



QUARTERLY IMPACT REPORT

January 1 - March 31, 2023

Dear Pivot community,

The start of calendar year 2023 marks the launch of Pivot's 2023-2028 Strategic Plan. This new key document reflects the contributions of Pivot staff, board, and partners across a 6-month process to evaluate the past decade of Pivot's work and to refine our approach for the next 5 years, ensuring strong alignment with government priorities as we prepare for regional expansion.

Our leadership, clinical, and operations teams continue to work both internally and in collaboration with local and regional health authorities to evaluate activities through the lens of expansion such that every resource is leveraged for maximum impact on population health. And our data and science teams are in the final stages of preparing for data collection by Madagascar's Institute of Statistics in the coming months. The process will include establishing a regional baseline for population health prior to expansion, and conducting the fifth wave of household surveys in Ifanadiana to measure our district-level impact since 2014.

We're also proud to share major progress in the realm of community health this quarter. After months of collaboration with government and multilateral entities, we joined the central-level working group in validating the new national community health policies and implementation guidelines in March. As the only NGO invited by the central government to contribute to the new strategy, Pivot had the opportunity to draw from years of on-the-ground implementation experience to advocate for community health in rural Madagascar. Additionally, **Associate Medical Director Luc Rakotonirina was nominated to join a delegation of officials representing Madagascar at the 3rd International Community Health Worker Symposium held in Monrovia, Liberia in March** (pictured above).

As Pivot continues to build momentum toward expanding our activities and strengthening advocacy work, we are deeply grateful for your partnership. With a commitment to transparency, we invite you to engage with the following report as a conduit for curiosity surrounding our work as we use it to foster our own accountability.






In solidarity,

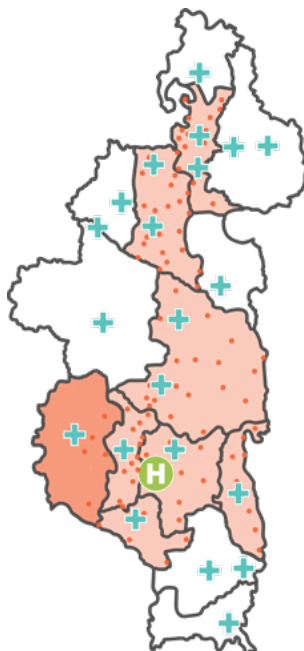
Laura Cordier
Executive Director

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
93 structures where CHWs receive patients



Total District Population: 203,426

- Hospital catchment: 203,426
- Health center catchment: 203,426
- Community health catchment: 99,146*
– which includes –
- Proactive care catchment: 13,324

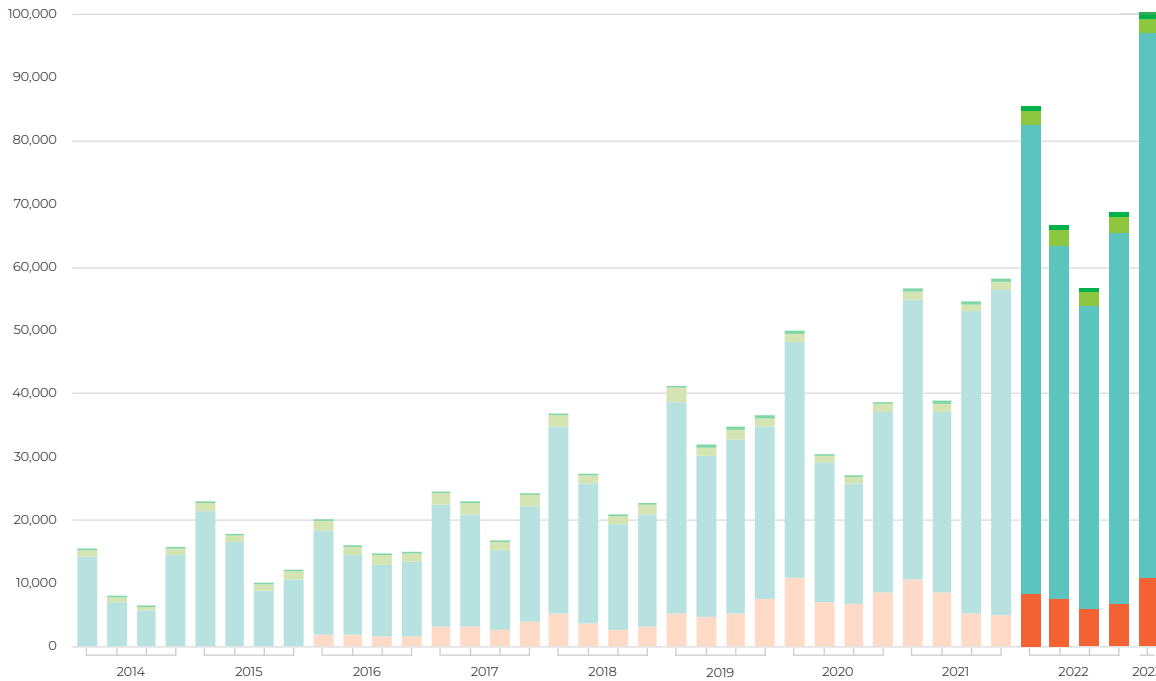
** The previous QIR (covering Oct-Dec'22) mistakenly reported our community catchment population as 108,875 but should have been 93,172.*

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

- For the first time ever, Pivot **supported >100,000 patient encounters in a single quarter**; this 23% increase from the previous quarter is attributable to 1.) an intense malaria season, and 2.) the expansion of malnutrition management activities amid a notable rise in cases in Ifanadiana over the past year
- Finalized and **validated the new national community health policy and implementation guidelines**, of which Pivot was the only NGO invited by the central government committee to co-author
- In partnership with the Ministry of Population, **trained 25 social workers in the management of gender-based violence cases**
- Following close collaboration with regional health office and strong advocacy at the central level, **maintained a 99% availability rate for drugs to treat malaria at health centers**, overcoming past supply chain challenges to meet the needs of an intense malaria season
- In recognition of World Cancer Day, **collaborated with the district and regional health teams to provide mass breast and colon cancer screenings** across the community, immediately enrolling patients with positive test results into care
- **Joined the official Malagasy delegation in attendance of the 3rd International Community Health Worker Symposium** held in Liberia in March
- In continuation of the international BRING O2 initiative to strengthen access to oxygen therapy, Pivot **donated 100 oxygen cylinders to two university hospitals in our tertiary care network** and provided maintenance training to technicians
- As part of the extension of NCD activities at the health center level, **trained 18 health workers in diabetes management and conducted a mass screening of >1000 community members**
- **Installed solar suitcases at four level-1 (basic) health centers** that were previously operating without any source of electricity
- After 18 months of development, **co-signed a new terms of reference with the Ifanadiana District Health Office to implement an improved patient reimbursement strategy that will improve financial accountability, traceability, and equity**
- Participated in **several central-level workshops to contribute to the development of new national strategies** and policies for non-communicable disease, performance-based financing, and quality assurance
- **Held first formal review with traditional birth attendants** participating in the pilot to improve facility-based delivery rates; across the 2 active communes, they **accompanied more than 200 pregnant women to health centers** for safe labor and delivery
- **Established a permanent office space in the capital, Antananarivo**, to facilitate central-level activities and support the cultivation of key government partnerships
- Carried out **supervisory trainings for 126 community health workers using mobile app CommCare** to manage patient data across in 6 communes
- **Supported intensive DHIS-2 trainings** for Pivot as well as representatives from the Department of Health Information Systems at the central level, regional, and district levels
- Focused on **emergency preparedness ahead of Cyclone Freddy**; **responded by providing food supplies** and basic medical support to emergency shelters housing the most vulnerable community members (though a devastating storm for many, the impact on Vatovavy Region was minimal compared to last year's cyclone season)



**THIS QUARTER
(JAN-MAR'23)**
100,152

**ALL-TIME
(SINCE 2014)**
1,246,214

† 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



Health Centers



District Hospital

VISITS
(CHILDREN UNDER-5)

10,865
(Target: 6,761)

160% of target achieved

PER CAPITA UTILIZATION ⁷

2.3 visits
per child under 5 (annualized)

Community Health Outcomes in Enhanced Care Commune vs. Non-Enhanced Communes

	Enhanced Care Pilot Commune	Non-Pilot Communes
Percent of Households Visited	93%	0%
Per Capita Utilization Rate	2.1	1.9
CHW Adherence to Protocol	95%	88%
CHW Supervision Rate	98%	93%

EXTERNAL CONSULTATIONS ⁸
(ALL AGES)

82,890
(Target: 80,982)

102% of target achieved

PER CAPITA UTILIZATION

1.9 visits
per person (annualized)

VISITS
(ALL AGES)

2,214
(Target: 2,660)

83% of target achieved

HOSPITALIZATIONS	BED OCCUPANCY ⁹
740 (Target: 620)	52% (Target: 65%)

TWO DYNAMIC LEADERS FILL KEY ROLES FOR STRATEGIC ADVANCEMENT

Dr. André Andriamanday, MPH
Director of Health Policy & Resources



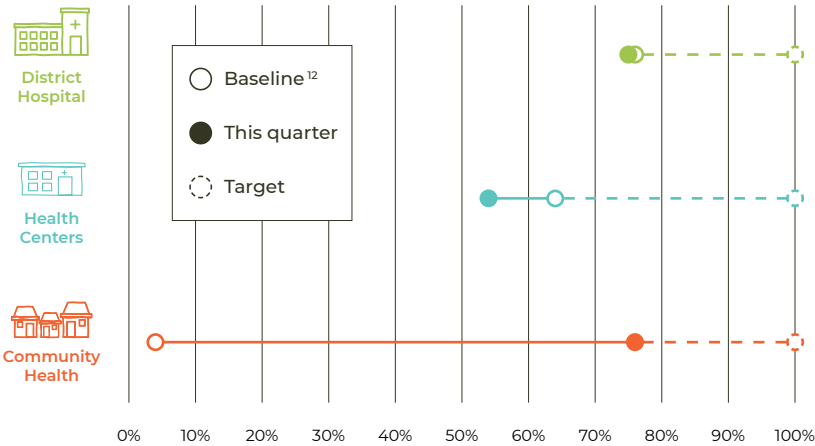
Dr. André is a physician and public health specialist with more than 20 years of program implementation experience. He brings an incredible array of knowledge, from having practiced as a physician in some of the most remote health facilities of Madagascar, to leading complex multilateral projects, to most recently serving a technical council for the European Agency for Health and Sustainable Development. Dr. André will focus on advancing key health systems strengthening priorities, including oversight of our Human Resources for Health initiative and financial protection activities.

Sarah-Anne Barriault, JD, MPH
National Director



Sarah was one of Pivot's first employees in 2014, who spent two years helping get operations up and running on the ground in Ifanadiana District. She has since worked with a number of other NGOs including UNICEF, and returned to Pivot in 2020 as a mentor and consultant on Universal Health Coverage. Having recently finished her Masters in Public Health, she brings a breadth of technical experience, institutional knowledge, and strategic vision to the role. Combined with a passion for humanized care and health equity, she is strongly-positioned to advance Pivot's mission through regional expansion.

AVAILABILITY OF ESSENTIAL MEDS¹⁰



CONTINUUM OF CARE



21%
transferred
by taxi
ambulance

32%
transferred
by taxi bus
*with transport fees
covered by Pivot*

47%
by other mode
of transport
*on foot, or by car,
tractor, stretcher, etc.*

STAFF

- **248** total Pivot employees
 - **99%** Madagascar-based
 - **98%** Malagasy
 - **5:2** female:male leadership

- **443** MoPH personnel supported
 - **71** district hospital staff
 - **173** health center staff
 - **199** community health workers



Members of the Pivot team enjoy a day of festivities to honor International Women's Day.

SCIENCE SPOTLIGHT: STRENGTHENING ZOOONOTIC DISEASE SURVEILLANCE IN MADAGASCAR

Zoonotic diseases – illnesses spread from animal to human – are responsible for an estimated 3 out of 4 of new or emerging diseases and are especially concerning in areas like Madagascar, where humans and animals live in close proximity. As part of the fight against zoonotic diseases, Pivot has been involved with the international initiative [PREZODE](#) (Preventing Zoonotic Disease Emergence) since its launch in 2021. [AfriCam](#), the first operational phase of PREZODE, has launched in Madagascar with a focus on developing and strengthening surveillance capacities for priority zoonotic diseases such as Rift Valley fever, Rabies, and those caused by wildlife pathogens (e.g. Hantavirus, Coronavirus).



The project will **implement epidemiological studies** to better understand, predict and manage zoonotic risk factors; **carry out participatory workshops** with local stakeholders to define and initiate the co-construction of ecosystems resilient to zoonotic risks; and **strengthen community-based participatory surveillance** of zoonotic diseases, integrating syndromic surveillance of domestic animal diseases, wildlife morbidity / mortality and environmental surveillance into the existing community health systems.

Better surveillance and understanding of disease emergence will allow the Madagascar health system to respond to community needs and improve population health. Implemented largely in Ifanadiana District, the participation of Pivot in AfriCam represents an opportunity to build lasting collaborations to promote One Health approaches to pandemic preparedness, surveillance, and response.

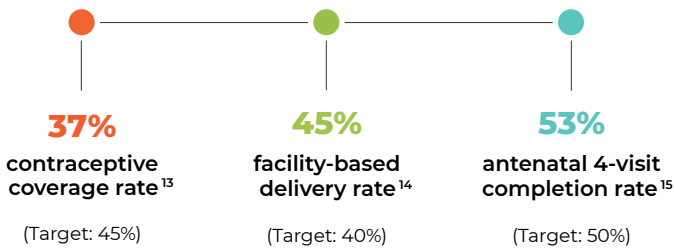
Funded by the French Development Agency for a period of three years and coordinated by the *Centre de coopération internationale en recherche agronomique pour le développement* and the *Institut de recherche pour le développement*, AfriCam Madagascar will be implemented through a partnership among non-profit organizations and public agencies in Madagascar.

MATERNAL & REPRODUCTIVE HEALTH



SINCE 2014, PIVOT HAS SUPPORTED **14,931** FACILITY-BASED DELIVERIES

This quarter, we achieved:



And maternal survival rates¹² were:



Pivot Noncommunicable Disease Mentor, Nancy Mugisha, supports health center personnel during a mass screening for diabetes.

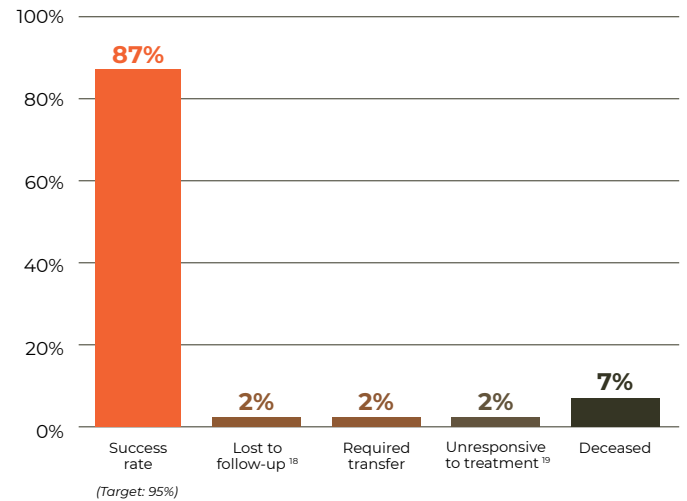
TUBERCULOSIS

This quarter, **102 patients** were enrolled for TB treatment.



Cohort Outcomes

for **125 patients** completing 1 year of treatment:



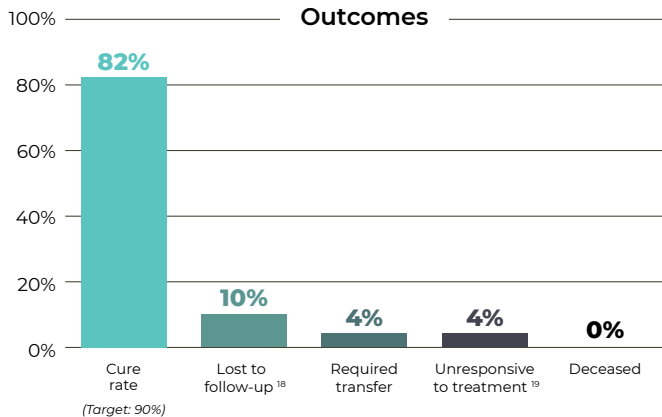
MALNUTRITION



HEALTH CENTERS

- 324 children** began treatment for acute malnutrition¹⁶
- 241 children** were discharged from treatment

Outcomes



DISTRICT HOSPITAL

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

SOCIAL SUPPORT

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

20 psycho-social sessions provided for hospital patients

3,926 reimbursements provided for transport to/from care

24,416 meals served to hospitalized patients and their *accompagnateurs*²⁰

PATIENT SPOTLIGHT: FLORINE'S FAMILY

When Florine (far right) married her husband Kozy, they brought a total of 10 children together from previous unions, and have since had 4 of their own; 9 of the 14 live with them full-time. Their home is located upon a hill in the commune of Ambiabe, where the devastation of Cyclone Batsirai in February 2022 had a severe impact on the community's clean water and reliable food sources. Consequently, four of the children began showing signs of malnutrition – which has become an increasingly urgent, widespread effect among children in the aftermath of the storms.

By October of 2022, Florine decided it was time to seek care at Ambiabe Health Center for Fifih (age 7), Krisy (age 6), Ginah (age 3), and Mora (age 2). Upon consultation, all four were diagnosed with severe acute malnutrition and were immediately enrolled into a treatment program. Within a month, however, health center personnel took note of the fact that Florine's family had not returned during the regularly-scheduled days for children undergoing nutritional therapy. In response, they notified the Pivot social work team, who organized a home visit to seek out the family and hopefully motivate them to return.

Upon arrival at the family's home, Pivot social worker Hery Zo (far left) discovered that Florine had recently given birth to a baby girl, which had understandably prevented her from being able to bring her children to the health center as planned. The newborn was named Soandalana, which translates from Malagasy as "well on the road," reflecting the story of her harrowing delivery. Florine was en route to the health center for malnutrition care with her four children when she went into labor! Thankfully, her father had accompanied her on the trip, and she was able to deliver the baby successfully with his support – both remain in good health.

Happily, Hery Zo's visit resulted in the children returning to their malnutrition treatment program. However, Florine's incredible story underscores a number of ways in which the public health system remains lacking in terms of meeting the needs of each patient, ensuring no woman is forced to take the risk that Florine faced as she prepared to bring Soandalana into the world. This is why Pivot advocates for the kind of support activities that take each patient's whole being into account – not just their physical health, but their psychological wellbeing and social circumstances – across public health services.



MORE FROM THIS QUARTER:

Pivot's 2023-2028 Strategic Plan



Pivot's 5-year strategy for regional expansion

Pivot's [2023-2028 Strategic Plan](#) is now available!

Our new 5-year plan for regional expansion reflects an intensive process of evaluating the past decade of Pivot's work and refining our approach to ensure strong alignment with government priorities as we prepare for replication and scale.

We're also proud to share our [FY22 Impact Summary](#),

which provides an overview of key outcomes and milestones achieved during the Oct'21-Sep'22 period.

As Pivot enters this new phase of growth, we are deeply grateful for each one of you – the opportunity to expand our work and broaden our impact would not have been possible without the support of our community.

Misaotra betsaka! (Thank you very much!)

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