



QUARTERLY IMPACT REPORT

October 1 - December 31, 2022

Dear Pivot community,

I am delighted to present the first Quarterly Impact Report of FY23 in my new role as Executive Director. As you know, this year will be one of great transition for Pivot, which is why your ongoing support means more to us now than ever before.

This quarter, we continued working closely with partners at the Ministry of Public Health (MoPH) to co-design a strategy for expanding our support to the health system across Vatovavy Region, which will multiply our geographic reach by three and population coverage by five, starting in FY24. This process involves: carefully reviewing lessons learned from the last decade of building a district-level model for UHC in Ifanadiana; ensuring our forthcoming 2023-2028 Strategic Plan aligns with the Government's top public health priorities; and ultimately renewing our partnership convention with the MoPH in early 2023 to detail the nature of our collaboration and intervention at a regional level.

With all of these major developments afoot, a personal highlight for me this quarter was the opportunity to slow down and connect with many of you, our loyal supporters, to discuss the future of Pivot. Alongside Dr. Barbara Vololonarivelo, our new Engagement Director, we were fortunate to receive an outpouring of goodwill for Pivot's next phase of growth. Thanks to each of you who took time with us in December to share your interests and questions surrounding Pivot's work – we are eager to dive deeper into them with you as we learn and grow.

Through FY23's current and future QIRs, we aim to keep you apprised of all of the new milestones and challenges we encounter as we prepare for regional expansion. As always, we invite you to think of this report as a tool by which you can engage with our work, as we use it to foster our own transparency and accountability.

Mankasitraka amin'ny fiaraha-miasa! (We appreciate your partnership!)

Sincerely,

Laura Cordier
Executive Director

IFANADIANA DISTRICT

In partnership with Madagascar's Ministry of Public Health, we are transforming Ifanadiana District's public health system into an evidence-based model for universal health coverage that can be sustained, replicated, and scaled.

Pivot's current support to the health system at each level of care:



District referral hospital ¹



Primary care health centers ²
21 receiving Pivot support



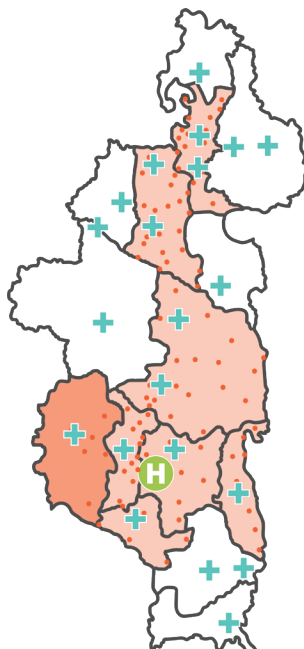
Community health ³
199 community health workers (CHWs) ⁴



Enhanced community health
Including case-finding and household-level care



Community health sites
91 structures where CHWs receive patients



Total District Population: 191,175

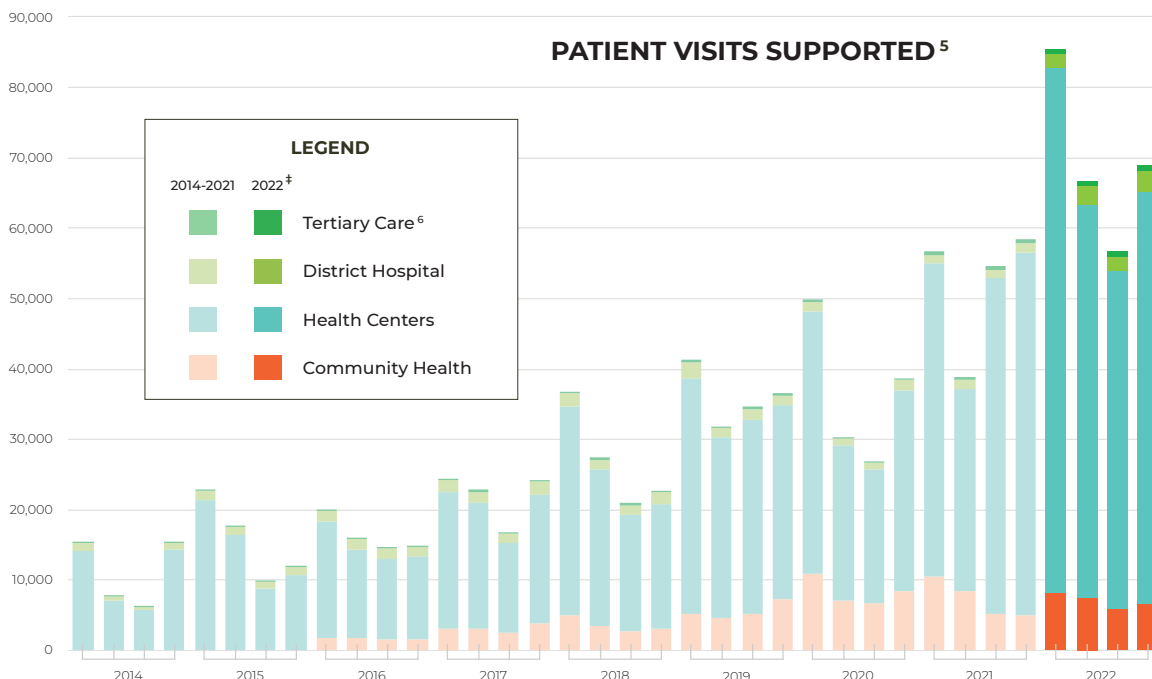
- Hospital catchment: 191,175
- Health center catchment: 191,175
- Community health catchment: 108,875
– which includes –
- Proactive care catchment: 12,522

Baseline Statistics (2014):

- 1 in 7 under-5 mortality
- 1 in 14 maternal mortality
- 71% of the population lives >5km walk from nearest health facility
- 49% of the population lives >10km walk from nearest health facility

HIGHLIGHTS & CHALLENGES

- **Continued central-level advocacy in noncommunicable disease policy**, participating in the review of the national essential medicines list and primary care protocol flow charts
- **Extended community health support to an eighth commune**, bringing access to basic healthcare services closer to home for an additional >13,000 people
- **Onboarded 29 new facility-based government health workers in Ifanadiana** after a 5th wave of joint recruitment carried out in collaboration with the MoPH
- **Trained 175 health workers from across Madagascar in new national oxygen therapy protocol** as part of the UNITAID-funded BRING O2 initiative to strengthen oxygen access for patients and providers nationwide
- **Expanded malnutrition treatment program to 3 additional health centers**; trained local CHWs in culinary demonstrations for parents of children in treatment
- **Marked World AIDS Day with a mass HIV/AIDS screening** coordinated in partnership with the Regional Health Department and attended by 300 community members
- **Trained 15 chief health center physicians and 4 paramedical field teams in emergency obstetrical care** including the management of high-risk pregnancies, complicated deliveries, and neonatal emergencies
- **Evaluated “human ambulance” pilot, determined unfeasible to expand** for logistical reasons; initiative to be discontinued
- Five ongoing health center **renovation projects stalled due to heavy rains**
- **Participated in various national-level forums on health financing and financial protection** to advocate for improvements based on lessons learned to date
- **Disseminated plague prevention information** across the district as part of a seasonal awareness-raising campaign carried out in collaboration with the MoPH
- **In new partnership with the Ministry of Population, continued roll-out of initiatives against in gender-based violence**; completed first round of training for local actors and social workers in the prevention and management of gender-based violence and participated in regional advocacy campaign for women's health and rights
- **Joined the Innovations in Healthcare network**, which convenes and amplifies the work of organizations whose missions aim to “expand access to affordable, quality healthcare” around the world
- **Launched preparation of tools for fifth wave of cohort data collection**; will include longitudinal cohort surveys (Ifanadiana District) and establishment of population health and health system baselines across Vavovavy Region
- **Marked International Diabetes Day with the launch of diabetes services in two additional health centers**, screening >780 people as part of celebration
- **TB success rates affected by long term impacts of cyclone season**; many communities still overcoming these barriers led to increased abandonment and death rates
- **Introduced staff wellness activities** as part of an initiative supported by an anonymous funder to promote the wellbeing, retention, and longevity of our team talent



THIS QUARTER
(OCT-DEC'22)
68,823

ALL-TIME
(SINCE 2014)
1,146,062

[‡] As of January 2022, we are using a new method to calculate patient visits that better reflects all clinical encounters supported by financial, technical, or human resources from Pivot. Faded colors represent 2014-2021 totals calculated using the previous method.



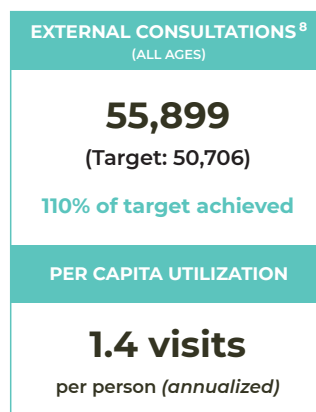
Community Health



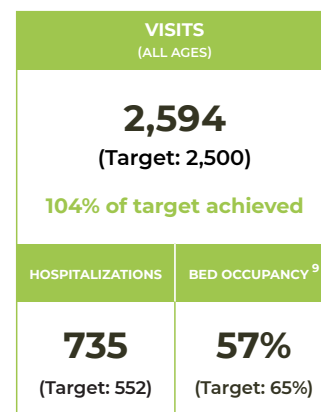
Community Health Outcomes in Enhanced Care Commune vs. Non-Enhanced Communes		
	Enhanced Care Pilot Commune	Non-Pilot Communes
Percent of Households Visited	92%	0%
Per Capita Utilization Rate	1.4	1.2
CHW Adherence to Protocol	95%	89%
CHW Supervision Rate	93%	95%



Health Centers



District Hospital



PROGRAM SPOTLIGHT: INFORMING THE NEW NATIONAL STRATEGY FOR COMMUNITY HEALTH

Community-based care is a foundational element of a resilient health system. With thousands of miles of footpaths separating rural communities from the formal healthcare system, a network of professionalized, proactive CHWs is the key to connecting people to the care they need. In Madagascar, CHWs provide essential health services for sick children and pregnant women close to home, and accompany patients in accessing additional health services.

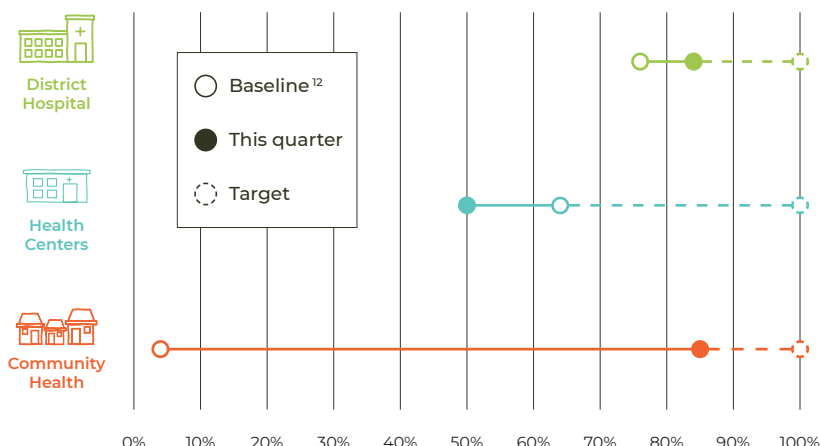
Over the course of 2022, Pivot collaborated with the MoPH, along with other financial and technical partners of the Government, to update Madagascar's community health strategy. As a result, **key components of Pivot's Enhanced Community Health pilot, implemented in the commune of Ranomafana since 2019, have been adopted as part of the new national strategy**, including increasing the number of CHWs per capita, constructing community health sites, leveraging mobile technology to improve quality of care and data collection, and enacting proactive household-level care to help eliminate geographical barriers.

The financial compensation of CHWs was at the forefront of our conversation with the MoPH, which in and of itself is a milestone. Though the Government of Madagascar is not yet ready to formally compensate CHWs at a national scale, they have committed to harmonizing the financial motivation of CHWs across partners. In light of this, Pivot will adapt its CHW financial motivation approach and actively support the roll-out of the new strategy as a central priority throughout the process of regional expansion. Meanwhile, we will also continue to engage in this discourse locally and internationally, through networks such as the Community Health Impact Coalition, committed to "making professional CHWs a norm worldwide."

One of the Enhanced Community Health pilot CHWs conducts a child health consultation during a proactive home visit on his circuit in a rural village of Ranomafana.



AVAILABILITY OF ESSENTIAL MEDS¹⁰



CONTINUUM OF CARE



25%
transferred
by Pivot
ambulance

29%
transferred
by taxi bus
with transport fees
covered by Pivot

46%
by other mode
of transport
on foot, or by car,
tractor, stretcher, etc.

STAFF

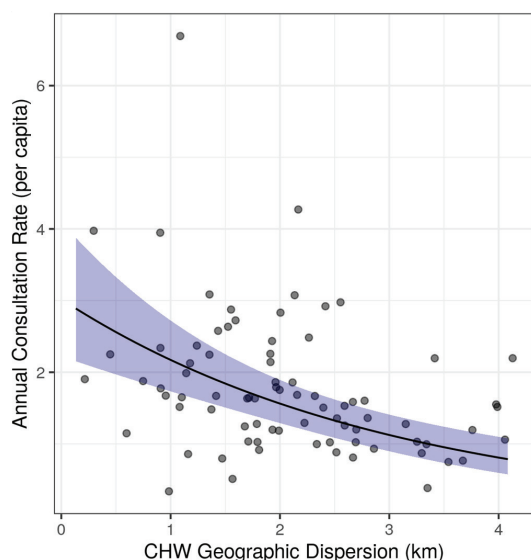
- **243** total Pivot employees
 - **99%** Madagascar-based
 - **97%** Malagasy
 - **3:1** female:male leadership
- **443** MoPH personnel supported
 - **71** district hospital staff
 - **173** health center staff
 - **199** community health workers

VALUES IN ACTION



Everyone knows that a healthy life requires balance, especially for those working on the frontlines of a public health system. Thanks to the generous support of an anonymous funder, the Pivot team has been given the space and encouragement to prioritize self-care and team-building. Launched in November, activities already established include walking and jogging groups, soccer and basketball teams, and a number of staff-led offerings ranging from Zumba to swimming and more.

GEOGRAPHIC BARRIERS TO CARE PERSIST AT COMMUNITY LEVEL, REINFORCING PATTERNS OF ACCESS INEQUALITY



Distance is a critical barrier to healthcare access, especially in rural communities, where hours or days of walking may stand between people and the nearest health center. Embedding frontline health workers in their home communities is one typical strategy employed to reduce the distance to care for rural communities. However, a new study led by Pivot researchers Tanjona Andréambeloson and Michelle Evans reveals that geographic barriers to care persist even at the community level.

The study, published in PLoS Global Health, documents that **community health utilization falls by 28% for each additional kilometer people live from their local community health site**. The structure of Madagascar's public health system includes one community health site staffed by at least two CHWs in every fokontany (village cluster), and the study also finds that the location of the majority of these existing community health sites are already located in the optimal location to reduce travel time for as many people as possible. **This suggests that novel approaches, such as proactive case-finding and the delivery of household-level care, are needed to serve Madagascar's most remote communities.** These findings highlight the need for ongoing community engagement in identifying and addressing disparities in care.

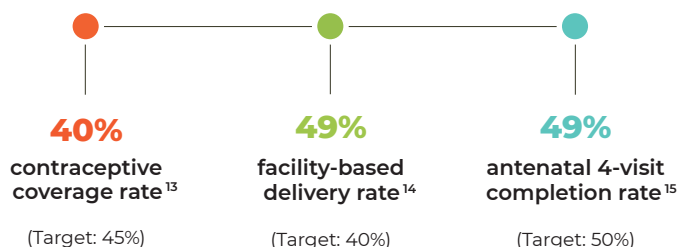
Left: As distance from the community health site increases, utilization falls. Line represents the estimated marginal mean effect of annual per capita CHW utilization rate with 95% confidence intervals from the fitted model, holding all other variables constant at their mean value. Points represent the mean annual CHW consultation rate for each fokontany from May 2018-May 2021.

MATERNAL & REPRODUCTIVE HEALTH



SINCE 2014, PIVOT
HAS SUPPORTED
14,081
FACILITY-BASED
DELIVERIES

This quarter, we achieved:



And maternal survival rates¹² were:

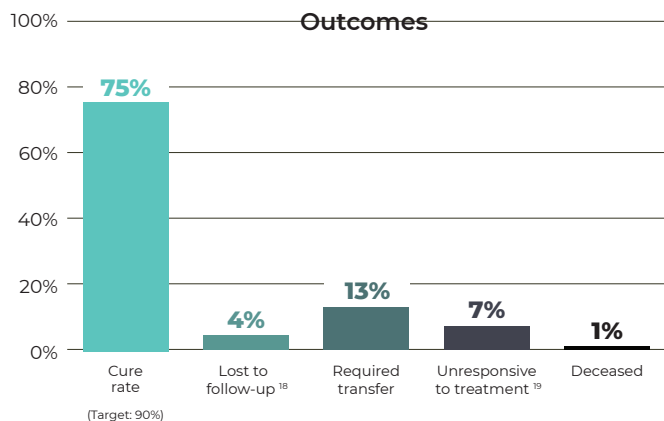


MALNUTRITION



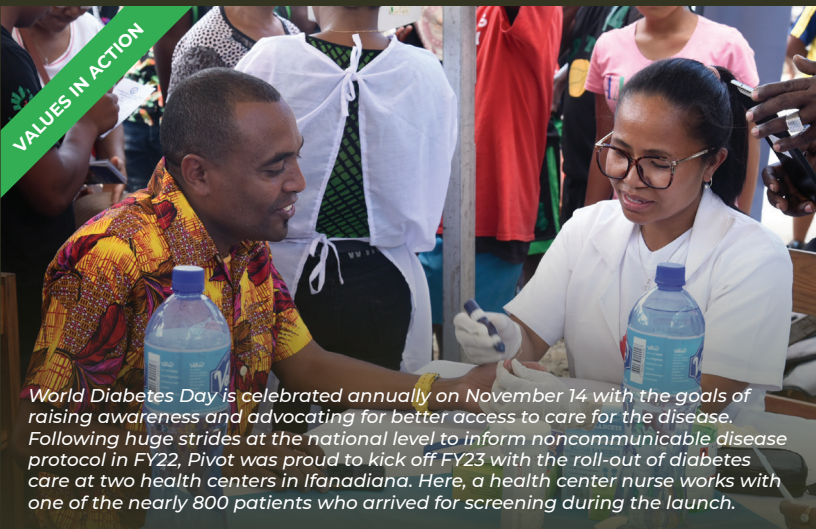
HEALTH CENTERS

- **213 children** began treatment for acute malnutrition¹⁶
- **79 children** were discharged from treatment



DISTRICT HOSPITAL

- **21 children** were admitted for treatment of severe acute malnutrition with complications¹⁷
- **22** were successfully discharged from intensive treatment (either cured or referred to a health center for continued care)



World Diabetes Day is celebrated annually on November 14 with the goals of raising awareness and advocating for better access to care for the disease. Following huge strides at the national level to inform noncommunicable disease protocol in FY22, Pivot was proud to kick off FY23 with the roll-out of diabetes care at two health centers in Ifanadiana. Here, a health center nurse works with one of the nearly 800 patients who arrived for screening during the launch.

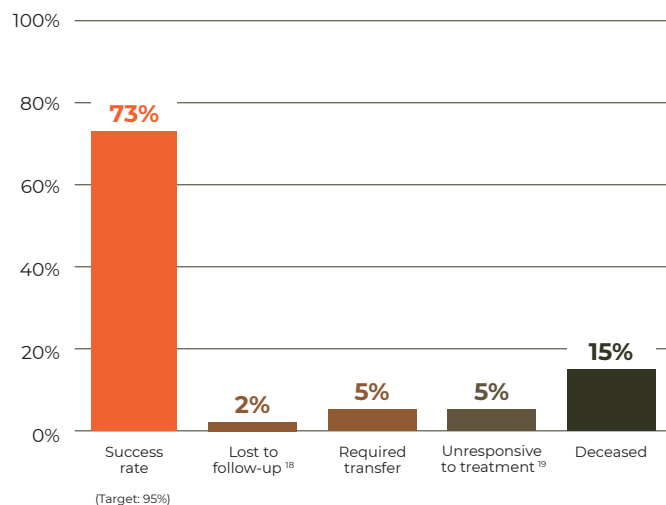
TUBERCULOSIS

This quarter, **114 patients** were enrolled for TB treatment.



Cohort Outcomes

for **123 patients** completing 1 year of treatment:



SOCIAL SUPPORT

353 social kits (food and household essentials) distributed to vulnerable patients at the district hospital

54 psycho-social sessions provided for hospital patients

1,026 reimbursements provided for transport to/from care

18,457 meals served to hospitalized patients and their *accompagnateurs*²⁰

PATIENT SPOTLIGHT: JOSIA

Josia is a vibrant host for one of Ifanadiana District's local radio stations, Akon'Ny Ala ("echoes of the forest"). During a quiet workday in 2018, Josia was overcome by a sudden headache. Assuming she was simply fatigued, she went home and ate lunch, but the pain only worsened. Her adult daughters Juliannah and Hasina brought Josia to Ifanadiana Health Center, where clinicians found that she had high blood pressure; they provided her with medication and advised her to come back the following week.

When Josia's condition showed no improvements, the staff referred her directly to the district hospital. It quickly became clear that Josia had been experiencing many of the tell-tale symptoms of diabetes, including numbness in her limbs, excessive urination, and declining eyesight. Her attention shifted quickly from the diagnosis to the symptoms. "What I feared most was happening," she says, recounting her reaction to the news. What ultimately convinced her to begin treatment was the idea that she would be a burden to her children; she agreed to begin treatment right away.

By 2020, Josia realized that she could no longer identify people's faces from a distance, and had to be sure to always get home before sundown, because it was becoming increasingly difficult to find her footing in anything less than full light. She attempted to seek eye care outside of the public health system, with practitioners in neighboring cities, but to no avail. Then, upon attending the festivities organized to mark World Diabetes Day in November 2022, Josia learned about AMADIA, a local Pivot implementation partner specializing in the care of patients with diabetes and related sight disorders. After completing an eye examination with one of the AMADIA doctors, Josia was referred to an ophthalmologist who might be able to help restore her vision.

"I cried!" Josia recounts. "The doctor asked me why I was crying, and I answered that I had started having real difficulty seeing, and this gave me hope that I might not go completely blind."

With arrangements supported by Pivot, Josia traveled to Antananarivo, the nation's capital, to undergo two laser eye procedures. Though she had some fears leading up to the first session, she says she maintained a "steel morale," and left the hospital in good spirits. "The doctor forbade me from going outside without dark sunglasses, because my eyes needed extra protection. I looked so good coming out of the hospital," she adds with a laugh.

Waking up the next day, Josia already noticed a difference in her vision, as if a veil had been lifted from over her eyes. "I thanked the doctor, and I thank Pivot," she says. "This wouldn't have been possible for me without your support." Before leaving, Josia completed a second round of treatment, and will return for a third in March 2023. In the meantime, she continues her regular visits to the district hospital to monitor her blood sugar levels, saying that she is re-motivated to keep up lifestyle changes that support living healthily with diabetes.



MORE FROM THIS QUARTER:

CLICK TO
READ

Community, Dedication, Guts: Reflections on my first 3 months with Pivot by Dr. Barbara Vololonarivelo, Engagement Director

Following a whirlwind period of intensive, field-based onboarding, Dr. Barbara has stepped seamlessly into her role as the new head of our Engagement department, overseeing partnerships, development, and communications. At the end of 2022, she paused to share some top impressions of the journey so far.

CLICK TO
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Staff Spotlight: Dr. Fiainamirinda Ralaivavikoa

Dr. Rindra, as he is known to patients and colleagues, is the kind of doctor most people hope to encounter. During his five years at Pivot, he has served as a frontline physician and as the manager of our primary care programs, consistently bringing his skills, passion for humanitarian service, and an unmatched sense of optimism to Pivot's clinical team.

CLICK TO
READ

Can Targeted Funding FOR Talent Development Lead to Higher Impact and Lower Risk for Social Enterprises?

In 2022, Pivot was fortunate to forge a new partnership with Rippleworks, who provided inflection funding in support of our transition to regional scale. As an investor supporting a diverse portfolio of social ventures, Rippleworks recognizes the critical importance of staff retention, seeking to "break the cycle of under-investing in talent development."

DEFINITIONS

1. **District hospital:** a secondary health facility offering inpatient care and specialized clinical services (e.g., dentistry; emergency obstetric care, including cesarean sections; laboratory and radiology; infectious disease treatment; and inpatient malnutrition for children) for the full district population
2. **Health center:** a health facility offering primary care services for the population of a geographically-defined commune, ranging from 4,500 to 20,800 people
3. **Community health:** disease prevention and health promotion conducted by community health workers (CHWs) outside of health facilities and within a community
4. **Community health worker (CHW):** a community member trained to provide care for common illnesses in their communities and to refer patients in need of higher levels of care to health centers; patients served are primarily pregnant women and children under five
5. **Supported patient visit:** a patient visit to community health worker, health center, or hospital for which costs of care are reimbursed by Pivot
6. **Tertiary care:** specialized medical care provided at regional or national health facilities outside of the district
7. **Per capita utilization:** an annualized rate of utilization calculated using the total number of quarterly community or health center visits multiplied by four and divided by the total catchment area population; only fully supported health centers are included in the calculation
8. **External consultation:** new and follow-up outpatient visits with a clinician at a fully-supported health center or hospital
9. **Bed occupancy:** percentage of total hospital beds available that are occupied by admitted patients
10. **Essential medicines:** a subset of total medicines supplied (7 at the community level, 15 at health centers, and 31 at the district hospital) that, informed by international standards, are necessary for providing basic health care
11. **Baseline [availability of medicines]:** the assessment of the availability of essential medicines before Pivot intervention, which was 2018 at the district hospital, 2014 at health centers, and 2015 at the community level
12. **Maternal survival rate:** the percentage of facility births and miscarriages in the last quarter after which the mother was discharged alive
13. **Contraceptive coverage rate:** the percentage of women between the ages of 15-49 in Pivot's catchment area who use any method of birth control as documented at the health center
14. **Facility-based delivery rate:** the percentage of the estimated number of infants expected to be born in the review period who were born at a fully-supported health center
15. **Antenatal 4-visit completion rate:** the percentage of women who gave birth at a fully-supported health center who attended four antenatal care visits prior to delivery
16. **Acute malnutrition:** weight for height that falls between -2 and -3 standard deviations below the mean weight for height according to international growth standards
17. **Severe malnutrition:** weight for height below -3 standard deviations below the mean weight for height according to international growth standards
18. **Lost to follow-up:** a patient whose treatment has been interrupted and who has not completed a program of care
19. **Unresponsive to treatment:** a patient whose health outcomes do not improve with treatment for specified disease
20. **Accompagnateur:** a family member, friend, or community member who accompanies a patient to seek care; often to cook, clothe, or otherwise provide necessary day-to-day support for the patient