Annual Report 2020
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What if these interventions can be improved consistently with intelligent decision-making guided by real-time insights?

Impact-driven programmes are taking great steps in delivering aid on the ground but are still relying on insights collected anecdotally or through manpower intensive surveys. A quick response to adversities or making simple adaptations to the programmes become massive undertakings for the stakeholders.

What if the many parallel health interventions for the same underserved audiences are integrated on to a single platform?

Many aid programmes that impact our societies run parallelly without pooling in their resources. The desired economies of scale for many such programmes become unattainable without a connection between the hard work put into creating demand and resources that go into ensuring consistent supply.

What if the local businesses and communities are nudged to create ecosystems where everybody is heard and supported?

The communities we serve are always at the centre of everything we do but a top-down approach discourages collaborative participation of the communities in designing the interventions themselves. This leaves a gap in understanding the needs and wants of a community.

What if the aid networks, their resources, the local communities and local businesses are connected on one innovative platform with one shared goal?
Connecting aid programmes to data-led decision making

We connect aid programmes and their managers to real-time data generated from member interactions, user ratings and customer surveys. Access to day-to-day visibility on our programmes means we can iterate them to increase positive impact at any given time. This gives us agility, offers transparency and delivers trust across the ecosystem, making our resources more efficient and our work more relevant.

Connecting diverse stakeholders for change

We connect across supply and demand, building networks of donors, local services and communities to deliver joined-up health services on the ground. Being connected through our platform means that each of our partners can do what they do even better and integrate their effort and programmes into a single one. Our signature ecosystem approach means we leverage expertise, funds and infrastructure to scale fast.

Connecting local communities to positive behaviours

We connect young people to a range of health and wellbeing offers to explore on their own terms. Powered by behavioural economics, we use nudge tools including reminders, follow-ups, subsidies and instant rewards to motivate our members to make choices that appeal to them the most. With real agency to choose from, our platform inspires lasting good habits while boosting local economies.

We’re on a mission to trigger millions of positive life choices by young people and make an unsurpassed impact on global health and well-being.

We connect young people and their needs to existing local providers by building ecosystems of local health services, community-based organisations, and micro-entrepreneurs. With this diversity of actors, we’re able to create impact at scale.
The widespread restrictions on movement across our markets disrupted our consistent positive year-on-year growth in 2020. Despite the challenges, we enrolled over 214,000 young people to our platforms in our existing and new markets last year.

In 2020, 186,600 unique members of our platform accessed healthcare services at least once. Compared to 2019, we clocked a decrease in member enrolment by 40% and by 20% in members impacted in 2020.

Enrolment through mobilisers contributed 61% of all enrolments in 2020, followed by self-enrolment by our members at 35%. Enrolment through SMS continued to be the most popular enrolment pathway for our members, accounting for 70% of all enrolments in 2020, followed by Tiko Cards, our physical no-tech alternative membership cards, at 29%. In 2020, 311,500 healthcare products and services were accessed by our members with Oral Contraceptives (28.5%) and Implants (20%) constituting half of the services accessed last year. Antenatal care (9.5%), HIV Test and Self-test kit (7.43%) were some of the other popular services on Tiko in 2020.
2020 was a year that tested the whole world’s resilience. In the face of an unprecedented crisis, our focus was to protect and support the communities we work with. Prioritising continuous access to health services for our members as well as the safety of all our stakeholders, some of our immediate response actions included promoting direct-to-consumer delivery of products, pushing awareness campaigns on SMS, training and counselling activities on Covid-19 safety measures, and extension of subsidies and offers on key impact services such as contraceptives.

Extending support to our ecosystem partners as well, we responded with some basic safety measures such as providing PPE kits to our partners and mobilisers and training sessions on infection prevention and control. To support our partners economically, we also added high-demand products such as sanitisers, soaps, masks and other PPE kits components to Tiko stock inventories across geographies. Meanwhile, we also prioritised getting products and services delivered direct-to-consumer to counter movement restrictions in our key markets.

In an effort to tackle the ripple effects of the pandemic such as spikes in unwanted pregnancies or continued inaccessibility to primary health services, and drastic impact on household income etc., we implemented and demonstrated versatile solutions and capabilities last year.
Funded and supported by Grand Challenges Canada, we added a Covid-19 screening tool to Tiko in India, Kenya and Ethiopia to rapidly identify, track and refer potential Covid-19 patients to health facilities. We are working with local NGOs, local government departments and research institutes across our key markets to collaboratively manage the pandemic response in a hyper-local context. The screening tool utilises our network of community health workers and our platform’s data processing capabilities to conduct symptom screenings and referrals to testing facilities for symptomatic individuals.

Choosing to be close to our users and not complicate access to this tool through apps that need further adoption, the screening tool is integrated with WhatsApp for easier adoption and deeper penetration in the communities. This pilot project serves different goals in each market. In India it is increasing the number of referrals at testing facilities, in Ethiopia it will aid the government in their disaster preparedness and the data will be analysed to inform scientific studies and in Kenya it is being deployed to keep high population-density areas safe and aware, as well as connect into government health mechanisms.

Up until December 31, 2020, we have already conducted over 42,500 screenings through the screening tool and referred over 1000 individuals to testing facilities.
Direct-to-Consumer (D2C) Delivery

To counter widespread restrictions on movements and the shutting of essential shops in many regions of our operations, we also prioritised promoting direct-to-consumer delivery services for our members across regions. The lead for this initiative was taken by our Kenya market where we collaborated with MYDAWA, our online pharmacy partner to bring Tiko services to our members’ doorsteps.

In Kenya, introducing tele-counselling services and a direct to client delivery model, allowed existing Tiko providers in the counties of Nairobi, Mombasa and Kisumu to deliver products (along with MYDAWA).

This model supported 780 successful deliveries of HIV Self-test kits, oral contraceptives, and self-injectable contraceptives in 2020.
Connecting our ecosystems to relief aids

In 2020, we piloted an unconditional cash transfer programme, a first for us, in Addis Ababa, Ethiopia. Funded by the Ministry of Foreign Affairs, the Netherlands, this pilot cash transfer programme credited a small amount to 180 girls in Addis Ketema, a sub-district of Ethiopia's capital city. With severe movement restrictions and economic shutdowns of entire nations, many people from low-income backgrounds, including young girls, were hard hit as their income streams dried up.

With this pilot we hoped to explore our platform’s potential to connect relief aid interventions in the form of unconditional cash transfers to relevant beneficiaries. The encouraging success of this pilot initiative has persuaded us to continue exploring and collaborating on such interventions as part of our core offers.
As a response to Covid-19 shutdowns, one of our immediate responses was also to implement a tele-counselling feature for Tiko members in India and Kenya. As a way for us to engage with girls better and at the same time fill gaps in the awareness that currently exists in the communities, we provided users with the ability to speak with a trained doctor during virtual SRH counseling sessions. Although we expected users to use virtual counseling to access contraception - and consequently partnered with a medical practitioner authorised to fill prescriptions - we found that most users just wanted to speak with the counsellor to fill SRH and menstrual health information gaps rather than access products. However, we have continued to provide access to counseling, as the SRH information provided is meeting important health needs.

We also implemented this call centre in Kenya where 286 women received 361 mobile phone sessions until December 2020.
Building Ecosystems of Change

Our signature ecosystem approach means that we connect a diverse range of local service providers with our members, building a sustainable economic and social ecosystem in which positive behaviours are encouraged. The ecosystems consist of local pharmacies, health clinics, retailers, kiosks, training centres and even beauty salons that encourage our members to regularly engage with them and their services. They offer exclusive services such as counselling, priority treatment, no-hassle payments through reward points and discounts to the members in their communities in return for increased income and customer loyalty. Building ecosystems such as these aim to create localised, scalable and independent units of change that are motivated by competitive economic stimulation and a shared goal to serve their communities.

Why build ecosystems?

1. This lets our platform offer relevant and a wide variety of services to its members and also a comprehensive access to them, making the platform more wholesome to the members. It allows us to accompany our members throughout their journey of adopting positive behaviours by partnering with actors based on the gaps in the market.

2. Adopting an ecosystem approach, also allows us to leverage local infrastructure to connect the disjointed demand and supply on to one platform. We work with partners from across institutions including private clinics in India to public health institutions in Cameroon or a mix of both in Ethiopia. We also emphasise partnering with local community-based organisations (CBOs) such as in Kenya to rely on their expertise and grass-root understanding of the communities.

Our role in the Tiko ecosystem has helped improve access to sexual health services like contraceptives in this community beating unaffordability and stigma associated with these services.

Dr Asha Wali
Tiko Partner Clinic
Kilifi, Kenya
Motivating for Change

Our platform is a motivational platform that is built on the principles of behavioural sciences. While designing our programmes and iterating our platform capabilities, nudges become the key ingredients for change.

The goal of these nudges is to motivate our target communities and our platform members to engage with the platform and its ecosystems more frequently. The nudges on our platform aim to tackle the behavioural challenges that affect many healthcare and aid programmes. We also undertake behavioural trend studies to continuously test the impact of these nudges on programme performance and to identify factors that influence people’s motivation. These insights allow us to optimise our programmes in the most effective way by channeling more resources to efforts that show proof of influence on positive behaviour changes. This means that each of our programmes can be fully customised basis programme objectives and market scenarios.

**What are these nudges**

1. **Financial Nudges** - We deploy financial nudges such as discount offers on healthcare services and reward points on positive actions to encourage members to take up wellbeing services that are usually not high on their priority or are unaffordable. These include nudges such as discounts for young mothers on quality antenatal care at private clinics or digital reward points for members to spend locally when they take up any contraception method.

2. **Non-financial Nudges** - We also deploy non-financial nudges such as reminders, follow-up visits, peer referral, and gamification to make the platform more than just a digital health tool. Our platform dedicately reminds our members to not miss their contraceptive cycle or to continue exploring other offers on the platform. It also encourages members to rate the ecosystem partners or to refer their friends to the platform, thus, including them in the continuous effort to improve the quality and reach of our impact.

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**€ 192,972**

Equivalent subsidies injected into the local economies in 2020

53.2% Tiko Points reimbursed by businesses

46.8% Tiko Points awarded to members as nudges

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**Breakup of Tiko reward points by members and partners in 2020**

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**Dr Jesse Njunguru**
Country Director
Kenya - Triggerise

“**To enhance the digital experience of our members in Kenya, we realised involving them in the platform design process itself is critical. So, we prioritised conducting our first User-Centred Design (UCD) study in the Kenya market.**”
The many interactions that our members have with the platform generate data that we continuously rely on to evaluate our performance, manage risks and design interventions anchored in the behavioural trends of our members. Visualisation of this data in digestible formats on dashboards equips our programme managers and donors with almost real-time visibility on the impact of our programmes.

The information we process is a part of our wider knowledge-ecosystem that Tiko creates to better understand and impact the communities it works with. The twofold benefit of this approach has been to – one, implement programmes and interventions that foster transparency and accountability, and second, promoting collaboration with our donors in decision-making as well as with our members in improving the platform.

**What types of data does Tiko handle?**

1. Based on the interactions members have with Tiko at various stages of their journey, say at enrolment or during service uptake stages, Tiko generates data on the effectiveness of our interventions. On the other hand, service uptake data visualises the demand trends for the services and products that are offered on Tiko. Being a motivational platform, Tiko also generates data on the effect of our nudges. With an objective to boost our programmes impact, we analyse the influence of the reward points and non-financial nudges such as SMS notifications on enrolment, service uptake and repeat behaviour.

2. Based on member feedback loops that Tiko features to support user insights with more context, Tiko also features a robust feedback system in the form of ratings and surveys. Tiko nudges its members to rate their experience with the service providers on a scale of one-to-five, followed by a deeper investigation over a call, if needed. Access to this information gives us the ability to offer consistently high-quality services to its members.
In 2020, our footprint and impact in Kenya continued to grow as we expanded into newer counties, added additional supply partners and offered even more services to our members. In 2020, over 181,300 girls were enrolled in Tiko in Kenya, out of which over 135,000 girls chose to access healthcare and wellbeing services on Tiko. Oral contraceptives (29.9%) and implants (33%) continued to be the most accessed services on Tiko in Kenya last year.

Self-enrolment in Kenya continued to show an upward trend as a share of total enrolments in 2020, rising from 38% in 2019 to 43.5%. Echoing the trends across all our markets, the enrolment-to-service uptake conversion has also increased in Kenya, spiking near 20 points in 2020 compared to 2019. Expanding the range of services offered to our members in Kenya, we included in-facility HIV testing and removal of implants services to Tiko in 2020.

What is a DIB?

Development Impact Bonds (DIBs) are performance-based investment contracts for development projects. A DIB creates a contract between investors, donors, and other parties with shared goals to achieve target-based development in a defined period of time. Fulfilling the terms of the DIB in the set time-frame guarantees a return to the investors on their capital by an outcome payer. Financing development projects through DIBs offers benefits such as collaborative financing, shared risk and a return on impact. Most importantly, a measurable impact driven approach to development becomes a prerequisite for implementation of DIBs.

Triggerise and its digital platform, Tiko, are well equipped to implement and deliver on the targets defined in a DIB. Tiko’s end-to-end digital operating model offers investors and donors transparency into the performance and proof-of-impact as well as the ability to tweak the programmes with agility to perform better.

World’s first Development Impact Bond (DIB) in the SRH sector

Kicking off the world’s first DIB in the Sexual and Reproductive Health sector in September 2020, Triggerise began the implementation of its digital platform in 16 counties of Kenya for this project. Funded by Children’s Investment Fund Foundation (CIFF) with Foreign, Commonwealth & Development Office (FCDO) of the Government of the UK as outcome payer, the DIB has an objective to increase the demand of SRH services amongst young girls of ages 15-19 and improve community support for SRH amongst them. The 18 month programme targets to connect a quarter of a million of young girls in Kenya to local service providers and motivate them to adopt positive SRH practices. We have engaged with 41 CBOs whose 292 mobilisers fan out and drive demand generation in over 145 wards of Kenya. Our ecosystems in these wards constitute over 200 partner providers such as clinics, pharmacies and direct-to-consumer services. We have on-boarded partners from across franchises such as Tunza, AMUA, Goldstar, Reproductive Health Network (RHN) clinics, Access Afya clinics, KMET Huduma Poa clinics, Marie Stopes Kenya, SHOFCO clinics and Penda health facilities.

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16.3 % of the DIB targets had been achieved until December 2020
Addressing youth unemployment through a platform approach

In 2020, we started offering jobs, skills, training and education services on Tiko in Ethiopia for the urban youth in Addis Ababa and Bahir Dar. Funded by the Embassy of the Kingdom of the Netherlands, Ethiopia and in collaboration with Jobs Creation Committee (JCC), Ethiopia, this pilot programme aims to connect unemployed urban youth aged 15-24 with at least secondary education to training and upskilling opportunities, and ultimately, to relevant jobs in these two cities. Venturing into non-medical services for the first time ever, this programme serves as a stepping stone in our efforts to expand the offers available to our platform members.

To achieve the initial target of connecting 500 youth to local employment opportunities, we are building our signature ecosystems in the two biggest cities of Ethiopia, constituting Digital Skill training centres, organisations that offer apprenticeships, education institutes such as TVET colleges, job recruitment agencies and SST centers. Along with employment prospects, our platform will also deploy nudges and rewards to motivate enthusiastic participation in this programme. Members are encouraged to complete training courses and provide feedback for reward points to spend at local shops. So far, we have onboarded 25 partners for our ecosystem in Addis Ababa and have already begun enrolling youth to the programme.

Working in Addis Ababa and Afar regions of Ethiopia, in 2020, over 25,000 young girls of age joined Tiko and over 21,000 of them accessed SRH and ANC services through Tiko. Enrolment in Afar contributed to 25% of all enrolments in Ethiopia in 2020. Most enrolments (95%) are still driven by mobilisers that are connecting far-off regions and communities to Tiko. Amongst services accessed by our members in Ethiopia, oral contraceptives account for close to 60% of the services accessed followed by antenatal care services (9.5%) in 2020.

2020 was another stepping stone for our impact in Ethiopia as the market demonstrated Tiko’s versatility as a digital platform connecting members to relevant services and providers. The Unconditional Cash Transfer programme launched mid-year as well as the Job Skills and Employment programme launched later in the year are extending the scope of application for Tiko in wildly varying contexts.

**Ethiopia Highlights**

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**Highlights**

- **84%** Enrolment-to-Service uptake conversion
- **25,398** Members Enrolled
- **28,900** Services Accessed
In 2020, over 26,500 young girls and mothers accessed over 60,000 SRH and MNCH services via Tiko. While the total enrolments in India clocked a negative growth of -36.6%, the number of total services accessed by our members grew by 21% yoy in 2020. This increase can be attributed to an increase in repeat services, particularly with young mothers who are encouraged to access four or more antenatal care services. Antenatal care services (44.32%) and oral contraceptives (25.5%) make up a major chunk of services accessed through Tiko in India.

Mobilisers continued to contribute close to 98% of all enrolments in India, prompting us to take steps to encourage self-enrolment in the market. In 2020, India led the roll-out of integration with WhatsApp to engage girls for self-enrolment. Tiko also started offering tele-counselling as a key feature of Tiko that members who self-enrol can access with just a trigger message on WhatsApp or SMS. While continuing to show growth across most metrics in 2020, the India market has also been leading our Covid-19 response through innovative and agile solutions. The success of the Covid-19 screening tool as well as tele-counselling feature has been replicated in our other markets as well.

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<th>Enrolment-to-Service uptake conversion</th>
<th>Members Enrolled</th>
<th>Services Accessed</th>
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<tr>
<td>75.7%</td>
<td>35,150</td>
<td>60,680</td>
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Cameroon Highlights

In 2020, our operations in Cameroon moved from the Far North and East rural areas to Yaoundé, the capital city of Cameroon. The JS3 programme, funded by Cordaid, saw its completion in late 2020 as we saw our impact in Cameroon through this programme grow and exceed targets. Simultaneously, we also kick-started our pilot programme with Rutgers, our donor in Ethiopia, in Yaoundé with an objective to promote modern contraceptive methods amongst the urban youth. Partnering with International Planned Parenthood Federation (IPPF) and DKT International, the pilot aims to build our signature ecosystems in Yaoundé and to connect 4000 young women to sexual healthcare services. We also aim to further scale our footprint in urban areas of Cameroon in 2021.

100% Enrolment-to-Service uptake conversion
3,785 Members Enrolled
33,920 Services Accessed
USA
Highlights

On the heels of the user-centred design work completed in 2019 to adapt the Tiko platform to the Nebraska context, in 2020, Triggerise began implementing its platform as part of the Access Granted programme, which offers STD and pregnancy tests as well as contraceptive methods. Our tech team configured the platform to respond to the Nebraska-specific insights uncovered during the design phase and incorporated Access Granted branding and messaging into an Access Granted app as well as text messaging and Facebook Messenger flows. Launch was initially set for Spring 2020, but the onset of the Covid-19 pandemic resulted in a delay until the fall. After virtually training and onboarding eight health centres, we officially launched our pilot in September 2020. We have already seen some service uptake on the platform - despite partnering with health centres that were overwhelmed by the Covid-19 pandemic in the fall of 2020 - and look forward to the official launch of the programme in January 2021.
2020 marked the year when we expanded our presence to West Africa for the first time with the roll-out of our platform in Ouagadougou and Bobo Dioulasso cities of Burkina Faso. Partnering with BURCASO and funded by Planned Parenthood Global (PPG), Triggerise will optimise its platform to implement the Billi Now! Now! programme in Burkina Faso.

The one-year pilot programme in Burkina Faso included two months of generating insights from users that informed the design of the platform and will continue to create impact for the rest of the duration of the pilot. Launched in October, 2020, the pilot aims to train BURCASO’s mobilisers, popularly known as Billis in the local context, to connect over 10,000 young people to sexual and reproductive health services across a diverse network of health providers.

Towards accelerated growth through strategic local partnerships

In 2020, we started pivoting to a new operating model where strategic local partnerships are initiated to fulfil certain operational and implementation capabilities. These carefully selected partners allow us to focus more on our core capabilities – of connecting underserved communities to the services they need the most. Leveraging the existing local infrastructures and building on their contextual knowledge and experience, we connect a two-sided market on to a single platform by bringing in our technology, data analytics and insight mining capabilities. This improves visibility of activities on the ground and brings programmatic efficiencies in our operations. One category of such strategic partnerships are with community-based organisations (CBOs) that provide personnel from local communities to mobilise young people to join our platform. Another key aspect of this model is digitalising elements of the user journey for members and partners, for example, self-enrolment or ability to order products direct-to-consumer through online platforms, or getting support directly through a call centre. In 2020, our flagship programmes with this operating model – in Omaha, USA, Kampala and Arua, Uganda and in Ouagadougou, Burkina Faso, completed generating user insights and began preparation for the implementation of the platforms in the two markets.

With an aim to create a robust replicable model of scalable growth, the success of this new model in the pilot markets will make us leaner and more agile while our impact grows together with expert local partners.
We connect local ecosystems across demand and supply, and activate them to scale and sustain positive impact. We work collaboratively with communities to pool our expertise and foster social support for our members as they make informed decisions about their health and wellbeing on their own terms. We nudge our members to enable long-term positive behaviour change using the principles of behavioural sciences and behaviour change theories. We rely on evidence-based decision making to deliver maximum impact with our resources. We are Triggerise. We are Connecting for Change.

Innovating with a new identity

As a modern age for-impact organisation, we realise that change has to be smart and has to be long-term. With the goal of articulating our story and our capabilities better, we overhauled our corporate branding strategy in 2020. Identifying ourselves as the ‘connectors’ between various communities and positive behaviours, we unveiled our new corporate logo inspired by this role of ours in the society. We took cues from the Morse codes, precursor to the digitalisation of communication, to bring to life our connector positioning with the dashes and dots becoming ubiquitous elements of our brand identity. The two dots of the I’s connected by a dash on the logo symbolises our commitment to connecting disparate underserved communities to long-term change through our digital platform, Tiko. On the other hand, our tagline Connecting for Change articulates our core proposition in a crisp, catchy sentence.
In 2020, we stopped answering the question whether Triggerise is an NGO or a tech company. We decided Triggerise is Triggerise. We’re pretty unique, and we explore new ways to positively impact the lives of thousands of people in the global south, as well as new ways to operate. Here is what we believe: Triggerise is built by people. They are capable, talented humans. If we trust in their capabilities and create space for them to choose, they’ll deliver.

Sounds simple? We found that we have to unlearn some old habits to make it work. But we are growing together. Our full management team started on a training journey to stop solving problems for others and instead trust our people’s capabilities. We created company and manager values to help integrate our beliefs in our everyday work. We worked on creating circumstances that allow for great work: flexibility in where and how you work, global teams connecting remotely, benefits that give security and help balance work and family. We’re proud of how our team handled Covid-19. Where other companies needed to make big changes, we already had the flexibility in place. All we had to do was take a little extra care of each other in these strange times!

Colleagues welcomed in 2020: 55

People got official internal promotions, almost 10% of our workforce: 11

We got serious about helping our people grow. We started measuring how happy our employees are at Triggerise. We had a rising trend throughout the year and scored +46 in our November survey.

Gender Report: We did our first gender report and we are doing pretty great in our department, but need to be better in the tech team.
At the start of 2020, we looked at our business strategy and concluded that evolving our software was needed. Movercado (our software), was in its third iteration. Looking at the scale we wanted to achieve, we realised that despite our current monolithic software architecture being modular, it was still restrictive. Monolithic software architecture has its place in the life cycle of a business, but it was time to change the direction for Triggerise.

We embarked on a journey to understand what would suit our context best and settled on using a domain driven design approach in May. Using event-driven architecture, we set our course to break out our monolith into microservices. Once we had settled on this approach, the first thing we needed to do was model our domain: what would our world look like?

We had multiple domain exploration sessions, called event storming sessions, starting in July, where we involved people from all parts of the organisation to create a shared view. Next up we had domain decomposition sessions in September, where the tech team created bounded contexts that formed part of the 15 sub domains that were identified. These sub domains exist within our current monolith and we needed to understand the dependencies between them. This gave us a high level view of the complexity among them. This complexity evaluated against the business value enabled us to identify which of the sub domains to build out first. Thus the nudges sub domain began development in November 2020, becoming our number 1 priority.

This sub domain will allow us to send nudges to influence our users into making decisions that are good for them on our platform. As this functionality already exists, we will develop further functionality making it feature rich, allowing us to to perform new experiments. This will enable us to find out what messages our users respond to best.

Looking forward we are gearing up to execute this massive overhaul in 2021 with extensive capacity and skills building within the team. The fraud and onboarding subdomains will follow on from nudges. As we move to this subdomain approach, we will be sunsetting the name of “Movercado”. This name has been with us since the beginning and will become a subdomain that will eventually be completely dismantled and the Tiko platform will emerge, containing the 15 subdomains. In light of this emergence, we have started on the journey of **Operation Phoenix**.
One of our top priorities in 2020 was to make our data privacy policies and safeguarding mechanisms more robust. The first step we took was to enhance our data protection policies and activities to align with General Data Protection Regulations (GDPR) as well as the local data protection regulations. All the data we record, manage and use are aimed to improve our platform and services offered to its members. To emblemit our commitment to data security and safeguarding the rights of our members, we also defined our Data Golden Principles in 2020 to guide our actions pertaining to data security and act in the best interest of our members.

Data Privacy & Safeguarding

Data belongs to our members
We are the custodians of data but do not own it. We provide data when requested by a member and enable the right to be forgotten. We make sure our members understand the need and scope of data collection and its management.

Data is anonymous by default
Our members have the right to anonymity. We anonymise identifiable data (including phone numbers and biometric records) as well as sensitive data (bank details, medical records).

Data is protected
We protect the data we collect, generate and store. We never transfer identifiable data without informed consent or sell it to any third party.

Data is always purposeful
Data collected need to be relevant to the members and to our programmes. We cultivate data to generate powerful insights without bias.