



Next Steps in Maternal Health



Each year 250,000 women in Africa do not survive childbirth.
And neither do 1M babies.

Yet nearly all mortality is preventable with the right care: providing access to skilled providers, well-equipped facilities, and rapid diagnosis and treatment of obstetric complications.



Outline

1. The challenge and our model
2. Progress and next steps

Appendices: Jacaranda's key innovations

- A. Patient Centered approach (respectful care)
- B. World-class clinical systems and inputs
- C. A business-like approach



Life in the slums



Women in peri-urban areas have limited options for giving birth:

- crowded and understaffed public facilities
- at home with unskilled birth attendants; or
- private clinics that are simply too expensive.

Current estimates suggest maternal mortality in Nairobi's slums as high as 700 in 100,000



Barriers women face to accessing maternity care



1

Awareness

Lack of information about the value of antenatal care, skilled delivery, postnatal care

2

Access to facilities

Distance to facilities, lack of transport, delays in getting service at facilities, cost of care

3

Quality of care

Facilities overcrowded, understaffed, underequipped

Jacaranda's solution: affordable, accessible, lifesaving care

MOBILE UNITS



Mobile vans bring top quality antenatal care into slums in partnership with community groups and employers. Nurses provide all tests and counseling, teach birth preparedness, savings options, begin continuum of maternity care that leads to safe birth in facilities.

JACARANDA CLINICS



10-bed facilities staffed by nurses and midwives providing deliveries, antenatal care, family planning, PMTCT, basic emergency obstetric care.

1

Awareness

Outreach + marketing with mobile clinics. SMS reminders to patients. Education and counseling during antenatal care.

2

Access to facilities

Mobile clinics bring care closer, links to emergency transport, prices that women can afford

3

Quality of care

World class care, well-trained staff, well-equipped facilities

A patient's journey with Jacaranda

1. Discovers she's pregnant



Hears about Jacaranda through community groups we work with or our mobile marketing

2. First antenatal visit in slum with mobile unit



Nurses provide all tests and teach birth preparedness – nutrition, identifying complications, breastfeeding, etc

3. Follow up visits with mobile unit or in Jacaranda Clinic



Goal: continuity and safety. Create a cohort of mothers; SMS reminders for visits; some patients referred early to clinic or tertiary facility

4. Comes to Jacaranda Clinic in labor



Greeters guide her through facility; her records are already in our electronic system; clinic designed for flow of patients and comfort; dulas and family members welcomed

5. Delivery and (if necessary) basic emergency ob care



Highly trained, respectful midwives deliver. Clinic can address most obstetric complications; rapid referral system for surgeries

9. Returns for pediatric visits



Outpatient infant care is cheap and effective; Jacaranda maintains ties with mother to improve word-of-mouth referral and repeat customers.

8. Neonatal and post-natal care



Most mothers sent home and scheduled for postnatal visits for vaccinations.

7. Option for postpartum family planning



New mothers provided option to space their next birth with long-term contraception

6. Gives birth to a healthy child



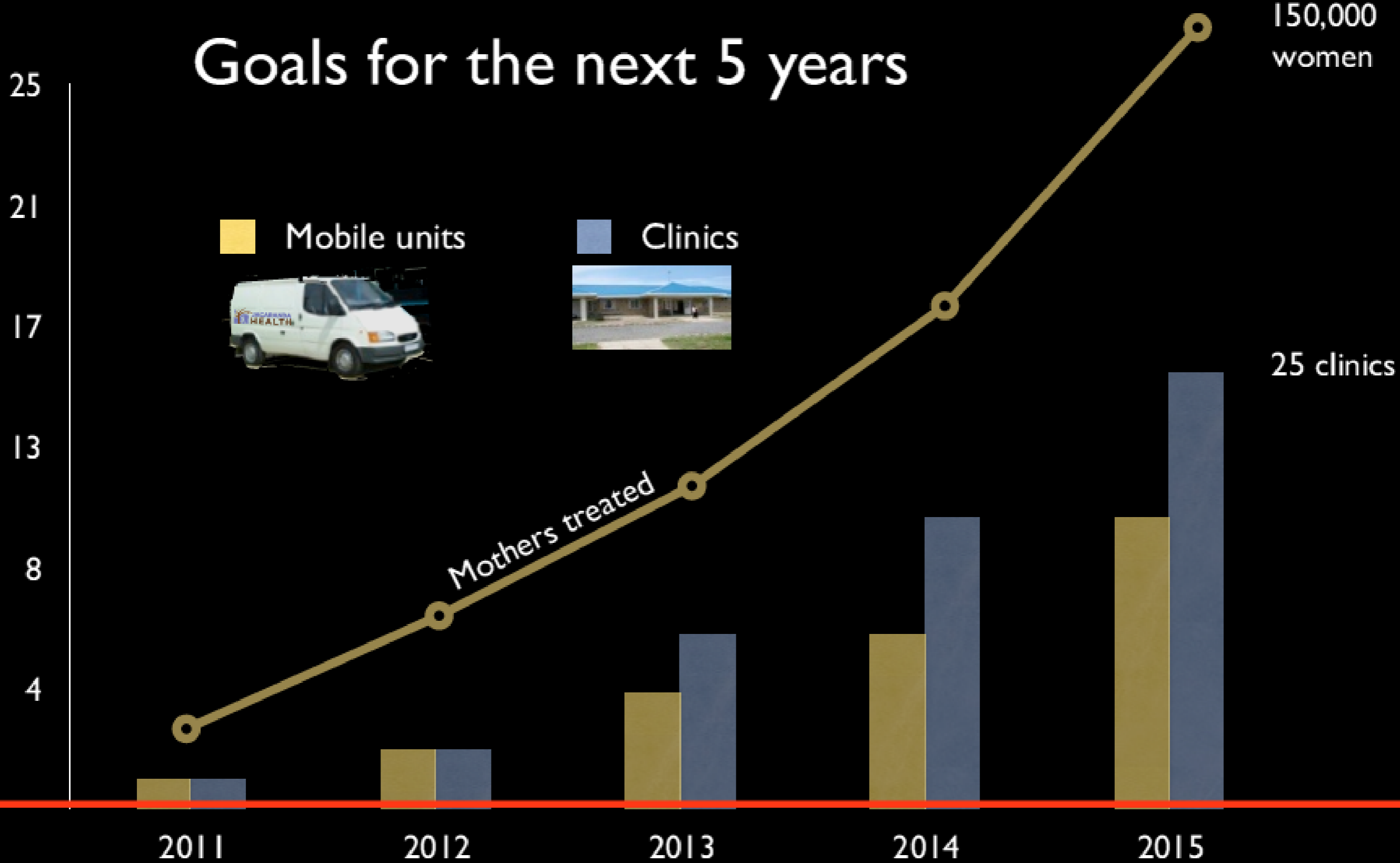
Early infant bonding with mother; reiterating breastfeeding education from antenatal clinic; newborn complications addressed in clinic or quickly referred



The team



Goals for the next 5 years



Impact by 2015



IMPACT: Over 150,000 mothers seen per year; 22,000 safe deliveries

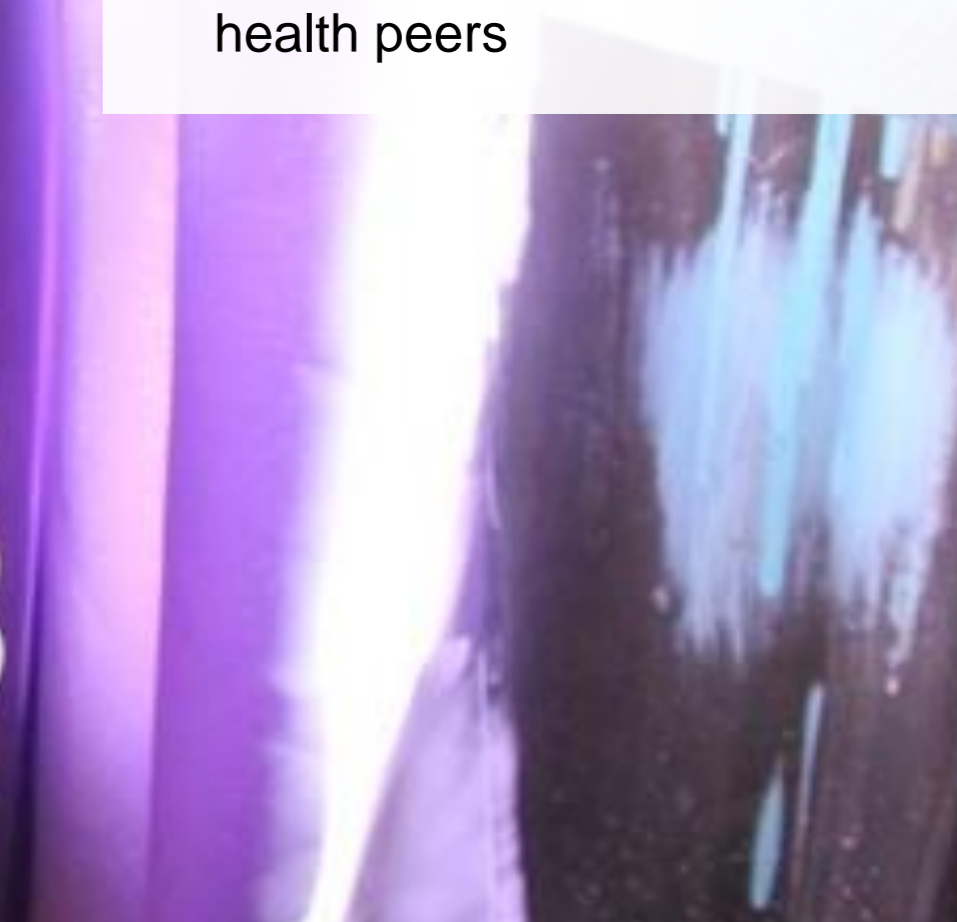
SUSTAINABILITY: All clinics operationally self-sustaining in perpetuity

SCALE: Innovations replicated by public and private providers



Progress to date

- Grown to team of 35 with strong management and great board
- International attention in maternal health community
- Finalized v1.0 of systems
- **Launched mobile clinic and Jacaranda maternity serving patients**
- M/E partnership with Harvard School of Public Health
- Sharing lessons with maternal health peers



Clinic outcomes

- **Satisfaction:** 95% of customers give 5 stars
- **Systems** working as expected, efficiency improving
- **Retention:** majority of women coming back for follow up visits *and paying*



Measuring Jacaranda's Impact

1. Reporting

Our electronic medical records allow us to track results - retention, health outcomes, etc - in real time and report on key metrics with dashboards.



2. Academic M/E

We have built a partnership with professors at Harvard School of Public Health to do in-depth baseline surveys and will do academic evaluation on impact of our innovations. This will be important for influencing the global maternal health community and public sector.



Next steps in 2013

- Launch clinics 2-4
- Next generation systems
- Finish baseline M/E
- Staff recruitment
- Prepare to scale up



Appendices: A few of Jacaranda's key innovations



A. Services designed to increase client satisfaction





Patients designing an ideal waiting room



Interviews and focus groups
in poor communities across
Nairobi



One of the top reasons women do not deliver in facilities is that they are not treated with respect and kindness. Jacaranda designs its services with the help of its patients to create truly “patient-centered” care



Understanding our users



Casual labor

Pays 3,000 in rent

Saves for medical expenses

Delivered last child in private facility

Believes quality of medical services in her area is poor

No bank account but uses mpesa on her mobile



Testing new technologies



Discussing exams
and lab tests



WELCOME TO JACARANDA
HEALTH MATERNITY
EACH VISIT TAKES

A few innovations from our patient design process:

- Education in the waiting room
- Continuity with the same nurse
- More time for counseling
- Provide tools to help save money for delivery



B. World-class clinical systems improve quality of care



Input from top Kenyan and international obstetricians and midwives



Dr. Anne Kihara



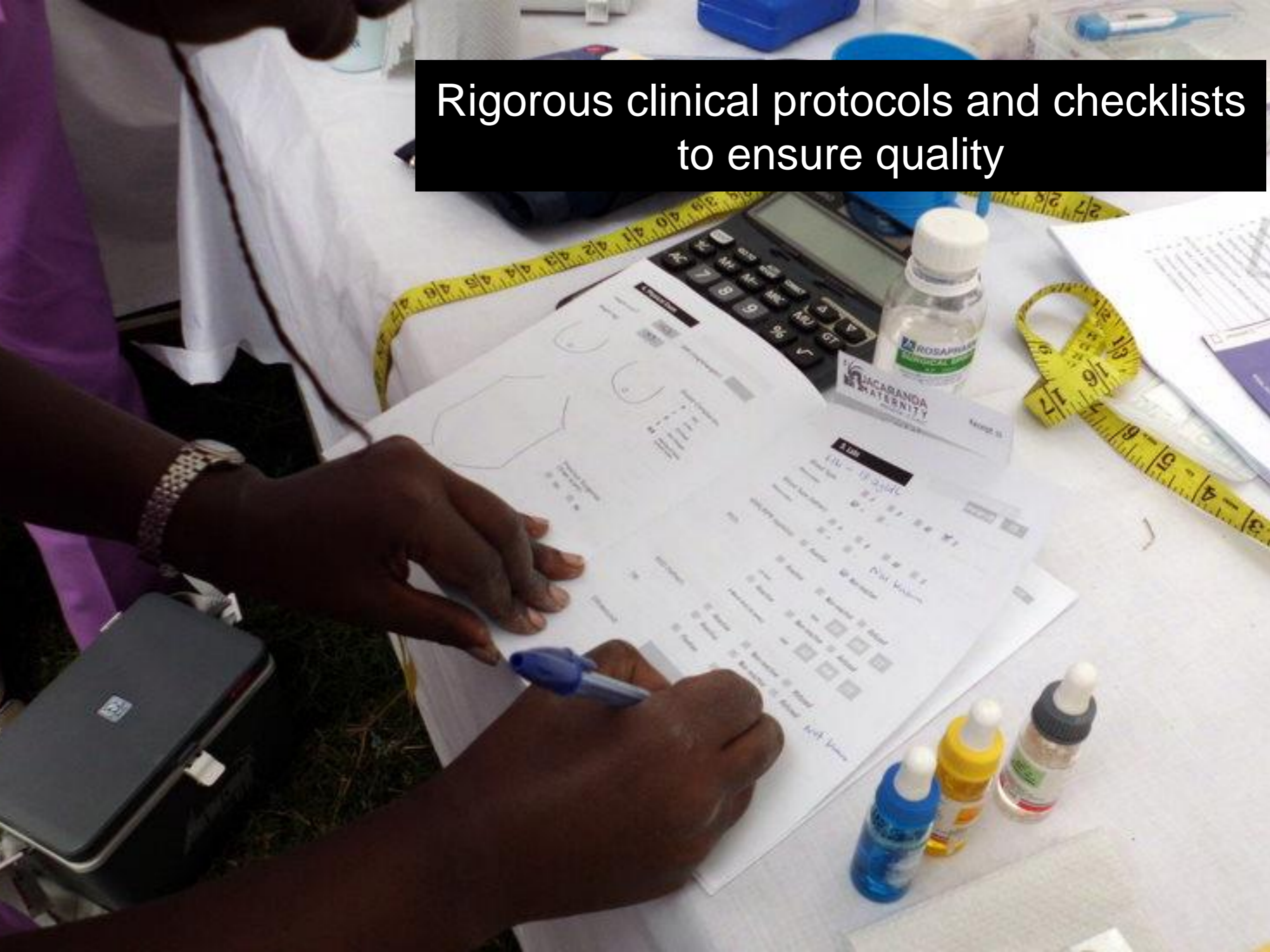
Dr. Priya Agrawal

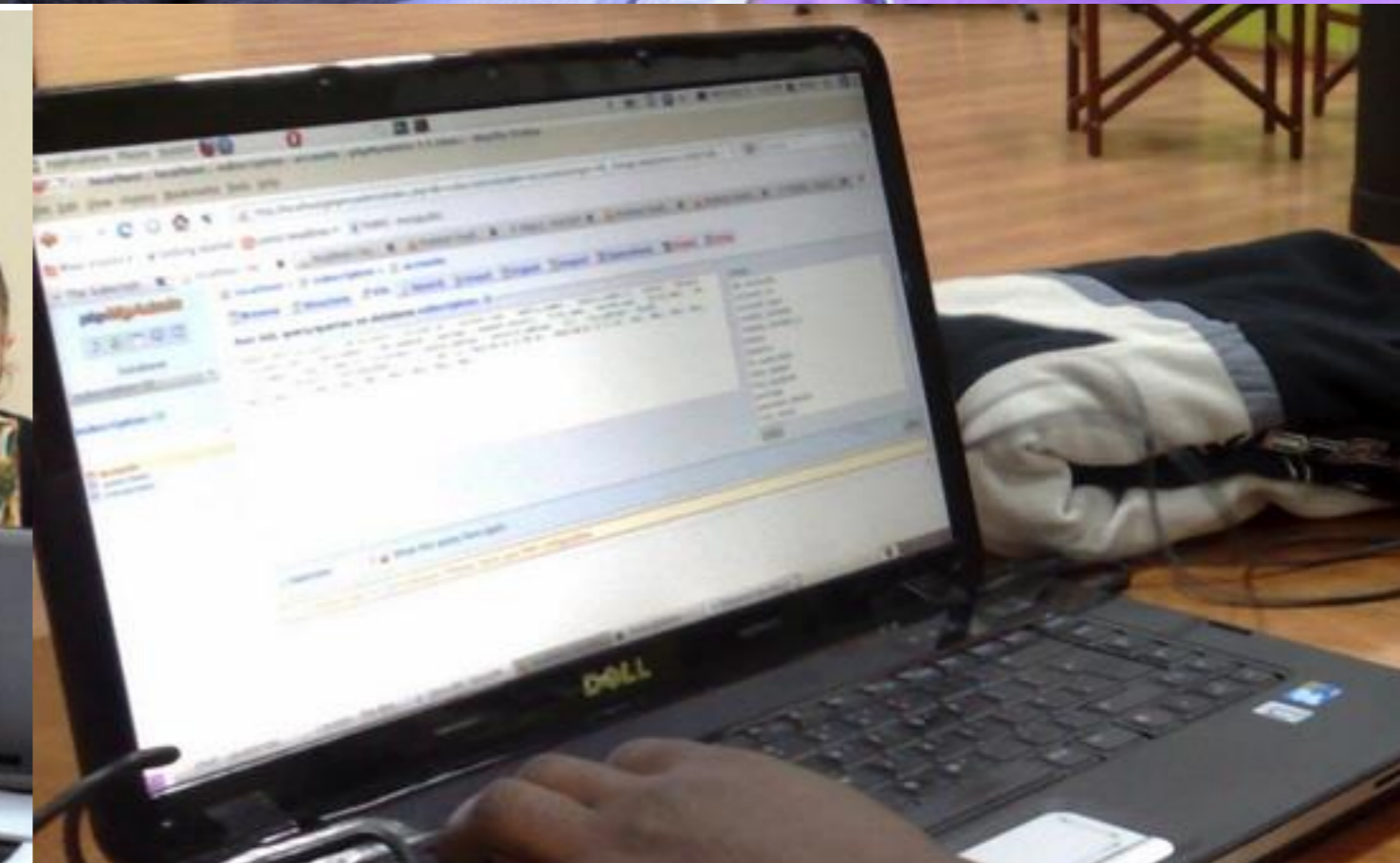


24/03/2011

Input from front-line nurses

Rigorous clinical protocols and checklists
to ensure quality





Electronic medical records and mobile phones



Engaging our nurses in quality improvement



Rapid lab diagnostics for “one-stop shop” visits

C. A business-like approach to sustainability



What is the competition like?

Ebenezer Medical Clinic



Redeemed Health Center



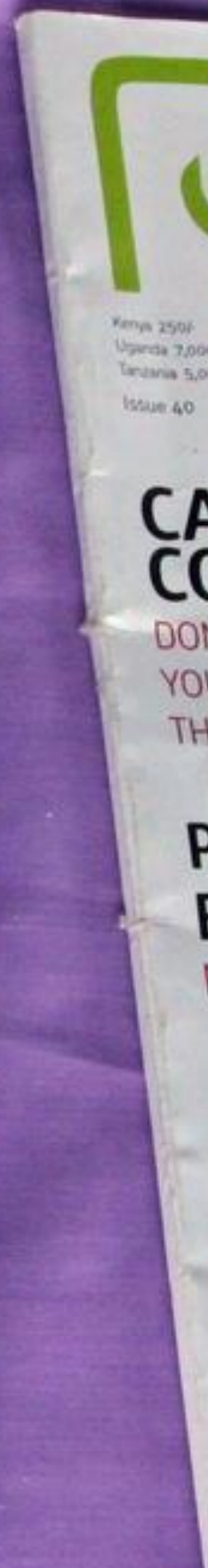
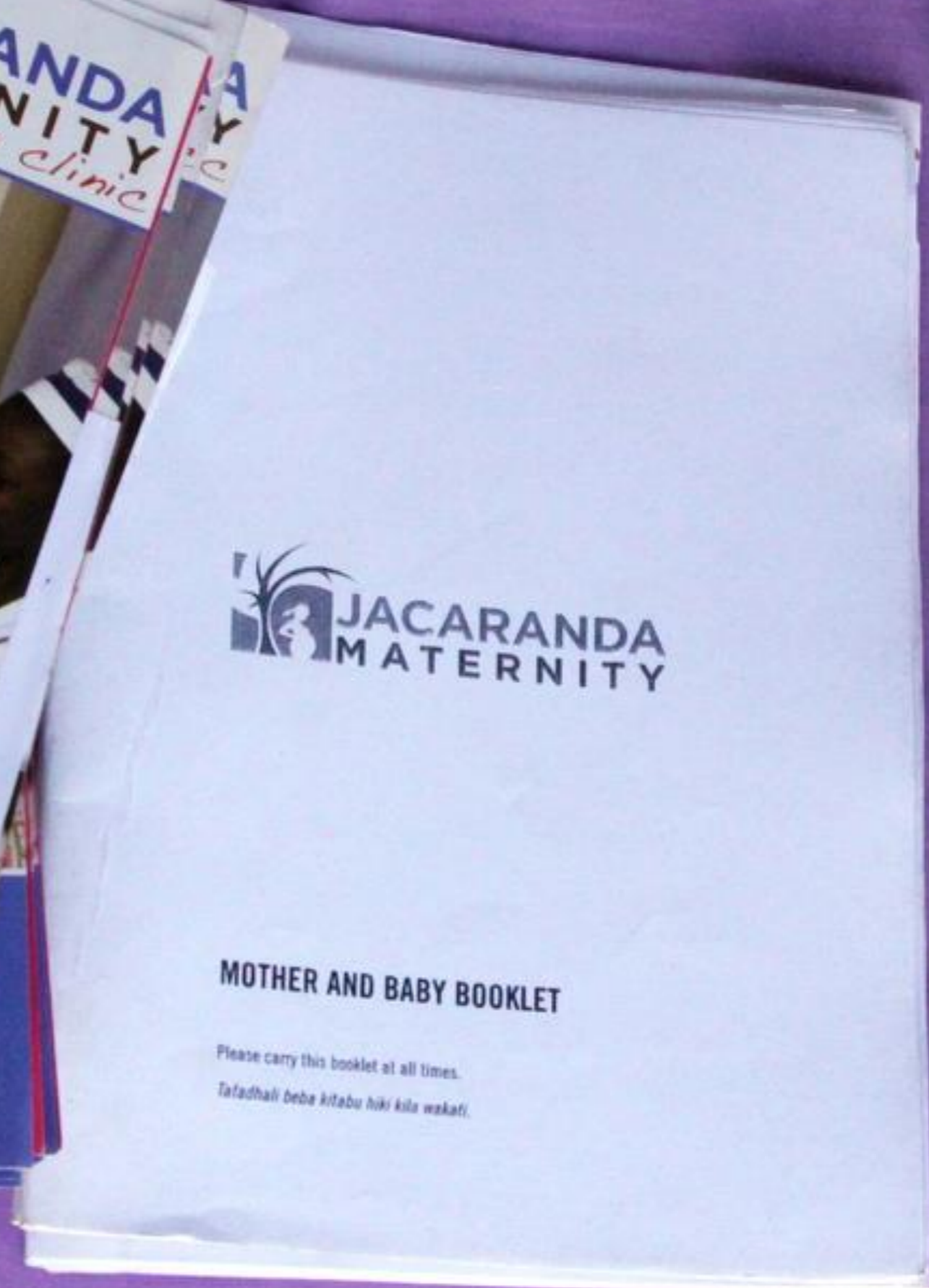
Mt Zion Medical Center



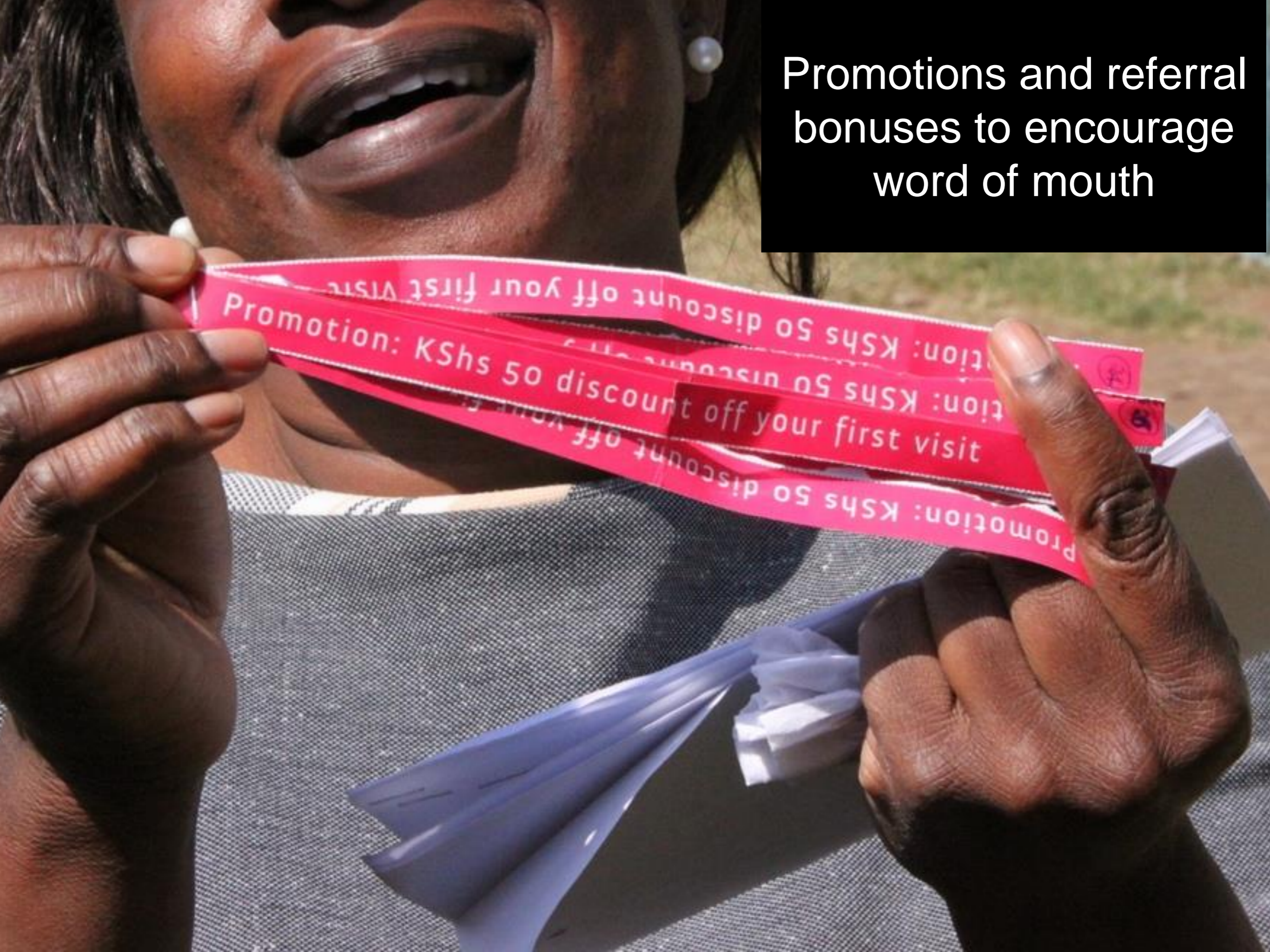
Rehema Health Center



Marketing materials designed with patient feedback



Promotions and referral bonuses to encourage word of mouth



Community partnerships for credibility and trust



Health talks at factories



