JACARANDA HEALTH

# 2026–2028

*Strategic Plan*

## EXECUTIVE SUMMARY

***Our vision*** *is a world where all mothers experience childbirth safely and with respect, and all newborns get a safe start in life.* ***Our mission*** *is to improve maternal and newborn outcomes by deploying intelligent, scalable solutions in government health systems.*

Since 2016, we have partnered with mothers, frontline providers and governments to improve maternal and newborn health outcomes in public hospitals, where the majority of underserved mums and babies receive care.

The last 3-year strategic period brought tremendous momentum and growth. **We expanded to reach 40%+ of mothers in Kenya**; our programs demonstrated impact on careseeking behaviors and quality of care; and we achieved buy-in from 23 counties and national governments through the co-design and roll-out of our programs. Meanwhile, **we embarked on a pan-African expansion, replicating our work in Ghana, Nigeria, and Tanzania.** As we expanded, we also saw opportunities for improvement to reach our north star of improving outcomes.

In 2025, we are operating in a post-USAID world. More than ever, we need local health system solutions, driven by local governments and local implementers like Jacaranda Health. The post-USAID paradigm empowers local governments to finance and direct their own health priorities, but imposes significant constraints on resources. Therefore solutions like Jacaranda's must demonstrate exceptional value and impact at low cost.

We discuss our key targets and activities in more detail in the sections below, but at a high level they are to:

01

### ACHIEVE MEASURABLE IMPACT ON MATERNAL AND NEWBORN OUTCOMES

We think we can achieve a 10% reduction in maternal and newborn mortality in our geographies by impacting care seeking behaviors, connecting moms to care, and improving quality in facilities.

02

### SUPPORT THE PREGNANCY JOURNEY FOR 2M+ MOTHERS ANNUALLY

We will grow to reach the majority (70%) of mothers in Kenya, and 1.2M+ more mothers annually in other African countries.

03

### PUT DATA AND INSIGHTS AT THE CENTER OF MATERNAL HEALTH SERVICE DELIVERY

To influence standards of practice and policy, and help government partners make smarter investment in maternal, newborn, and child health.

04

### EVOLVE OUR PLATFORMS

To deepen and broaden health system impact, including reaching high-risk and new demographics of mothers, personalizing messaging, deepening mentorship engagement in high-burden counties, and scaling digital provider support.

05

### BUILD JACARANDA'S CAPACITY FOR SUSTAINABILITY AND GLOBAL SCALE

By creating a strong revenue strategy and a portfolio of partners (government budgets, telecoms, etc) that can sustain 50%+ of the costs of our core programs; and strengthening our people, systems and processes.

## Our Approach

**Maternal health is a barometer for the health system.** Over the last 10 years, Kenya's government has made strides in advancing access in maternal and infant health by providing free maternity care in public hospitals. 80% of the poorest women receive care in Kenya's public hospitals.

However, maternal and newborn mortality in Kenya remains amongst the highest in the world (360 deaths p/100,000 deliveries), driven by a twin challenge impacting ~90% of all maternal deaths: delays in care seeking and quality of care around the time of birth. Mothers aren't empowered to seek the right care at the right time and providers lack Emergency Obstetric and Newborn Care (EmONC) skills and knowledge to handle life-threatening complications.

**These challenges are similar in other countries, where constrained budgets and data gaps limit how services respond to mothers' needs**. In Ghana, poor outcomes are driven by a lack of education on pregnancy danger signs, and a reluctance among many women to seek facility-based care. Meanwhile, Nigeria has one of the highest maternal mortality ratios in the world, and the second largest contributor to newborn mortality.

**Jacaranda's work connects the three groups that most influence pregnancy outcomes:**

**Mothers**: Mothers are primary actors in their pregnancies and the survival of newborns. In Kenya 33% of maternal deaths result from delays in care seeking. We work on digital solutions that ensure that mothers, especially the vulnerable and underserved, access timely support to make decisions on when, where and how to seek essential and emergency care. We also work to give them a voice in the health system through digital feedback tools & information.

**Frontline Providers**: Frontline providers in public facilities, especially nurses, manage 90% of hospital deliveries, but are often under-resourced. 50%+ of maternal deaths in Kenya result from gaps in performance during emergencies. We work to improve knowledge and practice amongst frontline providers and measure improvements in essential service delivery, quality of care and respectful care.

**Governments**: National and sub-national governments (Kenya's County governments are referred to in this document as "sub-national governments") make critical decisions about personnel allocation, investments in programs and standards of care, but have limited resources and access to real time data and insights. We work with them to identify where to improve quality of care, invest resources, and co-design solutions that drive better outcomes.

### We put data at the center of maternal and newborn health service delivery:

Better data gives mothers greater agency in the health system, helps providers improve quality of care and improves government decision-making. We use data shared by mothers and providers to develop tools that help decision-makers improve services and allocate limited resources smarter. Over the past 2 years, we've co-designed and rolled out a set of dashboards across our partner counties, and supported them in utilizing these tools to make better decisions and improve quality of care.

### We leverage context-specific digital tools and tech to reach scale and deploy efficiently:

We have built a global reputation for building and scaling effective tech solutions inside health systems for the sub-Saharan African market. Our 100% Kenyan tech team works with mothers, government, and frontier tech companies to co-design solutions: the first open-source Multilingual Large Language Models (LLM), an AI-powered helpdesk that handles 12,000+ questions a day and connects mothers to care, messaging platform that identify high-risk mothers and provide customized support during pregnancy, and a platform that provides free access to the most vulnerable mothers and communities.

### We have a relentless focus on sustainability.

We believe that in spite of limited government resources, innovations can be deployed sustainably in our context, and that sustainability has 3 key ingredients:

| Affordability | Cost Share | Long-Term Ownership |
|---|---|---|
| We build high-impact, low-cost solutions for scale in health systems, with unit costs that are affordable enough to build into government budgets at scale. For example PROMPTS is $2 per mom to scale in Kenya, and MENTORS is only $150 per provider trained. | Our evidence of impact has earned us increasing buy-in: government partners now contribute 60% of the operational costs of mentorship, and 5–10% of PROMPTS. The Ghana Health Service has committed to helping staff the helpdesk and advocate for zero-rating with telecoms. | Our model of care has been endorsed by national governments in Kenya & Ghana and is aligned with national objectives, and we focus on ways to build our programs and data into the health system, from local data stewardship and eventually integration with national informatics systems like DHIS2 & EMRs. |

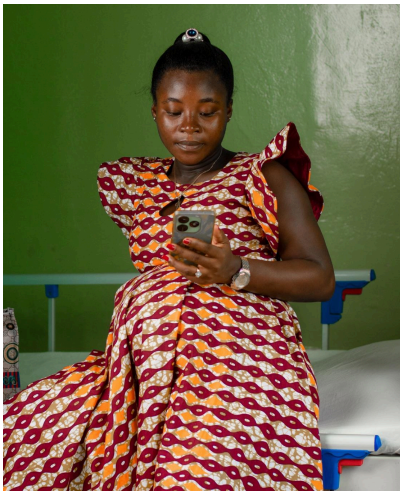
WHAT WE DO

# Jacaranda's Key Programs

Jacaranda's has two flagship programs that it deploys in government health systems:

## PROMPTS

**A digital health platform (PROMPTS)** that empowers women through 2-way SMS to seek care at the right time and place and builds agency to navigate the health system. It combines:



- A sequence of messages aimed at influencing key behaviors linked with good outcomes
- An AI-enabled digital platform which responds to mums' questions and loops in a human to make a rapid referral if a danger sign is identified
- A feedback channel prompting women to share their experiences of facility-based care

PROMPTS has reached 4m+ women across Kenya, and has a proven influence on care seeking behaviors. Users are 20% more likely to attend 4+ prenatal care visits and 2x as likely to take up postpartum family planning. PROMPTS reaches 40% of pregnant women in Kenya and is deployed in public health systems, where 80% of low-income women seek care. The platform deliberately runs on SMS to ensure inclusivity (90% of Kenyan women have access to a feature phone and phone ownership in Ghana, Nigeria & Tanzania is at 80%+).

## MENTORS

**A mentorship program (MENTORS)** that builds the capacity of maternity providers to deliver timely, respectful care around the time of childbirth. The program is based on a peer-to-peer training model, whereby government nurse champions continuously mentor their peers in facilities with lifesaving skills, with demonstrated impact on knowledge retention, performance, respectful care and outcomes. It combines:

- Simulation-based training around real-life emergency scenarios
- In-facility coaching to help providers improve skills and knowledge *as they deliver services*
- Digital support for asynchronous learning (our digital mentorship platform "DELTA")

## PULSE

**These two programs together inform a comprehensive data platform / infrastructure (PULSE)** that combines real-time data from mothers, providers and facilities to understand the gaps in maternal health systems. Besides quality data and outcomes, we routinely capture mothers' feedback on respectful care and quality, and share dashboards with hospitals and sub-national management teams to hold them accountable for patient-requested improvements. We have worked with government partners to co-design these dashboards so that they are interpretable and actually used to direct how resources are allocated in health systems.

# What we have learned: Insights from the last three years and how it affects the next three.

**We are an insights-driven organization.** From feedback from mothers on better messaging, to dashboard co-design, our programs are constantly evolving. Over the last 3 years, we've seen dramatic growth in reach, government partnerships, and platform sophistication, and proven that our programs can both change key health seeking behaviors, and achieve significant investment from government partners. **We've also learned a lot about what we can continue to improve (below), which we plan to incorporate into our next three years:**

## 01 TAKING A SEAT AT A NATIONAL LEVEL

To achieve scale and long-term government buy-in, our programs will require integration with national data systems and national policies. We began our scaling journey in Kenya with sub-national (County) governments, but we need to focus more intentionally on national standards of practice (including aligning with the national agenda/ being present in national discussions) to ensure that our implementation learnings and insights are sustained and replicated, and that we can become a national player in the near-term.

## 02 AI AS A FORCE MULTIPLIER, THAT REQUIRES THE RIGHT SCAFFOLDING TO SCALE

Jacaranda did not start its journey as a tech organization per se, but our investment over the past 5 years in building a 100% African tech team operating at the forefront of the AI revolution in Africa, has made us recognize the value of tech to achieve greater impact, scale, and efficiency. That being said, as we continue to build out our AI capacity, we're aware that our models are only the (important) starting point, and mean very little without trusted pathways into mothers' lives. We have invested, and will continue to invest heavily, in building the scaffolding (evaluation, safety architecture, inference pipeline) that makes them both safe and accessible to their intended users, and the slow, less glamorous work of embedding them in government systems and budgets.

## 03 BETTER MEASUREMENT: IMPROVING OUR RANGE OF TOOLS TO CAPTURE OUTCOMES

One of the learnings of the last three years was that although we could measure exciting changes in key proximal outputs like mothers' health-seeking behavior, and provider knowledge and skill, we had difficulty measuring our impact on north star indicators: health outcomes and complications. Below we describe our more nuanced approaches to capturing intermediate outcomes like quality of care, and ultimately tracking shifts in outcomes.

## 04 WORK MORE WITH HEALTH SYSTEM PARTNERS

PROMPTS and MENTORS alone do not address all the key drivers of poor outcomes. There are other adjacent health system gaps impacting outcomes which need to be improved in parallel: referrals, financing, products, and supply chain (e.g. commodities). We can support counties and implementing partners to address some of those issues by giving them better information and data through our dashboards, and leveraging our digital tools and provider trainings to evolve new solutions.

2026–2028

# Key Goals & Approach

Below are the five key goals we will invest our time and resources towards over the next three years.

## 01 – Achieve measurable impact for mothers & infants

**True to our north star, we intend to improve quality of care and impact health outcomes for mothers and children - and measure it.** We have strong evidence that our programs can impact:

- Key health-seeking behaviors associated with better health outcomes (e.g. improved uptake of pre and postnatal care, skilled delivery, and postpartum family planning).
- Frontline provider knowledge and skills, which improve the quality of the care mothers and babies receive once they get to the facility.
- Facility-based quality, by collecting quality of care indicators (via county QI teams) in public hospitals.
- Outcomes: Additionally in some sub-counties and facilities, we measure improved health outcomes. Eg. We've seen a 28% reduction in maternal mortality in our partner facilities in Kisii, Makueni and Mombasa since 2022, and a 34% reduction in newborn mortality in 3 target facilities in Kakamega (2023 & 2024).

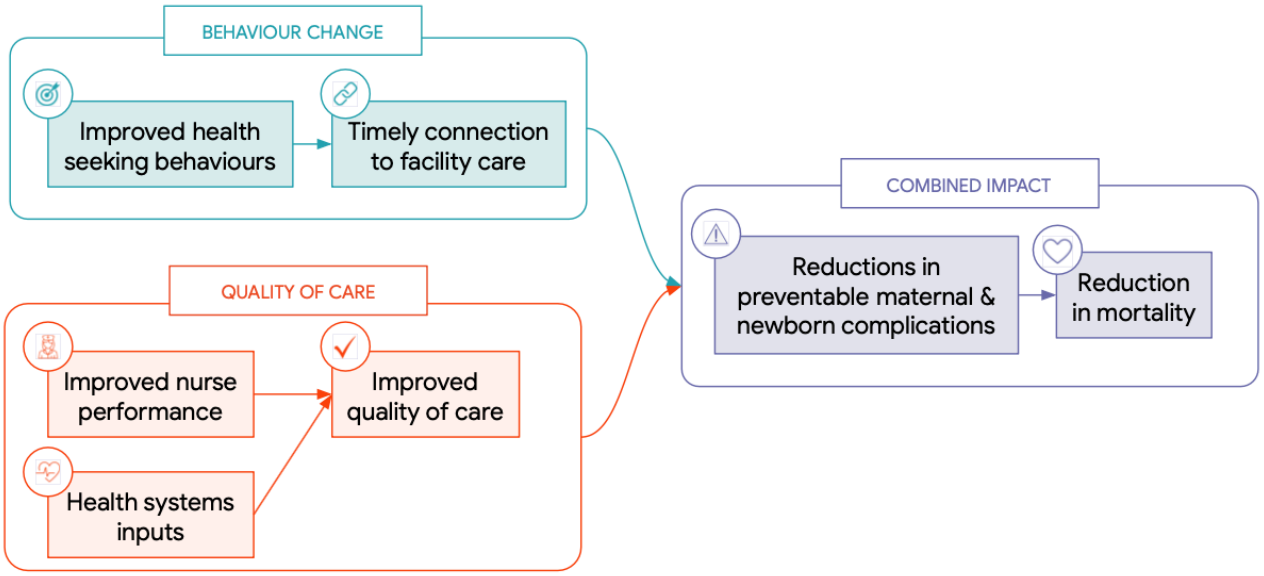
**We now want to track outcomes shifts on a larger scale, and will be investing in detailed M&E, data capture, and impact evaluation to capture these improvements in our next strategic cycle.**

END GOAL

**A 10+% reduction in maternal & neonatal deaths in the Kenyan counties where we deploy PROMPTS and MENTORS,** by improving key systems inputs proven to drive better outcomes:

- Reducing delays in timely care with PROMPTS

- Improving provider skill and quality of care with MENTORS
- Using data to identify health system gaps and supporting governments make data-driven decisions that lead to targeted resource allocation to improve quality of care (e.g. addressing commodity gaps in facilities, human resource allocation, referral delays, etc.)




**To get there, we measure the key proximal outcomes that contribute to health outcomes.** Targets below:

## KEY HEALTH-SEEKING BEHAVIORS AMONG MOTHERS ON PROMPTS

- 80–90+% of mothers achieve 4+ antenatal visits
- 50+% of mothers get 2+ postnatal visits
- Postpartum family planning: increase modern contraceptive prevalence rate to 50% among mothers from 6 weeks to 6 months postpartum

## TIMELY CONNECTION TO CARE

We can measure and confirm that mothers and babies who experience danger signs and are referred by our helpdesk reach care in facilities. Our target is 85–90% of mothers seek care after being referred.

## PROVIDER PERFORMANCE AND QUALITY OF CARE

Improved knowledge and practice, measured as 90+% provider scores on provider EmONC performance. This is measured through structured knowledge and skills exams, and also observations of improved practice.

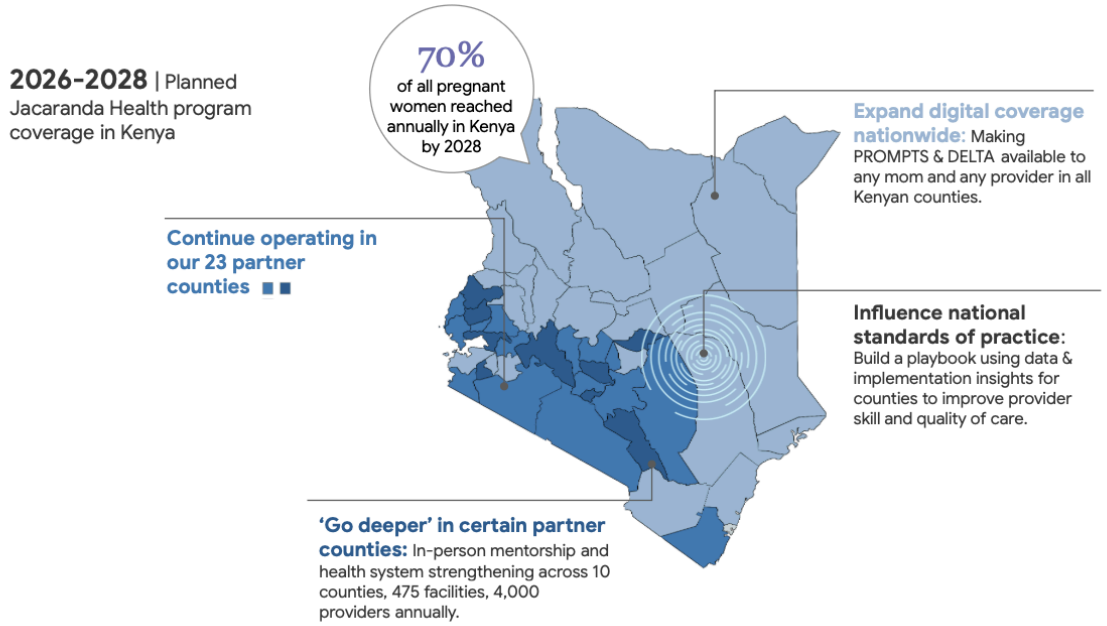
*NB. We expect to set targets around Kenya's new goals of 8+ ANC and 4 PNC contacts, as well as care-seeking targets in Ghana and Nigeria, which we will establish solid baselines for in the coming year.*

# 02 – Achieve national scale in Kenya & successful replication in new countries, reaching 2M+ mothers per year in Sub - Saharan Africa by 2028.

## IN KENYA: BECOME A NATIONAL SOLUTION THAT REACHES OVER 70% OF ALL PREGNANT WOMEN ANNUALLY

In Kenya, we aim to be a nationally-endorsed solution and be available to any women who could benefit from our solutions. We will achieve that through a combination of:

- Direct deployment of PROMPTS and digital tools for frontline provider support like DELTA
- Focused deployment of MENTORS in priority counties
- Influence standards of practice in other counties by building a playbook for counties to improve provider skill and quality of care for providers we cannot directly reach.



## PROMPTS

Our long-term goal is for PROMPTS to be available nationally to all women who want and need it. That requires a helpdesk that can answer questions from any woman, strong tech to drive scale and personalize health journeys by language and reach vulnerable women. **It also requires committed support from the national government.**

We've achieved scale and trust in Kenya over the last decade by enrolling mothers through facilities in county health systems, and we recognize that integrating the platform into national digital systems and structures could bring down the cost of enrollment and build demand for PROMPTS in counties we don't currently reach. It also requires a share of these costs borne by partners: governments enrolling mothers, telecoms and tech companies contributing SMS and AI costs, and Jacaranda managing the tech infrastructure, content, innovations, and data.

**TARGET**

- Accompany the pregnancy of a cumulative 5.5M mothers in Kenya by 2028, and reach 70% of pregnant women in the health system annually.
- Make PROMPTS sustainable in the long term: By 2028, 40–50% of the costs of implementing PROMPTS will be borne by other partners (government, telecoms, tech companies, etc.)

## MENTORS

Our goal is to improve the quality of obstetric and neonatal care across Kenya by empowering the providers who accompany mothers on their pregnancy journey and deliver their babies. **We aim to achieve national reach through a combination of direct in-person mentorship training and health system support in focus counties that represent 40% of the nation's pregnancies, plus indirect digital support and tools (DELTA), policy influence, and integration with national data infrastructure across the rest of the country.**

In-person training is resource intensive so Jacaranda's strategy as an implementing partner is to use a group of key sub-national (ie. county government) partners with high numbers of poor maternal and neonatal outcomes to demonstrate and innovate best practices in hospitals. Meanwhile, we will deploy our digital training support tool DELTA nationally, provide technical support for training to other counties, and continue to align with standards of practice like the Kenya Ministry of Health's guidelines and policies.

**TARGET**

- In person mentorship and health system strengthening: 10 counties, 475 facilities, 4000 providers annually (see more about our evolving strategy for mentorship in the section below);
- Digital support: DELTA and policy improvement reach 15,000 providers, in 47 counties by 2028.

### ACROSS AFRICA: DEMONSTRATE A REPLICABLE MODEL FOR ACHIEVING IMPACT AND SCALE IN GHANA, NIGERIA, TANZANIA.

As we see increasing global interest in Jacaranda's solutions we aim to replicate our tools in new countries. We already have a rapidly scaling partnership with government in Ghana, and are piloting working through local partners in Tanzania and Nigeria. In the next three years we will:

- **Impact:** Illustrate that PROMPTS impact metrics are transferable to new geographies: i.e. achieve measurable improvements in care-seeking behaviors and quality of care.
- **Reach:** Reach at least 1.2M women per year in new geographies: this number will scale quickly and could be higher if we achieve traction in Nigeria.

- **Sustainability:** Demonstrate a model for sustainability at scale via a mix of partners: (i) governments committing their budgets and in-kind support (eg. our early success in having Ghana's national government commit to covering 50% of PROMPTS costs, and allocating midwives to staff the helpdesk), (ii) local telcos (to subsidize bulk SMS costs), and (iii) local implementing organizations, who can help us bootstrap faster in new geographies by shepherding government relationships, and enroll mothers.

## 03 – Put data & insights at the center of MNCH service delivery

One of the most powerful ways for improving the health system is better data, used smarter. Jacaranda has seen the power of data from moms and nurses to ***give mothers greater agency within the health system, support providers to improve quality of care, and improve government decision making.*** From the beginning, our focus has been on embedding insights and data into the way governments plan, budget, and manage MNCH services. Our programs capture insights that complement broader national outcomes data, and our data tools were aligned with national guidelines with the aim of eventual adoption into national data systems. We have data to show we are already influencing allocation of resources and quality improvement activities. Ultimately, we aim to be able demonstrate that data can be used to improve quality of care impacting MMR & NMR.

**WHERE WE HAVE SEEN OUR DATA DRIVE ACTION**:
**400+ of our partner facilities have identified 600 gaps based on data**, including tackling gaps in prenatal care, missed clinical exams, limited counseling and low visit coverage. Additionally, we have found our data is driving targeted resource allocation: for example, Mombasa made a ~$40K investment to staff up a Newborn Unit in a main referral hospital after our data identified trends in neonatal deaths.

Over the next three years, will focus on:

**DATA UTILIZATION: Advocate for and build capacity for government partners to use data to make informed decisions to improve service delivery and resource allocation.**

- Leverage data to identify gaps, demonstrate evidence of successful implementation, and support decision-makers in improving government policies and processes. Specifically, we focus on better resource allocation (human resources, finances), and capacity building for emergency services.

**DATA INTEGRATION: Integrate with national data infrastructure to align with government priorities.**

- In response to national government demand in Kenya and Ghana, we'll invest in integrating our data sources into government digital health and data systems to improve government visibility of patient-reported data, and improve how they allocate resources.
- This involves building the technical infrastructure for integration, as well as the government relationships to continue co-designing and ensuring government uptake.
- In Kenya, we will be working on integration with the Digital Health Superhighway (which encompasses components like EMRs and community health information systems); in Ghana we will integrate PROMPTS with the national health management information system.
- Our data integration will also include working closely with the governments to help navigate considerations of localization and sovereignty of data.

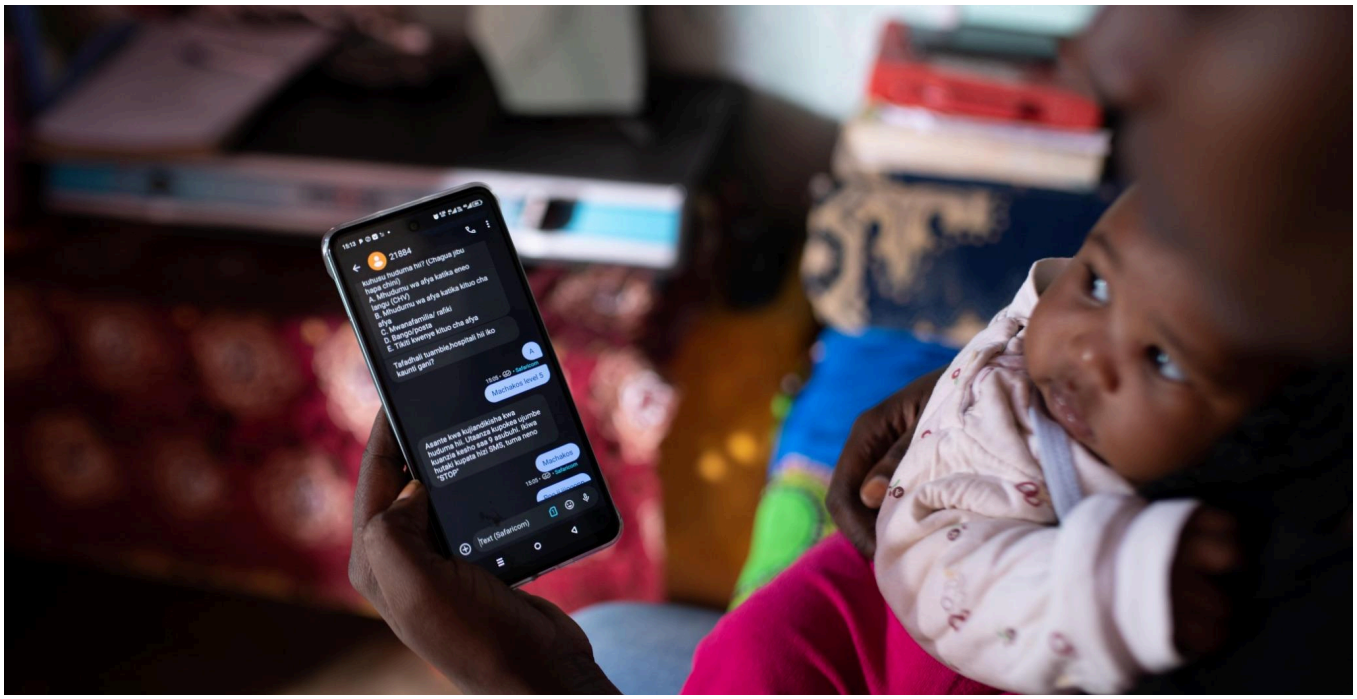
**DATA EMPOWERMENT: Data to empower mothers and improve agency:**

- Make PROMPTS the go-to platform for mothers to share feedback on respectful care and clinical quality, and put data in the hands of mothers and communities to provide agency during their health journey.

**HOW WE MEASURE SUCCESS**

**→ We will measure success in this domain with a combination of metrics: data utilization by government partners to make decisions, resources allocated (tracking investment), and measurable quality improvement.**

# 04 – Continue evolving platforms to deepen & broaden impact



Jacaranda currently has platforms that reach hundreds of thousands of mothers, as well as most frontline providers, and many government decision-makers. **Over the next three years we will build and refine our platforms and partnerships to deepen and broaden impact in the health system.** With a continued eye on sustainability and long term government ownership, our aim is for our platforms to improve patient journeys, reach more vulnerable populations, and broaden content into new primary health areas.

## PROMPTS

Over the next three years, our team will leverage its Kenya-based AI expertise to advance our product to reach more vulnerable moms, with greater impact.

- **Build durable AI and tech infrastructure for scale:** As articulated in our learnings, sustaining our scale journey means investing simultaneously in the AI models themselves and in the scaffolding that makes them work reliably inside real health systems. We will test and deploy agentic AI within PROMPTS, enabling more personalised, adaptive experiences for mothers and greater platform efficiency at scale, while continuing to deepen the evaluation and safety architecture that underpins every model transition. Meanwhile, as AI becomes increasingly central to how governments deliver health services, we aim to help contribute to Kenya and Ghana's national AI strategies and governance frameworks, and also share lessons with the larger global digital health community of practice on deploying AI at scale in public health systems.

- **Broadening content into primary health:** Our roots are in MNCH, but we see clear demand (from mothers, providers and government) to extend PROMPTS into adjacent primary health areas. We're already piloting under-5 child health content and have rolled out family planning messaging. Over the next three years we will explore content around vaccination, early child development, non-communicable diseases, and maternal mental health, working with partners who bring deeper content expertise in these areas. We will revisit the question of breadth periodically, particularly as PROMPTS integrates with national health systems where siloed health information becomes harder to justify.

- **Building on our climate and health work:** Climate change is having an impact on mothers. PROMPTS data has shown a clear correlation between extreme heat events and increased danger sign queries, and we have been working with partners to test SMS alerts to mothers ahead of heat spells to help them navigate clinic visits and manage care. We will continue to build on this early work to explore how we can make health systems more climate resilient through PROMPTS and MENTORS.

## MENTORS

Our goal is that any frontline provider in a maternity ward has undergone mentorship that is aligned with the national curriculum, and any client in a maternity or newborn ward is supported by mentored staff. Over the next three years our strategy has 3 components, which build on our learnings.

- **Focus efforts in key counties, and deepen intervention:** In the short term, we will focus on reaching the right frontline providers and facilities to improve quality service delivery — and supporting decision makers to deploy and retain necessary frontline providers. To that end we will work more deeply in a subset (~10) of our current counties which represent a combination of motivated government leadership, large population, and significant burden of poor maternal and newborn outcomes like PPH and neonatal asphyxia and prematurity. The 10 counties account for almost 40% of the births in Kenya. In each of these counties, we will expand MENTORS to a slightly deeper set of interventions:
  - **Core EmONC training and mentorship within primary care networks:** Previously our mentorship program focused on highest volume health facilities, but we will extend skill building aligned with the national curricula to mid-level facilities that provide referrals within networks of care.
  - **Newborn mentorship content:** We will roll out newborn mentorship content, along with other content in the continuum of care (e.g. antenatal care)
  - Support training for introduction and **utilization of high-impact products** that can improve outcomes (calibrated drapes, obstetric point of care ultrasound, rapid diagnostic tests, etc)
  - Capacity building around **financing** high priority maternal health interventions
  - Using data to build capacity within existing **referral networks** among networks of care

- **Deploy scalable digital tools for any provider in any country:** Develop and roll out our digital coaching and training tool, **DELTA 2.0,** to reach the majority of frontline providers across the country, even where we do not have in-person mentorship training. DELTA 2.0 will enable us to:
  - Customize content and coaching for individual provider learning journeys
  - More rapid asynchronous learning for providers who can't make physical trainings
  - Gather data and insights on the health workforce, including job satisfaction and retention

- **Influence national standards of practice:** Direct implementation of the Kenya MoH's new National EmONC mentorship package approach is resource intensive, and eventually our objective is to drive scale and implementation to a national level. As the curriculum we are implementing is aligned with the national training curriculum, we plan to develop learnings and share best practices and tools (like DELTA) for sub-national governments to scale mentorship to other counties. We will work closely with the Ministry of Health and the Council of Governors to ensure mentorship implementation is scalable and sustainable. We plan to roll these best practices out to all Jacaranda Health counties setting the stage for adoption and implementation in other counties.

# 05 – Build Jacaranda's organizational capacity for sustainability and global scale

## REVENUE: BUILD A SUSTAINABLE REVENUE STRATEGY THAT SUPPORTS OUR AMBITIOUS GOALS

We are committed to raising consistent multi-year philanthropic funding (our target is $30M over the next three years), and have invested in business development and partnerships talent to support this. However, like most social impact organizations, our sustainability strategy requires maintaining/ improving programs and core organizational infrastructure with additional revenue and in-kind contributions from a portfolio of other partners (both locally and internationally) **with a target of 40–50% cost share.** A few key ingredients of this strategy:

- **Government cost share,** which has been the backbone of our sustainability strategy from our beginnings. We have seen increasing success in securing a budget line for solutions in government budgets in both Kenya and Ghana (details here), and see potential to leverage these learnings to have counties take on an increasing share of the operational and financial components of certain programmatic implementation/operational components (for example, PROMPTS enrolment costs), as well as leveraging data and proof of program impact to move the needle on national government cost share in new countries.
- **In-kind support and cost share from telecoms and tech partners.** We have previously engaged with strategic telecom partners to subsidize bulk SMS (which forms a sizable proportion of the overall PROMPTS budget). We now see an opportunity to capitalize on our growing relationship with national government to achieve further subsidies, or 'zero rating'. Additionally, we have a committed portfolio of technology partners who can help subsidize additional costs within our tech/data pipelines (eg. cloud, and AI compute costs). Tech subsidies are a newer piece of our cost-share model, and we are excited about leveraging our existing tech partnerships (eg. with Google, AWS, Meta, OpenAI) to secure subsidies/ credits for our tech and data pipelines.
- **Continue to right-size unit costs and demonstrate cost-effectiveness of solutions.** The long term sustainability of programs like PROMPTS and MENTORS requires that the unit costs of delivering them are low enough to be maintained in the context of constrained public health funding. During this period two areas of focus for Jacaranda are to continue to reduce unit costs through economies of scale and digital efficiencies. Meanwhile our research team will also work with partners to build a stronger evidence base for *cost-effectiveness* of these solutions.

## JACARANDA PEOPLE, CULTURE, AND STRUCTURES

We are strengthening our people, systems, and processes to deliver on our mission. In 2016, we started as a small team united by a shared vision to improve outcomes for mothers and newborns. By 2028, we aim to have built a global community of skilled, values-driven professionals. Expansion will not change the principles that have guided us from the start, even as we adapt to a larger, more complex organization. A few features of this approach:

**(i) People: Build the people and leadership capacity required for national scale and replication.**

We will intentionally invest in the people and skillsets required to operate national digital platforms, replicate effectively across countries, measure impact in sub-national health systems, and manage sustainable partnerships with governments. Specifically we will invest in our:

- ***Kenya-based tech, data, and product*** expertise to support rapid deployment of our digital products across Sub-Saharan Africa, evolve our AI infrastructure, and ensure interoperability with national digital health systems.

- ***Local teams and leadership in priority expansion countries***, and a cross-country technical support unit responsible for program quality and implementation fidelity as we scale.
- ***Sustainability-critical roles:*** stronger finance, operations, and partnership management to support government cost-share and telecom negotiations, and a stronger People Strategy, spanning administration, talent management, and staff development, to recruit, retain, and develop staff who can deliver impact across the continent.

> **Culture as competitive advantage:** Our culture of innovation, collaboration, and commitment to impact is what makes Jacaranda a distinct place to work. We offer clear accountability, direct access to leadership, ownership of high-impact projects, and the chance to shape global solutions from the ground up. This will anchor our talent acquisition and retention strategy. We will also encourage our team to test ideas and learn from results, so innovation stays tied to measurable outcomes.

**(ii) Operational excellence and financial resilience:** We will continue improving our operations to use resources more effectively and strengthen our finances as we grow. This includes better procurement, supply chain management, and lower costs.

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*– Interested in hearing more? Send us an email at hello@jacarandahealth.org –*