JACARANDA HEALTH

Q2 IMPACT REPORT

Jacaranda Health
April - June 2024

Nurse and MENTORS program mentee Juster Kanana tends to a day-old baby girl in the maternity ward of Machakos Referral Hospital, Kenya.

Snapshot of Scale and Impact

We are spurred on by our growing scale trajectory (2.6m mothers), global interest in our programs (p3), and the promising results of our recent RCT (p5). But sustaining this impact relies on deep government stewardship, and the right data to continuously test, adapt, and direct the best support to where it's most needed.

In Q2, we teamed up with certain county governments to test how to drive deeper impact on their priorities, and extend our reach (p2). We explored how to collect and analyze notoriously 'difficult' data from moms (pages 6,7), and help facilities actually use this data towards service improvements (p4). Enjoy reading.

Faith Aseyo miscarried in the first few weeks of her first pregnancy, but relied on PROMPTS to guide her through the inevitably worrying months of her second. She delivered a healthy baby girl in January.
Photo by Eugene Namusende.

2,630,000+
mums reached (165K+ new in Q2)

1,000+
frontline providers trained YTD
(600 new in Q2)

22
Kenyan partner counties

3
countries of current operation

50%
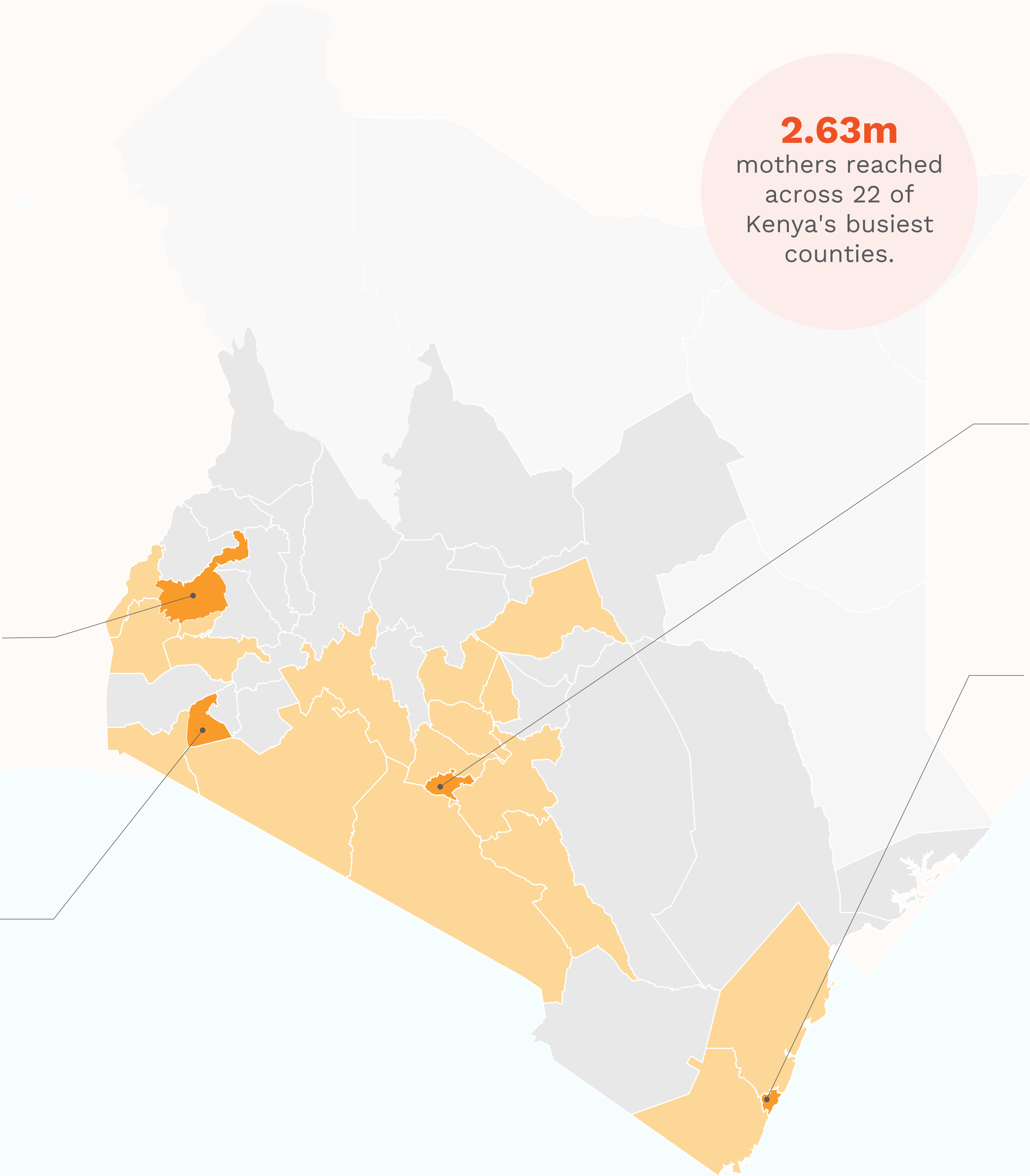cost share for our mentorship program

Kenya innovations in the field

We continue to broadly scale our programs across Kenya's busiest counties, while testing new approaches in certain counties to improve their efficacy, equity and efficiency for moms, nurses, and our government partners.

Newborn mentorship: We are piloting a new newborn mentorship package in Kakamega, aimed at empowering nurses on better care for small and sick newborns. We have anecdotal feedback of reduced referrals (out to other facilities) due to increased nurse capacity to handle newborn emergencies.

Facility financing: In May, Jacaranda and local health financing partner Thinkwell started engagements with Kisii to adapt a financing act - the Facility Improvement Fund - to ensure facilities canretain and use 100% of their revenue towards critical service improvements.

2.63m mothers reached across 22 of Kenya's busiest counties.

County-led PROMPTS enrollment: In Q2, Nairobi county mandated PROMPTS enrollment for mothers in every facility in the city. We anticipate this county-led approach to enrollment will almost double our monthly reach over the coming months, while increasing the sustainability of the platform in the long term.

Facility quality assessment: In April, we launched a new data-driven assessment in Mombasa to help county health teams and facilities identify broader systemic gaps hindering the quality of facility-based care (p5).

Current counties of operation
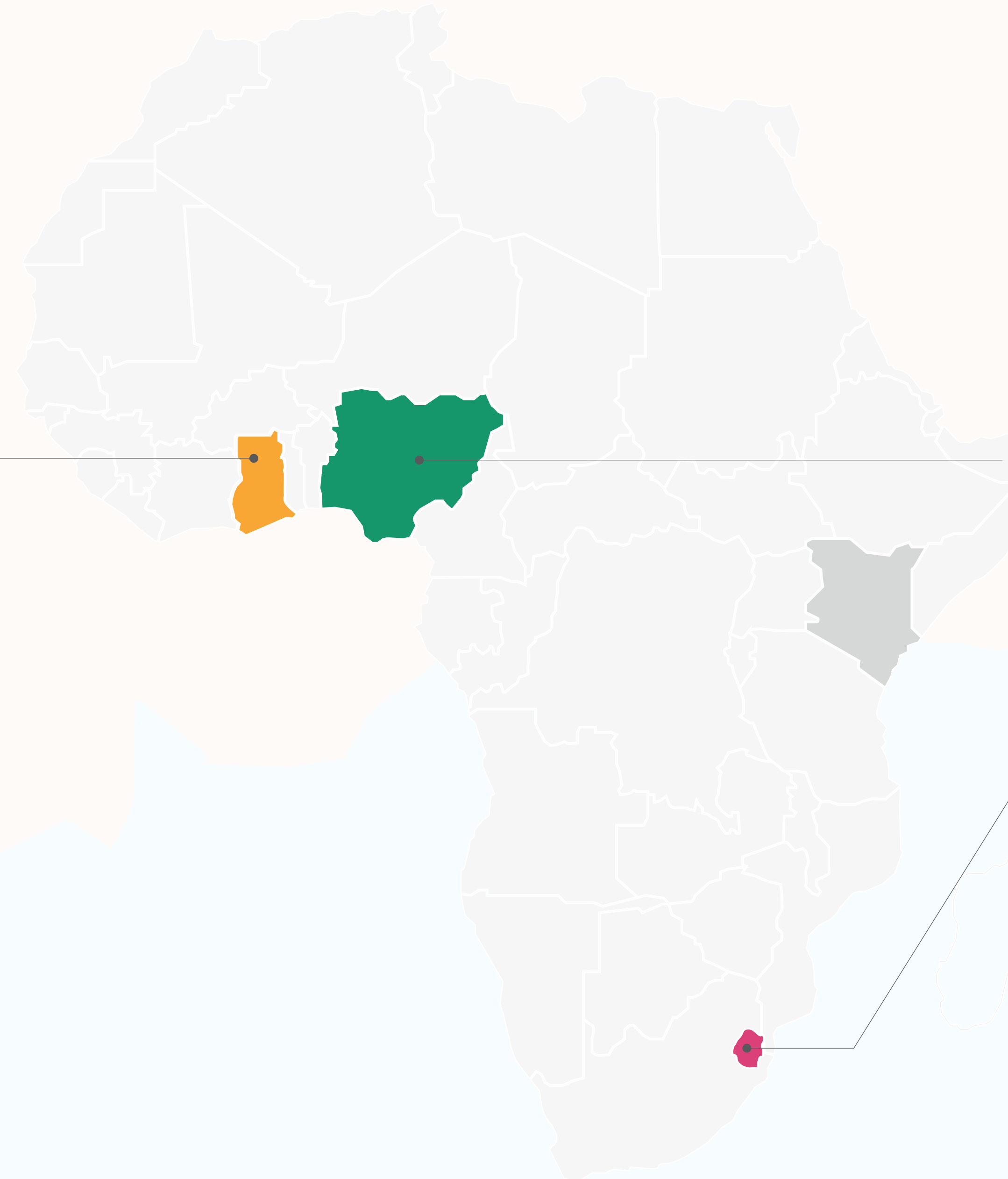
Country Expansion: Q2 Highlights

Ghana

In April, we recruited our first cohort of 1,000 mothers to PROMPTS. Our growing team of five Ghanaian staff have been busy meeting ministry officials, facility leadership, and frontline nurses to garner buy-in for future scale while our tech team has been adapting the platform for the context. → Ghana: A Photo Story

Nigeria

In June, we secured a partnership with eHealth Africa to test and scale PROMPTS with 25,000 mothers in Kano State. The pilot will focus on the adaptation of PROMPTS as a cost-effective tool to support Nigerian mothers through their pregnancy journey.

Eswatini

In Q2, we continued to work with the Clinton Health Access Initiative (CHAI) to enroll mothers to PROMPTS in Eswatini. As of June, over 3,000 mothers are receiving personalized immunization information through the platform.
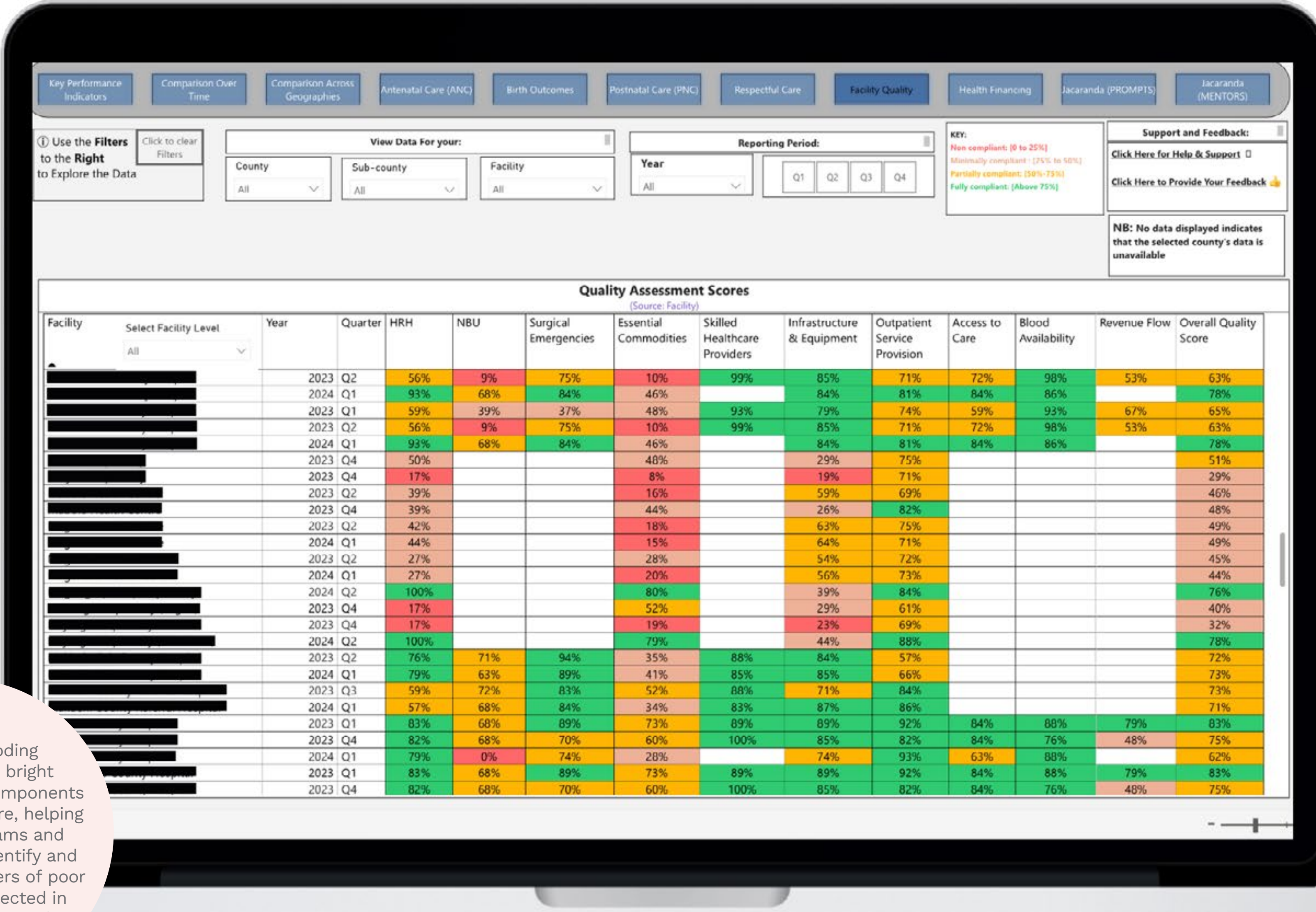
A data-driven approach to defining facility 'quality' for mums and babies

We routinely share granular data on care seeking and provision with facilities and governments. But in some counties, we're testing how additional data could identify systematic gaps that limit the quality of facility-based care - like staffing, commodities, infrastructure and equipment.

In April, we launched a 'Facility Quality Assessment' in Mombasa. Data collection is managed by government health teams, and processed by our data team. Counties and facilities are already using the assessments to make decisions and lobby for funds. In Q2 –

- 4 health centers procured clinical and lab equipment, including chemistry analyzers, centrifuges, and stethoscopes, based on gaps in the assessment.

- 3 referral hospitals received a commitment from the county to strengthen their newborn units based on functionality gaps exposed in the assessment.

Traffic light coding shows gaps and bright spots across key components of facility-based care, helping county health teams and facilities rapidly identify and respond to the drivers of poor outcomes (as reflected in national data systems).

Research Snapshot:
Results from our recent RCT

In June, we published the first set of results from a large-scale RCT, which assessed whether our core programs, PROMPTS and MENTORS, could measurably improve health seeking and quality across the continuum of care.

5,500 expecting mothers from 8 counties took part in the trial, alongside 546 nurses from 40 facilities. The results showed encouraging shifts on key indicators, linked in the literature to improved outcomes for mothers and babies. Mothers who received PROMPTS messages demonstrated a:

- **18% increase*** in attendance of 2+ postnatal visits
- **13% increase** in care seeking for postnatal danger signs
- **10% increase** in timely arrival for delivery
- **4% increase** in attendance of 4+ prenatal care visits

The results are exciting, and also point to areas where we can build out content to further amplify PROMPTS' impact. The results of the MENTORS intervention are forthcoming, pending peer-review.
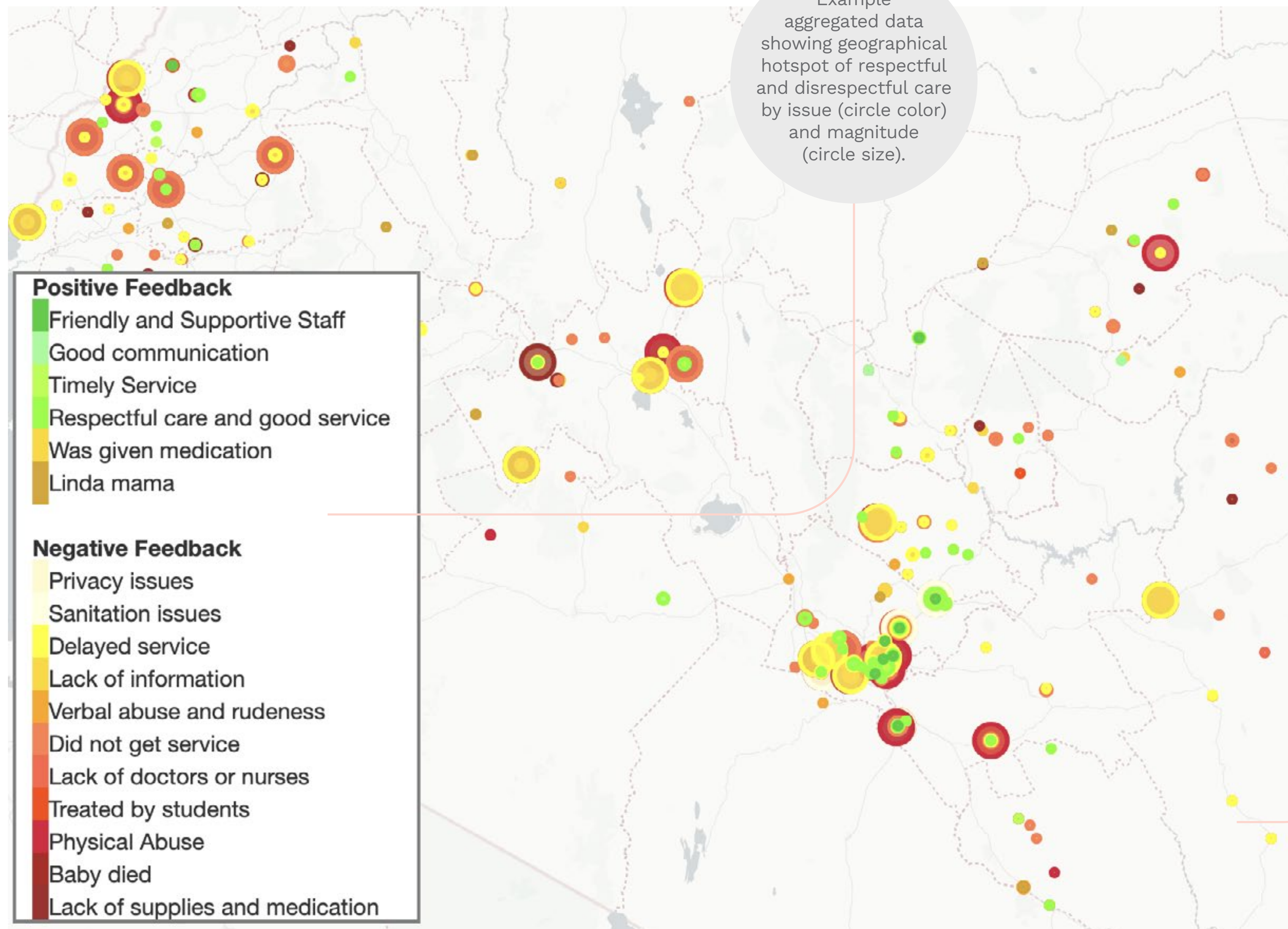
All increases are reported as relative % increases, above the control group mean, significant at p<0.05.

→ PROMPTS RCT results

Mercy Mwende her balances her son, Sky Jayden, on her lap while she types a message to PROMPTS outside her home in Machakos County.
Photo by Allan Gichigi.

Example aggregated data showing geographical hotspot of respectful and disrespectful care by issue (circle color) and magnitude (circle size).

Positive Feedback
Friendly and Supportive Staff
Good communication
Timely Service
Respectful care and good service
Was given medication
Linda mama

Negative Feedback
Privacy issues
Sanitation issues
Delayed service
Lack of information
Verbal abuse and rudeness
Did not get service
Lack of doctors or nurses
Treated by students
Physical Abuse
Baby died
Lack of supplies and medication

DATA SNAPSHOT: Measuring 'felt' respect: Can AI models understand sentiment in conversational data?

Respectful maternity care is subjective, sensitive, and historically difficult to measure. Recently, we've been exploring how AI algorithms could help detect the delicate nuances in how women report on their experiences in facilities - like delayed service, harassment or refusal of care. The resulting data (example left) breaks down real-time issues by size and type, which could help facilities make rapid, targeted improvements to transform client experience. → What we're learning

Socio-economic risk: How can we understand and respond to different levels of 'vulnerability' among our PROMPTS moms?

Across Kenya, demographic and financial variances can make one pregnancy journey look different from another. In June, we launched a project to understand and respond to different vulnerabilities amongst PROMPTS users.

Using an SMS adaptation of Gates Foundation's Pathways segmentation model, the project looks at how to capture and classify sensitive socio-economic data from mothers, including their household income, literacy level and community structures — factors known to be associated with adverse health outcomes.

We are working with IDRC to design engagement strategies that are responsive to the needs and preferences of each vulnerability profile - like adjusting the tone, language, content, or delivery modality (eg. voice messages for low-literacy moms). → Learn more

What is the highest level of education you've completed?

Who usually makes decisions in your home?

FROM: PROMPTS

Hi, Please help us personalize the health advice we provide by answering a simple survey. Your responses are confidential and won't be shared with anyone. Thank you.

How often do you listen to the radio?

What is your religion?

Example questions a PROMPTS mother might be asked to better understand and personalize messaging based on her socio-economic circumstances.

THE PURE DIGITAL PASSION PODCAST

Enhancing Maternal & Newborn Health Using Generative AI with Jacaranda Health's Cynthia Kahumbura & Jay Patel.

WATCH NOW

Seen and heard at...

The Pure Digital Passion Podcast: 'Enhancing Maternal & Newborn Health Using Generative AI' → Listen, watch

Stanford Social Innovation Review: These AI-Powered Nonprofits Are Making Health Care More Equitable and Effective. → Read

Context News, Reuters: 'From Swahili to Zulu, African techies develop AI language tools' → Read

Agency Fund Workshop, Bangalore: 'Large Language Models for Maternal and Newborn Health in Low Resource Contexts' → Read

Google I/O: 'AI-Powered Maternal Health: Breaking Barriers with UlizaMama in Sub-Saharan Africa' → Read

Join Us

Jacaranda is seeking passionate, driven teammates who care about supporting new and expecting mothers seek and access the best quality care. Check out our open roles.

● **Head Of Data & Analytics**

● **Senior Data & Analytics Coordinator**

● **Data & Analytics Coordinator**

→ Open roles

In June, our growing team of 120 in Kenya convened in Naivasha for a day of games, dancing, and problem solving. *Photo by Peter Thira*

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Improving quality of care and outcomes for every mother and every newborn

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Frontline health workers and facility leadership at the Shai-Osudoku District Hospital, Ghana are trained to use and enroll mothers to PROMPTS. Shai-Osudoku District Hospital was chosen as the target facility for a 'soft launch' of the platform, which aims to engage 20 nurses to enroll 60 women onto PROMPTS to test the technical capability of the platform before a wider launch. *Photo by Dodowa Health Research Center.*