention: Maia Johnstone; Program Coordinator
Telephone: +1 (416) 673-6552
Email: maia.johnstone@grandchallenges.ca

Please note that email is preferred for all communications.

### 2.3 Standard clauses and conditions

#### 2.3.1 Bidder responsibilities

It is the Bidder’s responsibility to:
a) obtain clarification of the requirements contained in this RFP, if necessary, prior to submitting a bid;
b) prepare its bid in accordance with the instructions contained in this RFP;
c) submit by the RFP deadline;
d) send its bid only to the Contracting Authority;
e) provide a contact name, address, telephone number and email address in its bid; and
f) provide a comprehensible and sufficiently detailed bid, including all requested pricing details that will permit a complete evaluation, in accordance with the criteria set out in this RFP.

2.3.2 RFP bids

a) Grand Challenges Canada reserves the right in its sole discretion to extend the RFP bid validity period at any time for up to thirty (30) calendar days.
b) RFP bids and/or amendments thereto will only be accepted by Grand Challenges Canada if they are received by the Contracting Authority by email, on or before the closing date and time specified herein.
c) RFP bids received on or before the stipulated RFP closing date and time will become the property of Grand Challenges Canada and will not be returned.
d) All information within this RFP is to be held in confidence. Please do not share this document or the content herein without express permission of Grand Challenges Canada.
e) Grand Challenges Canada will regard and preserve as confidential and proprietary to the disclosing party all information, written, oral or computer-based, to which it has access as part of this RFP, except with prior approval of the proponent.

2.3.3 Late RFP bids

a) The Bidder has sole responsibility for the timely receipt of a RFP bid by Grand Challenges Canada and cannot transfer this responsibility to Grand Challenges Canada.
b) Grand Challenges Canada will return RFP bids delivered after the stipulated RFP deadline, unless they qualify as a delayed bid.
c) A RFP bid received after the closing date and time may be considered, provided the delay can be proven by the Bidder to have been due solely to a delay in delivery that can be attributed to incorrect handling by Grand Challenges Canada.
d) Misrouting, traffic volume, weather disturbances, labour disputes or any other causes for the late delivery of RFP bids are not acceptable reasons for the RFP bid to be accepted by Grand Challenges Canada.

2.3.4 Legal capacity of Bidder

The Bidder must have the legal capacity to contract. If the Bidder is a sole proprietorship, a partnership or a corporate body, the Bidder must provide, if requested by the Contracting Authority, a statement and any requested supporting documentation indicating the laws under which it is registered or incorporated, together with the registered or corporate name and place of business. This also applies to bidders submitting a RFP bid as a joint venture.

2.3.5 Rights of Grand Challenges Canada

Grand Challenges Canada reserves the right, in its sole discretion, to:
a) reject any or all bids received in response to this RFP;
b) enter into negotiations with bidders on any or all aspects of their bids;
c) accept any bid in whole or in part without negotiations;
d) during the evaluation, members of the evaluation team may, at their discretion, submit questions to or conduct interviews with Bidders, at Bidder cost, upon forty-eight (48) hours’ notice, to seek clarification and/or verify any or all information provided by the Bidder with respect to this RFP;
e) to award one or more contracts, if applicable;
f) not to accept any deviations from the stated terms and conditions;
g) conduct a survey of bidders' facilities and/or examine their technical, managerial and financial capabilities to determine if they are adequate to meet the requirements of the RFP;
h) contact any or all references supplied by bidders to verify and validate any information submitted in their bid, if applicable;
i) correct any mathematical errors in the extended pricing of financial bids by using unit pricing and the quantities stated in the RFP;
j) verify any information provided by bidders through independent research, use of any government resources or by contacting third parties deemed reliable by Grand Challenges Canada;
k) incorporate all or any portion of the Scope of Work, RFP and the successful bid in any resulting contract;
l) cancel the RFP at any time without liability;
m) reissue the RFP without liability;
n) extend the RFP deadline without liability;
o) if no compliant bids are received and the requirement is not substantially modified, re-tender the requirement by inviting only the bidders who bid to re-submit bids within a period designated by Grand Challenges Canada; and
p) not to award a contract in part or at all.

Bidders will have the number of days specified in the request by the Contracting Authority to comply with any request related to any of the above items. Failure to comply with the request may result in the bid being declared non-responsive.

2.3.6 Communications during RFP process

To ensure the integrity of the competitive bid process, all enquiries and other communications regarding the RFP must be directed by email only to the Contracting Authority identified in the RFP. Failure to comply can, for that reason alone, result in the disqualification of the bid.

To ensure consistency and quality of information provided to bidders, significant enquiries received and the replies to such enquiries will be provided to all bidders, without revealing the sources of the enquiries.

2.3.7 Costs

No payment will be made for costs incurred in the preparation and submission of a bid in response to the RFP. Costs associated with preparing and submitting a bid, as well as any other costs incurred by the Bidder associated with the evaluation of the bid, are the sole responsibility of the Bidder.

No costs incurred relating to the Scope of Work before the receipt of a signed contract or specified written authorization from the Contracting Authority can be charged to any resulting contract. In addition, the Contractor is not to perform Scope of Work activities in excess of or outside the scope of any resulting contract based on verbal or written requests or instructions from any Grand Challenges Canada personnel other than the Contracting Authority. The Contracting Authority is the only authority that can commit Grand Challenges Canada to the expenditure of the funds for this requirement.
Appendix A: Statement of Work

A1. Project description

A1.1 Overview of the Request for Proposal

This Request for Proposal (RFP) relates to the collection and analysis of health data among low birth weight and pre-term infants in as many as ~25 national and regional hospitals in Cameroon. This data will act as a baseline to set credible neonatal outcome targets as part of a Development Impact Bond structure and to measure the success of a Kangaroo Mother Care scale-up program in Cameroon. The transition-to-scale of Kangaroo Mother Care by Kangaroo Foundation Colombia and the parallel design of a Development Impact Bond by the MaRS Centre for Impact Investing and Social Finance Ltd are being funded by Grand Challenges Canada.

This Baseline Data Study is anticipated to begin in April 2016 and to be completed before November 2016.

A1.2 Project background

Kangaroo Mother Care (KMC) is a cost-effective intervention known to save and improve the lives of low birth weight (LBW) and pre-term infants. LBW and pre-term birth contributes to 60-80% of all neonatal deaths and is an especially pressing issue in Cameroon where the neonatal mortality rate is about 28 per 1000 live births, and much higher within some regions. Pre-term birth is also associated with neurodevelopmental disabilities and cardiovascular disease later in life, thus also negatively impacting Cameroon’s human capital development.

KMC involves continuous skin-to-skin contact between caregivers and LBW and/or preterm infants, as well as exclusive breastfeeding. KMC also generally involves an earlier discharge of the infants from hospital with regular checkups to about one year corrected age. A Cochrane Review¹ of 16 randomized control trials concluded that KMC significantly reduces LBW neonatal mortality, infection and hypothermia, as well as the number of days in hospital when compared to conventional care. KMC has also been shown to improve parent-infant attachment, and infant growth and development. New findings suggest the impact of KMC for LBW infants can influence human capital formation in adulthood, meaning that KMC is an important intervention to ensure children survive and thrive, particularly in regions with limited access to healthcare resources.

Grand Challenges Canada (GCC) is funding the development of a train-the-trainer program to transition KMC to scale in Cameroon. This innovative program is being developed by the Kangaroo Foundation, a leading Colombia-based KMC trainer, in partnership with Laquintinie Hospital in Douala and the Kangaroo Foundation Cameroon. The development and testing of the KMC train-the-trainer program is currently underway and is expected to run until late 2016.

A1.3 KMC Development Impact Bond

GCC is simultaneously exploring whether a Development Impact Bond (DIB) – an outcomes-based financial instrument – could be used to fund the rollout of KMC on a larger scale in Cameroon, beyond 2016. GCC is working with the MaRS Centre for Impact Investing (MCII) and Social Finance (SF) to explore a KMC DIB.

In a DIB, private investors pay in advance for an intervention to be delivered to achieve agreed results, like improved health outcomes for LBW infants using KMC. Donors and / or government commit to making payments to the investors if the interventions succeed. Investors’ financial returns are directly linked to outcomes achieved.

¹ “Kangaroo mother care to reduce morbidity and mortality in low birth weight infants” Cochrane Database of Systematic Reviews (2011, Issue 3 and 2014, Issue 4)
Outcomes are verified by an independent third party evaluator. While the exact scale-up strategy is still being finalized, a DIB could fund KMC rollout to as many as ~25 regional hospitals and ~30 district hospitals in Cameroon.

Given the pay-for-success structure, a DIB would provide strong incentives to test and refine the KMC scaling model through continuous data feedback loops and performance management systems. Moreover, by putting in place a rigorous outcomes measurement framework, a DIB would provide a credible demonstration of a model for scaling KMC, with relevance to other low- and middle-income countries with high LBW and pre-term infant mortality rates.

This design phase of the KMC DIB is expected to be completed in 2016, and the subsequent launch and implementation of the KMC DIB is expected to commence in early 2017.

A1.4 Baseline Data Study

A key activity required to structure the KMC DIB is a Baseline Data Study to identify, collect and analyze current health data around outcomes for LBW and pre-term infants in hospitals in Cameroon.

The quality and reliability of the data from the Baseline Data Study is critical as the results will establish the baseline, inform contractual health outcome targets for a DIB, and will ultimately help determine the success of the KMC scale-up.

A2. Scope of work

A2.1 Objectives of Baseline Data Study

The objective of the Baseline Data Study is to identify, collect and analyze appropriate metrics and data for measuring the success of a KMC scaling strategy in Cameroon. More specifically it is to:

1) Develop a detailed evaluation framework and methodology to assess the impact of KMC roll-out on neonatal outcomes for LBW and pre-term infants in Cameroon;

2) Collect statistically robust baseline outcomes data relating to the above; and

3) Inform contractual outcomes metrics and their measurement.

The target population of this Baseline Data Study will be LBW and pre-term infants seen by national and regional hospitals in Cameroon. The exact scope of the target population will be determined in future discussions with GCC, SF, MCII and the Kangaroo Foundation.

A2.2 Implementation of Baseline Data Study

The implementation of the Baseline Data Study will involve the following:
Develop an evaluation framework against which to assess the impact of KMC roll-out in Cameroon

- Recommend the most relevant, robust and practical neonatal health and mortality indicators against which to assess the impact of KMC roll-out in Cameroon on the target population (LBW and preterm infants seen by national and regional hospitals) and the relevant health metrics.
- This should be informed by both a desk-based review of literature around the impact of KMC and conversations with KMC practitioners in Cameroon and other relevant geographies, and should consider the KMC indicators that are being developed by the Kangaroo Foundation further to the World Health Organization’s Every Newborn Action Plan (ENAP).
- Proposed metrics must be agreed with GCC, MCII and SF before commencing data collection in the field. This will likely include metrics related to mortality and weight gain for LBW and preterm infants (including methods to verify gestation age). We are open to your recommendations on other relevant metrics.

Collect baseline data on selected metrics

- Collect and verify baseline data on the number, characteristics, health, and mortality of LBW and pre-term infants seen by national and regional hospitals in Cameroon.
- Include a sufficient number of hospitals to ensure results are statistically robust and geographically representative of the target population (LBW and preterm infants seen by national and regional hospitals).

Analyze results and advise on contractual outcome metrics

- Analyze results (using appropriate quantitative methods) to establish a baseline that can be used to assess the impact of KMC on key health outcomes.
- Support MaRS and SF to design a contractual outcomes-based payment mechanism that is linked to statistically significant improvements in selected outcomes for the target population.

A2.3 Deadline

It is required that the Baseline Data Study be completed before November 2016 at the latest.

A2.4 Data to be collected

An indicative list of metrics and data points to be collected during the Baseline Data Study is summarized in the table below.

It is important to note that this is an indicative list. We expect that your RFP bid will, firstly, provide an opinion on the suitability of the metrics on this list and on how and when to collect data relevant to these metrics, and secondly, recommend additional metrics that may be relevant. Disaggregation of the data into relevant categories (e.g., gender, weight category, gestation age, born in hospital vs referred, distance of referring facility, month of birth) will be important.

It is anticipated that data will be collected on infants only up to discharge from hospital, for practical reasons.
It is expected that the data to be collected will be informed by the detailed evaluation framework, which the successful RFP bidder will be required to develop, for assessing the impact of KMC scale-up on the target population (LBW and preterm infants seen by national and regional hospitals in Cameroon).

| Mortality                      | • Number of days from birth to death or discharge  
|                               | • Cause of death (e.g. hypothermia, sepsis, asphyxiation)  
|                               | • Disaggregated by: gender, weight category, gestation age (</> 37 weeks), month of birth, born in hospital vs. referred, distance of referring health facility to hospital (if possible), level of care or type of healthcare setting, place of death (i.e. hospital, at home, during transport, if possible)  
|                               | • This data will realistically relate only to infants within the hospital |
| Weight gain                   | • Birth weight  
|                               | • Weight at discharge  
|                               | • Other key points in time to measure weight?  
|                               | • Type of nutrition (exclusive breastfeeding, formula, or combination)  
|                               | • Disaggregated by: gender, weight category, gestation age (</> 37 weeks), month of birth, born in hospital vs. referred, distance of referring health facility to hospital (if possible), level of care or type of healthcare setting  
|                               | • This data will realistically relate only to infants within the hospital |
| Target population             | • Number of infants <2,000 grams born or admitted per month  
|                               | • Number of infants <37 weeks gestation age born or admitted per month  
|                               | • Disaggregated by: gender, weight category, gestation age (</> 37 weeks), month of birth, born in hospital vs. referred, distance of referring health facility to hospital (if possible), level of care or type of healthcare setting  
|                               | • The exact scope of the target population will be determined in future discussions with GCC, SF, MCII and the Kangaroo Foundation |
| Other possible data points    | • Length of stay at the hospital  
| (as relevant)                 | • Other anthropometric measurements of the newborn (e.g., height, head circumference)  
|                               | • Hypoglycemic and hypothermic episodes  
|                               | • Mother with diagnosis of HIV/AIDS |
| Hospital evaluation           | • Catchment area for national and regional hospitals – including mapping of district hospitals and other local health facilities referring infants to each hospital (e.g., names and locations)  
| (secondary priority, resources permitting, to assist with designing the KMC scale-up plan) | • Number of full or part-time staff dedicated to neonatal unit (e.g., midwives, nurses, pediatricians and specialists)  
|                               | • Number of working incubators and working heat lamps  
|                               | • Availability of essential supplies for newborn care (e.g. CPAPs, scales, thermometer, glucose meter, measuring tape)  
|                               | • Standard procedure and protocols (e.g., related to weight for age at discharge, gestation age and categorizing preterm infants)  
|                               | • Access to treated water and electricity |
A2.5  Working with DIB Program Design Consultant

It is anticipated that you will work directly with the Kangaroo Foundation Cameroon, Kangaroo Foundation Colombia, and the DIB Program Design Consultant where relevant (e.g. to engage with national and regional hospitals). The Program Design Consultant, to be based in Cameroon, is being engaged separately to develop an implementation plan for scaling the KMC program across Cameroon. Specifically, the Program Design Consultant is being engaged to:

• Provide a clear rationale for a strategic and sustainable roll-out strategy for KMC at scale in Cameroon;
• Develop scenario analyses for costs incurred and impact achieved; and
• Build support and alignment among key stakeholders, including the Kangaroo Foundation, the Cameroon Ministry of Health, hospital management and other local and international stakeholders.

A3.  Work plan and deliverables

A3.1  Indicative work plan

During the Baseline Data Study, it is expected that the successful bidder will work closely with MCII and SF (along with GCC and the Program Design Consultant as needed) to ensure that work matches the needs of DIB structuring. This will include, but not be limited to:

• **Kickoff meeting**: including discussion on overall objectives, KMC evaluation framework, baseline data collection and next step priorities;
• **Weekly meetings**: including progress updates, risks and challenges, mitigation plan;
• **Ongoing update**: including submitting key data and findings at regular intervals;
• **Draft written report**: including detailed KMC evaluation framework, analyzed data from baseline data collection, recommendations on the most appropriate timing for data collection and outcomes-based payments during KMC roll-out;
• **Draft data collected**: all raw data and summary sheets gathered during Baseline Data Study.

A3.2  Final deliverables

Bidders should propose final deliverables in bid. The final deliverables will be finalized with the successful bidder in negotiation with MCII, SF and GCC, and will include at a minimum:

• **Collected data and analysis**: all input data and summary sheets, delivered in the form of Microsoft Excel spreadsheet file(s);
• **Written report**: summarizing key findings and conclusions, delivered as a written report in the form of a Microsoft Word document file(s);
• **Presentation**: delivered to GCC, MCII, SF and other project participants at a time and location to be confirmed at a future date. The presentation is to be submitted in advance in the form of a Microsoft PowerPoint presentation file(s).

The final deliverables will be due before November 2016 at the latest. The exact project timetable will be agreed in due course.

A4.  RFP submission and process

A4.1  Evaluation criteria
The following criteria will be used as part of the evaluation process for your RFP bid:

A. **Project work plan**: detailed and clear work plan with efficient timetable proposed;
B. **Methodology**: quality of proposed methodology in achieving the Baseline Data Study objectives, including:
   i. Process for developing an appropriate evaluation framework;
   ii. How, when and where baseline data will be collected and validated;
   iii. How collected data will be adjusted for seasonality and other relevant factors (e.g., through triangulation with existing historic data and comparable countries’ data) including key assumptions required;
   iv. How appropriate contractual outcomes metrics would be extrapolated from collected data.
C. **Data list**: quality of feedback on the indicative list of data to be collected (see section A2.4 above);
D. **Team experience**: relevant team member experiences, efficient team allocation and roles proposed, relevant case studies and/or past examples of similar work completed by your team, experience and/or knowledge of the KMC method will be considered an asset;
E. **References**: at least two recent client references engaged by your team;
F. **Value for effort**: efficient cost and total hour estimate (hourly rates, itemized by activity and total estimate), with any potential issues around availability or start / stop dates.

Given the social mission and non-profit funded nature of this project, it is emphasized that your RFP bid should focus on the most cost and time efficient work plan that meets a statistically robust threshold and that can be completed before November 2016 at the latest.

### A4.2 Capped payment

The capped amount available for services rendered in successfully completing this Baseline Data Study project is C$200,000, inclusive of expenses and taxes (if applicable). Payment schedule will be negotiated with GCC and will be based on milestones and outcomes achieved.

### A4.3 RFP process and timeline

<table>
<thead>
<tr>
<th>Questions on RFP</th>
<th>All questions to be sent by email to the Contracting Authority by <strong>Friday, March 4th, 2016</strong> with the subject line “KMC DIB: RFP Q&amp;A”.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bidder Profile</td>
<td>Bidder Profile to be sent by email by <strong>Friday, March 4th, 2016</strong>.</td>
</tr>
<tr>
<td>Responses to questions</td>
<td>Responses to questions will be sent by email to all applicants by <strong>Wednesday, March 9th, 2016</strong>.</td>
</tr>
<tr>
<td>Deadline for RFP</td>
<td>Final RFP bid to be sent by email to the Contracting Authority by <strong>Friday, March 11th, 2016</strong> with the subject line “KMC DIB: RFP Submission”.</td>
</tr>
<tr>
<td>Final Selection</td>
<td>All applicants to be notified by <strong>Wednesday, March 30th, 2016</strong>.</td>
</tr>
<tr>
<td>Contract Execution</td>
<td>Funding agreement to be fully executed by <strong>Friday, April 15th, 2016</strong>.</td>
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</tbody>
</table>
A5. About us

A5.1 About Grand Challenges Canada

Grand Challenges Canada was launched in May 2010 and is dedicated to supporting Bold Ideas with Big Impact® in global health. We are funded by the Government of Canada; we fund innovators in low- and middle-income countries and Canada. The bold ideas we support integrate science/technology, social and business innovation – we call this Integrated Innovation®. We focus on bringing successful innovations to scale, catalyzing sustainability and impact. We have a determined focus on results, and on saving and improving lives.

Grand Challenges Canada is a unique model for aid delivery. We are an independent organization outside of government that takes a nimble, private sector-like approach to delivering on Canada’s foreign aid and other international priorities.

Mission and Vision


Our mission is: Saving and improving lives in low- and middle-income countries through Integrated Innovation.

At the core of our operating philosophy is Integrated Innovation®, which is the coordinated application of scientific/technological, social and business innovation to develop solutions to complex challenges, and to identify and overcome barriers in order to sustainably bring these solutions to scale.

Strategic Priorities and Programs

Grand Challenges Canada has three strategic priorities, as described below.

Our primary strategic priority is enabling innovators to solve critical health challenges in low- and middle income countries, including:

- Innovator-Defined Challenges: a broad range of global health challenges that are identified by the innovators who apply to the Stars in Global Health program (including an emphasis on point-of-care diagnostics)
- Targeted Grand Challenges: three global health challenges that were identified, validated and approved by the Grand Challenges Canada Board of Directors:
  1. Women’s and children’s survival, which is addressed through the Saving Lives at Birth program
  2. Child development, which is addressed through the Saving Brains program
  3. Global mental health, which is addressed through the Global Mental Health program.

Our secondary strategic priority is to leverage Grand Challenges Canada’s platform to engage strategic partners by:

- Testing new models of private investment, blended value and pay-on-results to mobilize private capital in support of global health innovation. For example, Grand Challenges Canada has worked with key stakeholders to launch a Global Health Investment Fund.
- Nurturing, supporting and partnering with Grand Challenges organizations in strategic partner countries. For example, Grand Challenges Canada is currently working with key stakeholders in Israel to design and implement Grand Challenges Israel.

Our tertiary strategic priority is to leverage the Grand Challenges Canada platform to help deliver on Government of Canada priorities, such as:

1. Mobilizing private investment, blended value and pay-on-results strategies
2. Affordable health innovation for Canada.

**A5.2 About MaRS Centre for Impact Investing**

The MaRS Centre for Impact Investing (MCII), founded in 2011, is a leading social finance expert and intermediary. Our mission is to explore and implement new approaches to tackling social challenges, by mobilizing private capital for public good, brokering multi-sector partnerships, and stimulating innovation.

Our Capital Advisory practice works with governments, the philanthropic community, the social sector and private corporations to design and implement financial strategies and products that will drive positive social change. This includes developing pay-for-success contracts, or Impact Bonds.

MCII has mobilized over $40M in investment for social enterprises and projects, through our advisory services and impact-first platform - the Social Venture Connexion (SVX) - and will be closing a new early-stage impact fund with seed investment from Virgin Unite in the coming months.

MCII is currently working with partners to explore social finance opportunities in the areas of chronic disease, mental health, housing, and early childhood development. We are able to draw on strong national and global networks to advance this work, including through our close partnership with Social Finance, and our role as Canada’s non-government representative on the Social Impact Investment Taskforce, launched under the G8’s UK presidency.

**A5.3 About Social Finance Ltd**

Social Finance brings together individuals with expertise in finance, strategy consultancy and the development and social sectors to drive innovative, sustainable and scalable investment propositions. We have a team of around 60 professionals and a non-executive board of leading figures from the social, financial and governmental sectors. We are regulated by the Financial Conduct Authority in the United Kingdom.

Since we started in 2007, Social Finance has raised around £30 million in social investment. The first Social Impact Bond raised £5m to address reoffending among short-sentence prisoners in the United Kingdom. A further 30 SIBs have now been implemented in the UK alone, with others announced or in development in the US, Australia, Canada, New Zealand and other high-income countries.

In 2012, Social Finance partnered with the Center for Global Development to explore the potential of Impact Bonds for middle- and low-income countries and set up a working group consisting of senior development practitioners from the World Bank, USAID, DFID, Overseas Private Investment Corporation and others.

SF is working with a variety of partners to apply the Impact Bond model to a range of development challenges. These include: early childhood development, education, youth unemployment, neglected tropical diseases, HIV/AIDS and malaria, wildlife conservation and inclusive business.