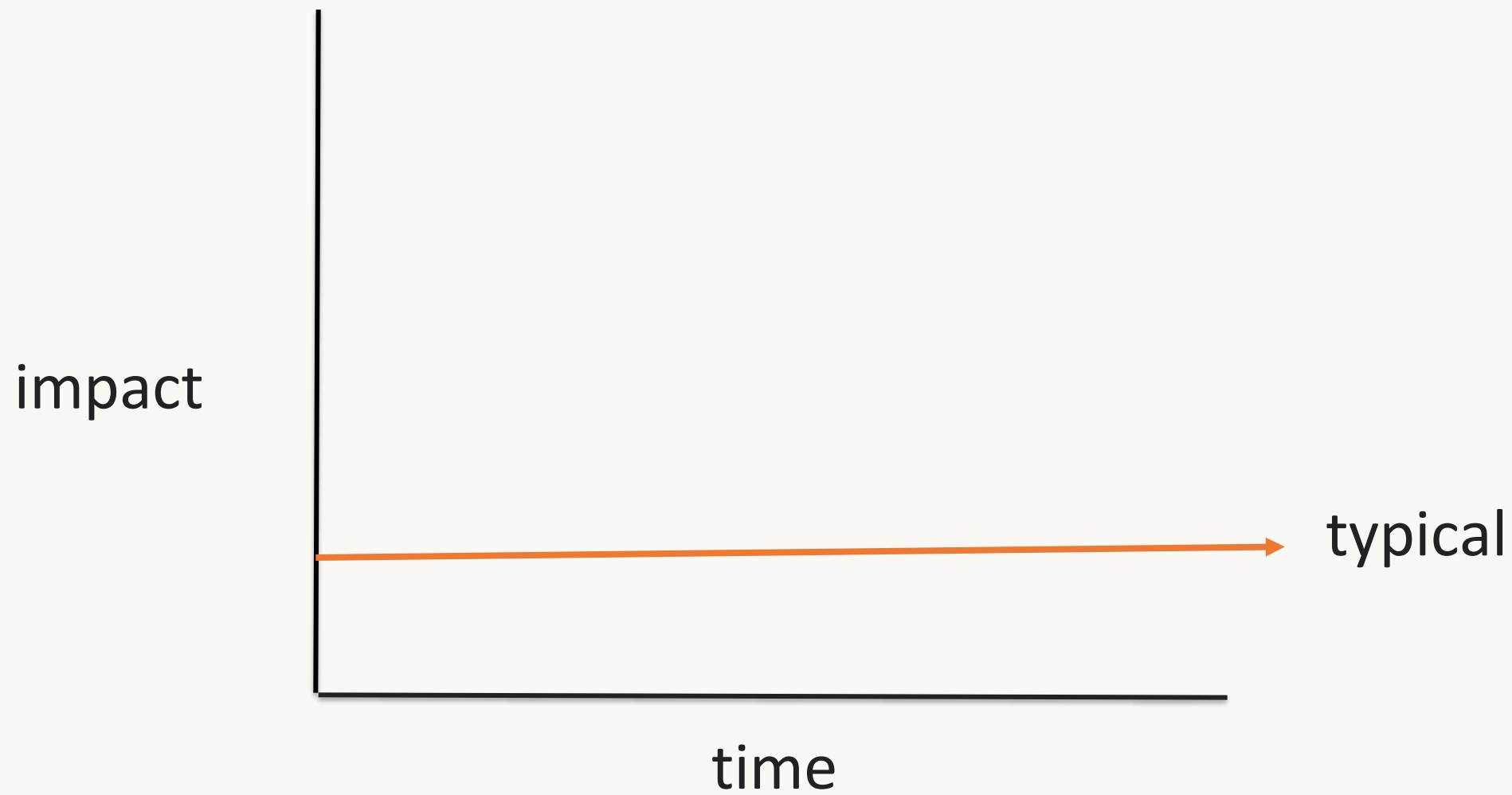


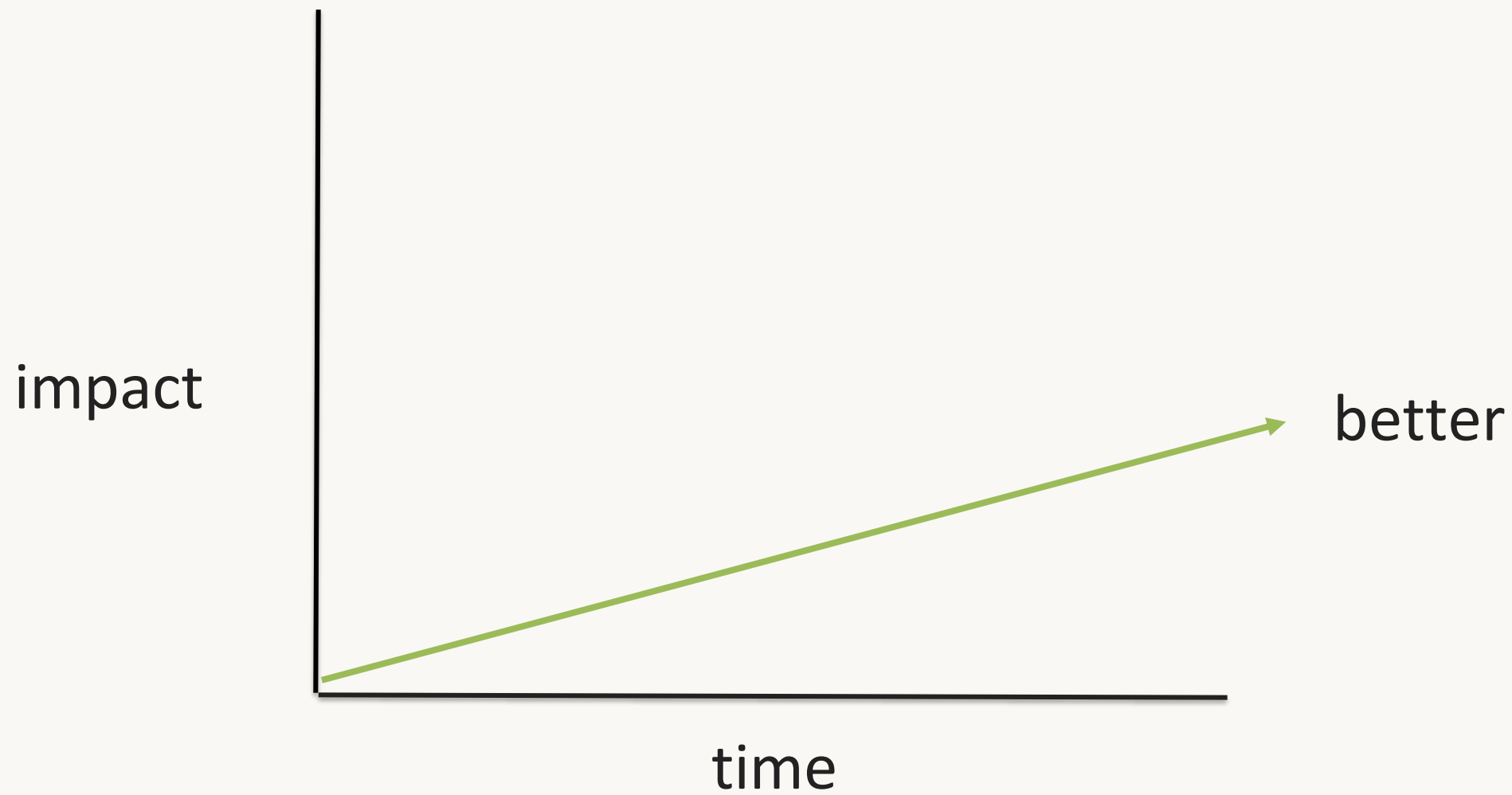
Designing for Scale

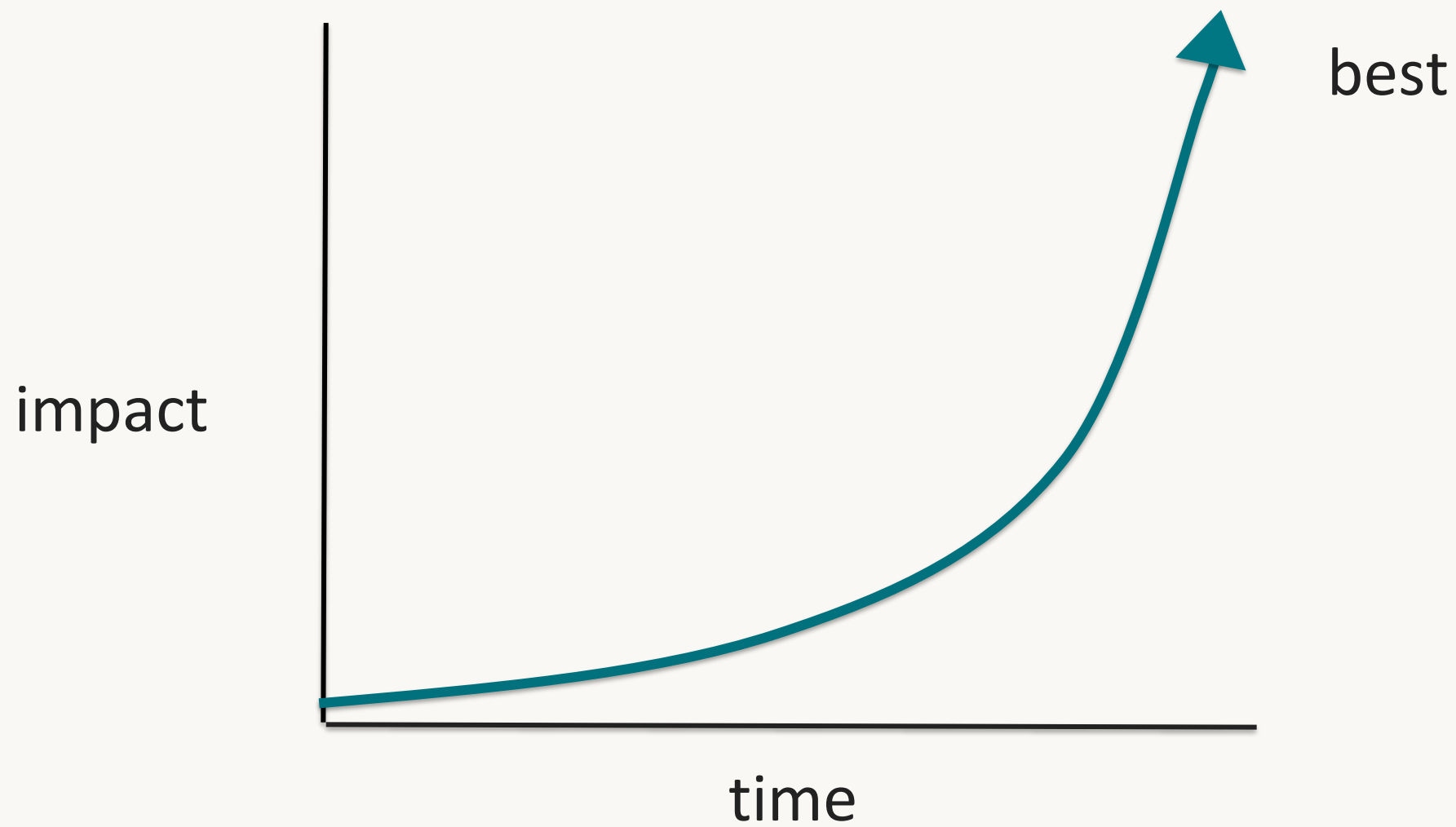
Avery Bang

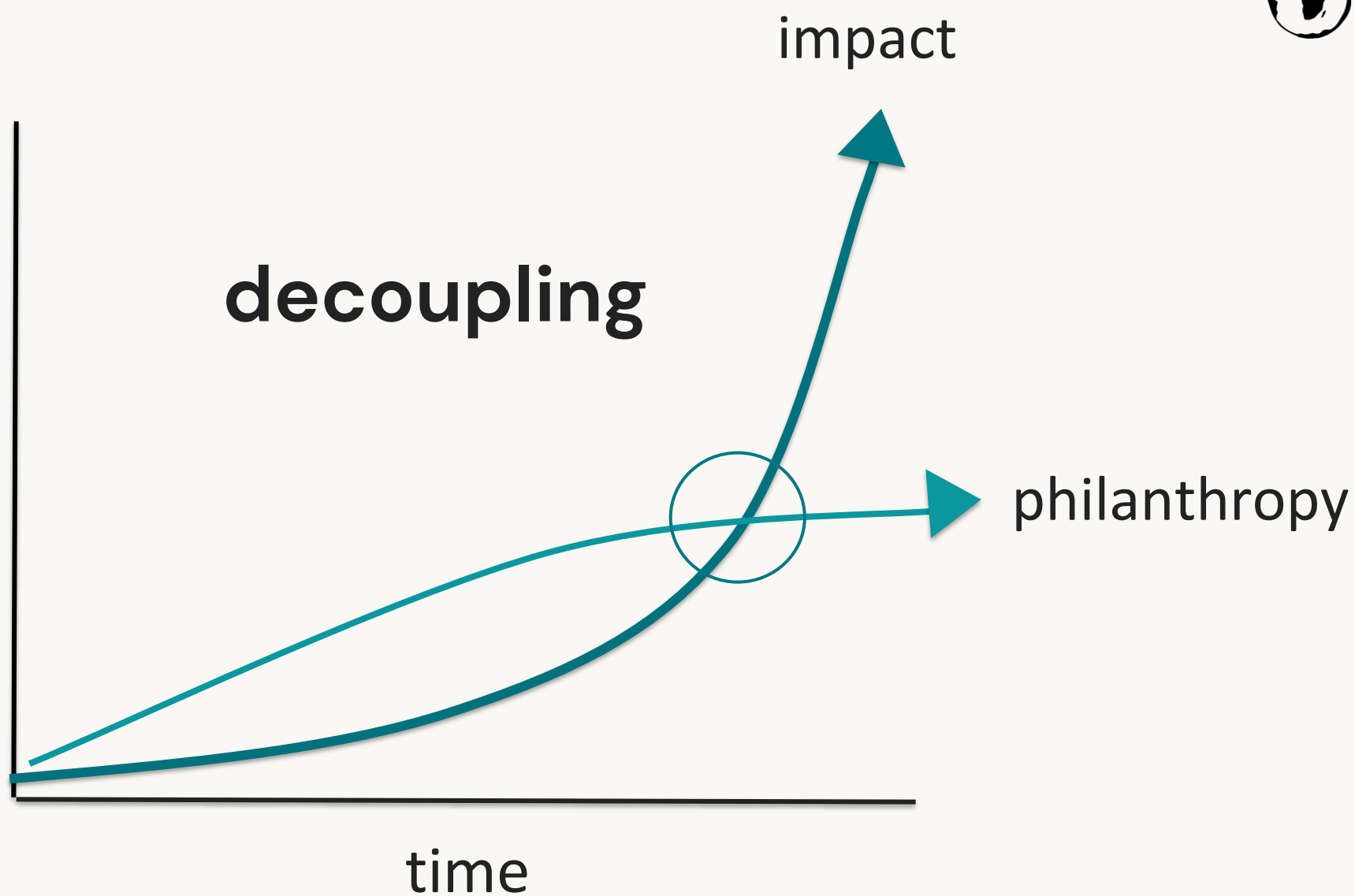
Partner, Head of Sourcing & Fellowships

avery@mulagofoundation.org



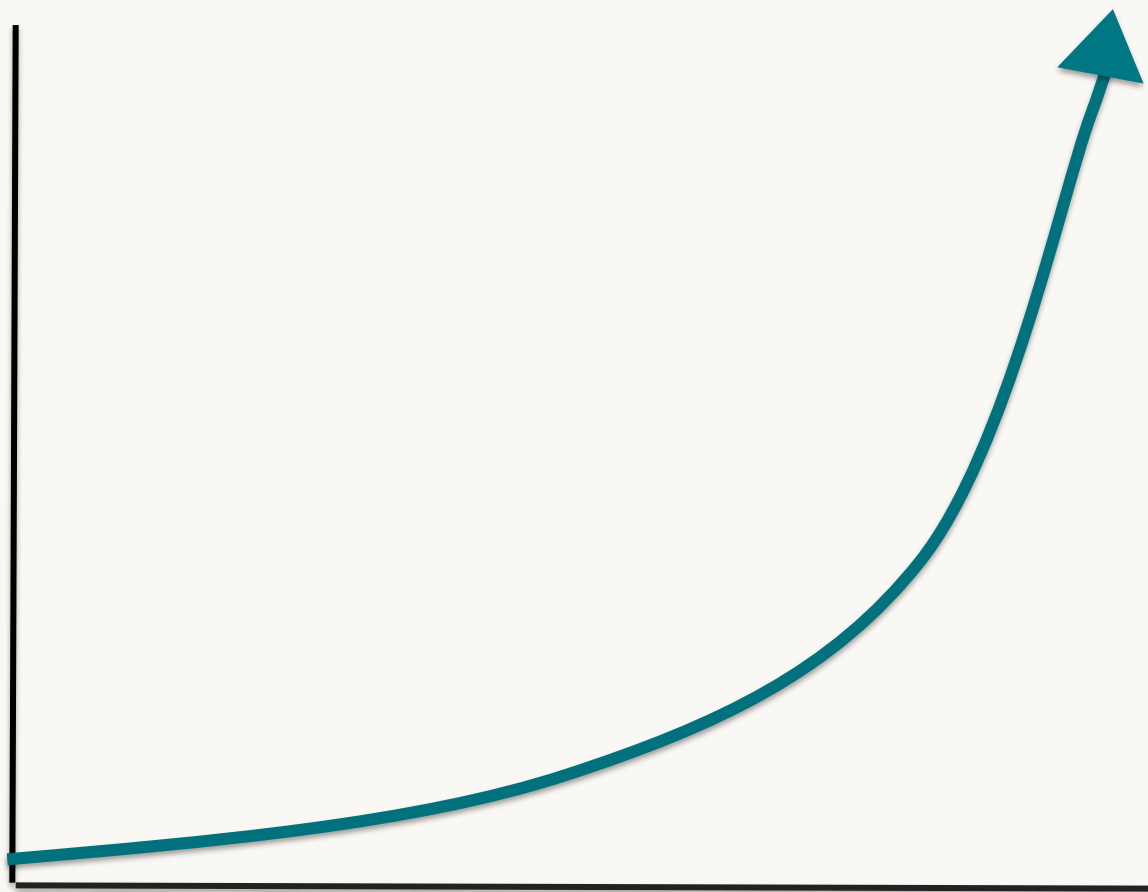






DREAM

impact



time

Who's doing and
paying for it up
here?

The most important aspect of scale?

Design for your Doer and Payer

DOER

~~You~~

governments

~~lots of NGOs~~

lots of businesses

PAYER

~~philanthropy~~

government

~~Big Aid~~

customers

Impact

with
Government
as Doer /
Payer

$$\beta \times R \times D \times \left[\text{probability of success} \right]$$

Effect size *Reach* ***Duration***



+



Fika

Big Idea:

Last-mile Trail Bridges

Doer: Government

(procuring contractors to build)

Payer: Government

(Ministries of Public Works)



The Model



1

Site: AI mapping tools for gov's to ID sites with the highest impact potential

2

Design: co-develop bridge designs, include in gov' standards

3

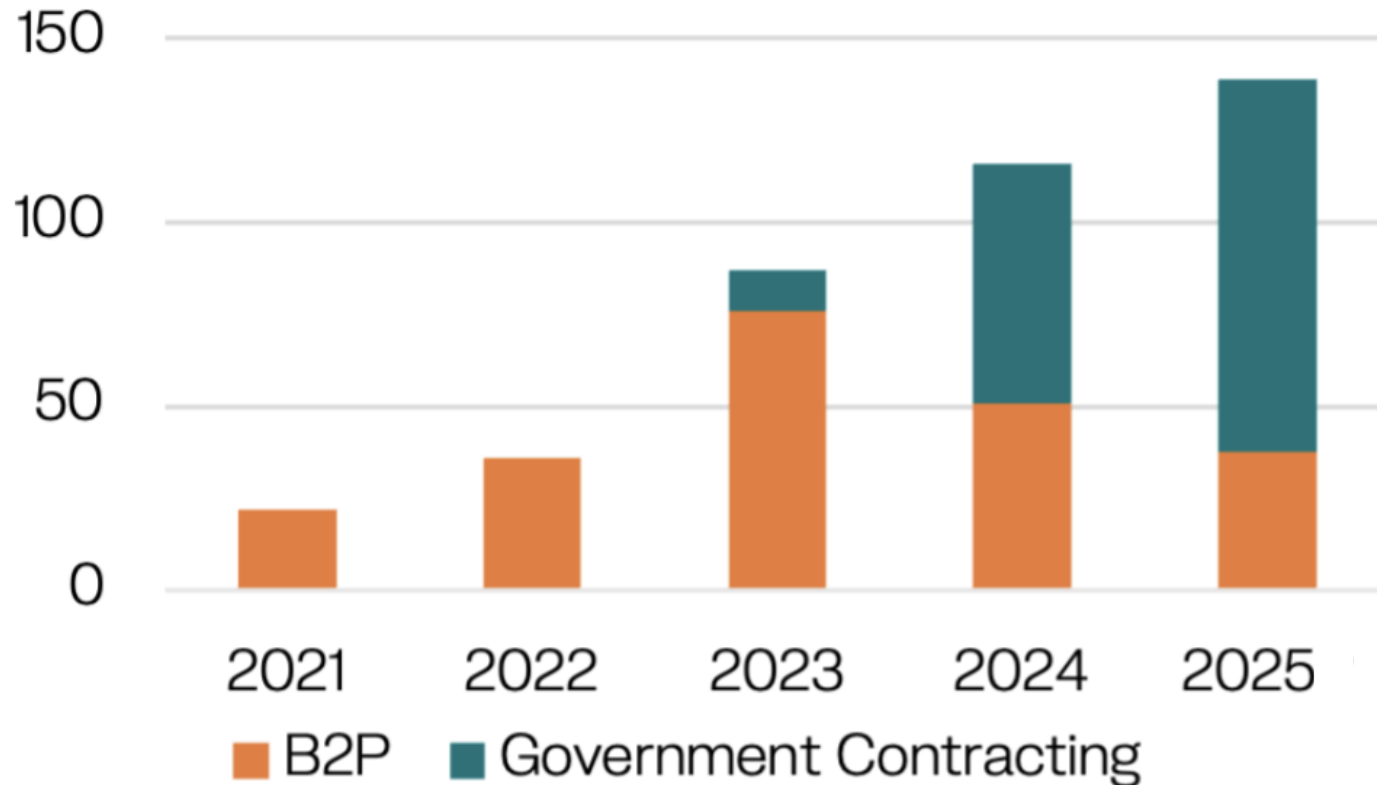
Finance: Portfolio of projects, with right procurement laws

4

Maintain: Develop protocols for systematic proactive inspection and repair

Getting Doer (Gov') to Do

Growth in Bridges Built by Government



impact

$\beta = 29\%$

Effect size
at scale Increase income
gain / per HH

$R = 5.4$ million

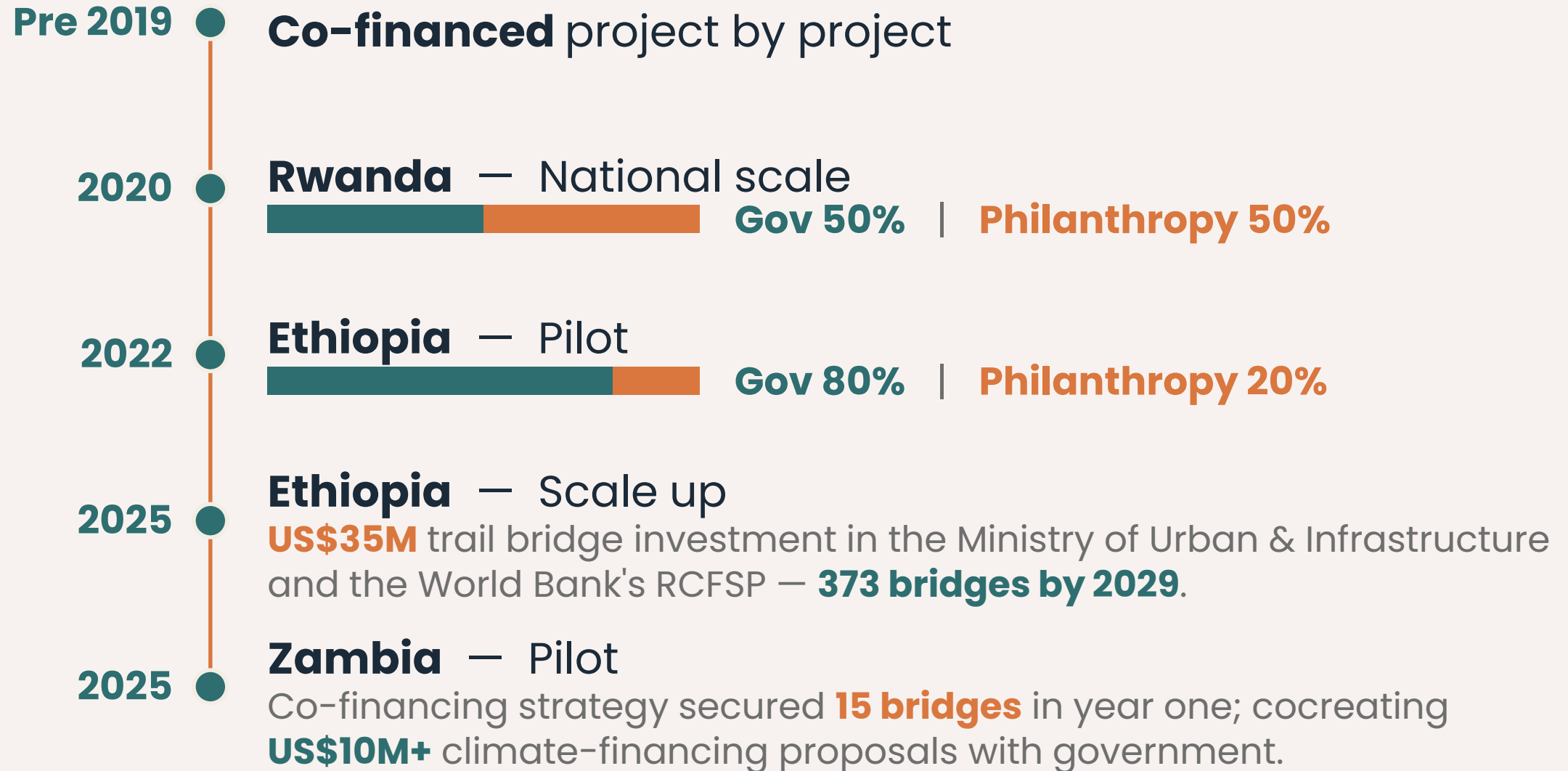
Reach People as of 6/2026

$D = 30$ years

Duration Each bridge

+ Gov keeps building

Getting Payer (Gov) to Pay



Healthy Learners

Big Idea: Teachers as Health Workers

Doer: Government (teachers on payroll)

Payer: Government (Ministry of Education)



The Model

A solution that works and can scale.

1

Teachers as Health Workers

Recruit, train & equip teachers as School Health Workers (SHWs)

2

Health Room

A dedicated space at each school with basic health amenities to see sick students

3

Tech for Diagnostics

SHWs use tablets with predictive software to guide consultations & track kids

4

Student Education & Buddies

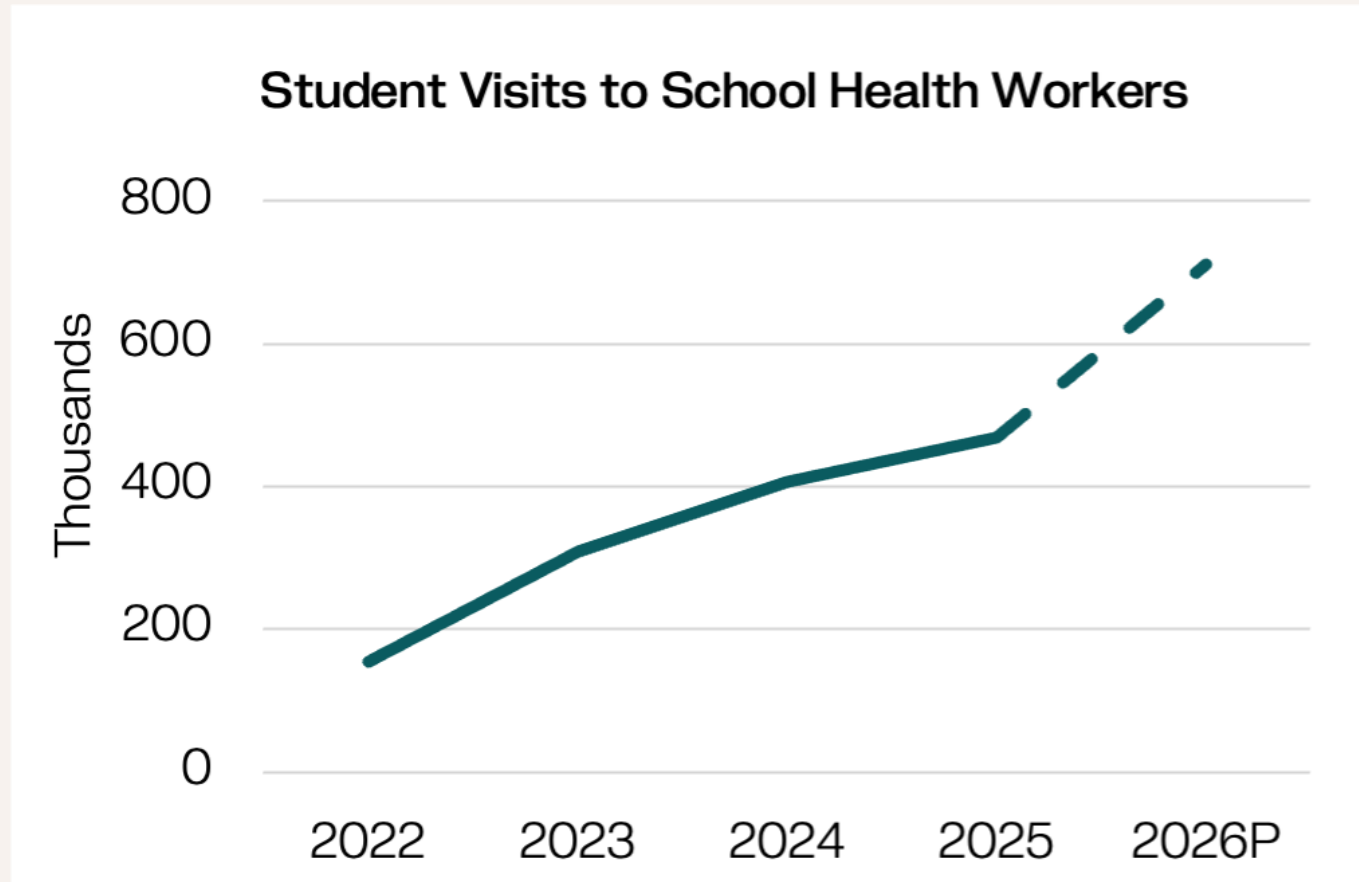
Bite-sized self-screening lessons plus a buddy system to stay connected

5

Fast-Track Referrals

Serious cases referred to nearby clinics where students are seen quickly

Getting Doer (Gov') to Do



**Matched-control study, Harvard (2019); education-outcome RCT results expected 2027*

impact

β = 38%*

Effect size at scale
Reduction in all cause morbidity

R = 1.2 Million

Reach
Kids in Zambia

D = ?? years

Duration
How long will governments keep the program?

Getting Payer (Gov) to Pay

