



2017

ANNUAL REPORT



Ministry of Foreign Affairs of the
Netherlands



TRIGGERISE

Outcome 1: Increase informed demand for SRH services by adolescent girls and young women

Outcome 2: Increase access to a wide range of SRH products and services for adolescent girls and young women

Outcome 3: Improve enabling environment for youth and young women for improving their sexual and reproductive health and rights (including safe abortion)

Outcome 4: Create wealth (via improved depth and reach of the ecosystem)

Outcome 5: Improve lives (via improved SRHR health outcomes)

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abbreviations

AGYW	adolescent girls & young women
IPC	inter-personal communications
FP	family planning
IPC	inter-personal communications
LARC	long-acting reversible contraceptive
MDA	market development approach
MdM	Medecins du Monde
OHMaSS	Organisation haitienne de marketing social sur la sante
PE	peer educators
PBCC	provider behavior change communications
SRH	sexual & reproductive health
SRHR	sexual & reproductive health & rights
YFHS	youth friendly health services

ignite in 2017

In April 2016, PSI started implementing project Ignite in partnership with Triggerise. While 2016 was a startup year with an inception phase that lasted until June, 2017 has seen rapid implementation, and when appropriate, scale-up of the most promising ways to motivate young women to adopt modern contraception. Implementing two different theories of change, which is a unique feature of this project, has allowed learning a number of important lessons for SRH programming and has helped shape programs that have increased access to SRHR for young women.

Outcome 1: In all the countries where PSI is implementing its market development approach, demand creation is a consistent challenge that required designing multi-layered communication strategies. The team in **Haiti** created the 'Djanm' campaign (strength, determination, vigor, dynamism, tenacity in Haitian Creole) through a participatory process with young Haitians, which reached more than 30 000 youth. Social media campaigns have generated 7 150 Facebook followers, with live Facebook Q&A sessions with providers also generating significant engagement. In **Mozambique**, The 'Maria and Roberto' campaign used consumer research insights from 2016 to create archetypes of the Mozambican adolescent boy and girl. These were firstly popularized via 2 distinct Facebook pages with daily content, followed by live school performances. Each page has 80 000 followers, with over 6 000 engagements on the most popular posts and over 200 000 people reached. The campaign has created a momentum that has become an asset for the program. Project ignite in **Cote d'Ivoire** was officially inaugurated in November 2017. Engagement with young people and MoH teams has led to the creation of the 'J'adore mon topo' ('I love my secret ingredient') campaign, which will launch in 2018.

Outcome 2: In 2017, **Haiti** devoted significant efforts to solidify its distribution partnership with a local distributor, Disprophar, to address a key weakness identified during the inception phase: low availability of contraceptives in the private sector, where most Haitians seek care. In 2017, OHMaSS sold 750 IUDs, 2 000 implants and 76 320 second generation OCs to Disprophar, to be distributed through its network. To accompany this increased availability of products in the market with adequate service provision, Disprophar and OHMaSS trained 55 nurses and providers to youth-friendly modern contraception provision. OHMaSS has reached underserved areas in Port au Prince with a mobile clinic, which has helped 293 new and 125 continuing users access modern contraceptives in 2017. In **Mozambique**, school activities have been the most successful component of ignite in 2017. With nearly 50 schools offering peer educators and contraception counselling, supported by 42 youth-friendly clinics for referral and follow-up, PSI reached 139 189 adolescent girls directly in schools. PSI/Mozambique has conducted values explorations sessions with 387 peer educators to improve the relevance of the quality of interpersonal communication. Youth-friendly pharmacies, however, did not work as expected. With only 31% of effective referrals to pharmacies and 5% returning visits, this activity was ended. Product distribution continued to be strong in 2017, with 332 918 Male condoms, 171 641 OCs, 137 751 Injectables, 25 218 Female condoms, 18 764 Implants and 5 095 IUDs. In **Cote d'Ivoire**, 23 facilities in Abidjan were assessed in 2017, and 18 selected to be active in 2018. Health centers will be visited by ignite's midwives for quality assurance throughout 2018 to reinforce health providers' skills, and to check their compliance with PSI's quality standards for FP methods delivery.

Outcome 3: Following the reinstatement of the Mexico City policy in 2017, **Haiti** subcontracted this outcome to MdM, which will conduct advocacy activities with local organizations to obtain tangible results to de-penalize abortion in at least one case by 2020. **Mozambique** saw a breakthrough in safe abortion provision in 2017, with the official publication of the national guidelines in October 2017. PSI quickly acted on this by organizing the Master Training of Trainers (TOT) in November 2017, involving participants from all the provincial health departments and other organizations. This effort will help provide safe abortions nationwide in 2018. **Cote d'Ivoire** participated in the fourth conference of the Société de Gynécologie et Obstétrique de Côte d'Ivoire (SOGOCI), and organized a training session on the use of Manual Vacuum Aspiration (MVA) syringe for post abortion care (PAC) by midwives during the meeting. A total of 100 participants attended a theoretical training session and 52 midwives participated in the practical session.

Outcome 4: In **India**, 1,400 new women were enrolled as Tiko Pros and 1,325 of them completed at least one earning activity in 2017. By the end of 2017, 8% of Tiko Pros earned more than INR 2 500 (EUR 32) per month. The ecosystem also included 33 retailers and stockists and 78 providers. Throughout more than five districts in Rajasthan and Agra, Triggerise impacted a total of 43 102 users with wealth-creating and life-improving interventions. In **Kenya**, Triggerise saw an exponential growth of its Tiko Pro network in 2017, and discovered that it had to address several design flaws to ensure that the ecosystem was healthy. The team reduced the amount of consumable products in the product basket to avoid speculation and competing with local retailers, made recruitment of Tiko Pros more stringent and in line with project objectives, and instituted mandatory training for all Pros to stress the importance of their contribution to SRHR and health.

Outcome 5: To improve SRHR service conversation rates in **India**, Triggerise restructured its rewards system and lowered the price of the Tiko Saathi card to ensure it was not a barrier. In 2017, Tiko Pros sold 34 324 Tiko Saathi Pregnancy Cards, and 88% of these women attended at least one antenatal consultation. Tiko launched a general health card and an FP card in mid 2017. In 2017, Tiko Pros sold 8 959 general health cards (81% activated), and 182 family planning cards (79% activated). The t-safe program in **Kenya**, through AGYW can access free SRH counselling and services at select clinics and pharmacies, was launched in April 2017. A total of 2 217 young women joined t-safe (1 518 of them adopted a SRH service), and 184 agents, 38 clinics and 6 pharmacies were active on the platform.

Outcome 1:

To incentivize young women and adolescent girls to seek SRH information among health providers rather than friends or relatives - one of the key barriers identified in Haiti during the inception phase - OHMaSS has implemented two parallel strategies in 2017: interpersonal communication with its 'youth ambassadors' and a multi-media campaign.

The Marketing Campaign was built around the idea of creating a youth movement in favor of youth-friendly SRH choices. **Djanm** - the umbrella brand created for the campaign through a participatory process with young Haitians - symbolizes strength, determination, vigor, dynamism, tenacity in Haitian Creole. The campaign was built around positioning contraception as a choice, which resonates particularly well in the Haitian context where natural disasters and extreme poverty may give young girls the impression that their destiny is out of their hands. The campaign motto 'Lavi m, se chwa pam' ('It's my life, it's my choice'), which refers to both contraception and abortion, conveys the idea that girls can gain control over their lives. The campaign will include four channels: Interpersonal Communication (to connect and listen to the audience), Mass media (to obtain maximum reach and to create a social movement around the tagline), Mid-media (to connect communities with the movement) and Social media (to generate engagement with the brand and to connect the audience as well as providers with the movement). It is designed to take place in two phases:



Build: This phase, which started in June 2017 in four areas of Port au Prince close to partner clinics, consisted in building a cohort of Djanm mentors, collecting and listening to young women's stories, and connecting with young women to pique their interest in SRH. In 2017, OHMaSS **reached 16 269 young Haitians through IPC activities**. In addition, **19 young mentors** were also trained in 2017 to lead mid-level communication sessions at schools and youth centers and who stay contacted with young people they engage with via Whatsapp. The 'build' phase has also been the opportunity to create brand awareness. In 2017, OHMaSS **reached 14 141 young Haitians through mid-media communication sessions**. Social media has yielded promising results, with **7,150 Facebook followers**, and **7 041 likes (64% females)**, and particularly high attendance to live Q&A sessions on Facebook with doctors (estimated reach of 110 000 in just one quarter). The types of questions asked during the Q&A sessions are used to inform social media content and to guide service delivery.

[Adolescent girls at the Djanm campaign launch party in Haiti]

Grow: This phase consists in linking young women to SRH services, by developing a cohort of youth-friendly providers, encouraging trial and adoption of contraception by providing free services in a mobile clinic, and to enhance medical detailing of contraception through Provider Training and leveraging Closed Loop Marketing technology. **In 2017, OHMaSS was able to motivate 293 young Haitian girls to adopt modern contraceptive methods through youth-friendly providers.** These results are below the team's expectations. In 2018, OHMaSS will seek to uncover the reasons why demand creation efforts do not sufficiently result in uptake in service delivery.

The campaign was also meant to support the ecosystem that the project wishes to create, which connects girls with providers. Through an incentive system that would benefit all (girl, provider, connector), the ecosystem would motivate the right behavior for each actor in the ecosystem: girls would be rewarded for seeking care, providers for being youth-friendly and connectors (**Djanmbassadors**) for enrolling girls into the system. Unfortunately, technological challenges have prevented the implementation of the ecosystem. Connectivity issues, lack of coordination between Triggerise and the local SMS aggregator, and high lead times in identifying and fixing these issues. This led to a very low adoption rate for the system at 12%. After the annual meeting in October, OHMaSS and Triggerise were able to arrive at a new solution using the "missed calls" systems to remedy some of these challenges.

Outcome 2:

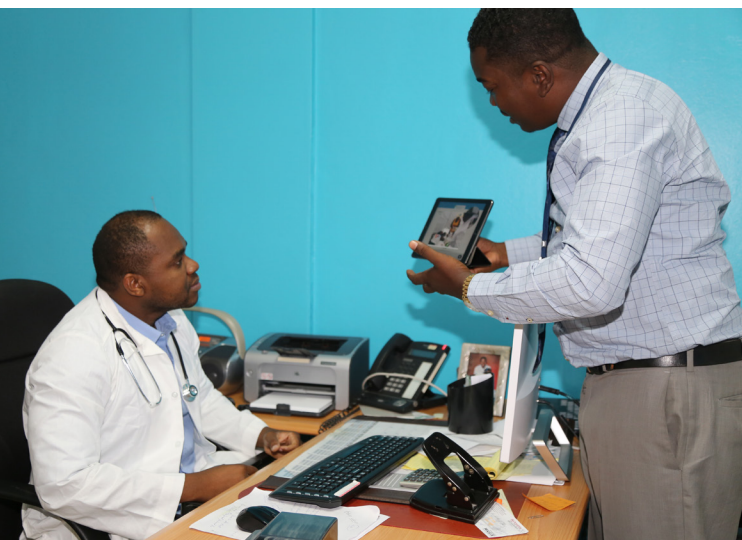
Increase demand for FP in the private sector and lower the barriers to entry for private sector importers. In 2017, OHMaSS devoted significant efforts to solidify its distribution partnership with **Disprophar**. In this partnership, Disprophar was given a portfolio of new contraceptive products to be launched on the Haitian market. It requires that the distribution partner be financially involved in demand creation, while simultaneously ensuring that sufficient volume and value growth would promise market sustainability and health impact. OHMaSS' contribution to marketing investments will gradually decrease and disappear in 2019. This arrangement reduces risks associated with market entry for the commercial distributor and facilitates sustainability. It is meant to provide a launching pad to ensure profitability and to create conditions for market growth. Although OHMaSS was able to import IUDs, implants and second generation OCs in 2017, there are still procurement challenges with injectables.



In 2017, OHMaSS hired two dedicated medical detailers to strengthen Disprophar's sales force in contraceptives. They were trained on PSI's provider behavior change communications and to OHMaSS' Closed Loop Marketing tool **BaseCase**. This type of software is used by the pharmaceutical industry to ensure that sales calls are highly efficient, in targeting messages to the audience. Contents communicated during a BaseCase sales call (using an iPad) can be changed any time, based on data received from previous sales calls.

App analytics reveals data on what content is the most clicked and the time spent on each slide, helping to deliver context-relevant information at every visit.

The purpose of the software is to decrease the adoption cycle of contraceptives. In 2017, OHMaSS tested its efficiency by working with two cohorts of medical detailers (one that received BaseCase sales calls and another one that did not). BaseCase proved to be an efficient tool, and OHMaSS developed pilot applications for implants, ECs and second generation OCs. In 2017, OHMaSS sold **750 IUDs, 2 000 implants** and **76 320 second generation OCs** to Disprophar, to be distributed through its network.



[A medical detailer trains a provider in Haiti on how to use the BaseCase app]

Increase the number of providers offering comprehensive SRH services. Disprophar and OHMaSS **trained 55 nurses and providers** to youth-friendly modern contraception provision in 2017. These new trained providers act as referral points. Services are offered through two channels, OHMaSS' network of clinics and the mobile clinic.

The selection process to expand OHMaSS' network of providers to 30 began in the second quarter of 2017. Disprophar and OHMaSS were able to identify hundreds of providers in the Port au Prince area, and ranked them using Disprophar's rating method based on number of patients seen per month (scale) and value (profitability). Selected providers were trained to contraception counseling with young girls and adolescents, including long-term methods, which have long been discouraged for use with young women.

Mobile clinics continue to offer free services and products to youth with limited access to FP services in Port au Prince. The purpose, in addition to offering equitable access to contraception in underserved areas, is to create enthusiasm around the contraceptive method chosen and to generate referrals to private providers for follow-up. In 2017, **293 new and 125 continuing users have consulted OHMaSS' mobile clinic and obtained a method from it.**

14 829 CYPs generated from services provided to AGYW in 2017


Outcome 3:


The official reinstatement of the Mexico City Policy in 2017, greatly limited OHMaSS' (a Haitian organization directly impacted by this policy) to directly deliver on this outcome, particularly around supporting advocacy efforts for the depenalization of abortion. Despite these limitations, OHMaSS remains committed to obtaining tangible results to de-penalize abortion in at least one case (rape, incest, threat to mother's health, etc) within the time frame of the project. OHMaSS was able to sub-award this mandate to **Médecins du Monde (Mdm)**, a French international NGO that currently works in abortion advocacy and the rights of women in Haiti. In 2017, OHMaSS began the process of negotiation and contracting with Mdm and invited its partner organization to join the 2017 annual project meeting in the Hague. In 2017, OHMaSS also organized an Advocacy Training workshop with Mdm in Haiti, applying PSI's Advocacy Communication process. .

 **750** IUDs inserted

 **2 000** implants inserts

 **76 320** OCs distributed

 **7** service delivery points trained in YFHS that provide short- and long-term methods to young people

 **55** providers trained on YFHS, for both long-term method service provision and to be FP champions

Outcome 1:

'Maria and Roberto' Campaign. Using the consumer research led by Frog and GSMA from the end of 2016 - which looked to better understand drivers of adolescent knowledge around health and sexuality - PSI gathered these insights and launched the 'Maria and Roberto' communication campaign to begin testing them. This campaign is intended to create a compelling story around SRH topics integrated through multi-media channels. Maria and Roberto are the archetype of the Mozambican adolescent boy and girl; these characters were first created and popularized on Facebook (first phase), followed by live school performances (second phase). Two Facebook pages were created – the 'Roberto' page and 'Maria' page – through which each told his and her story to their fans daily, targeting integrated content and messages to adolescent boys and girls, respectively. The published content is divided between the personal drama and plotline, and the informative content on Nutrition (according to the partnership with GSMA) and sexual and reproductive health.

This juvenile drama was created and shared to capture the audience's attention and engage adolescents to further follow the campaign resources and access the shared SRH content.



80 000+ fans (ages 13-24 years) on each Facebook page



6 000+ engagements on the most popular posts



200 000+ people reached on each page

In the second phase, the actors playing Maria and Roberto received SRHR training and participated in a series of in-school school performances. These "shows" are interactive sets developed to initiate an informed, engaged dialogue on SRHR and share knowledge with students. This also created a "Safe Space" where students could talk with Maria and Roberto in private about any question they might have on SRH, nutrition or other life issues. Over 360 students participated directly with Maria and Roberto in their 20 total performances, with more than 3,000 total students reached. Seven "Safe Spaces" were created, where approximately sixty private conversations with Maria and Roberto occurred.

To evaluate the knowledge impact before and after the activities occurred, both a base and end line survey were conducted with the students. PSI has noted an increase in adolescent's knowledge of SRH and in the way they communicate. However, messaging must be strengthened to involve more interaction with young people and include more appealing content in order to generate an effective behavior change.

Outcome 2:

Youth-Friendly Health Services. In 2017, PSI Mozambique operated its **FP Services in 42 clinics and approximately 50 schools**. All providers received YFHS training and began ideating and implementing ways of generating demand for FP counseling and product delivery.

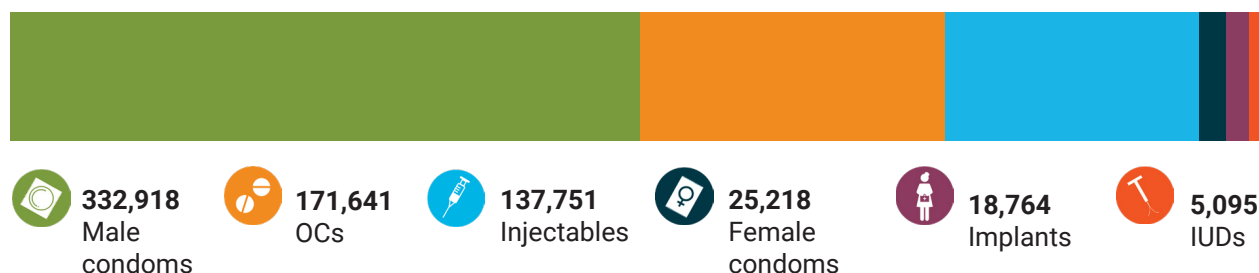
92% of AGYW surveyed reported having a respectful interaction with healthcare providers during their last visit (Q2 2017)

Peer Educators + Referrals. In 2017, PSI refined its school activities approach to focus on efficiency and scalability. In tandem with the Mozambican Government's commitment to increase and sustain the informed use of contraception among youth under the FP2020 program, school activities continued development and implementation in the different provinces. The Peer Educator network maintained its role in the school ecosystem by generating awareness amongst peers around the SRH services available in the schools PSI has partnered with. **These peer-to-peer sessions reached 139 189 adolescent girls and young women (AGYW)** with information on sexuality, HIV, STIs, pregnancy, and contraceptives. An important contributor to this number of youth reached was the Mobiz Program, which included activities involving a large group of Peer Educators from Coalizão that allowed for a greater reach of AGYW during the first two quarters of the year. The Mobiz program ended by June 2017.

Peer Educators + Capacity Strengthening. PSI has conducted **values explorations sessions with 387 peer educators from 3 provinces** – Maputo, Sofala and Nampula - to strengthen peer educators' capacity and quality of their sessions. These sessions focused on the understanding of informed choice, the benefits of the short and long acting methods, and the most current information on safe abortion. Information on the application of the referral system (Movercado) was also included.

PSI rolled out a user-centered design study in 2017 to gain insights on and increase performance efficiency of the school activities' approach. Using 'Julia' as the archetype of the target adolescent female user, this study methodology allowed PSI to map her journey in the FP process offered through school activities, and understand the design challenges that need to be targeted in order to improve the program approach. Challenges around communication emerged from the insights around peer educators. When PEs were successful at connecting contraception with future goals, and at divorcing the use of contraception from sexual intentionality, young people's motivation to engage in the program was highest. The message being delivered must change. To address this, PSI Mozambique is developing communication support material with the key messages that PEs should focus on when talking to other students.

[Products distributed in 2017]



Tem+ Pharmacies. “Youth Friendly Pharmacies” activities were rolled out in 2016 and 2017 to improve and increase youth’s access to contraception. PSI began by targeting pharmacies based on their proximity to schools or to youth “hot spots”. Once identified, pharmacy owners were engaged in conversations for PSI to make an assessment around their knowledge of FP, views around FP for youth, current stock of FP methods, and willingness to participate. Pharmacy staff were then trained on how to engage and speak with youth - specifically on FP methods and emergency contraception - and on how to use the Movercado phone app to record the number of adolescents that use pharmacies for FP. Once an adolescent accessed a pharmacy, the pharmacist registered that client’s cell phone number on Movercado, allowing her to receive periodic reminders for repeat visits. To create informed demand for these youth-friendly pharmacies, peer educators discussed voluntary family planning and health with young men and women, and offer them vouchers for free or subsidized methods. Pharmacies advertise with “Troca Aki” (meaning “exchange here”), which signals to youth that their voucher is valid there and that the pharmacists have been trained to offer youth-friendly services. With this voucher, young people can obtain oral contraceptive pills, condoms and emergency contraception for free. Even without a voucher, young people can still access these methods for the cheapest price available on the market.

During the life of this activity, **9 000 adolescents were reached**, yet only **31% of effective referrals ensued**, and 5% of these would return to the Pharmacy. PSI launched a study to investigate the potential supply and demand and understand why 69% of adolescents chose not to go to a pharmacy at all and of those who went, 95% never returned. All user groups (adolescent users and non-users, peer educators, and pharmacist) were interviewed. The main demand-side influence is that adolescents did not view pharmacies as the trusted source and venue for FP advice, and prefer a peer educator, nurse or FP counselor.

From pharmacists, the supply-side driving influence is their perception that adolescents have too low purchasing power and take too much of their time asking several question to justify the cost-benefit of promoting this service.

Adolescents and pharmacists did not fulfill each other’s needs – either for FP counselling or for business profitability.

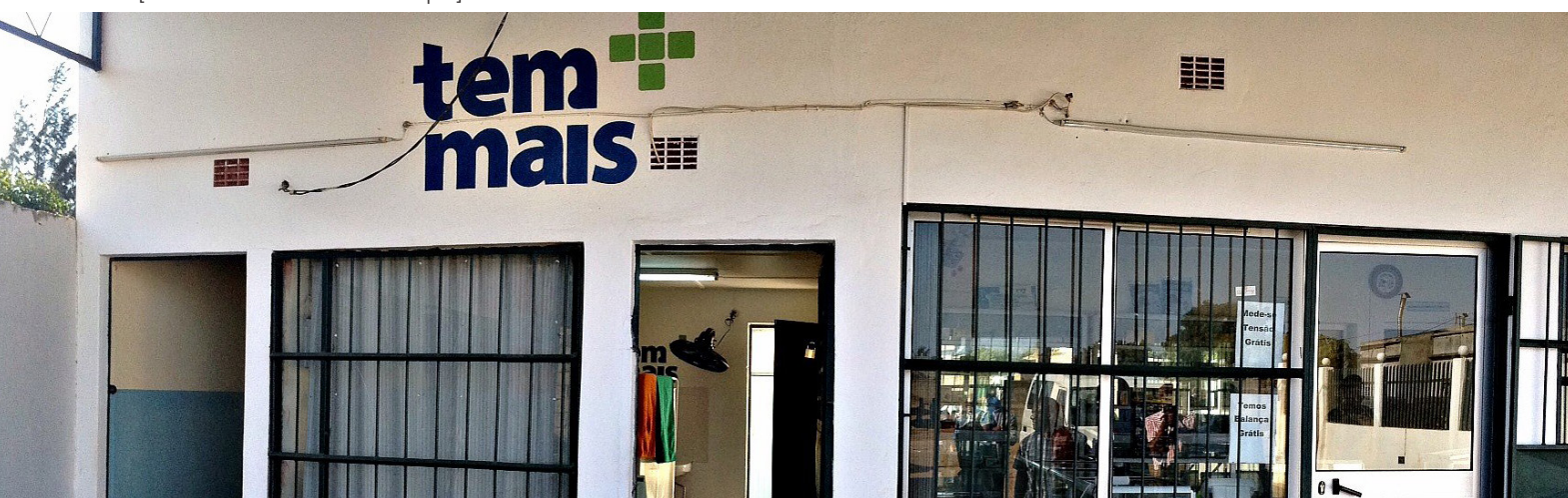
Outcome 3:

Following the government’s delay of the rollout plan for safe abortion services and procedure, in 2017 PSI has seen the publication of the national legislation on safe abortion on the local official site (“Boletim da República”), which gives guidance on the safe abortion activities and protocols. After the official publication, PSI has worked with the Technical Working Group, and collaborated with an external technical subject matter expert to support and on safe abortion activities and protocols. PSI organized the **Master Training of Trainers (TOT) in November 2017**, involving participants from all the provincial health departments and other organizations.

After the TOT, PSI continued working with the Technical Working Group on the planning of training for all provincial staff, procurement of commodities, facility assessments, and capacity building of providers to ensure that protocols are followed and quality standards are met.

79% of providers know that abortion/PAC is legal

[A Tem+ Clinic in Mozambique]



Following PSI's decision, supported by the Dutch Ministry of Foreign Affairs, to end activities in the DRC and to start activities in Cote d'Ivoire, Project ignite was initiated in Cote d'Ivoire in July 2017 and the official launch (in presence of the Dutch ambassador in Cote d'Ivoire) took place in November 2017.

Outcome 1:

Launch of the Communication Strategy. Building from the insights from the USAID-funded "Transform/PHARE" project, which had funded a number of studies around contraception in Cote d'Ivoire (CI), the PSI CI team, (with support from global technical experts) developed a communication plan for ignite that will be implemented during the life of the project. There will also be, among other, an extensive social media campaign starting with a Facebook page to launch by the end of the first quarter in 2018. Throughout the process, the team engaged local leaders including the Jeunes Ambassadeurs (established to link with youth), youth-NGO MESSI, the Programme National de la Santé de la Mère et de l'Enfant (PNSME) and the Programme National de la Santé Scolaire et Universitaire (PNSSU). This collaboration was facilitated through a workshop in Abidjan (October 3-4, 2017) to:

- ➡ Develop messages encouraging young people to attend health facilities and to use contraceptive methods
- ➡ Identify youth-friendly communication channels
- ➡ Gather potential names for the communication campaign



The campaign name identified during the workshop is **J'adore Mon Topo** ('I love my secret ingredient'), encouraging adolescent girls and young women to take an active role in making their own informed decisions around SRH. Implementation of communication activities will begin in early 2018 with the launch of a Facebook campaign enveloping this messaging.

In addition, PSI CI **recruited 39 peer educators** amongst five health districts in Abidjan. They will be supported by **nine midwives in the field** and trained on basic peer-education techniques and contraceptive technology.

Outcome 2:

Service provision quality assurance and strengthening. To select participating health facilities, PSI CI **assessed 23 facilities** in October in Abidjan and **selected 18**. In Yamoussoukro - a university town without any specific SRH programs targeting youth - service site selection will

be completed in the first semester of 2018. In addition, the PNSSU requested coaching support for 6 school and university health centers (CSSU) located in Abidjan, bringing a **total of 24 facilities** to receive support in Abidjan. In collaboration with PNSME, **a training workshop for 36 health providers** (2 per facility) in contraceptive technology took place from November 13-27, 2017. A request was submitted to PNSME to receive contraceptive products for mobile service delivery and PSI CI expects to receive the products in early 2018. Ignite project staff visited Mali in November as a learning visit regarding mobile service delivery that will begin in early 2018 in Abidjan. PSI is working with the PNSME to finalize the youth approach curricula and will organize a special training for the 36 providers already trained in February 2018.

Health centers will be visited by ignite's midwives for quality assurance throughout the upcoming year to reinforce health providers skills, especially for FP long-term methods (IUDs and Implants) and to check their compliance with PSI's quality standards for FP methods delivery. The first coaching visit took place in the 18 health facilities from December 12-21, 2017. PSI's Provider Behavior Change Communication approach will be adapted for implementation in Cote d'Ivoire. Following up on previous meetings with PNSME PAC focal point, PSI CI will jointly determine priorities and plan technical support particularly for missing or outdated protocols related to PAC services.

Following a competitive procurement process, the firm KANTAR/TNS was selected to conduct the market study on emergency contraceptive and Misoprostol. The study began in December 2017 and is expected to be completed by the end of January 2018, with results expected in February. A separate consultant was hired for the registration of emergency contraceptive and misoprostol products. Completion of this process will depend on when the local agency will reopen the application process to register new drugs, which remained closed for most of 2017.

Outcome 3:

PSICI participated in the fourth conference of the Société de Gynécologie et Obstétrique de Côte d'Ivoire (SOGOCI) in October 2017. In efforts to support task shifting, PSI CI leveraged the gathering of the many national service delivery personnel present during the conference to organize a training session on the use of Manual Vacuum Aspiration (MVA) syringe for post abortion care (PAC) by midwives during the meeting. A total of **100 participants** attended a theoretical training session and **52 midwives** participated in the practical session. To support this, SOGOCI received computers, a printer, and photocopier.

During the first quarter of 2018 PSI CI will draft memoranda of understanding (MOU) between PSI CI and health centers, CSSU and SOGOCI to be submitted for signature to the respective government offices.

In 2017, Triggerise India expanded its Tiko Pro network, strengthened the Tiko Saathi program for pregnant women and new mothers, and introduced complementary SRHR offerings for adolescent girls and women of reproductive age. Throughout more than five districts in Rajasthan and Agra, Triggerise impacted a total of 43 102 users with wealth-creating and life-improving interventions, as well as 33 retailers and stockists and 78 providers. Triggerise simultaneously reduced the Tiko Miles needed per membership activation by 9%.

Outcome 4:






Triggerise primarily created wealth in target communities through Tiko Pro. In India, Tiko Pro exclusively targets women. In 2017, **1 400 new women were enrolled** as Tiko Pros and 1 325 of them completed at least one earning activity. Earning activities included product stocking and selling, service provision, and referrals for SRHR services. By the end of 2017, 8% of Tiko Pros earned more than INR 2 500 (EUR 32) per month. As a comparison, the monthly full-time wage of an unskilled worker in Rajasthan is estimated by the to be INR 5 538 in the NGO sector.

Improved Product & Service Basket. As in 2016, most Tiko Pros generated income by selling products (including Tiko Saathi memberships) and referring clients for services. However, Triggerise refined the product and service basket to strengthen the brand's value proposition, diversify earning opportunities, increase retention rate, and produce indirect health benefits. Virtually all Tiko Pros stocked and sold sanitary pads and other **menstrual hygiene management (MHM) products**, which not only addressed MHM needs but also provided Tiko Pros with an opening dialogue for SRHR conversations

Rewards Restructuring. In early 2017, Tiko Pros tended to reach and refer large numbers of clients but experienced low conversion-to-SRHR-service rates. Triggerise improved its Tiko Pro efficiency after shifting rewards so that Tiko Pros only earned when clients attended consultations. The **conversion rate increased** from 67% in Quarter 1 to 99% in Quarter 4, with spending per effective referral simultaneously decreasing.

To further strengthen Tiko Pro's performance, performance tiers were introduced. When a Tiko Pro reach certain earning levels, she "wins" the ability to multiply Tiko Miles earnings; Silver Tiko Pros earn 50% extra Tiko Miles, Gold Tiko Pros earn 80% extra, and Platinum Tiko Pros earn 100% of extra Tiko Miles. This initiative sparked a healthy competition among Tiko Pros.

Rapid Growth. Tiko Pros **reached over 41 664 unique women** during the course of the year, which grew the average monthly income per Tiko Pro from INR 306 (EUR 4) in January to INR 6 672 by December 2017 (EUR 83). **This growth resulted from several concurrent strategies:**

-  An expanding basket of goods and services (from communication sessions for pregnant women to sales of hygiene and vision care products)
-  The diversification of enrollment tactics (market events, wall paintings, peer recruitment)
-  The growth of the stockist network (from 10 to 13 stockists) where Tiko Pros source their product basket
-  The introduction of seasonal promotions (predominately around Indian festivals) to promote behavior, increase earnings, and build loyalty
-  Boosting usage of the Tiko Pro App by launching the "SoPro" programme, where a Tiko Pro uses Tiko Miles to buy a smartphone.

Outcome 5:

In 2016, Triggerise's strategy for improving lives in India centered on Tiko Saathi ("Tiko Friend" in Hindi). Pregnant women pay for this membership and enrollment card, which guides them over the course of their pregnancy providing benefits such as ANC and PNC consultations, tests, vitamins and supplements, post-natal family planning, and reminders. In 2017, Triggerise refined the Tiko Saathi membership and introduced complementary offerings for broader target audiences.

Improving Tiko Saathi. In Alwar - the first and flagship site - the Tiko Saathi card and membership proved to be a new concept for both consumers and providers. Sales floundered in early 2017 for two reasons: First, the price of the initial Tiko Saathi card, which the customer purchased from the Tiko Pro, was prohibitively high because customers prepaid for their entire share of covered services. Customers did not have sufficient cash to purchase the card. Second, the doctors and clinics providing consultation services were only reimbursed at the end of the month, leading to cash flow problems. To solve these problems, in October 2017, Triggerise revised the Tiko Miles structure for the existing Tiko Saathi card to promote repeat behaviour. After implementing these changes, Tiko Pros **sold 34 324 Tiko Saathi Pregnancy Cards** in 2017, and **89% of these women (30 376) attended at least one antenatal consultation.**

Complementing Tiko Saathi. In 2017, Triggerise expanded the Tiko Saathi pilot to cover all women of reproductive age, not just pregnant women, by introducing new Tiko cards inspired by Triggerise's global Tiko Explore brand positioning. On World Population Day in July 2017, Triggerise launched a family planning card covering all modern contraceptive methods, preceded by a general health card in April 2017, which includes screenings for non-communicable diseases such as diabetes and hypertension. Since launching both memberships in mid to late 2017, the numbers are small but encouraging - **8 959 general health cards** have been sold with 81% activated, and **182 family planning cards sold** with 79% activated.

Triggerise's wealth creation and life improvement programs in Kenya experienced significant growth in 2017. From an embryo of an ecosystem in late 2016 to a robust Tiko Pro network and expansive Tiko Explore program, it is poised for nationwide scale up in early 2018. In 2017, **1 600 Tiko Pros were reached** with wealth-creating activities, while 1 518 Tiko Explore members accessed SRH services. The Kenya team grew significantly as well; 14 Tikosystem Facilitators (field contractors managing Tiko Pros and facilitating the ecosystem) were hired along with 3 Area Tikosystem Managers (each of whom is responsible for a county).

Outcome 4:

Triggerise Kenya launched its Tiko Pro network in October 2016 and began 2017 with about 100 Tiko Pros in two areas, expanding to over 200 Tiko Pros by May. By July 2017, Tiko Pro was operating in a total of 12 areas. Activity skyrocketed in June to include 1 200 active Tiko Pros, reaching an all-time high of nearly 1 600 active Tiko Pros in July. The number of active Tiko Pros hovered around 1 200 per month until November. By the end of 2017, Tiko Pros had stocked a total of EUR 1.9 Million worth of products, mostly within Nairobi County.

Tiko Pro Design Flaws. While Tiko Pro grew fast in Kenya, the program suffered from several design flaws that resulted in a large downswing in November 2017:

Product Basket: As Triggerise expanded the product basket to include more consumable products, Tiko Pros unintentionally began competing with local retailers. *Triggerise has since refined the product basket to limit consumables and feature impact products that do not create competition with local merchants. Triggerise is also identifying more services to include in the Tiko Pro basket, including services linked to SRHR programming in Kenya.*

Inadequate Recruitment: Since Tiko Pros and Tikosystem Facilitators enrolled peers into the network indiscriminately, many Tiko Pros were poorly suited for reaching adolescent girls with SRHR offerings. *Triggerise is training Tikosystem Facilitators and staff to focus on a specific profile when enrolling Tiko Pros.*

Insufficient training and communication contributed to Tiko Pros thinking the network was simply for stocking food staples. This is not surprising given how heavily Tiko Pros profited from selling food staples. *Triggerise has instituted mandatory trainings for all Tiko Pros and have started removing Tiko Pros who do not attend trainings from the network. The trainings feature the intersection between Tiko Pro's health and wealth benefits: how Tiko Pros can earn by improving SRHR outcomes in their communities. Triggerise has restructured Tiko Miles to prevent food staple profiteering.*

In December 2017, Triggerise used these learnings to build a healthier Tiko Pro network with a more specialized product and service basket. Triggerise also emphasized the link with SRHR opportunities available through Tiko Explore both in its messaging and in its rewards configuration. Tiko Pros have **responded positively to this change**; currently their **SRHR conversion rate** (the percentage of clients they refer who subsequently uptake an SRHR service) is **82%**.

Outcome 5:

In April 2017, Triggerise launched **t-safe¹**, the SRH offering under Tiko Explore. Through this program, adolescent girls and young women can access free SRH counselling, pregnancy tests, contraception, STI screenings, and HIV testings at select clinics or pharmacies. **t-safe** is accessible through three technology pathways - no-tech, low-tech, and high-tech - and users may either self-enroll or enroll with an agent.

Triggerise began implementing **t-safe** in Nairobi, Mombasa and Nakuru Counties, with 2017 as the 'proof of concept' period. After using the first few months of implementation to optimize a minimum viable product, Triggerise developed a solid solution in October 2017. Key learnings include:

- ➡ Invest in high-quality and repeat **trainings** for agents, clinics, and pharmacies using the platform
- ➡ Set multiple **check-points** in a user's journey to ensure that they are the correct profile for the project
- ➡ Implement a **risk management** and control process with speed and efficiency, to prevent suspicious activity on the platform

The year's results were on track with the targets, with **2 217 young women and adolescent girls under 20 joining t-safe, 1 518 of which opted for an SRH service**. By the end of the year, 184 agents, 38 clinics and 6 pharmacies were active on the platform.

Other Triggerise Activities:

Triggerise used learnings from Kenya and India to replicate successes in other markets. These include Haiti (where Triggerise supports PSI's ignite activities) and Ethiopia, which will become a priority Triggerise market in 2018.

In **Ethiopia**, Triggerise leveraged Ignite funding to launch Tiko Pro and Tiko Explore. Triggerise's largest 2017 project in Ethiopia was a pilot with PSI Ethiopia under the MULU project, in which Triggerise used Tiko Explore to link commercial sex workers to HIV testing and treatment. While the pilot initially moved slowly (resulting in only 30 HIV tests and 0 HIV treatment consultations in April 2017), Triggerise developed a scalable solution by November 2017; 441 clients accessed SRH services and 126 of whom started on HIV treatment. Tiko Pro also grew slowly but is positioned to take off in 2018 - its 33 active Tiko Pros in October 2017 grew to 101 in November. Triggerise is in the process of incorporating all MSI and FGAE (Family Guidance Association of Ethiopia) clinics within Triggerise implementation areas into their network. Logistics were finalized for a WASH partnership with PSI in Hawassa, and began the Inception Phase of the AGO project in the Afar region (funded by the Embassy of The Kingdom of The Netherlands in Ethiopia and in partnership with AMREF, EngenderHealth, and Phillips) - which will become Triggerise's largest Ethiopia project in 2018.

¹The cost of the program is shared between MinBuZa and CIFF



[An adolescent girl at a School Corner IPC event in Mozambique]

In 2017, Triggerise focused its ecosystem development on **creating wealth and improving lives** - (via improved SRHR outcomes - in India and Kenya, its two largest markets. Triggerise's consumer-facing brands were redesigned to better target wealth and health outcomes, catalyze exponential growth using these brands in India and Kenya, and replicate successful interventions from India and Kenya in start-up markets.

Brand Redesign. In 2016, Triggerise's two consumer-facing products - Tiko and PRO - provided robust functional offerings but lacked emotional appeal. In order to make their offerings more consumer-centric, qualitative market research was conducted in India and Kenya, using **consumer insights to segment the target audience** (who were named Rafiki). This segmentation provided clear target audiences for Outcome 4 (creating wealth) and Outcome 5 (improving lives). Segmented audiences include **Rani**, a "desperate housewife" who needs financial independence; **Esther**, an adolescent dreamer; and **Tahira**, a married mother who needs to maintain her family and home.

During a March 2017 workshop in South Africa, Triggerise rebranded Tiko and PRO to meet the wealth, health and emotional needs of these three segments. Tiko became the mother-brand, providing Rafiki with opportunities she would not otherwise have access to; the Tiko Explore sub-brand targeted Esther and Tahira, while Tiko Pro targeted Rani.

tiko explore Tiko Explore is a **membership program** that provides Esther and Tahira with the opportunity to access lifestyle deals and life-enhancing journeys. The offering is divided into five categories - living well (which includes her sexual and reproductive health), earning, learning, saving, and looking good - each of which responds to a need. Since SRHR products and services are not always a priority for Esther and Tahira, we hypothesized that a more comprehensive offering would allow us to build an ongoing relationship with users, broaden its positioning, and ultimately improve SRHR outcomes. Recent data from Triggerise's programs in Kenya and India support this hypothesis.

tiko pro Tiko Pro provides an aspiring or existing entrepreneur with easy access to products and services to promote, propose and sell in her community at her convenience. A Tiko Pro enjoys the flexibility to work on her own time, build her own business offering, acquire new skills, and increase her income. In order to provide Tiko Pros with diverse earning opportunities we partner with existing stockists, retailers, pharmacies, and other traders to [simultaneously] strengthen supply chains and local economies. Since Tiko Pros work across donor-funded projects and organizations, she has the added benefit of sustaining community mobilisation when projects end.

tiko miles Tiko Miles are virtual rewards that Rafiki instantly earns the moment she verifies positive behavior. She can spend Tiko Miles just like she would spend cash in the local market - at retailers we enroll into the platform or with Tiko Pros. Since Tiko Miles allow us to personalise rewards for consumers, we also use them to offset demand creation and loyalty building costs and to "pay back" users for providing Triggerise with

data. (Tiko Miles are similar to the 2016 Tiko product; the difference is that Tiko Explore allows Triggerise to develop other techniques for motivating positive behaviour beyond rewards.)

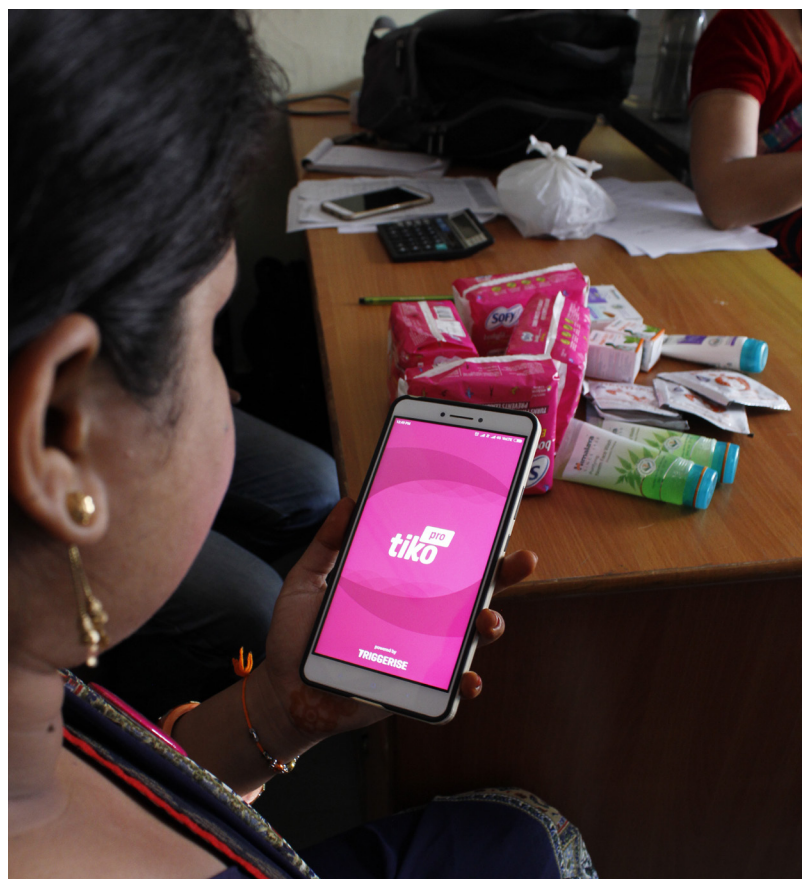
Using Technology Pathways to Expand User Accessibility

While SIM penetration and phone ownership rates are growing rapidly in Triggerise markets, the market research identified younger and more rural users with minimal or no phone access. As a result, we developed three technology pathways for each of the three sub-brands: high tech, low tech, and no tech.

High Tech: High tech solutions include bespoke Triggerise apps, integrations with popular messaging apps, and mobile-friendly websites. In 2017, Triggerise's software development team refined the Tiko Pro app and developed an app for health facilities registered in Triggerise Kenya's Tiko Explore network. We also developed integrations with Facebook Messenger and WeChat, a mapping feature for participating clinics and traders, and consumer-facing websites.

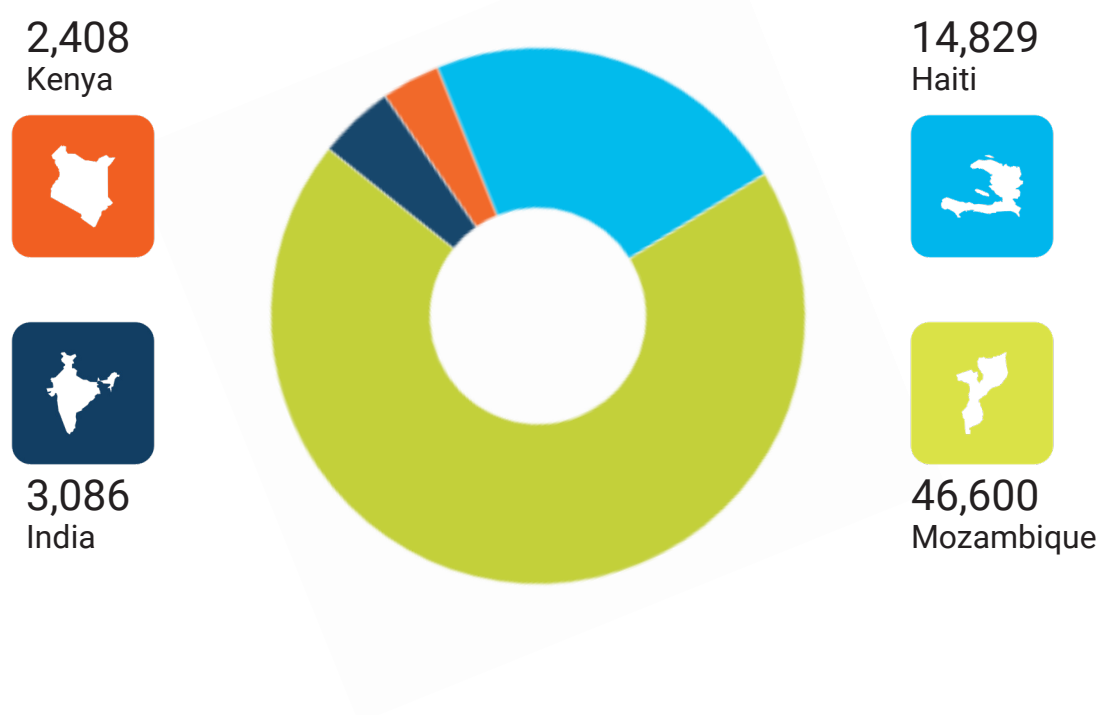
Low Tech: Low tech solutions include SMS and missed call - we design them to work on smartphones and feature phones. Low tech is the most popular pathway, though we expect low tech users to decrease as smartphones become more prevalent.

No-Tech: In order to accommodate users with minimal phone access, Triggerise developed a no-tech solution - a membership card with unique identifiers and PIN numbers. Agents and providers either scan the card (using a QR code) or use card numbers to verify client interactions. We developed and piloted the no-tech solution throughout 2017 and we plan to expand the pilot and eventually scale up in 2018.

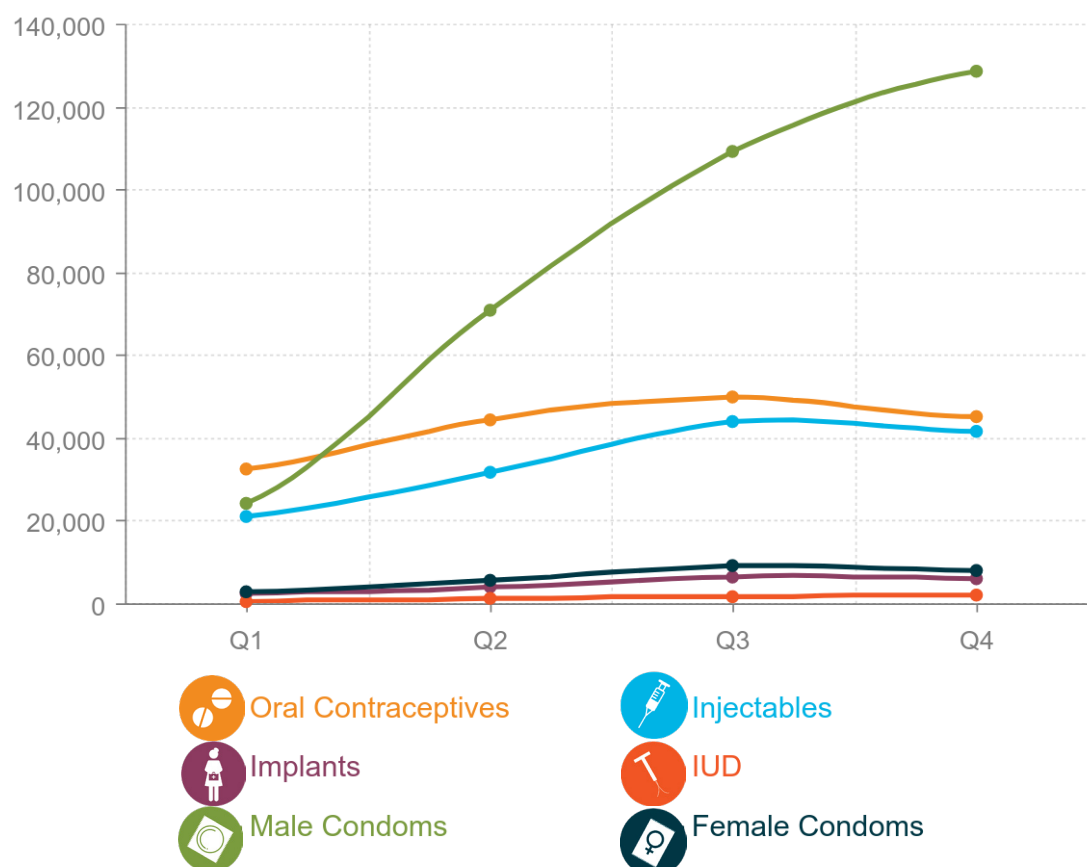


[A Tiko Pro sells menstrual hygiene products using the Triggerise app in India]

annex 1: annual couple years of protection (CYPs) generated from services provided to AGYW (15-24) by country [2107]



annex 2: mozambique: no. of products distributed by type [2017]








annex 3: triggerise consumer brand target audience segmentation insights

Its all about Rafiki....



TARGETING RAFIKI (Swahili meaning Friend)			
	RANI (Queen) 	ESTHER (Star) 	TAAHIRA (pure / chaste) 
Who 1	Entrepreneur	Adolescent Girl	Married (with 1 or 2 kids)
Segment	Desperate housewife	Dreamer	Domestic Blues / Bliss
Need	Need for independence: financial and / or freedom (from house)	Need to meet her dreams	Need to maintain her family and home
Solution	Help getting a “real job”	Help meet her aspirations (prevention)	Help keep a happy home (prevention and cure)
Now What?	How do we get more Rafiki’s earning more TIKO		

TRIGGERISE

[Adolescent students at a School Corner IPC event in Mozambique]

