

Transformative Scale: A Platform Approach

**ANNUAL
REPORT 2018**

TRIGGERSE

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A LETTER FROM THE CHAIR OF THE BOARD

2018 marked the year when Triggerise began to generate health impact at scale. Globally, we linked 191,403 users (primarily adolescent girls) to 225,050 health products and services. 94% of these were sexual and reproductive health (SRH) products and services like contraceptive methods and STI tests. Our results in Kenya, our largest market, were particularly dramatic. The number of Kenyan SRH adopters (adolescent girls ages 15-19) we linked to products and services increased 25-fold in the last year - from 4,681 in 2017 to 116,578 in 2018.

We achieved these results by formalising and implementing our platform approach, which is the focus of this annual report. Like other digital platforms (think Netflix and Spotify), Triggerise develops technology and partnerships that provide access to content, products and services - in our case, with the goal of motivating positive behaviour. In practice, this means that we partner with health demand creators and link the people they reach to service providers. This allows us to attribute health impact to demand creators, pay partners based on performance, and use rewards and other nudges (see page 12) to make it easier for our users to make positive choices. This report not only details how our platform works but also uses country case studies to highlight critical platform features - impact attribution in Kenya, entrepreneurship in India, cost sharing in Ethiopia, and partner independence in Malawi.

We have also hired the staff we need to grow our platform. We've significantly expanded our operational capacity by hiring Daun Fest as COO, a PSI veteran with over 21 years of field-based experience. Nathalie-Ann Donjon joined as Global Operations Lead, as did several new Country Leads and 10 TikoSystem Managers (who oversee different communities). Richard Matikanya joined as In Their Hands Programme Director, managing our flagship project in Kenya, and transitioned to Platform Director in April 2019. We have also hired technical staff to ensure our software keeps up with our changing scale. As always, growth was concentrated in our field-based offices - most notably in Nairobi - demonstrating our market-driven commitment.

Our funding has increased significantly in absolute terms and has become marginally more diverse, with both the Children's Investment Fund Foundation and the Netherlands' Ministry of Foreign Affairs - our two major donors - renewing their interest. We expect the results we achieved in 2018 to strengthen our fundraising, and as of early 2019, we're on the cusp of exciting opportunities for expansion.

As in previous years, this report doesn't shy away from our failures, which we will continue to learn from and build upon in 2019 and beyond.

Lisa Simutami
Chapel Hill, North Carolina, USA
May 2019

OUR DONORS & PARTNERS



Ministry of Foreign Affairs of the
Netherlands



CHILDREN'S
INVESTMENT FUND
FOUNDATION



EngenderHealth
for a better life



Rutgers



2018 Global Results

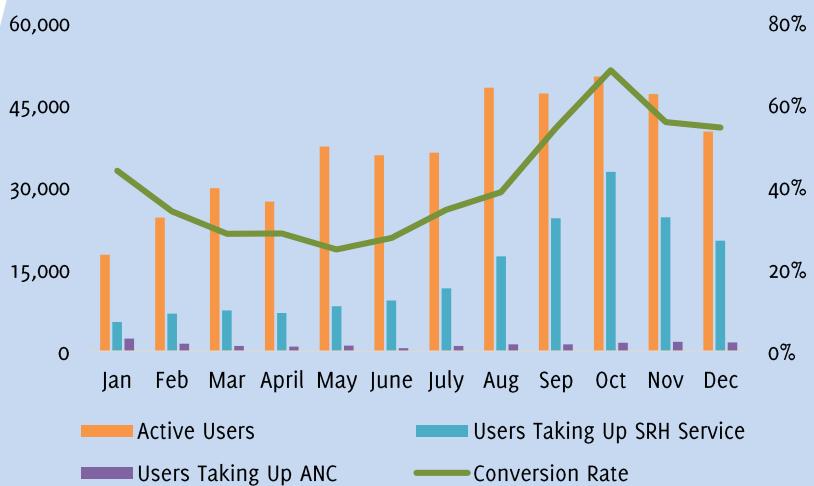
2018 HEALTH IMPACT

In 2018, Triggerise grew to its largest scale to date, linking 191,403 users (primarily adolescent girls) to 225,050 health products and services. 94% of these – like contraceptives and STI tests – were sexual and reproductive health (SRH) products and services, which provided our users with 150,223 couple-years of protection (CYPs).

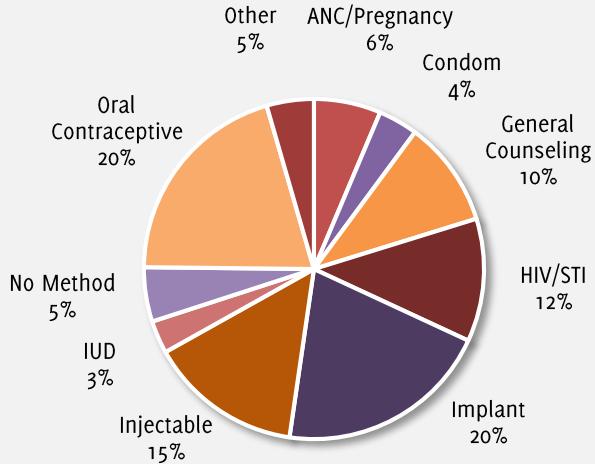


2018 saw a monthly average of 36,824 active users, and over the course of the year, 191,403 of them took up 225,050 products and services. Our global conversion rate from enrolment to product/service uptake hovered between 30% and 60%. In more mature markets, however, our conversion rates were higher. In Kenya and India, for example, our average conversion rates were 55% and 91% respectively.

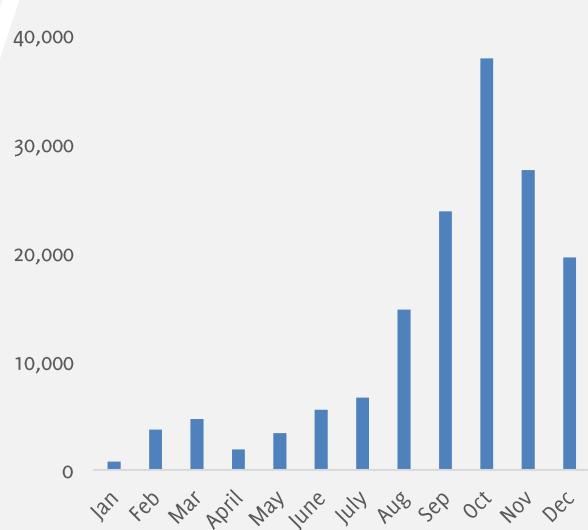
Global 2018 Enrolment to Health Service Uptake



Global Health Product/Service Breakdown



CYPs Provided



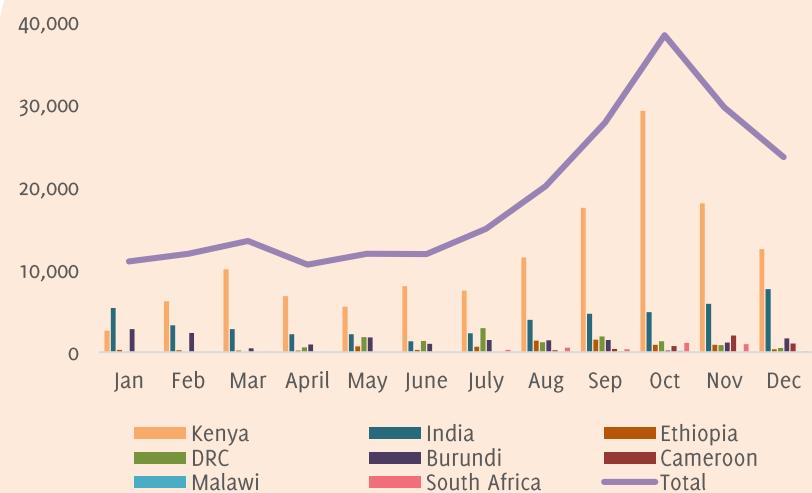
94% of health product and service users took up SRH products and services, while just 6% took up pregnancy-related services (like ante-natal care consultations). India and, to a lesser extent, Ethiopia, generated most of our pregnancy-related impact. 60% of users taking up contraceptives chose long acting methods (like implants, injectables, and IUDs), which generated most of the 150,223 couple-years of protection we provided.

2018 HEALTH IMPACT

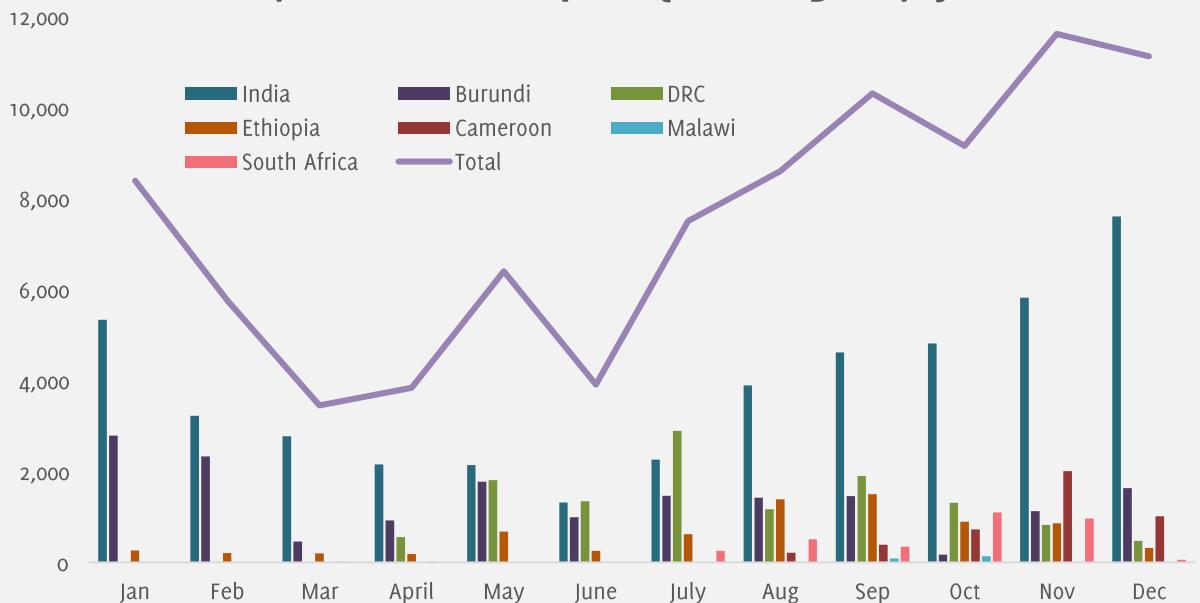


Triggerise's Kenya operations accounted for 60% of our global health product and service uptake. In Kenya, we linked adolescents – primarily between ages 15 and 19 – to 134,906 sexual and reproductive health products and services. India, our next largest market, accounted for 20% of our uptake, followed by Burundi and the Democratic Republic of the Congo (DRC) at 7% and 5% respectively.

Monthly Health Service Uptake By Country



Monthly Health Service Uptake (Excluding Kenya)

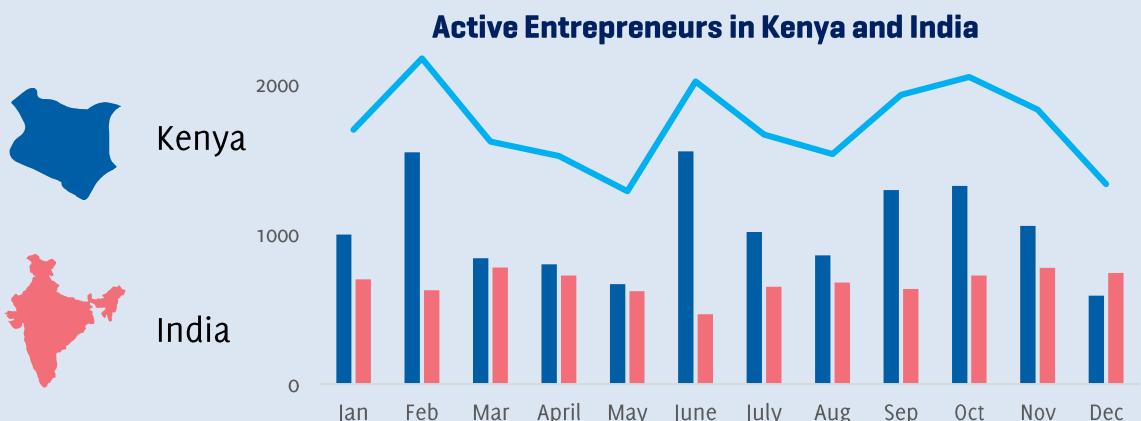




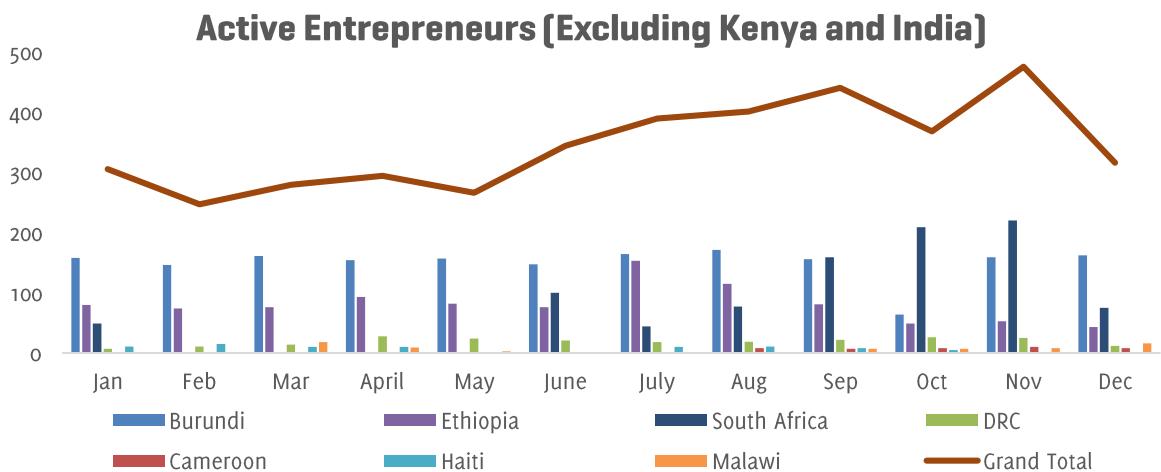
2018 WEALTH IMPACT



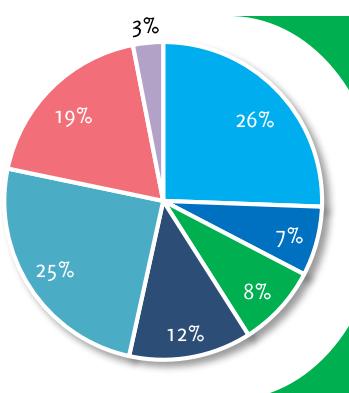
In 2018, we continued to support users in generating income through our entrepreneurship program – Tiko Pro. Tiko Pro is open to any aspiring, tech savvy entrepreneur motivated by pay for performance, and Tiko Pros earn by selling products and by referring users for health services. Globally, a monthly average of 2,063 Tiko Pros were active on our platform.



India and Kenya comprised the majority of active Tiko Pros. In India, Tiko Pros earned a monthly average of 19 Euros per person. In Kenya, most Tiko Pros earned through referrals at a monthly average of 15 Euros per person. India saw 1,817 Tiko Pros earn through product stocking, while in Kenya, 388 did. Ethiopia was the only other market with active product stocking. In all other countries, Tiko Pros earned exclusively through referrals. We will expand global product stocking opportunities in 2019.



Baby Care
Disease Prevention
Family Planning
Hair/Skin Care
Household
Menstrual Hygiene
Other



Product Stocking Breakdown

As in 2017, Tiko Pros primarily sold fast moving consumer goods. However, in 2018, we chose product baskets that better reflected our health focus. 34% of products stocked were health products, and 26% supported parents in caring for their children. Tiko Pros found menstrual hygiene products to have a dual impact – the products supported menstrual hygiene management, but they also introduced otherwise stigmatising conversations about contraception and sexual health.



Triggerise's Platform

TRIGGERISE'S PLATFORM

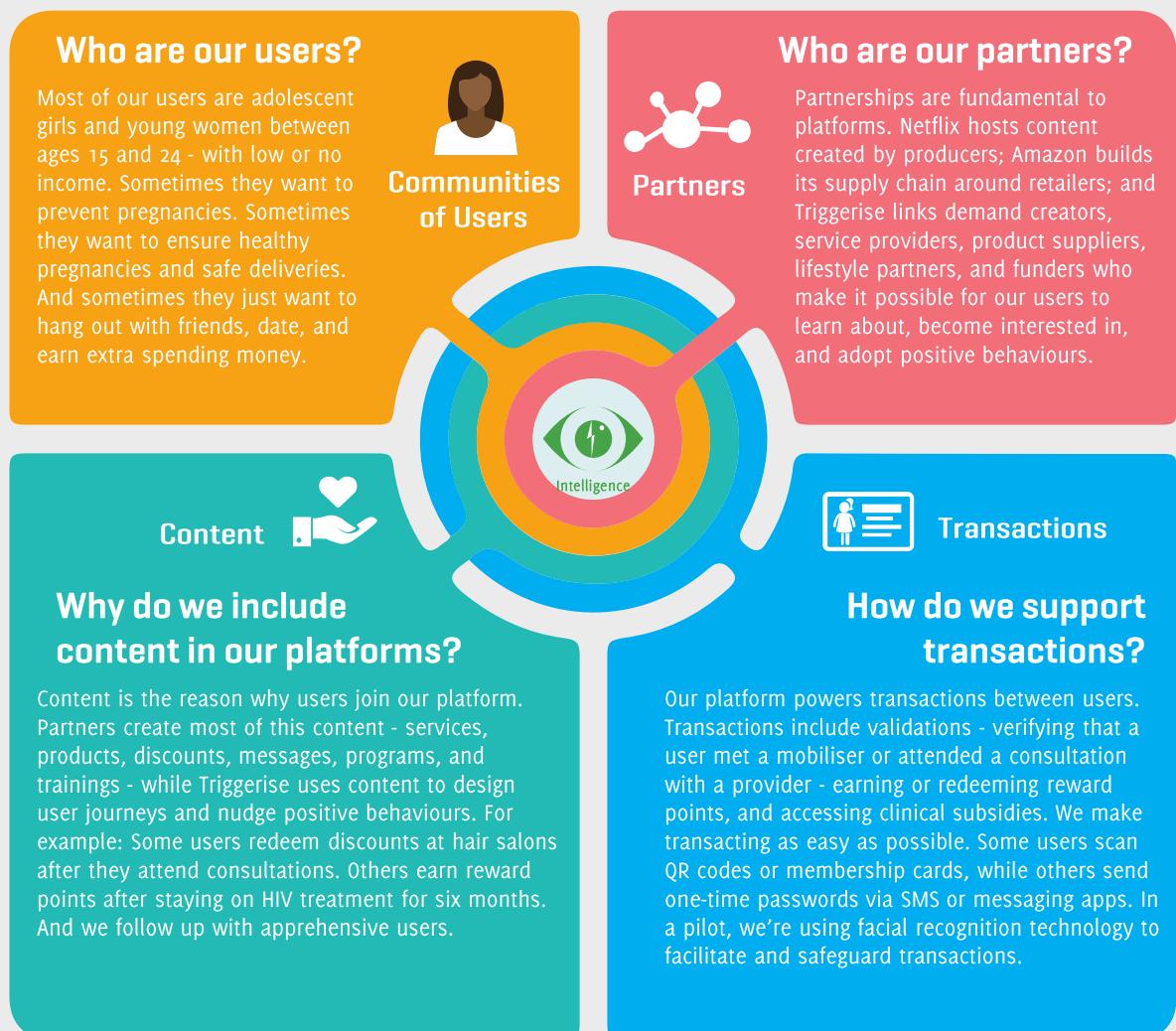
In 2018, we formalised our platform model, which we used to transform our scale and catalyse health and wealth impact.

What is a platform?

“Platform” was one of the tech buzzwords of 2018. Physically, “platform” refers to sturdy, supportive surfaces; politically, platforms provide the policy basis for a political party; and digitally, platforms – like Netflix, Amazon, and Spotify - create infrastructure that hosts content, products, and services. Triggerise builds platforms, too.

What is Triggerise's Platform?

In our case, “platform” refers to the infrastructure that links communities of users, partners, content, and transactions with the goal of motivating positive behaviours. What kind of infrastructure? People use technology - websites, apps, SMS, membership cards - to engage with our platform. And we establish partnerships on the ground - with service providers, peer mobilisers, content creators, retailers, wholesalers, product distributors, and our rapidly expanding communities of users - to provide key offerings.



PLATFORM PARTNERSHIPS AND OPERATIONS

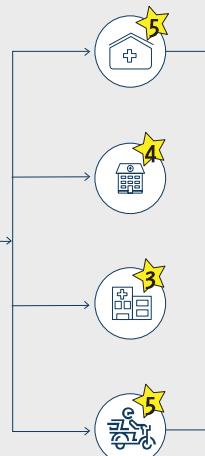
Demand creators

Entrepreneurs, digital marketers, and other demand creators enrol platform users, link them to relevant information, and refer them to consultations.



Service Providers

We partner with clinics, pharmacies, hospitals, and other providers who offer quality-assured health services. We ensure users can choose between quality providers, in their communities, across franchises and sectors.



Impact Attribution

We use automatically generated data to attribute impact to demand creators and prioritise those that are most effective.



Funders

By integrating demand and supply, we allow funders to pay demand creators for the impact they generate and service providers for the services they provide. As more donors invest, the cost per user decreases.



Lifestyle Partners

such as salons and beading shops meet users' lifestyle needs and destigmatise our platform.



Product Suppliers

We partner with retailers, wholesalers, and entrepreneurs to provide users with access to fast moving consumer goods and health products. We secure discounted prices and allow entrepreneurs to sell at a mark-up.

Risk Management

Local risk management teams – including a risk management lead, data analysts, and field staff – mitigate risk. We also use software restrictions and user permissions to prevent fraud, we regularly conduct call centre and in person audits, and we apply a zero-tolerance policy to platform abuse.



In-House Expertise



Platform Management and Facilitation

Since managing and facilitating ecosystems with multiple partners is a full time job, we have teams of Tikosystem Managers and Tikosystem Facilitators. They oversee entrepreneurs, add new partners, train them, troubleshoot, and support users in transacting and cashing out reward points.

In 2017, we designed three brands: Tiko Explore, a membership program; Tiko Pro, a pay-for-performance entrepreneurship program; and Tiko Miles, virtual reward points that motivate behaviour. We still use all three, but we're not dogmatic about them. When partners have popular brands with good messaging, we use them. The backend stays the same, but the consumer engages with a brand they trust.

Partnership and Branding

Tiko Pro, our entrepreneurship program, is open to tech savvy young people who are motivated by performance-based pay. Tiko Pros conduct outreach in their communities, and they earn by effectively referring users for consultations. They also stock fast moving consumer goods and health products at a discount and sell them at a mark-up. In 2017, over 6,000 Tiko Pros were active; in 2018, this number skyrocketed to 10,000.

Entrepreneurship and Tiko Pro

PLATFORM TECHNOLOGY

Inflexible Golden Rules

Although we can configure most Triggerise technology to meet project contexts, these pillars underly all successful implementation.

1

Interactions are verified by two-way validations

A provider scans a patient's QR code. A woman requests a one-time password, which an entrepreneur sends to us. These simple validations allow us to monitor results and prevent fraud.

2

Ecosystem actors have distinct roles, privileges & restrictions

End users have different permissions than providers or entrepreneurs. Restrictions are critical to improving user experience and ensuring data accuracy.

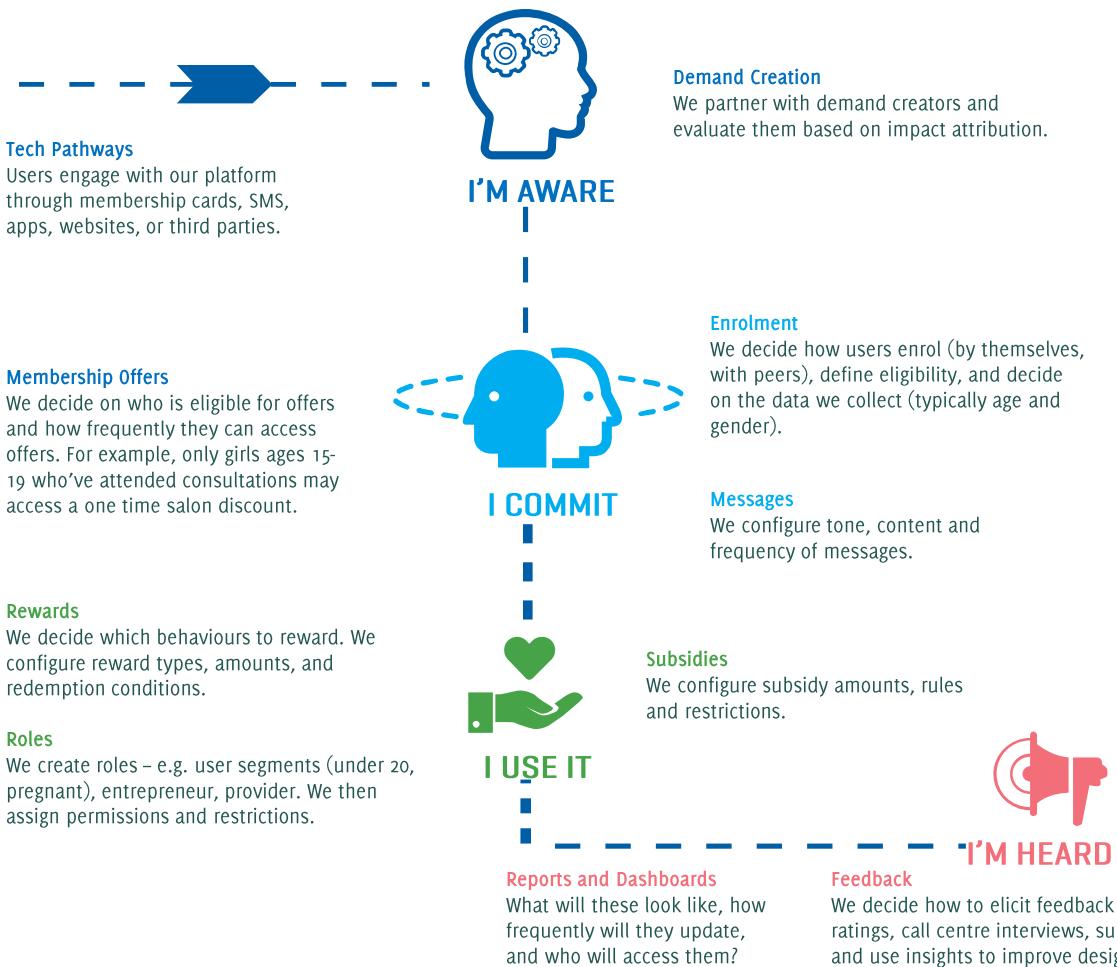
3

Data is generated minimal and private

Validations automatically generate data, eliminating the need for manual data collection. We keep data confidential and share dashboards rather than raw data.

Flexible Platform Components

We adapt most components of our platform to address local environments and user needs. First, we use quantitative and qualitative research to elicit user insights. Then we prototype based on user feedback. This process grounds us in what users want. Partners support platform design by enrolling users, using their expertise to determine message tone and content, and providing offers like subsidised contraception or discounted salon appointments.



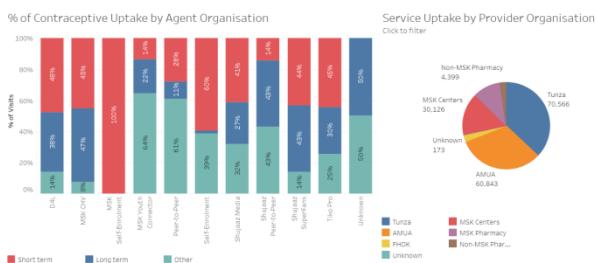
PLATFORM TECH HIGHLIGHTS

We expanded and restructured our tech team to keep up with our growing operations and changing market needs. The team is still headquartered in Porto, Portugal, but we've branched out to include tech staff in Nairobi and New Delhi.



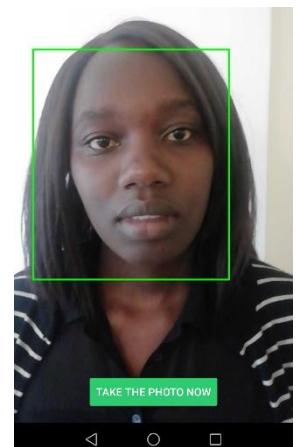
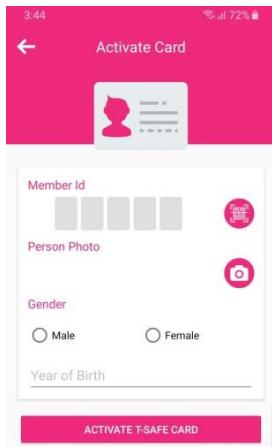
Dashboarding and Data Improvements

In 2018, Triggerise developed integrations with dashboards and visualisation tools to show real-time programmatic data. The sample dashboards below show demand generator performance, service uptake by month, and service provider performance. We use these dashboards to improve implementation, while our donor uses them to track the impact they create with their investment. We also hired several data-oriented developers and product owners to improve our data architecture, expand our use of dashboards, and facilitate data driven decisions.



Face Recognition

Face recognition was a 2018 development focus. The technology will make our platform easier to use (potentially eliminating the need for users to carry phones or even cards), protect against fraud, and verify ages – ensuring the right person accesses the right services. We're partnering with the company TrueFace to develop this technology and have started to use user photos to teach our model. We plan to pilot face recognition technology in early 2019, while taking care to respect local regulatory environments.



Risk Management Protections

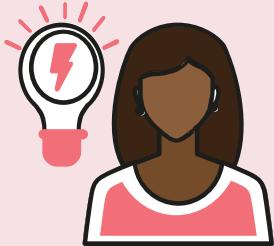
To improve risk management, we developed more stringent user controls as well as the ability to suspend and expel users. We have also started to develop reports that automatically flag suspicious activity (a task currently performed by data analysts).

New Tech Teams

The Development and Apps team develops new software and apps, while the Activation team applies them to local contexts. This structure has allowed us to focus on strategic software development, while also responding to pressing market needs.

PLATFORM MOTIVATION

Motivation Recap



Motivation has always been central to Triggerise and is codified in our mission statement: Triggerise builds user centric motivation platforms that trigger positive behaviours while strengthening local economies. In previous years, we primarily used virtual reward points – which we call Tiko Miles – to motivate behaviour. Although Tiko Miles are still integral to our behaviour change model, in 2018 we began to think about behavioural nudges and motivation more broadly – including and beyond rewards.

So What Are Nudges?



According to Nobel Prize winning economist Richard Thaler and Cass Sunstein, who popularised the term in their 2008 best-seller *Nudge*, a nudge is “any aspect of the [context in which people make decisions] that alters people’s behaviour in a predictable way without forbidding any options or significantly changing their economic incentives.” People’s environments influence their decisions. Nudges reshape those environments, making positive choices easier. Rewards are one nudge. So are digital reminders, phone calls, in-person follow ups, ratings, and automatic appointment scheduling.

How We Use Rewards



In 2018, we used data to adjust reward amounts and began to use rewards as one of many behaviour change tools. Since rewards effectively encourage adherence, we use them to nudge repeat behaviours like treatment uptake, prescription refills, and ANC attendance. Rewards make platform engagement exciting, even though they may not change behaviour in themselves.

How We Use Non-Financial Nudges



We can use the quantitative data users generate – as well qualitative insights we glean from call centre interviews – to test nudges. For example, if adolescent girls regularly skip consultations, we may send them reminders and arrange follow ups. Successful nudges are context dependent. In Kenya, ratings keep girls engaged in a society where they have few opportunities to share their opinions. In Nebraska, where we will begin implementing next year, ratings are so ubiquitous they may become a nuisance.



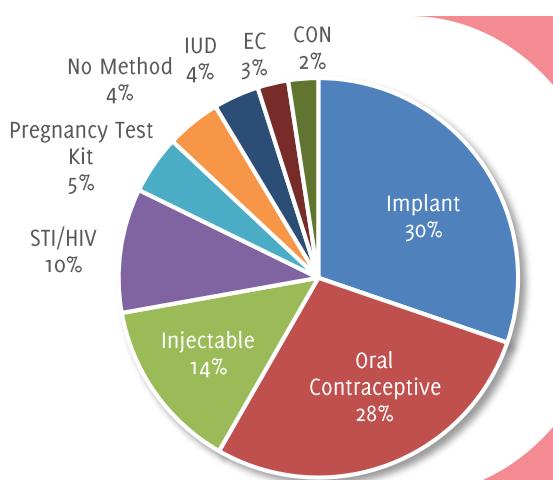
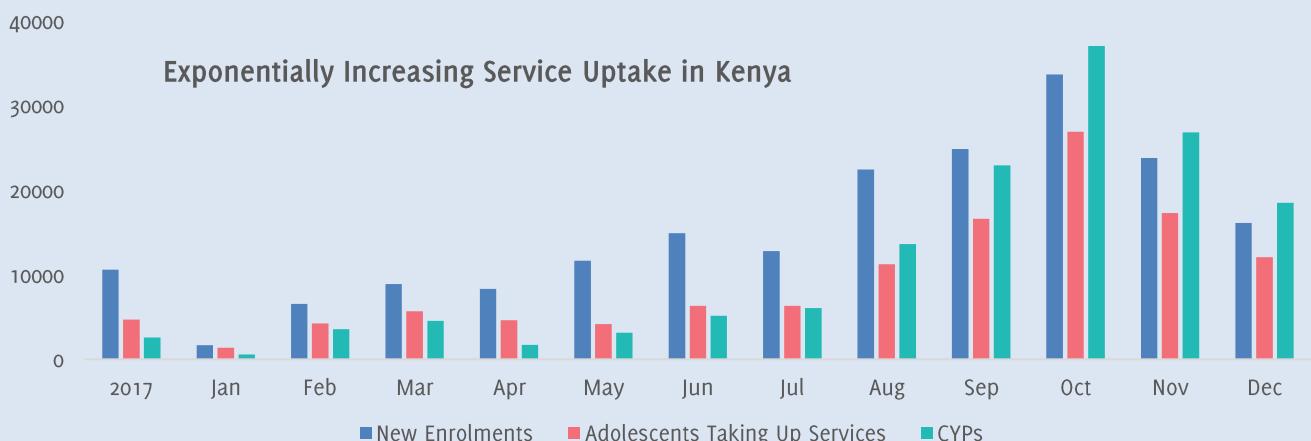
Kenya

PLATFORM PROOF OF CONCEPT: KENYA

Kenya was our most dramatic 2018 success story. After starting implementation with a Nairobi-based pilot in April 2017, in 2018, we linked adolescents to 134,906 SRH products and services. In 2019, we will use Kenya's success as a blueprint for global expansion.

Before Triggerise entered the Kenyan SRH market, demand creators had little visibility into whether their reach translated into impact, while service providers stretched limited resources to create their own demand. Donors funded promising - but often parallel - interventions.

In 2017, as part of the CIFF-funded In Their Hands (ITH) programme, Triggerise started using technology to integrate demand creation and service provision. Now demand creators track how their interventions translate into service uptake at three clinical franchises. Donors fund an ecosystem that leverages existing funding. Clients use their phones to curate content and choose service providers based on location, rating, and product availability. We use data to introduce pay-for-performance arrangements. Service providers earn based on the services they provide, while demand creators earn for the impact they generate.



In most months of 2018, we linked more SRH adopters to products and services than we did in all 2017. This growth was largely due to geographic expansion. While 2017 was limited to Nairobi County, in 2018, we expanded to 17 additional counties. Our network of 8,000 Tiko Pros – compared to 926 in 2017 – supported us in achieving this growth. Their conversion rate (from enrolment to service uptake) was 71%, compared to the 55% average across other demand creators. Long acting contraceptives – including implants, injectables, and IUDs – comprised 48% of the products and services adolescents took up, accounting for most of the 143,425 CYPs we provided in 2018.

The dip in November resulted from executing a risk management process that mitigated risks of system gaming and suspicious activity. After introducing stringent controls, numbers bounced back in early 2019.



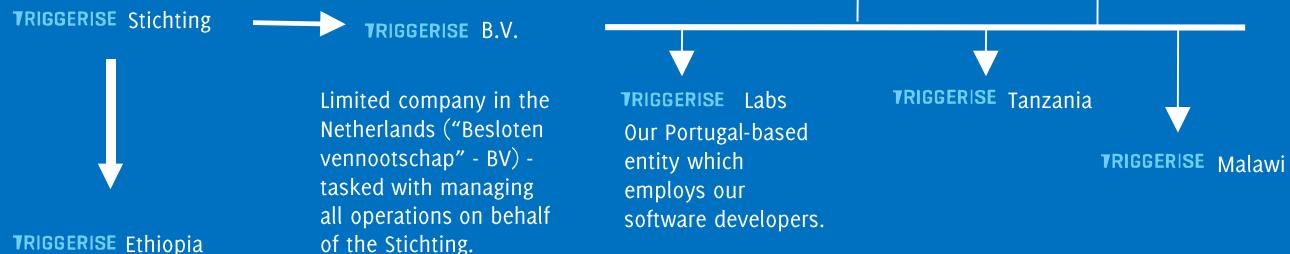
Organisational Growth



ORGANISATIONAL GROWTH & GOVERNANCE STRUCTURE

Triggerise Stichting

The Stichting is a Public Benefit Organisation (ANBI) governed by the laws of the Kingdom of The Netherlands. Triggerise Stichting serves the public interest and does not aim to make a profit. It is the parent company and sole holder of a group of networked, financially consolidated entities that include:



Growth At A Glance

1. By the end of 2018, Triggerise employed 70 full time staff. Just three years ago, we employed ten.
2. Personnel growth was field-centric. Nairobi, our largest office, grew from 8 to 23 staff in 2018.
3. We grew our on-the-ground field presence by contracting 39 TikoSystem Facilitators. TSFs manage our demand, supply, and product partnerships.
4. We registered entities in Malawi, Tanzania and Ethiopia.



Operational Growth

We significantly increased our operational capacity in 2018. Daun Fest joined Triggerise during the beginning of the year as Chief Operations Officer. She has used her 25 years of experience to support us in developing the structures and plans we need to achieve scale. Nathalie-Ann Donjon, our Global Operations Lead, also joined in 2018, as did several new country leads (including in Kenya and Ethiopia) and 10 TikoSystem Managers. We also hired staff for Tiko Direct, our direct-to-consumer team that is using digital channels to reach users virtually.



Tech and Data Growth

We reinforced our tech team by hiring a Tech Support Lead, two Tech Support officers, one Business Analyst, and one Scrum Master. Our new Data Architect and Data Product Owner have supported us in developing results-based dashboards and creating a more user-friendly data environment. We've also hired field-based TikoSystem Administrators to provide rapid and locally relevant support.

We are recruiting one backend and one business intelligence developer for our development team.



Platform and Business Development

Richard Matikanya joined Triggerise as the Programme Director for In Their Hands, our flagship project in Kenya. He will transition to Platform Director in April 2019 and use his nearly 20 years of experience to support our Business Development team in raising the diverse funding we need to scale.



Human Resources

Given our rapid personnel growth, we have hired a Human Resources Manager to start in 2019.



Risk Management and Data Analysis

Risk management continues to be a Triggerise priority, and we've started to hire risk management and data analysis teams (who mine data for suspicious activity) to reflect this.





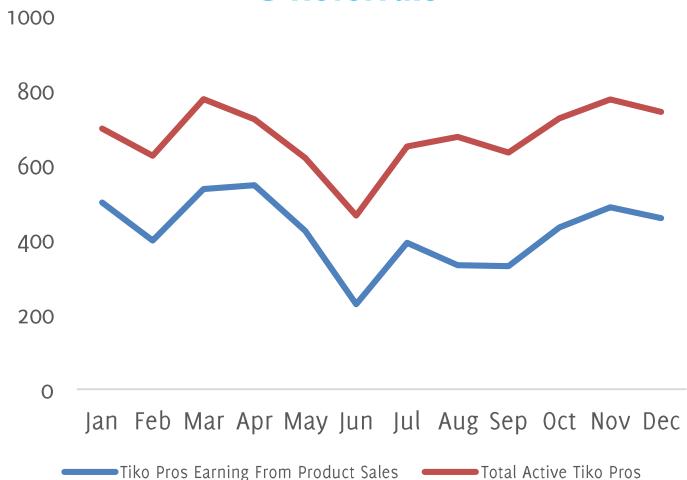
Platform Case Studies

ENTREPRENEURSHIP IN INDIA



Tiko Pro is Triggerise's entrepreneurship program, which powers our platform's economic impact. Our Tiko Pro network in India consists exclusively of women and provides a particularly strong example of how Tiko Pros earn by selling products and generating SRH demand (primarily through referrals). In 2018, Triggerise India's platform supported 2,391 active Tiko Pros, 1,452 of whom joined during 2018. We partnered with 15 stockists, 45 retailers/pharmacies, and 65 providers to support the network.

Active Tiko Pros - Product Sales & Referrals



India Tiko Pro Results at a Glance

- 2,391 women earned as entrepreneurs (Tiko Pros) with average earnings of 19 Euros/month.
- More than 500 of these Tiko Pros earned 50 Euros/month.
- 1,452 new Tiko Pros joined during 2018.
- 123 Tiko Pros (60 in Agra, 5 in Ajmer and 58 in Jaipur) who joined in 2016 are still active today.
- Tiko Pros earned an estimated 20,000 Euros in trade profit.

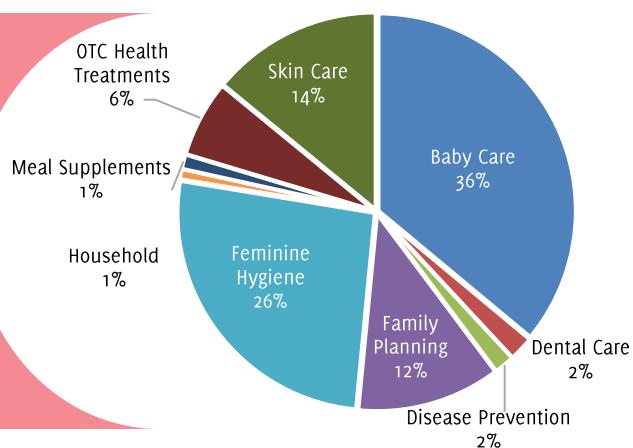
Tiko Pro Product Stocking Breakdown

Tiko Pro's Sustainable Income Streams

Most Tiko Pros in India earned by selling products and referring women for SRH and maternal health services. The space between the two lines on the left-hand graph shows the few Tiko Pros who only earned by conducting health outreach. Providing Tiko Pros with multiple earning opportunities allows them to earn independently of projects. When funding cuts forced us to close Alwar and Dausa ecosystems, most Tiko Pros continued to stock and sell products - demonstrating how Tiko Pro provides a sustainable source of income.

Diversified Health-Oriented Product Basket

The Tiko Pro product basket allows Tiko Pros to earn by selling fast moving consumer goods but encourages them to sell health products. Tiko Pros now make most of their product-related income by selling fast moving health products, triggering health and wealth impact.



Expanding SRH Impact

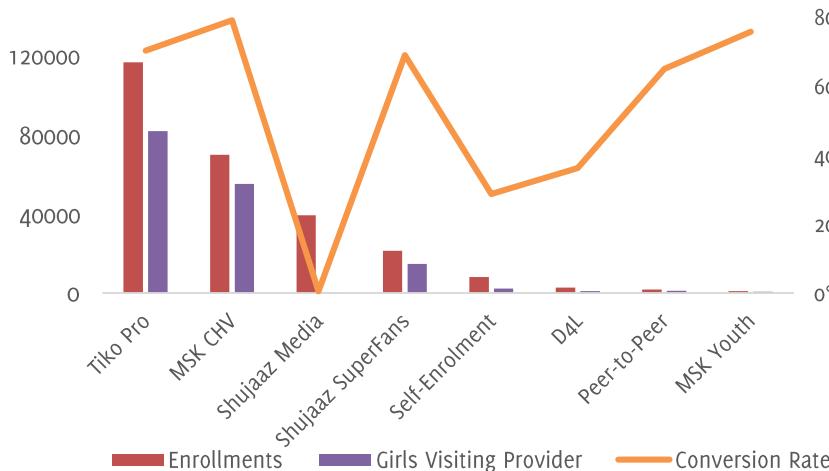


In 2017, India generated most of its health impact by using the Tiko Saathi (Companion) membership to link pregnant women to antenatal care and other pregnancy-related services. In 2018, India maintained a maternal health focus but has also expanded its SRH impact. We supported users in accessing 43,474 SRH services, which provided 3,145 CYPs. Tiko Pros have been critical to this expansion, discussing stigmatised SRH topics with the women they meet and successfully referring them for consultations.

IMPACT ATTRIBUTION IN KENYA

By integrating the demand and supply side of the market, our platform attributes impact – in terms of health product and service uptake – to demand generators. We've done this particularly well in Kenya because of the scale we've achieved and the breadth of demand generators we've partnered with. Impact attribution allows us to pay demand generators based on performance, reward high performers, target low performers, and subsidise clinical facilities depending on the number and type of services they provide.

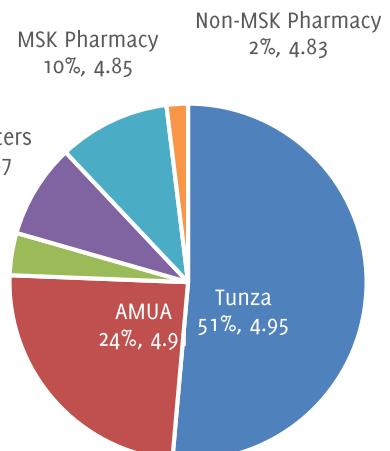
Kenya Demand Generator Performance



Triggerise Tiko Pros constituted 58% of platform mobilisers and enrolled 45% of new users (15-19-year-old girls). Their reach was largely due to Triggerise's recruitment profile (young, tech savvy, motivated by pay-for-performance) as well as their familiarity with our technology. Marie Stopes Kenya community health workers were more effective demand generators – with a conversion rate of 79% compared to 70% among Tiko Pros – but generated less impact in absolute terms. While 39,335 adolescents enrolled using codes from Shujaaz magazines, only 200 attended consultations. Self-enrolment (when a user enrolls digitally, without the support of a mobiliser) and peer-to-peer outreach were relatively ineffective, but they are 2019 focus areas.

Uptake By Provider & Avg Rating [Out of 5]

Tunza clinics – the social franchise managed by Population Services Kenya – provided 51% of services in 2018. Users rated Tunza clinics at an impressive average of 4.95 out of 5 perhaps accounting for part of the franchise's popularity. MSK-affiliated clinics and pharmacies (including its AMUA social franchise) provided 43% of services, while other pharmacies and Family Health Options Kenya (the International Planned Parenthood Affiliate) provided the rest. Users with phones rated 45% of the services they took up in 2018. While this is a reasonable proxy for client satisfaction, we use call centre interviews and mystery client surveys to control for ratings bias.



Optimising Demand



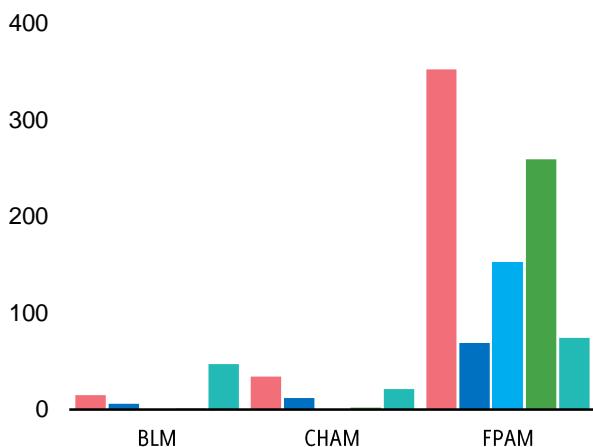
Demand generation partners primarily used entrepreneurs and mobilisers to conduct in-person outreach. While these channels were effective, they will be expensive to scale. In 2019, we will invest more in self-enrolment and partnerships with digital demand creators. Digital media can reach millions of potential users while making enrolment as easy as clicking a link. We will need to use nudges to convert self-enrolled users into SRH product and service adopters.

MALAWI'S PARTNER INDEPENDENT PLATFORM

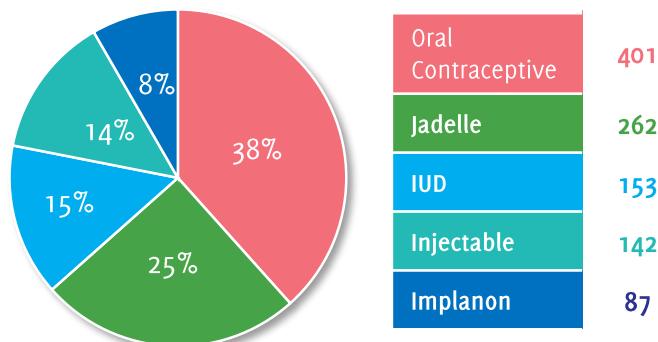


In 2017, Triggerise Malawi operations depended on a partnership with PSI, in which we generated demand for PSI's Tunza clinics. But in 2018, we expanded to include the demand generator Tingathe's network of youth entrepreneurs and three service provider partners: Banja La Mtsogolo (BLM), Christian Health Association of Malawi (CHAM) and Family Planning Association of Malawi (FPAM). These partnerships allowed us to ensure youth friendly service provision, negotiate reasonable prices, and insist that providers offer the full range of contraceptive methods. Our Malawi success is emblematic of a key platform feature: partner independence. Instead of depending on one partner, we integrate demand creators, service providers and product suppliers. Partner independence fuels rapid, cost effective growth, while diversifying user choice.

Contraceptive Uptake by Clinical Franchise During Three Month Pilot



Method Mix During 2018



Partner Independence in Practice

During a three month pilot in Lilongwe, we partnered with 3 BLM clinics, 2 FPAM clinics and 1 CHAM clinic. This allowed us to provide girls with a choice of Malawi's leading service providers - rather than limiting them to one. We also partnered with 10 Tingathe youth and 15 community health workers trained by the Ministry of Health and FPAM. Ultimately, we reached 1,365 adolescents with comprehensive sexual education, 77% of whom (1,045) took up contraceptives - exceeding our target of 1,000 even with just 39% of the budget spent.

Preference For Oral Contraceptives and Implants

38% of adolescents taking up contraceptives in Malawi chose oral contraceptives because they're regularly available at facilities and because they're perceived as discreet. Implants were a close second – 33% when combining the brands Implanon and Jadelle – since adolescents see them as being long-lasting and relatively painless. Note: While we always provide the option of not taking up a method, in Malawi, no users chose this option.

Why FPAM Uptake Was Highest

FPAM service uptake accounted for 86% of the total for three reasons:

1. Adolescents perceived services at BLM and CHAM clinics as less friendly than those at FPAM, where they reported receiving more thorough counselling. FPAM providers received an average rating of 4.9 versus 3.9 at BLM and 4.5 at CHAM.
2. FPAM trained 15 demand generators, who likely directed adolescents to FPAM clinics.
3. CHAM did not anticipate attendance increases and quickly suffered stockouts. Furthermore, since CHAM services were already free, providers did not benefit from additional reimbursements.

Demand Creation Successes

By leveraging Tingathe youth's existing entrepreneurial and technological skills – and having FPAM train entrepreneurs on SRH messaging – Triggerise Malawi was able to focus on other aspects of platform management. We added FPAM youth as demand creators, since we were able to reach areas of Lilongwe that Tingathe was less experienced with.

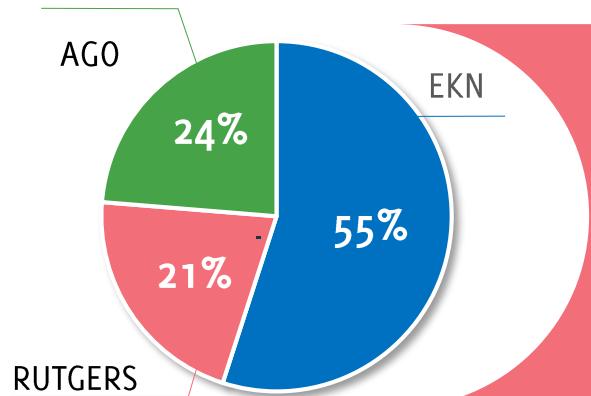
Next Steps

Now that we've developed technological and operational infrastructure, adding service provision and demand creation partners will be straightforward and cost effective. Our Malawi pilot is funded by CIFF, but we will begin looking for other funders to scale in 2019.

PLATFORM POWERED COST SHARE IN ETHIOPIA

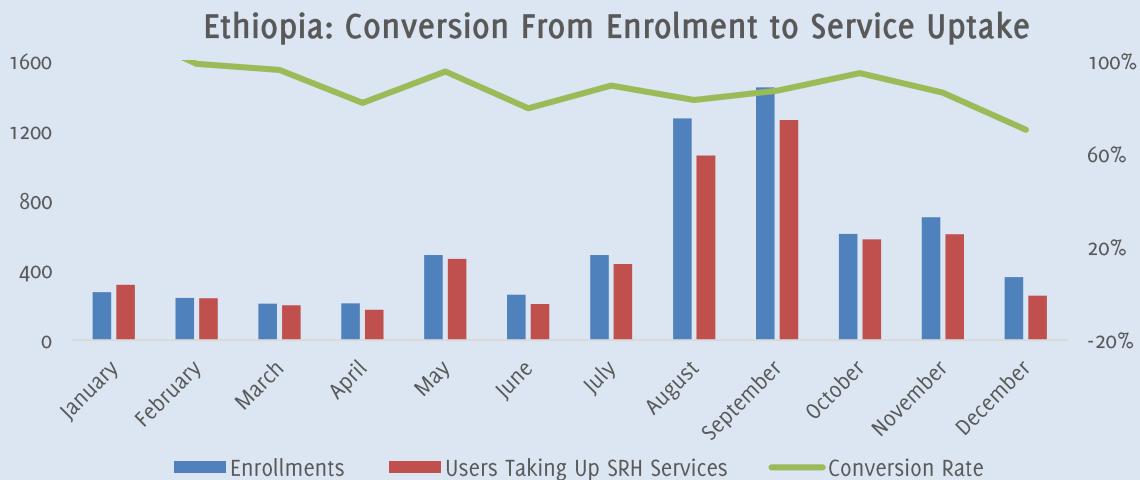


Our platform integrates funders, allowing them to grow our health offering, support geographic expansion, and leverage other investments - ultimately decreasing costs per user. In 2018, we secured two complementary contracts in Ethiopia: 1) A three year partnership with the Embassy of The Netherlands (EKN) targeting commercial sex workers and adolescent girls In Addis Ababa; and 2) A partnership with Rutgers on their She Makes Her Safe Choice project, which also targets adolescent girls. Combining these new funding streams with existing AGO funding (covering our expansion to the Afar region) positions the newly-registered Triggerise Ethiopia for scale in 2019.



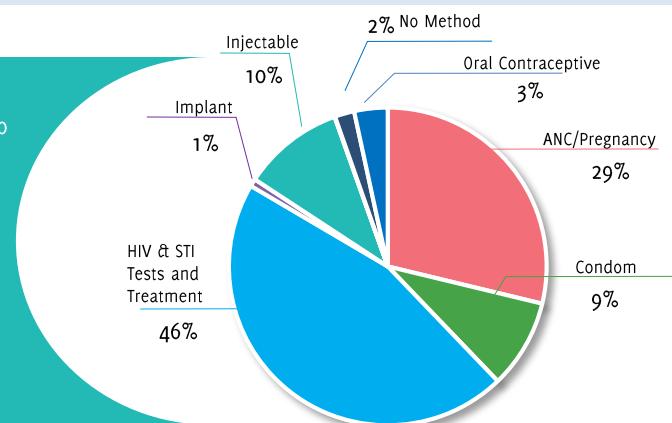
Cost Share Effectiveness

The total operational cost per user in Ethiopia in 2018 was 15.06 Euros. But by cost sharing across Addis Ababa and Afar with three funders, the costs per user per funder became: 8.28 Euros to EKN, 3.21 Euros to Rutgers, and 3.57 to AGO. Adding geographic areas will allow us to achieve further economies of scale.



Positioning Ourselves for Scale

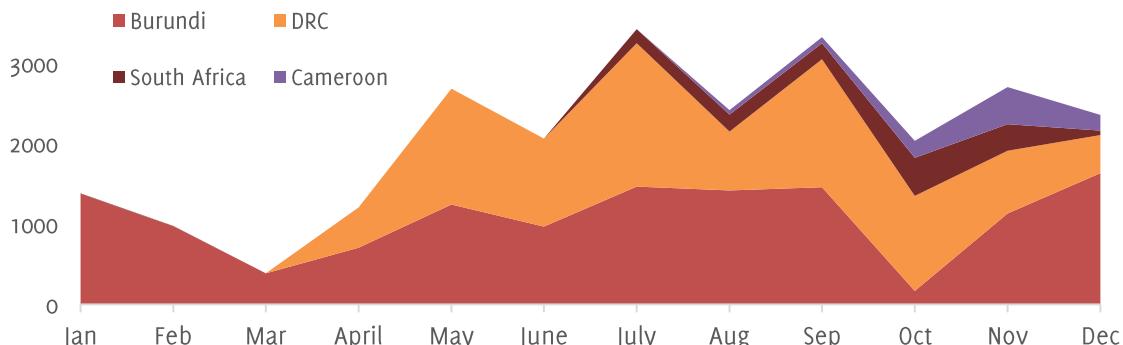
In 2017, we provided 319 adolescent girls with access to contraceptives and 187 commercial sex workers (CSWs) with access to HIV treatment. In 2018, we reached 6,463 adolescents and CSWs and linked 5,794 of them (88%) to SRH and maternal health services. This growth was due to geographic expansion and provider partnerships with MSI and FGAE. Growth dipped in October because PSI – one of our partners – lost funding for four sex worker drop-in-centres. We expect the EKN and Rutgers projects – which accounted for 43% of service uptake in December – to kickstart growth in 2019. Most users who took up services in 2018 chose either STI tests/treatment (given our CSW focus) or ANCs (as part of the AGO project).



OTHER COUNTRY HIGHLIGHTS

Triggerise expanded implementation in Burundi, Cameroon, DRC, and South Africa. Burundi and DRC accounted for most of the health uptake in these countries. Burundi benefited from Triggerise's experience implementing there since 2016; our implementation in DRC was funded by the JeuneS3 project led by Cordaid.

Burundi, SA, DRC, and Cameroon Health Product and Service Uptake By Month



BURUNDI

Triggerise has been operational in Burundi since 2016, and in 2018, we continued to partner with PSI under a Dutch Ministry of Foreign Affairs-funded project. In 2018, we supported users in taking up 16,642 SRH products and services. Injectables and condoms were the most popular contraceptive methods, and our partner providers administered 2,907 HIV tests. An average of 150 active agents per month conducted outreach, and they enrolled a monthly average of 7,683 users. In 2019, we will work with PSI to use nudges to convert more of this impressive outreach into health impact.

In partnership with Cordaid and the Dutch Ministry of Foreign Affairs-funded JeuneS3 project, Triggerise expanded into Cameroon. After hiring country staff and establishing mobile network connectivity, we went live in August, ultimately linking adolescent girls, boys, men and women to 4,362 SRH products and services. Growth in Cameroon looks promising, with total uptake increasing from 215 to 2,013 between August and November. While these numbers may seem small, we can use Kenya, our largest market, as a benchmark. In 2017, only 4,681 adolescents took up products and services in Kenya. In 2018, this skyrocketed to over 100,000.



CAMEROON



DEMOCRATIC REPUBLIC OF CONGO (DRC)

After resolving connectivity issues that hindered 2017 implementation, we grew our footprint in DRC as part of JeuneS3, Cordaid's Dutch Ministry of Foreign Affairs-funded project. We enrolled 12,981 new adolescent girls and women onto our platform, 9,610 of whom took up 12,301 SRH products and services (resulting in a 71% conversion rate from enrolment to product/service adoption).



South Africa

Triggerise partnered with the DG Murray Trust in South Africa on an anti-stunting campaign. We used our platform to motivate and monitor maternal engagement with DGMT's anti-stunting programmes and optimise community health worker performance. During a six month pilot, we linked 3,246 mothers to anti-stunting services.



MOZAMBIQUE



HAITI

Triggerise ended implementation in Haiti and Mozambique. In Haiti, this was due to recurrent connectivity issues and our partner's changing programmatic needs. In Mozambique, we were unable to identify partners and funders other than PSI, who was uninterested in the motivation aspects of our platform and chose to use an management information system instead. Both experiences show how integral partner independent platforms are to Triggerise growth, an insight which we've already leveraged in Malawi (see case study on page 21).



Learnings

WHAT WENT WELL



Proof of Concept In Kenya

Our platform approach triggers exponential and cost effective growth, and Kenya's 2018 results bear this out. We linked 116,578 adolescent girls and young women to SRH services in Kenya last year – a dramatic departure from the 4,681 we reached in 2017. We simultaneously reduced our cost per user from 52.77 Euros in 2017 to 24.15 Euros. This cost effective growth positions us for diversified funding in 2019, which will allow us to further expand geographically and broaden our offering beyond SRH. We will use our success in Kenya as a blueprint for scale in other countries.



Strengthening Our Teams

We made several critical hires in 2018 and grew our team from 50 full time employees to nearly 70. We also established the organisational structures we need to achieve growth. Our new COO, Global Operations Lead and new Country Leads have allowed us to strengthen operational capacity; our Platform Director and Business Development Lead have supported us in fundraising more strategically; our risk management teams have become critical to protecting the organisation; and our software development and data analysis staff will allow us to improve the technology that powers our platform.



More Diversified Funding

In previous years, Minbuza (The Netherlands' Ministry of Foreign Affairs) accounted for most of our revenue. While they were still a major 2018 donor, CIFF now provides the majority of our funding. Recent growth positions us for funding diversification in Kenya and globally. In 2019, we will finalise a business development strategy to further diversify with a focus on markets with the potential for scale.

WHAT DIDN'T GO WELL



Talent Retention

Like many relatively new organisations, Triggerise's growth has produced turnover. While 2018 saw less staff turnover than 2017, we still lost several valuable employees. Reducing turnover will be a human resources goal in 2019, which we will address by hiring an HR Lead. We have also started to rally staff behind our platform approach and expect our revised strategic plan (coming in 2019) to further support talent retention.



Need to Prioritise Risk Management

As more users enrolled onto our platform, we noticed an unprecedented number of them taking up services – especially long term methods – in November. We used our call centre to investigate suspicious activity, compared our data with clinical records, and confirmed that some of these services were fraudulent or unverifiable. We then worked closely with our funder to avoid subsidising fraudulent services and expel the offenders.

Any kind of motivation platform, reward scheme, or reimbursement system will be subjected to gaming. We pride ourselves on generating the real-time data we need to act immediately and urgently. However, we also used this experience to develop a Risk Management and Actor Investigation Standard Operating Procedure and hire the risk management and data analysis teams we need enact it.



Over Reliance on Membership Cards

At the end of 2017, we developed platform compatible membership cards, allowing us to engage with all users regardless of technology access or proficiency. This was a landmark development, but during rollout, we quickly realised the pitfalls of over-relying on membership cards. Many phone owners preferred using membership cards to enrol, but this prevented follow up and virtual engagement. Mobilisers also preferred enrolling membership card users because the users could not provide feedback through ratings or call centre interviews. We have started to encourage (and will soon require) membership card users to share their phone numbers to address these gaps. And while we realise the current need for a card solution, we are planning for the near future when phone penetration becomes ubiquitous.



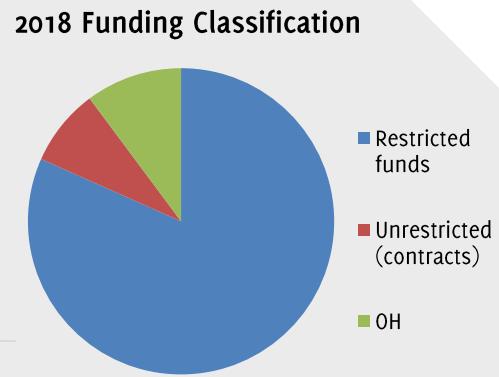
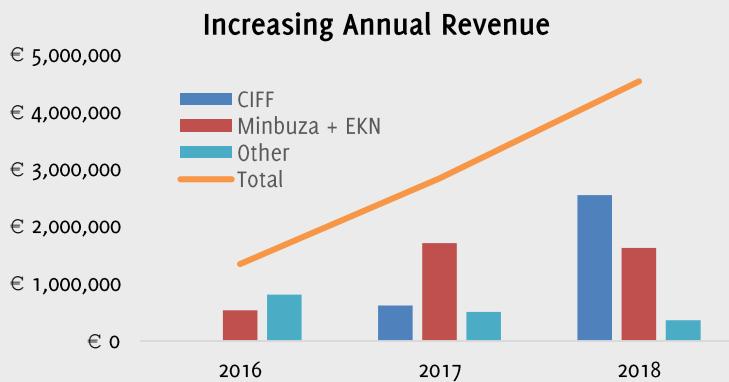
Financials

FINANCIAL OVERVIEW

2018

Revenue

In 2018, we raised €4,531,886, more than three times as much as we did two years ago. This success is largely due to CIFF, whose funding accounts for 56% of our revenue, compared to Minbuza (as well as associated Embassies of the Kingdom of The Netherlands - EKN) at 36%, and other funders at 6%. We used CIFF's increased investment in the In Their Hands programme to establish our proof of concept in Kenya; other CIFF funding supported us in developing face recognition technology and digital communication tools for Sayana Press. CIFF also supported our 2019 fundraising. Minbuza remained a strong supporter of our SRHR work in India and Kenya. We also secured EKN funding in Ethiopia and continued to work with PSI Burundi on a Minbuza-funded subaward.

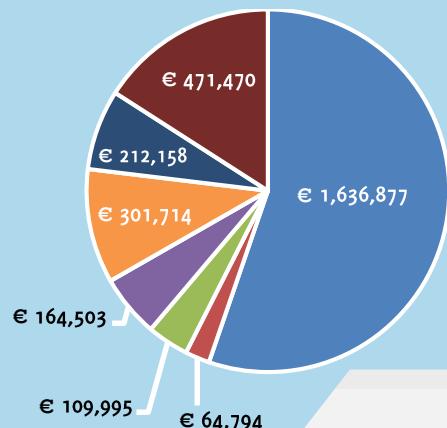


Budget/Expenses

The difference between expenses and revenue in 2018 was €100,152, and we ended the year with a positive bank balance of €718k. While staff were our largest cost driver at 47% of our expenses, staff costs continued to decrease relative to the rest of our expenses – compared to 68% in 2016 and 55% in 2017. We dramatically increased the amount we spent on Tiko Miles and clinical subsidies, which we transfer directly to users and clinics based on health uptake. Other direct costs accounted 13% of our expenses – less than in previous years. This category includes legal costs associated with registering entities in Ethiopia, Tanzania and Malawi; global connectivity and SMS costs; and office, rent and equipment costs. Tikosystem Facilitation, marketing, travel, and consultancy costs increased in absolute terms but did not vary significantly relative to other expenses.

Staff (Including Full Time Consultants)
Tikosystem Facilitation
Other Consultants
Travel
Subawards
Tiko Miles & Subsidies
Marketing
Other Direct Costs

2017 – Total €2,961,511



2016 – Total €1,788,957

