A Word of Introduction

Government partnerships are the bedrock of our work, and in Q2 we focussed on strengthening our existing ties, while forging new ones. We signed MOUs with two new Kenyan counties - Siaya and Tharaka-Nithi - marking another step towards our national scale ambitions in Kenya. We completed a pilot of PROMPTS in Eswatini (p7), the results of which are launching us into an exciting new chapter with the Ministry of Health and Clinton Health Access Initiative.

Beyond scale-up, we explored new ways to deepen the impact of our programs - from testing a community-led approach to reaching mothers through PROMPTS (p3) to introducing mentorship ‘cohorts’ to help every frontline nurse gain the requisite skills to confidently manage most emergency cases (p4).

We hope you enjoy reading.
Snapshot of Scale and Impact

Q2 focussed on optimizing the team, technology, and tools to reach more mothers, train more providers, and chart a long-term path to sustainability through government cost share and ownership.

- **2.39M+** mothers enrolled on PROMPTS (125K new in Q2)
- **800+** nurse mentors trained in emergency maternal care (80 new in Q2)
- **955** government health facilities now partnering with Jacaranda (48 new in Q2)
- **22** Kenyan counties actively deploying our solutions package (2 new in Q2)
- **70%** government cost share towards Jacaranda’s nurse mentorship program.
Helen was in the early stages of pregnancy when she received a visit from Margaret, a CHW and familiar face in the village of Kiombe. Margaret helped her sign-up to PROMPTS, opening up a world of pregnancy related information - all through her phone. The messages gave Margaret confidence too - knowing that clients like Helen had access to lifesaving information between her visits.

Our mission is to reach all mothers and babies, which means engaging women who typically don’t seek care in health facilities, PROMPTS’ primary enrollment channel. CHWs are one way of extending the tool to women like Helen, who might live too far from a facility, or face financial challenges getting there.

In Q2, Jacaranda piloted a CHW-led approach to PROMPTS enrollment in five counties. Beyond reaching a different demographic of women, the pilot showed other benefits of this approach. CHW-enrolled mothers generally asked PROMPTS more questions, which may link back to being onboarded by a trusted member of their community. The approach also helped reach mothers earlier in pregnancy (ie. before their first prenatal care visit), increasing our chances of spotting potential signs of complications earlier.

Margaret Katunge, Community Health Worker in Makueni County, has found that enrolling women to PROMPTS not only supports their pregnancy journeys, but also her own workload.

"Working with PROMPTS not only helps our clients, but it has also helped in our work. It means we can reach more women with reliable information through their pregnancies when we don’t have the time or resources to reach all of them!"

– Margaret Katunge, Community Health Worker, Kilome, Makueni County.
During emergencies, frontline providers have to make rapid decisions, and mistakes can lead to bad outcomes.

Every nurse needs the requisite training to respond to a variety of emergency cases, so that mothers can rely on quality support, whatever the issue.

That’s why our nurse training curriculum nurse focuses on a broad spectrum of lifesaving skills, from handling a breech delivery to resuscitating a newborn. Previously, we’ve tracked curriculum completion by facility, but we realized this didn’t give us granular visibility into how individual nurses were performing.

In April, we tested a new approach to ensure every nurse had the full suite of obstetric skills. Nurse champions were made responsible for upskilling a smaller, handpicked cohort of mentees, meaning they could pinpoint training to address specific skills gaps. Mentees were asked to log their training progress, building accountability towards curriculum completion while generating granular, provider-level data on skills improvements and gaps.

The approach had a dramatic impact on knowledge scores and curriculum completion among the nurse participants, who were celebrated in a widely-attended graduation ceremony this July. Our hope is now to scale this approach to the wider program, so that every nurse has the confidence and competence to support the majority of cases.

MENTORS distinguishes itself from standard classroom training. By shifting the learning environment directly to the maternity ward, our health workers absorb and apply their lessons in real time, enhancing critical thinking and decision-making. As a County, this has saved us not only significant resources ensuring that nurses were available to provide mothers with the right quality care around the clock.

– Dr. Fredrick K. Mbugua, County Executive Committee Member - Health

Upskilling the frontline workforce:
Preventing maternal ‘near misses’ by helping frontline providers own their learning journeys
In April, we completed a year-long pilot in partnership with Eswatini’s Ministry of Health and the Clinton Health Access Initiative to test PROMPTS as a cost-effective tool for infant immunization tracking.

The combination of mHealth and sourcing information directly from mothers offers a unique approach to identifying under-immunized children in high coverage areas.

The results were encouraging, showing high uptake and use of the tool among women across the country, as well as positive changes in health seeking behaviors.

The Ministry has subsequently committed to scale PROMPTS to all high-volume facilities in the country and expand its scope to cover all childhood vaccines, broader prenatal and postnatal care support, and supporting prevention of mother-to-child HIV transmission.

97% of mothers found the messages helped them track when their baby needed which vaccine.
DATA SNAPSHOT:  
Using contextual data to proactively screen for maternal risk

Speed and accuracy save lives. That’s why when a mother sends a concerning message to PROMPTS like ‘I’m bleeding heavily’, our chief ambition is to fast-track her to the right care in the quickest possible time. AI helps us do this, reading thousands of messages from women daily and making millisecond decisions on which messages convey risk, and therefore which require referral.

Recently, we’ve been exploring ways to more proactively screen for risk, to expedite how we connect underlying risks and complications, like risk of miscarriage or preeclampsia, to specialist support. This means looking beyond a single reported danger sign, to other factors that might class a mother at higher-risk - like where she is located, her clinical history, or other things she has talked to us about during her time on the platform.

We have recently tested predictive analytics to automatically assign mothers to different risk categories depending on these range of factors. These risk profiles could help us tailor our SMS messaging to a mother’s specific circumstances, and link high-risk mothers with personal, specialist support earlier.

Esther
PROMPTS Mum

Clinical history of preeclampsia logged at enrollment

Message history of severe headaches and blurry vision

High Risk Case

Highly personalized SMS messages

Esther asked a series of questions by clinical agent

(Emergency) Referral to a higher-acuity facility

Risk Profiling data capture building a picture of risk

Predictive analytics to auto-assign risk level

Human check to add nuance to risk profile

Personalized support and referral to care
Jacaranda represents at IMNHC:

In May, a cohort from Jacaranda convened in Cape Town for the International Maternal and Newborn Health Conference. Over the four days, Jacaranda shared learnings, approaches and real-time data insights with the global community of practice within five engagements; a conference plenary session, Technical Marketplace demo, and three panel sessions.

More on our contributions and takeaways here.

Read our 2025 Strategy  
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Disclaimer: This report discusses pregnancy and motherhood. While we use the term “mother” throughout the piece to mirror the language of the community we are collaborating with; we also acknowledge that not all pregnant people identify as “mothers.” We would like to recognize that pregnancy and motherhood can be experienced by people of all genders.