Strategic Partnership with the Dutch Ministry of Foreign Affairs in the field of SRH

Project MINBUZA-2016-144199 – Activity 28439

Population Services International (PSI)

Project Ignite

2016 Annual Report

April 26, 2017
1- Programmatic report

This annual report complements quarterly reports presented during the course of the year, particularly the Q4 2016 report. It provides some context to the results achieved and challenges encountered. It explains how country teams are developing their programs, by country and by outcome, as per the structure of the theories of change (market development and ecosystem development) and the budget.

A- Market development approach – led by PSI

DRC

2016 has been a challenging year in the DRC, as the presidential election scheduled for September 19th, 2016 did not take place as initially planned. Unrest affected the country, and therefore the ability to conduct project activities was reduced. After two rounds of negotiations between different parties, a political agreement was reached and signed by the majority of the political parties on December 31st, 2016. At the same time, the mechanism to implement the newly signed agreement has yet to be worked out. If this mechanism fails to be implemented quickly, the agreement will derail. Meanwhile, the slowdown in the global economy and the decline in mineral demand and prices, along with political instability in the country, continue to have a negative impact on the country’s economy. The GDP growth rate slowed to 2.5% in 2016, down from 7.7% in 2015. Inflation rate is high and the local currency is depreciating in the light of the decline in foreign exchange reserves. These factors combined with the likely reinstatement of the Mexico City policy in early 2017 following US election results, make the DRC a very challenging operating environment. PSI is requesting a reallocation of these funds to different activities, as described in the letter submitted on April 18, 2017.

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

- Increase the number of youth exposed to SRH messages
  The team worked closely with representatives from the National Program for Adolescents’ health (Programme National de santé des adolescents – PNSA), from the Ministry of Gender and Family and from the Ministry of Youth and Sports to identify NGOs and youth associations that could be potential partners for the implementation of community-level outreach activities linking youth both to information about their reproductive health rights and to youth-friendly health services. Four NGOs initially identified of which two, Halt Sida and ELCOS, could provide 70 youth peer educators selected for participation in the project. A training curriculum and material to support outreach activities have been finalized.

  In parallel, the team developed a communications brief drawing from the insights gathered during the landscape analysis conducted during the inception phase. ASF launched a tender for the engagement of a communications agency to accompany the development and prototyping of communications approaches.

- Increase knowledge and interest of youth in youth-friendly health services
  The team worked closely with Triggerise to finalize the design and detailed work plan for the introduction of the Tiko ecosystem linking young people to information and providers. The system as envisioned in the DRC would be implemented through peer educators who maintain records about the number of youth reached, topics covered, and referrals made. ASF’s Ligne Verte telephone hotline providers were also trained to provide information to callers about post-abortion care and youth friendly services in support of peer education activities.

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

- Increase the number of providers trained in YFHS
  Identification of service delivery sites and providers for the training were important pre-requisites for the introduction of youth friendly family planning services and Post-Abortion Care (PAC). As such the trainings served as a catalyst for the finalization and entry into practice of assessment tools and training curricula at the national level. PSI worked in collaboration with the PNSA to assess the training and capacity needs of 40 clinics for the integration of youth friendly services. The tool developed by the PNSA evaluates clinics and providers according to standards and best practice associated with delivery of youth friendly reproductive health services. Many clinics assessed did not have any communications support materials adapted to appeal to youth, and there was no pricing system adapted to meet the needs of youth, who typically lack financial resources necessary for accessing services.
Related to this, the team participated in a workshop organized by the PNSA to harmonize standard supervisory tools to reflect criteria associated with delivery of quality youth friendly services nationwide. Results from this evaluation allow ASF’s clinical support team to orient supportive supervisory visits and monthly provider meetings towards addressing gaps in quality service delivery in line with PSI and national quality standards. PSI’s unique focus on pharmacy level providers was the impetus for the adaptation of the youth-friendly training curriculum to meet the needs of this important category of providers who often serve as the primary entry point of young people seeking FP services. A total of 120 pharmacists received youth-friendly service delivery training, ensuring at least 3 pharmacies per clinic are able to provide this service for youth and make referrals for methods requiring clinical services. The team will also train non-medical personnel in clinics in youth friendly approaches and as they can contribute to a welcoming environment for delivery of this service. In addition, 40 community based distribution agents engaged with complementary funding through the USAID supported SIFPO project will receive youth friendly training so that this service can be expanded to the community level.

- Post Abortion Care
PSI worked closely with the national reproductive health program (Programme National de Santé de la Reproduction – PNSR) to finalize the criteria and assessment tool for the integration of quality-assured PAC into health facilities. PSI also participated in workshops organized by the PNSR to finalize the training of trainers’ curriculum and technical support materials for provision of quality post-abortion care services. This investment operationalizes these key pillars of the National FP and Youth Health Strategic Plans for 2014-2020 and ensures the PNSA and PNSR have tools in hand to expand access to these services.

The PNSR, PSI and ASF used the criteria and assessment tool for integration of PAC services to identify 26 of the 40 clinics participating in the project as meeting the criteria which include the capacity of personnel to correctly treat complications associated with abortion including availability of appropriate equipment, qualified personnel, and demonstration of knowledge of correct administration of Misoprostol and Oxytocin. In addition to the 26 clinics selected, the PNSR recommended providing support to a clinic not currently integrated into ASF’s social franchise network but strongly solicited by youth for clandestine post-abortion care. To initiate service delivery, the team worked with the PNSR to train 10 post-abortion care trainers, who in turn trained 54 service providers to offer this service through the 26 selected clinics. PSI also provided appropriate equipment in the form of manual vacuum aspirators (MVA) for the delivery of quality-assured PAC. Trained PAC trainers will serve as a resource to broaden access to these services as new providers are trained and added to the public and private sector service delivery network.

- Increase sales of SRH products at pharmacies, health facilities, and through community distribution:
The team recruited 4 additional medical detailers, bringing the total number of medical detailers supporting ASF’s provider behavior communications activities to 8 in Kinshasa. All 8 medical detailers received comprehensive training to support delivery of quality family planning services to clients seeking products in private sector pharmacies and clinics.

- Reduce financial barriers to accessing care;
The team explored how to leverage the Tiko ecosystem to support preferential pricing through a targeted subsidy linked to referrals within the Triggerise ecosystem. The incentive structure under development takes into consideration the feasibility of this option, including compliance with US Government Tiahrt compliance guidelines.

Outcome 3: Improved enabling environment for youth and young women for improving their SRHR:

Although specific activities are not yet underway for this outcome, communications strategies and key messages increasing youth awareness of their rights are integrated into the communications brief.
2016 has been a tumultuous year in Haiti, because of the presidential elections, which ended peacefully after the results on November 20th, 2016. Transitions have been going smoothly, although a category 4 Hurricane that hit the southern part of the country on October 4th, 2016, has deepened the socio-economic crisis of this already impoverished nation. US election results leading to the foreseeable reinstatement of the Mexico City Policy brought an additional element of uncertainty as it may lead OHMaSS to adapt implementation plans, particularly around safe abortion, as explained under outcome 3.

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

- Reach urban youth with comprehensive sexual health information, encourage healthy SRH discussion, education and de-stigmatization among youth:

OHMaSS organized a marketing workshop (October 4 – 8, 2016) to develop a specific marketing plan for Ignite to customize messages and to identify strategies to reach the project’s target audience (15 – 24 years old, unmarried sexually active women, both in school / training and already employed). As part of the marketing plan, OHMaSS will leverage Triggerise to link and communicate with youth and to provide them with SRH information and referrals to youth-friendly service providers. OHMaSS will recruit 10 youth IPC agents to provide comprehensive information on healthcare to young people, and will also create FP champions (‘youth ambassadors’) to complement these efforts that aim to encourage young people to visit a network clinic. IPC agents will use tablets, which have been ordered in 2016, to guide their sessions. OHMaSS has written and published a communication brief to hire a local advertising firm to present contents in a way that will appeal to Haitian youth. OHMaSS will also leverage its hotline to address questions about SRH matters that youth have, and will work with Voto, a mobile phone notification and survey system, to design and implement a call filtering service based on pre-recorded messages on specific SRH topics for youth.

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

- Increase demand for FP in the private sector
  - Strategy to facilitate and motivate access to SRH services and products (focus on LARC):
    Through its partnership with Triggerise, OHMaSS will offer reward points to young people, allowing those who enroll in the system to have a free consultation and a free FP method of their choice, with a heavy subsidy for Implants and IUDs. The rewards card, marketed as “girl’s companion / membership”, and prototyped as part of the technical assistance visit provided in November 2016, will cost 250 gourdes (around 3.5 euros) and will provide its members a FP method for 3 months (or longer, depending on the method chosen), a free consultation and discounts on products such as sanitary pads. IPC agents and ‘youth ambassadors’ who promote the card can earn reward points by referring girls into the program. To complement demand creation efforts with supply side programs, Project Ignite will provide free LARC training to providers on a regular basis, including the project’s network of 30 youth friendly clinics. To ensure buy-in from staff and key project stakeholders on all the components of the project, including the ones involving abortion, OHMaSS organized different values clarification workshops, one with its staff on May 3-4, 2016 and another one with 10 private providers on December 21, 2016.
  - Bring services closer to clients (Demonstration teams/Pop-up clinics)
    As part of the technical assistance visit provided in November 2016, OHMaSS has prototyped the idea of a specific space dedicated to young people, located near clinics / FP service delivery points. Building on the positive feedback received, OHMaSS has designed a mobile clinic in a truck, which was procured in December 2016. Recruitment of the team that will operate this mobile service delivery point started in December 2016. The truck will go to remote neighborhoods of Port au Prince to offer free FP services to those most in need and will be complemented by a mobile IPC booth, designed following prototyping done in November 2016.
  - Medical detailing and Sales Techniques
    OHMaSS has decided to adopt a radically different approach to product distribution, following recent changes to import requirements by the MoH and OHMaSS’ decision to use more sustainable approaches. Based on a market analysis, site visits and discussion with distributors, OHMaSS has decided to put its entire FP portfolio on the market through a partnership with Disprophar, a local distributor. OHMaSS will support, train, and share marketing expertise with this new partner, who in turn will benefit from PSI global procurement prices. Disprophar participated in the October marketing workshop, and has been involved in decisions made. Medical detailers will use the “Basecase” closed loop marketing system, implemented on tablets, to improve their interactions with providers.
• Increase the number of providers offering LARC services; integrate LARCs into post-partum and PAC:
  o On-site training for Implanon NXT in private sector:
    OHMaSS has helped Merck import implants (Implanon NXT) in to Haiti by obtaining a waiver from MoH to import, so that products can be in Haiti by May 2017. In addition, lack of trained personnel was pinpointed as another key reason why providers are unable to prescribe LARCs including implants. To address this barrier, Merck will provide training on Implanon NXT in May 2017, starting with a training of trainers aimed at OHMaSS and public sector providers.
  o Post-partum IUD training in public sector:
    In November 2016, OHMaSS organized the first ever Postpartum IUD training in Haiti. It was well attended by all the majors FP stakeholders in Haiti: MoH, WHO, USAID, JHPIEGO, Médecins du Monde, Profamil, UNFPA. A first group of 10 trainers were trained and a PPIUJD training plan has been approved by the MoH, which led to ordering equipment and materials for further trainings. On December 19-20th, OHMaSS organized a 2-day theoretical training on PPIUJD for 19 public sector nurses to cover the 5 selected public sector hospitals identified in the Port au Prince area. 1500 PPIUJD have been procured so far for the project.
  o Packaging of FP with antenatal and abortion services in the private sector:
    As part of its efforts to advocate for the inclusion of FP to postpartum and PAC services, OHMaSS is working with “Médecins du Monde France - MDM”, a French NGO working with the Division of Family Health of the MoH on topics like SRH and depenalization of abortion. OHMaSS and MDM are advocating for FP and PAC to be fully integrated into the service delivery component of Haiti’s new SRH strategic plan.
  o Develop coordination system with MSPP and private sector:
    USAID and UNFPA are the biggest FP products importers for the public sector. For the next quantification workshop planned in Q3/Q4 2017, OHMaSS was successful in its request to the MoH to invite the pharmaceutical private sector in the forecasting exercise.
  o Advocate for private sector inclusion in national plans:
    As part of the inception phase, OHMaSS identified the lack of communication between the private and public sectors as a key market failure preventing Sara’s access to products and services. Using its partnership with Disprophar as a win-win sustainability model, OHMaSS will advocate for the private sector to be included as a key player in the next DSF Strategic Plan. The idea is to have private sector partners import commodities and ensure sales and distribution, while PSI will use its leverage in global procurement to obtain lower commodity prices and provide marketing support. With a predictable commodity pipeline all the way from import to distribution, PSI can be more efficient and focus on marketing and communications.
  o Lower the barriers to entry for private sector importers
    OHMaSS has been successful in obtaining import waivers for all products distributed by Disprophar, and has placed the first orders during the reporting period, using PSI’s global procurement agreements. In addition to importing Implanon, PSI helped the MVA kit distributor to import this much-needed product onto the Haitian market. Until now, MVA kits were not available on the market, and most providers were therefore doing dilation and curettage for abortions, which is not recommended by WHO. Obtaining MVA kits ensures that medical staff that perform abortions have access to a safer method, endorsed by WHO.
    o Build capacity of medical detailers in all FP and PAC products:
      The OHMaSS team has designed a training for medical detailers from Disprophar on all FP methods and a training for Prophalab employees on PAC and misoprostol. Both will take place in January 2017.

Outcome 3: Improved enabling environment for youth and young women for improving their SRHR

• Support advocacy efforts for depenalization / legalization of abortion, work with a coalition to provide necessary resources for depenalization of abortion;
  OHMaSS has made strides towards integrating the national coalition on SRHR (“Collectif DSSR”) which includes all major women’s rights organizations and key partners like the DSF and is led by “Médecins du Monde France - MDM”.
  One of the objectives of the coalition is to obtain the depenalization of abortion. Timing is ripe as a new law on depenalization of therapeutic abortion has been proposed, and is being reviewed by the parliament. “Collectif DSSR” is pushing lawmakers to de-penalize abortion as a whole. To overcome limitations imposed by the potential reinstatement of the Mexico City Policy, OHMaSS will explore possibilities to subcontract some of its activities under this outcome to organizations like MDM.
Outcome 1: Increased informed demand for SRH services by girls and young women

- Strengthen peer educator networks by building referrals into it:
  In July 2016, PSI/Mozambique partnered with a local organization, Coalizão, to conduct peer to peer discussions around contraception, HIV and AIDS, including STIs, in schools, and to refer adolescents to youth-friendly services managed by PSI nurses. PSI/Mozambique employs nurses to provide free mobile services including short and long-term methods, condoms, STI screening in designated school sites in six provinces, where Coalizão already implements their BCC/outreach activities. Where possible, these nurses link with existing youth-friendly corners in schools (a room in a school where youth-friendly services can be provided – called SAAJ corners). Sites included schools in close proximity to pharmacies and to PSI/Mozambique’s social franchising clinics (TEM+ fixed sites).

- Strengthen peer educators’ capacity to implement informed choice and SRH rights protocols:
  Past research has shown that peer educators have a tendency to limit contraceptive options for young people to short acting methods. PSI is aiming to improve the quality of peer education through improved training, including LARCs and information on abortion, as well as a rigorous selection and supervision process. Selection criteria include being a student or a former student at the school, being at least 13 years old, being comfortable with speaking with other youth about SRH, having strong communication skills, and committing to being a role model in the community. In 2016, PSI and Coalizão trained a total of 82 peer educations – 53 in Beira and 29 in Maputo. The training included a values clarification session to speak about SRH, abortion, and contraception rights. Peer educators also cover topics around communication skills, barriers, participatory and non-participatory communication. Peer educators also learn how to use the Movercado system (managed by Triggerise) which helps track the number of people that were reached through peer to peer session and how many of those received FP services.

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

- Increase demand for YFHS centers
  Given the low use of family planning methods in Mozambique and high maternal mortality rates, PSI Mozambique’s network TEM+ fills an important gap. Each TEM+ clinic is staffed with a FP nurse who provides a range of basic health services, including a comprehensive overview of FP options. To generate demand for TEM+, PSI/Mozambique deploys peer educators who are affiliated with specific TEM+ clinics. This approach has proven to be highly successful as, in 2016, TEM+ nurses attended 32,011 adolescents at schools and TEM+ facilities for comprehensive family planning. Uptake of methods has been high, with 67,518 FP methods offered to 15-24 year olds under project Ignite.

With support from the alliance of mobile phone operators (GSMA), PSI partnered with the design and strategy firm Frog to collect and analyze insights and prototype changes to PSI’s ongoing TEM+ interventions, with a focus on TEM+ schools. Frog led a team from PSI and a group of adolescent girls and boys through the inspiration and ideation process in November 2016 to gain empathy and better understand drivers of adolescent knowledge around health and sexuality. The team identified adolescent views on relationships and sexual activity, key influencers and communication channels that urban youth prefer, the qualities they value in providers, and more generally about their daily routines and life goals. Through various iterations, the team created two archetypes – Maria and Roberto - who embody Mozambican youth and who will become central figures of a multi-media campaign. Young people will be involved its design, test, and roll out.

  - Create Tem Mais pharmacies:
    Youth expressed a preference for pharmacies as a source of contraceptive information and methods. While these views are not specific to Mozambique, anecdotal information has demonstrated that youth in Mozambique seek pharmacies for condoms and emergency contraception. Through leveraged funding PSI is piloting a youth-friendly intervention in six pharmacies in Maputo, four in Nampula province, and four in Sofala province. The pilot aims to improve young Mozambicans’ access to contraception by mainstreaming elements of youth-friendliness in private pharmacies. To ensure best results, first PSI maps out the pharmacies within the district where the program is working, pharmacies are chosen based on their proximity to a secondary school or a public facility that offers YFHS. Once

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identified, pharmacies are visited and an assessment is conducted around their staff’s knowledge of FP, their views around FP for youth, their current stock of FP methods, and their willingness to participate. Once selected, pharmacy staff are then trained on how to speak with youth, on FP methods including emergency contraception, and on how to use Movercado to capture the number of adolescents that use pharmacies for FP. Once an adolescent accesses a pharmacy, their number is registered on Movercado, allowing them to receive periodic reminders for repeat visits. One of the biggest challenges was to align the strategy with what the Government outlined, requiring adolescents to see a provider at least three times before receiving a referral voucher to a pharmacy to access contraceptive pills. PSI/Mozambique saw this as a barrier to contraception access and therefore publicly shared results from the pilot to demonstrate the effectiveness of this channel to increase access to FP for adolescents and youth and advocate for policy change.

**Outcome 3: Improved enabling environment for youth and young women for improving their SRHR**

- National level advocacy for FP issues:
Legislation on abortion passed in 2014. However, the national rollout plan for safe abortion services and procedures has been slow awaiting approval from the Ministry of Health. The Government has put together a Technical Working Group to roll out the first phase which covers 41 health facilities across the country. Roll out is set for May 2017 and will include Master training workshops, procurement of commodities, facility assessments, and capacity building of providers ensuring that protocols are followed, which PSI will fund partially as member of the TWG under the Dutch core award. Prior to 2014, Mozambique allowed abortion under certain conditions, so while this new law will give women a chance to seek abortion within 12 weeks without a medical authorization, young people still have restrictions by requiring parental consent, if they are under 16. As the rollout takes place, PSI will train TEM+ nurses and peer educators on how to talk about abortion services and where to access them. PSI nurses will be integrated in provincial level trainings to make sure they can perform MVA and know how to talk about the risks and benefits of MA.

### B- ECOSYSTEM DEVELOPMENT APPROACH – led by Triggerise

#### India

Every 8 minutes, a woman dies during childbirth in India. Triggerise programmatic activities and products are directly working to address the uptake of antenatal care (ANC), health tests during pregnancy, safe-delivery, and postnatal care. Triggerise flagship Tiko Companion (branded Tiko Saathi) provides women with a range of services that includes ANC visits, different types of tests, in clinic delivery, and post-partum consultations. Low literacy rates among women, continue to drive the design and interface of our products. This has brought Triggerise to move towards icon-driven applications and voice-based functionality to reduce the burden of typing strings of text or codes via SMS. In parallel, implementing PRO exclusively among women in Rajasthan and Utter Pradesh confronted Triggerise to three gender realities: 1) Women are strictly under the control of their in law family and husband and do not have much opportunity to get out of home; 2) women are wives and mothers before they are “themselves” 3) nonetheless, arrangements with the cultural rules can be made as families do welcome an additional source of income. Based on qualitative research among PRO early adopters, it appears that PRO can be a way to challenges these realities.
Outcome 4: Create wealth (via improved depth and reach of the ecosystems)

Triggerise’s main vehicle for economic impact and creation of wealth in India is PRO, a last mile distribution system that gives the opportunity to women to perform income generating activities while giving access to impact product and services to the community. After an initial 3-month pilot which ran from November 2015 to January 2016 in Alwar (Rajasthan), Triggerise expanded its network of last mile distributors (branded “PRO Agents”) to three new geographies in Rajasthan – Jaipur, Ajmer and Dausa and in Agra (Utter Pradesh). Close to 1000 women enrolled to become PRO Agents – with 687 of them becoming active in 2016 (ie. performing at least one activity per month). This rapid growth has been the result of several concurrent strategies:
- The expansion of the basket of products and services that PRO Agents can propose (from communication sessions to pregnant women to sales of hygiene and beauty products)
- The diversification of the enrollment tactics (market events, peer recruitment)
- The growth of the stockist network, where PRO Agents can source their product basket
- The introduction of seasonal promotions (for Diwali for example)

Better product offering, higher motivation, and promotional support helped the PRO Agents to reach more than 115,000 women during the course of the year, with a steep growth during the last quarter. This resulted in an average growth of the average monthly income per agent from 1792 INR (25.78 Eur) in January to 2173 INR (31.26 Eur) by December 2016. As a comparison, the average income of a leather shoes factory worker in Agra is 5,000 Rs per month (72.2 Eur).

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

In partnership with PSI/India, Triggerise developed a new approach to increasing the uptake of ANC visits among pregnant women. The core concept involves enrolling women into a membership program, which gives them access to direct benefits and rewards them for validating milestones. Following social marketing principles, these memberships, called “Companion” (a program that accompanies patients and clients during a “health journey”) are sold at a subsidized price. In India, this Companion is branded Tiko Saathi (Saathi means partner in Hindi). The first iteration (launched in November 2015) followed two key assumptions: (1) membership should be a prepaid voucher, in which all benefits are free once the membership fee is paid; (2) membership should include a limited number of very tangible benefits). Based on the low enrollment trend (133 members during first semester of 2016), the Tiko Saathi card underwent a major re-launch in July 2016. Pregnant women buy the Tiko Saathi card at a cost of INR 50 (~EUR 0.71) vs INR 200 in the previous iteration. The new package of services for the target group is much wider (4 ANC visits, Diagnostic/Tests : HB%, Complete Urine (Routine and Culture), RH/ABO , VDRL, Blood Sugar, HIV, Thyroid Test, Post-Partum Family Planning counselling; 2 consultations for infant care) – and all services are offered at a discounted price (rather than 100% subsidized).

The new Tiko Saathi scheme has proven to be much more effective with 1,847 Tiko Saathi cards sold and activated between July and December 2016, triggering more than 1400 ANC visits. The rapid growth in the last two months of the year suggest that this uptake will increase dramatically in 2017.

Kenya

Learning from the Indian pilot, Triggerise started its program in Kenya by setting up a PRO network – as a first step towards building an ecosystem. The idea is to test several hypothesis and market assumptions before scaling up:

Hypothesis #1: Speed of adoption of a technology based platform (including usage of reward points and tracking features) will be much higher in Kenya than in India – in a context very different from India, with more than 60% of the adult population in Kenya holding a Mpesa mobile money account
- Hypothesis #2: Existing traders, in peri-urban Nairobi, want to earn and save more, using PRO.
- Hypothesis #3: the optimal basket of products should include classical FMCG products, to support regular activity (purchase and sales), before including impact commodities

Results, by the end of December suggested that:
- Technology is not a barrier - and in fact, smartphone usage among traders and entrepreneurs invites Triggerise to develop more sophisticated applications.
- Existing wholesalers and stockist experience a "boutique project fatigue" – and welcome any new “nonprofit initiative” with high suspicion. Support from them only comes after several months of partnership and proofs of impact on their income
The rapid and successful introduction of fortified food suggests that a phased product introduction may not be necessary and Triggerise could create impact through PRO activities from day 1.

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

In October, Triggerise launched two PRO Networks in the areas of Githurai and Kangemi and recruited stockists and PRO Agents in each district through community meetings and existing support groups – replicating the enrollment tactics that proved to be successful in India. Uptake was high, with 129 PRO Agents enrolled and active between October and December. The main bottleneck has appeared to be the stockists, who have been reluctant to embrace this new system – specially to push classical FMCG products. With the addition of a fortified flour in the product basket, a product quite rare on the market but in high demand, the value proposition to these traders increased – which seems to be the best way to win their commitment. In total, during these three months of pilot, PRO agents earned an average of 1867 khs (16.79 Eur).

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

In 2016, focus was made on launching PRO and ensuring that ecosystem actors would perceive the value of the network and its system. For that reason, no field activities were specifically targeting SRHR needs. Nonetheless, in parallel to launching this first iteration of a PRO Network, Triggerise worked at establishing a strong partnership with Marie Stopes Kenya and CIFF to support the increase of SRHR service uptake among adolescent. This partnership will unfold in 2017.

**Other Triggerise activities**

As part of Project Ignite, Triggerise is funding core activities that benefit all its projects, starting with app development. In 2016, Triggerise developed several Android apps to support actor activities and increase the value proposition. The dedicated Pro App was made as a mini-ERP for the entrepreneurs, to monitor their own activities, their client list, their different catalogues of products (easier than via SMS). In parallel, the development team carried on introducing innovative new features to the platform - including a rating service for business and providers to collect instant feedback on their interaction, supporting a logic of crowdsourced quality measurement. Triggerise set up a dedicated Data Science team which introduced a data management engine. This software was developed as a separate environment to host all reporting data, conduct analysis, and provide customized reports. This provides a solid base to assist decision-making. Triggerise also decided to outsource the call center management to the Cape Town branch to Odity, an international Customer Relation and Digital Agency, with call centers in Madagascar, London, Paris and Cape Town. Following initial contact, tests were conducted between November 8 and December 22, 2016 and the outcome was positive. As a result, all African questionnaires will be handled by Odity in 2017.

Funding from Ignite is also contributing to activities in Tanzania, where Triggerise focused on increasing referral rates with PharmAccess International. Centered on maternal health, the program aims to track pregnant women through their antenatal care visits and encourage delivery at no cost or subsidized rates within designated health facilities. Of the all beneficiaries reached in Q3 and Q4, 26% went for their first ANC visit, 11% for the second, and 6% to the third. 15% of beneficiaries delivered within a participating health facility.

In November 2016, PSI/Ethiopia and Triggerise launched a rewards-based ecosystem to strengthen the link between HIV+ diagnoses and treatment, under the MULU project targeting most at risk populations. The pilot was launched with 29 active peer educators and 11 active providers, affiliated with 2 drop in centers and 2 government-run health centers in Addis Ababa. The effective referral rate in Ethiopia has been 89% - 137 enrollments by peer educators and 123 effective referrals.