

2025 STRATEGIC PLAN



Jacaranda's vision is a world where all mothers experience childbirth safely and with respect, and all newborns get a safe start in life.

We partner with governments to deploy affordable and scalable solutions through public hospitals, where the majority of underserved mothers and babies receive care.



Jacaranda Health offers a scalable approach to improving maternal and newborn health outcomes. We combine a package of affordable, evidence-based solutions with a comprehensive data infrastructure to help governments address significant quality gaps in their health systems.

The key components of our model:

- 1. A digital health platform PROMPTS** that, through two-way SMS exchange, empowers women to seek care at the right time and place, and amplifies their voices within the health system. It combines a sequence of messages aimed at influencing care seeking behaviors and an AI-enabled helpdesk which responds to mothers' questions and sparks a rapid referral chain if a risk is identified.
- 2. An Emergency Obstetric and Newborn Care (EmONC)** nurse mentorship program, MENTORS, that trains frontline midwives to deliver timely emergency care. The program is based on a peer-to-peer mentorship model that empowers government midwife champions with digital and in-person tools to continuously develop skills amongst their peers in facilities.
- 3. A data insights** suite that combines data from mothers and providers to help health systems managers identify gaps and improve care. PROMPTS routinely captures mothers' feedback on respectful care and clinical quality, along with data about pregnancy journey and health seeking. MENTORS tracks provider skills and results. The result is a set of dashboards that helps our partners identify barriers impacting mothers, and guide effective and equitable resource allocation.

Our model has already achieved tangible outcomes; reducing maternal complications and decreasing neonatal mortality by as much as 25%, improving nursing skills, and improving quality of care. Demand for our programs is increasing, and government partners are now sharing the costs of scaling up these solutions. A few key outcomes we have demonstrated to date:

- **Reach:** Improved maternity and newborn care for over 1.8 million women across 1,100+ public health facilities in 20 counties in Kenya. We currently reach over 50% of pregnant mothers in Kenya.
- **Improved Care:** Increased health-seeking behaviors such as prenatal attendance (up 25%) and postpartum family planning (increase 2x), improved nurses' skills in handling emergencies (90%+ success), and reduced avoidable maternal complications and newborn deaths (25+% reduction).
- **Sustainability:** Increased government buy-in to our solutions, with 50% of MENTORS costs now shared with local government, and our model of care endorsed by the national government.

Meanwhile, our research team and capabilities have grown, with several RCTs and research partnerships under our belt, and we are well-positioned to generate implementation research alongside government and academic partners to influence practice and policy.





OUR 2025 AMBITION

Over the next three years, we will expand and deepen our programs to improve outcomes for ~3m mothers across Kenya, demonstrate impact in three new countries in Africa, and lay a foundation for organization sustainability and global scale.

Our key priorities are outlined below:

1. Expand our solutions to reach all mothers in Kenya.
2. Deploy PROMPTS in three new countries and demonstrate impact on maternal and newborn health.
3. Put data at the center of maternal health service delivery to give mothers greater agency within the health system and to support providers to improve quality of care.
4. Research and co-design: Leverage implementation research and strategic partnerships to tackle new gaps in maternal health services and systems.
5. Build Jacaranda's organizational capacity for sustainability and global scale.



1
Strategic
Priority

Expand our solutions to reach all mothers in Kenya

Goal: By 2025, our goal is to reach 1M mothers annually in Kenya, 3M over 3 years. Our goal is a 20% reduction of postpartum hemorrhage and neonatal mortality across the areas we operate. Meanwhile, we are aiming for government and other partners to take on 70% of the direct costs of delivering our solutions.

How we will achieve this:

- 1. Improve the pregnancy journeys and outcomes for two thirds of mothers in Kenya through government partnerships.** We will continue to strengthen our relationships with 20 County partners as well as our facility partners to ensure a broad distribution channel for our solutions across the counties we operate in.
- 2. Test and validate a light-touch expansion model for the remaining 27 counties.** We will explore a light touch expansion model to rapidly extend our impact. Counties or implementing partners would take on the practical aspects of delivering solutions earlier, with Jacaranda providing 'light touch' advisory and technical support to maintain program quality and fidelity.
- 3. Increase government and partner cost-share to sustain programs at scale.** We will continue to increase the percentage of direct program expansion costs borne by governments and other partners such as telecoms, payers (e.g. National Hospital Insurance Fund) - with a goal of 75% of direct operating costs of MENTORS and PROMPTS being borne by partners.



2
Strategic
Priority

Deploy PROMPTS in three other countries and demonstrate impact on maternal and newborn health

Goal: In Kenya, we have proven successful in disrupting and innovating on standard approaches to achieve impact, and this has caught the attention of other country partners. By 2025, we will have operations in 3 new countries, reaching an additional 500,000+ new mothers. In each country, we will demonstrate ministry commitments to cost share, evidence of impact on maternal and newborn outcomes, and a path to have PROMPTS ultimately sustained by local partners.

How we will achieve this:

- 1. Deploy PROMPTS in Ghana, Eswatini, and one other country:** If our current pilot in Eswatini proves successful, our 2025 aim is to roll out the platform at national scale, and have PROMPTS entirely run by the Ministry of Health. Meanwhile, we will pilot PROMPTS in Ghana in 2023 in partnership with the Ghana Health Services (GHS) which, if successful, will be followed by wider deployment of the platform in 1-2 regions. Meanwhile, we will explore cases for direct expansion in one other country from among Zambia, Nigeria, Uganda, and Tanzania to demonstrate our programs can be successfully adapted to new countries and generate impact and reach an additional 500,000 mothers.
- 2. Further develop PROMPTS technology so it can be easily deployed through partners in new countries.** PROMPTS is comprised of a 'stack' of different software and features. We will invest in technology development to make these key pieces modular, enabling new implementation partners and ministries to deploy the components that best address the needs of their health systems, and us to scale PROMPTS more rapidly to new geographies.



3
Strategic
Priority

Put data at the center of maternal health service delivery to give mothers greater agency within the health system and to support providers to improve quality of care

Goal: By 2025, the data tools that we co-design with our government partners will be used to inform respectful care, improve quality of care, grow investment, and allocate resources. We work with partners to achieve 90% of moms reporting positive experiences with pregnancy care in the public health system; demonstrate that local governments in Kenya can unlock 50% more revenue for maternal health priorities; and all 20 of our partner counties are using Jacaranda dashboards monthly to allocate resources and make quality improvements.

How we will achieve this:

- 1. Make PROMPTS the go-to-platform for mothers to share feedback on respectful care and clinical quality.** PROMPTS offers a unique touchpoint to understand how mothers experience care in the public health system. We will pair human centered design (HCD) approaches with automated systems reporting systems to increase the % of mothers regularly sharing feedback on PROMPTS. Our goal is to demonstrate with county partners that it is possible to have 90% of mothers reporting positive experiences during pregnancy in the public system.
- 2. Improve how government partners use data to improve health systems and allocate resources.** Our aim is to support countries to more efficiently and equitably allocate resources for improved service delivery. We will work with local government partners to (a) build capacity to use our dashboards in budget decision-making and resource allocation – so that all 20 county health teams we work with are relying on Jacaranda dashboards monthly to make decisions, and (b) demonstrate that partner counties can unlock 50% more revenue from state sources such as reimbursement from national insurance and national budgets.
- 3. Use data from our MENTORS program to build national midwifery capacity.** We will expand our audience for this data from MENTORS and DELTA to include stakeholders responsible for pre-service training (nursing colleges) and career progression (e.g. the Nursing Council of Kenya), with the aim of informing nurse training and building the next generation of nurse leaders in maternal health.

Research and co-design: Leverage implementation research and strategic partnerships to tackle new gaps in maternal health services and systems

Goal: Our years partnering with the government have built our capacity to support public health systems with strong research and data, and also flagged additional gaps in critical maternal and newborn services that our core programs PROMPTS and MENTORS do not yet address. Our 2025 goal is to continue to work with government partners, listen to mothers and frontline nurses about challenges in their journeys, and co-design, test and iterate new solutions that can cost-effectively address those gaps.

Measurable objectives include:

- **Identify 90% of high-risk PROMPTS clients** – with a focus on prenatal risk factors and maternal mental health challenges
- Ensure every large hospital (level 4+) in the 20 counties we work in has **adequate blood for emergencies**
- **Reduce time to reach a mother** in emergencies to 20 minutes across our 20 direct counties
- Ensure 90% of mothers on PROMPTS have their **postpartum family planning needs met**.

How we will achieve this:

1. Identify, test, and validate new solutions that address systemic gaps for moms and newborns: There are five focus areas where our research and product development teams will work to quantify gaps, explore and co-design solutions with government partners, and test and validate solutions - either as extensions of PROMPTS or by linking to third-party implementers:

- *Maternal mental health:* Conversations with mothers on PROMPTS reveals the need for additional counseling (digital and in-person) for pre and postnatal mothers.
- *Prenatal care:* Identification of high-risk clients using diagnostic tools (e.g. ultrasound) and digital tools (e.g. PROMPTS screening).
- *Postpartum and postnatal care:* Mothers need additional support during the postpartum period in the areas of family planning counseling, immunization information.
- *Ensuring every facility has adequate blood for emergencies:* We will test the impact of our own blood tracker to identify sources of available blood, and explore low cost methods of increasing blood supply in counties.
- *Improve referral networks, through transport and teamwork:* We will work with partners such as Rescue. co to increase the availability of quality emergency transportation services.

Where we see local success, we will prioritize working with our national government partners at the Family Health & Primary Healthcare divisions in the MOH to build these solutions into national practice and policy, as we have with the National EmONC guidelines and PROMPTS.

Build Jacaranda's organizational capacity for sustainability and global scale

Goal: Long-term impact for solutions depends on strong local capacity to operate a program at national scale, and sustainable financing to unlock avenues for increased scale and impact. Over the next three years, our focus will be on key hires for global growth (both in Kenya and other countries); and building a portfolio of partner cost-share and earned contract revenue to reach 20-25% of our budget.

How we will achieve this:

1. Hire new talent and teams to support scale-up. Expansion to national and global scale - will require intentional investments in new several new skills and teams, both in Kenya and new geographies, including:

- *An expanded partnerships and government finance team* to advocate for increased cost share, identify other revenue sources for scale-up in government budgets, and to cement partnerships in new geographies.
- *Software developers* to make our digital tools more replicable across new contexts and use cases.
- *Small but experienced new country teams* in Ghana, Eswatini, and other countries to work with local partners and ministries to adapt and deploy Jacaranda solutions.
- *An expanded research team:* data scientists to drive our position as a data-first organization, and iterate on dashboards that can amplify women's voices in the health system and inform government policy and practice.
- *Product team:* We will build a strong link between testing and replication of new solutions in Pillar 4 above through a dedicated product development practice.

2. Build a sustainable revenue strategy that supports our ambitious goals. Jacaranda's impact and reach will increase dramatically in the next three years, but we aim to achieve this with greater efficiencies and a measured growth of our annual budget from ~\$7M to \$11M. Our 2025 revenue strategy is to:

- Sustain multi-year funding from our core philanthropic partners for ~70% of our budget, attracting new funding partnerships through country expansion and increasing coverage in Kenya.
- Build a growing portfolio of earned revenue from data and research contracts (e.g. licensing our helpdesk technology and content to partners in new geographies. Our target is for this source of revenue to contribute 25-30% of our budget by 2025.
- Increase the share of direct program costs borne by government + third parties (Objective 1,iii) , which will enable us to scale programs with smaller Jacaranda investments.



 www.jacarandahealth.org

 hello@jacarandahealth.org

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