

Jacaranda Health

A business approach to providing sustainable, affordable, high-quality maternal care for Nairobi's low-income women

Jacaranda Health is a social venture combining business and clinical innovations to provide women living in Nairobi's peri-urban areas with high-quality, friendly and affordable maternal care through a network of self-sustaining and scalable clinics. They “strive to be a global innovation laboratory, adapting and integrating the best clinical protocols, technologies, health information systems, and business approaches.”¹

In 2011, Jacaranda Health opened its first mobile clinic to provide affordable, high-quality antenatal care to women in peri-urban communities. The following year, Jacaranda expanded its services into a fixed clinic. The organization has developed a strong set of protocols based on the Kenyan Ministry of Health's guidelines for providing antenatal, obstetric and post-natal care, which are delivered at the clinic along with family planning services.²

As of February 2014, the Jacaranda maternity clinic staff includes nurses, midwives, and support staff; there are not currently any physicians on staff. The organization provides clients with high-quality individual antenatal care (ANC) delivered by nurse-midwives. Jacaranda's detailed ANC protocols are adapted from the WHO's 2006 recommendations³ on maternity care. About 47% of Jacaranda's pregnant clients receive three or more ANC visits, while 30% have just one.⁴ Unless there is a known risk that a woman may need a Caesarean section, which Jacaranda's current staff are not trained to perform, she is also eligible for labour and

delivery care at Jacaranda. In addition to ANC and managing pregnancy, women are counselled on birth readiness and family planning; the latter is offered several times postpartum, and is especially emphasized at six weeks after birth. New mothers from across Jacaranda's catchment area may receive postnatal care (PNC) at the clinic. Clinic-based PNC at Jacaranda is derived from recommendations published by the WHO^{3, 5} as well as the UK's NICE⁶ guidelines. Jacaranda bundles maternal postnatal care services with newborn preventative care, providing postnatal care for mothers at the same time they bring their infants in for BCG vaccination.²

INNOVATIONS

Jacaranda Health uses several innovative methods to improve the care it offers. The organisation is developing an electronic system to streamline its record-keeping process. Its clients have access to a 24-hour hotline for health and logistical

concerns, which allows for two-way communication between clients and providers. Mobile phones are used to input patient data and send appointment reminders or satisfaction surveys to clients. Jacaranda has developed its own mobile pre-payment service which helps families save for delivery costs.¹ In recent months, they have piloted a post-partum family planning campaign using text messages to learn more about women's needs. Nearly one-third of women who received messages through the program asked for more information, and there was a 35% increase in family planning visits at Jacaranda during the pilot period.⁷

In addition to Jacaranda's technology-related interventions, it is testing different ways to deliver care as well as behaviour change programs. Jacaranda is examining ways to increase male involvement, particularly with choices surrounding labour and delivery, an area in which many women do not have the autonomy to make decisions themselves. Based on international recommendations,⁸ Jacaranda has also been piloting home visits conducted by community health workers in order to provide postnatal care for women who deliver in the clinic.⁴

Jacaranda's pricing structure aims to leave the organisation self-sustaining, covering the costs of running its clinics with client fees. Normal delivery costs 7,900 Ksh (about US\$80), while antenatal, postnatal, and family planning visits generally cost 100 Ksh each, with the exception of the initial ANC visit which costs 500 KSh inclusive of all required lab tests. Jacaranda has experimented with various client incentives, such as a program giving women 500 KSh for referring a friend.⁹

MONITORING, EVALUATION, AND RESULTS

Since its inception, Jacaranda Health has collected data on health outcomes and conducted surveys on patient satisfaction. They have monitored staff documentation of patient visits to ensure consistency of record-keeping and have kept track of the length of patient visits, as a proxy for thoroughness and quality, to ensure women's full needs are being met.²

Jacaranda has served thousands of women since 2011.¹ By February 2014, Jacaranda was providing about 250 ANC visits and conducting around 30 deliveries per month. Around 200 children receive wellness visits per month (Jacaranda provides these through 9 months of age, which is when the Kenyan vaccination schedule is complete), and care for the mother is offered during these visits as well. Early patient surveys have been promising; 95% of women rated their care a full 5 stars.¹⁰

INSIGHTS

- **Having a "patient-centred design" is crucial.** Jacaranda is continually assessing and altering its care delivery model to better serve patients' needs.
- **Jacaranda's business model is data-driven.** By drawing on findings from its monitoring and evaluation strategy, Jacaranda is measuring patient satisfaction, improving internal documentation, and surveying patient outcomes.
- **Task-shifting increases access to services and improves community outreach.** Clinical providers are better able to focus on their responsibilities while auxiliary workers provide more basic care and administrative support.
- **Word-of-mouth is an effective marketing strategy.** By providing excellent service, Jacaranda has successfully grown their client base while maintaining their patient-centred focus.
- **Men matter.** Through their communication with patients, Jacaranda has realized the important role of men in birth planning and decision-making. Thus, they are working to deliver antenatal counselling content more efficiently and in a way that gets men involved.

For more information, visit <http://hsph.me/Jacaranda>.

References

- ¹ Jacaranda Health. Jacaranda Health. 2014. jacarandahealth.org.
- ² Kearns A. Personal communication with Nick Pearson. Women and Health Initiative, Harvard School of Public Health; 19 Feb 2014.
- ³ WHO. Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice. Geneva: WHO, 2006.
- ⁴ Kearns A. Personal communication with Allison Ettinger. Women and Health Initiative, Harvard School of Public Health; 25 Feb 2014.
- ⁵ Warren C, Daly P, Tourre L, Monge P. Postnatal Care. In: Lawn J, Kerber K, eds. Opportunities for Africa's Newborns. Cape Town; 2006: 79-90.
- ⁶ National Institute for Health and Clinical Excellence. Routine postnatal care of women and their babies. London: National Collaborating Centre for Primary Care, 2006.
- ⁷ Lesser G. Tech4MH: Supporting postpartum family planning with human-powered SMS innovation. Maternal Health Task Force; 2014.
- ⁸ WHO. Caring for the Newborn at Home: A training course for community health workers: Community Health Worker Manual. Geneva: WHO, 2012.
- ⁹ Pearson N. W&HI Lecture Series: Designing patient-centered maternity services in Kenya. Boston, MA: Harvard School of Public Health; 7 Mar 2014.
- ¹⁰ Muigai F. Jacaranda Health: Next Steps in Maternal Health, 2013.

Acknowledgements

This brief was written as part of the Adding Content to Contact project (ACC). The project team extends sincere gratitude to Nick Pearson and Allison Ettinger of Jacaranda Health for their time and assistance with this case. ACC was made possible by Grant Number OPP1084319 from the Bill & Melinda Gates Foundation, and is a collaboration the Harvard School of Public Health, HRP/WHO, and ICS Integreare.



Maternal Health Task Force



SCHOOL OF PUBLIC HEALTH
Department of Global Health
and Population

