





- MMR ~700/100,000
- Access to quality health services is the major hurdle
- Delivery in facilities > 80% but quality low
- Cost, transport, respect, decision-making still barriers to care.



Casual labor

Pays 3,000 in rent

Saves for medical expenses

Delivered last child in health facility

Believes quality of medical services in her area is poor

No bank account but uses mpesa on her mobile



In a rapidly urbanizing world, how do you deliver high-quality, affordable care at scale?



Clinical Excellence



Patient-Centered Care



Sustainability



Jacaranda's areas of focus and innovation

Patient centered design



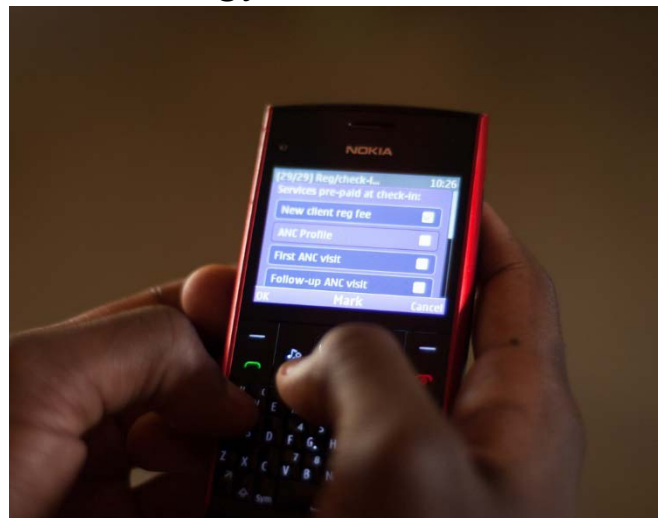
Human resources



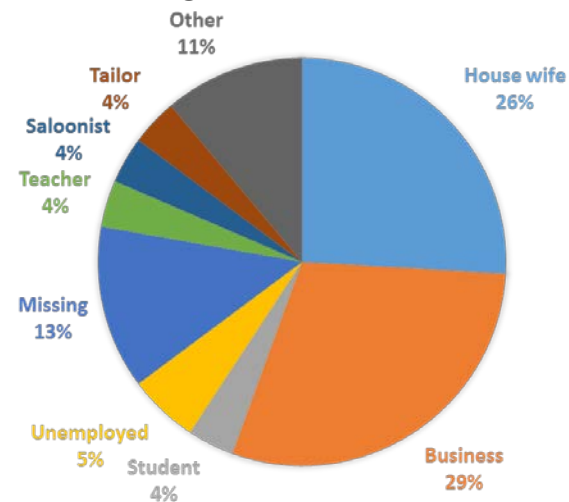
Quality improvement



Technology



Measuring impact



Business innovation



Our goals

Scale and direct impact

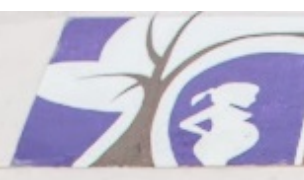
- 7-10 maternity hospitals
- 10-15,000 births/year
- Different settings: smaller cities
- Other counties: Jacaranda Uganda, Nigeria
- A package of systems to delivery higher quality, more cost effective maternity care:
 - Protocols and SOPs
 - Enabling technology
 - Tools for training and empowering midwives
 - QI methodologies
 - Toolkit for patient-centered design
 - ANC:\$1 for 4 visits Delivery for <\$60

Influence

- Other private players
 - Facility management / advising
 - Quality collaborates
 - “Private sector maternity assn”
- Ministry / public sector
 - Quality partnerships with district hospitals
 - Nurse/midwife in-service rotations
- Professional associations
 - Accredited coursework in midwifery/QI/management
 - Curricula embedded in national training standards
- Maternal health community / bilaterals
 - Implementation research lab



What's the end game?



JACARANDA MATERNITY



