

Part of the Pivot team who served on the organizing committee for the 10th anniversary celebration, waiting to greet the more than 300 staff, board members and partners who gathered in Ranomafana to mark the occasion.



QUARTERLY IMPACT REPORT

January 1 - March 31, 2024

Dear Pivot community,

We are honored to present our Quarterly Impact Report for Q2 of FY24 – the quarter that officially marks the **10th anniversary of when Pivot started of work in Madagascar!** Our journey began in 2014 with a bold vision to revolutionize healthcare delivery in Madagascar. Rooted in rigorous science and a commitment to government partnership, our mission has always prioritized saving lives, effecting sustainable system-level change, and generating catalytic research to refine our strategy and inform similar initiatives around the globe.

Since then, we have **supported more than 1.5 million patient visits**, strengthened system infrastructure, and seen remarkable improvements to the health outcomes of the communities with access to Pivot-supported services, including a **31% reduction in child mortality in our initial intervention area**. This 10-year milestone marks the success of our continued dedication to partner with the Ministry of Public Health to save lives and sustainably transform the public health system, but also highlights the unwavering commitment of our staff, about 10% of whom were recognized for 10 years of service, having joined the Pivot team in year one.

We are immensely grateful for the dedication of our staff, board, government collaborators, health workers, partners and funders, who have all been instrumental in the successes of the past decade. Together, we have shaped, reshaped, and adapted to operate at a regional level, leveraging ten years of data and lessons learned to maximize our impact.

As we embark on the next decade of work, we are emboldened by the resilience of our team and the enduring support of our community. Expansion across Vatovavy Region marks an exciting new chapter, reaffirming our commitment to embrace complexity in the face of the inevitable challenges that come with growth. With strategic plans and partnership agreements in place, and a dynamic network of multisectoral collaborators to advance our mission, **we are ready to expand our footprint and ensure access to quality, reliable healthcare services to hundreds of thousands more people living in rural Madagascar**. We also remain committed to bridging the gap between science and service delivery, such that our efforts in Vatovavy might serve as a blueprint for rights-based healthcare initiatives in other regions of the world.

We extend our deepest gratitude to each of you for your unwavering support and belief in our vision. Thanks to your partnership, we have crossed milestones that the original 2014 team only dreamed might come to pass, and together, we will continue to make a difference in the lives of those we serve.

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

With immense gratitude,

Laura Cordier
Executive Director

IFANADIANA DISTRICT

In partnership with Madagascar's Ministry of Public Health (MoPH), 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



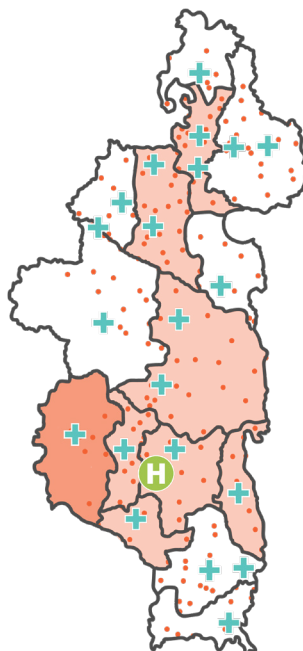
Community health ³
197 community health workers (CHWs) ⁴



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



Community health sites
196 structures where CHWs receive patients



Total District Population: 210,212

- Hospital catchment: 210,212
- Health center catchment: 210,212
- Community health catchment: 102,456
– which includes –
- Proactive care catchment: 13,768

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

PROGRESS HIGHLIGHTS

Community Health:

- Inaugurated 40 new community health sites, for a total of 196 posts throughout Ifanadiana District where CHWs are stationed to receive patients in close proximity to rural villages, ensuring community-based access to care.
- Transitioned compensation of CHWs to mobile transfer to reduce risks of security issues previously faced when dealing in cash.
- Completed the first wave of training-of-trainers for the new Community Health National Strategy, which marks a critical step in rolling out the new guidelines to enhance community-based healthcare delivery in Pivot's catchment area.

Primary Care:

- Completed the construction of two completely new rural facilities in Antaretra and Antsindra to replace the previous structures, which were in severe disrepair. The new Antsindra Health Center, previously lacking electricity, is now equipped with solar power.
- Signed new agreements with each of Ifanadiana District's health facilities to formalize the launch of our Care 2.0 strategy to cover the costs of care in Ifanadiana District. This new chapter represents a mutual commitment between Pivot and the MoPH to advance Universal Health Coverage in Madagascar.

Hospital Care:

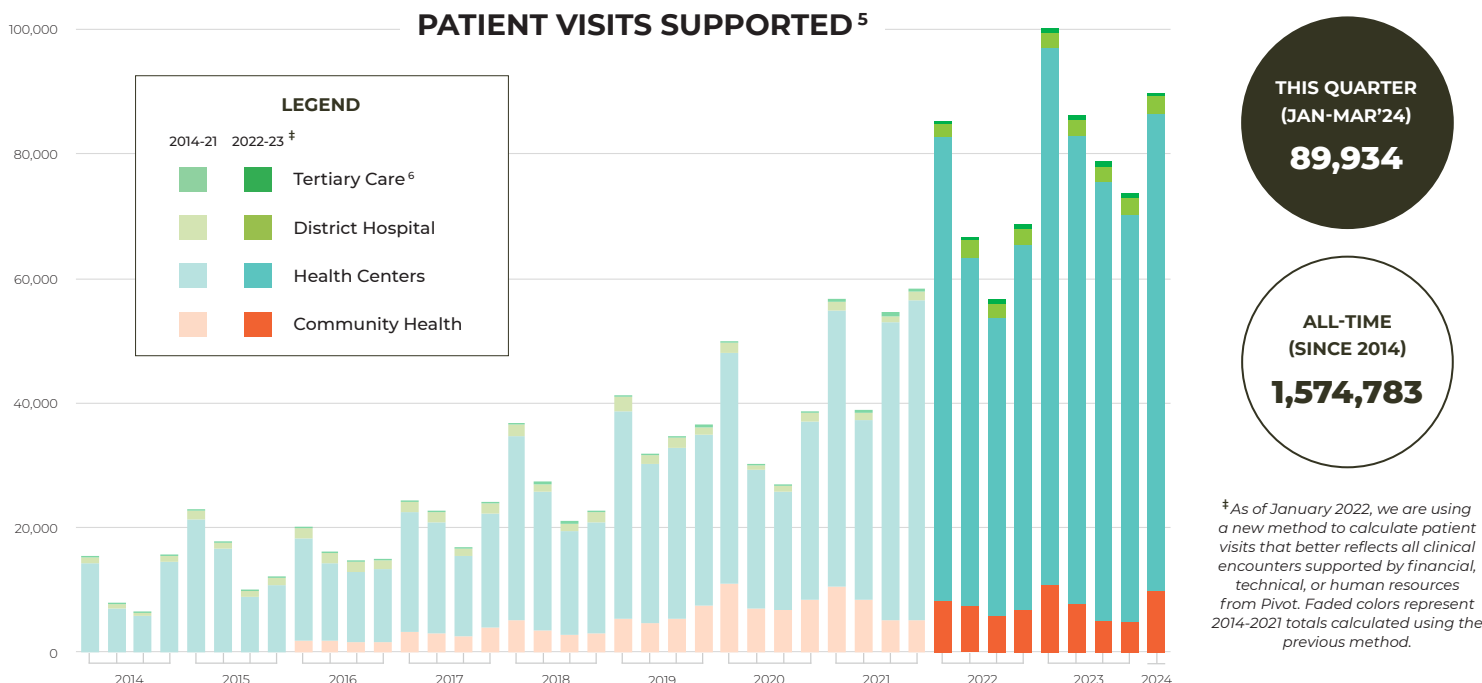
- Launched microbiology laboratory activities at Ifanadiana District Hospital, implemented in partnership with Fondation Mérieux with the goal to expand diagnostic capacity for the district population.

One Health:

- Formally launched our participation in the international [PREZODE](#) Initiative supporting pandemic prevention through zoonotic disease surveillance systems. Pivot is specifically involved in the Africam project to provide expertise in data & information systems and community health strategy to the MoPH in strengthening national One Health policies. This quarter we organized two rounds of training on mobile technology to support the development of new One Health modules.

EXPANSION UPDATES

- Marked the **official launch of regional implementation** with the three district health offices and the regional MoPH team. Donated one all-terrain vehicle, 7 motorbikes, fleet maintenance funds, and essential IT equipment to improve movement, communication, and logistical coordination across Vavovavy Region.
- Completed **pharmacy audits across health facilities in Nosy Varika District**, representing a shift in practice during the preparation phase prior to implementing Care 2.0, which will remove user fees for target populations. This step creates the opportunity to assess financial viability at each health center and aids in the prevention of potential challenges with governance and financial management.
- Held an **interactive workshop with Vavovavy Region's MoPH leadership to present our proposed targets for regional key performance indicators**, receive government feedback, and adapt for an aligned vision on timeline and objectives through 2028.
- **Trained and deployed the most recent wave of new healthcare personnel jointly recruited with the MoPH** to bring staffing to norms across the region. In addition to standard training on policies and procedures, new recruits receive a comprehensive orientation to the values and mechanisms of Universal Health Coverage.
- Convened with Médecins Sans Frontières (MSF) Switzerland for a series of handover meetings as **Pivot prepares to take over the management of activities MSF implemented in response to Cyclone Batisrai**, which caused severe damage to health system infrastructure across Vavovavy Region in 2022.



Community Health

VISITS (CHILDREN UNDER-5)
9,877 (Target: 6,916)
143% of target achieved
PER CAPITA UTILIZATION ⁷
2.1 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	87%	—
Per Capita Utilization Rate	2.2	2.1
CHW Adherence to Protocol	92%	97%
CHW Supervision Rate	86%	72%



Health Centers

EXTERNAL CONSULTATIONS ⁸ (ALL AGES)
72,668 (Target: 72,411)
100% of target achieved
PER CAPITA UTILIZATION
1.7 visits per person (annualized)



District Hospital

VISITS (ALL AGES)	
2,551 (Target: 2,660)	
96% of target achieved	
HOSPITALIZATIONS	BED OCCUPANCY ⁹
933 (Target: 620)	62% (Target: 65%)

BUILDING CLINICAL CAPACITY & QUALITY OF CARE THROUGH MENTORSHIP



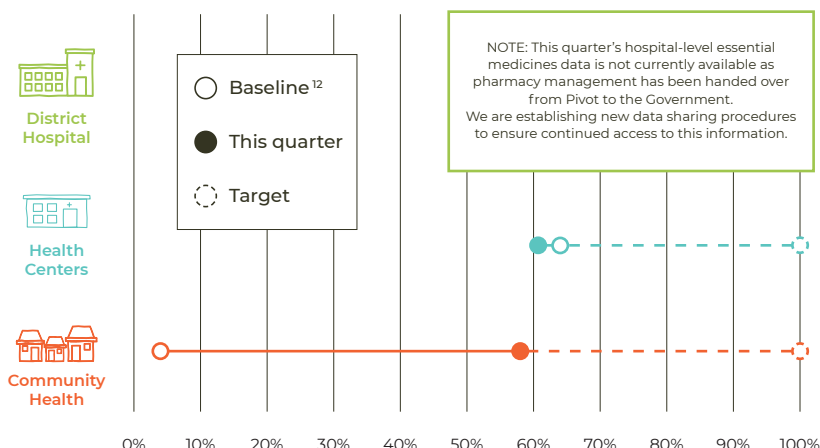
As part of our ongoing SAFER initiative, this quarter marked the **extension of targeted maternal and reproductive health activities** to all 15 level-2 health centers in Ifanadiana District. Since 2022, maternal health mentor Dr. Jacques Kotchofa has played a key role in strengthening this program, offering his expertise in high-risk pregnancy management to build capacity among facility-based providers. His 19 years of experience as an obstetrician have equipped him to impart knowledge to his mentees about how to identify and manage potential risks that may occur during pregnancy, childbirth, and the postpartum period.

"One night I received a call from the clinical staff at Maroharatra Health Center, who were facing an obstetric emergency" Dr. Kotchofa recalls. "The woman in their care had just delivered a healthy baby, but had an immediate postpartum hemorrhage, and was losing a significant amount of blood." With minimal prompting from their mentor, they remembered one approach they hadn't yet tried, and sprung into action. In a matter of minutes, the new mother's bleeding was under control. With the facility located nearly 90km from the district hospital, the skills demonstrated by the providers were essential in saving the woman's life.

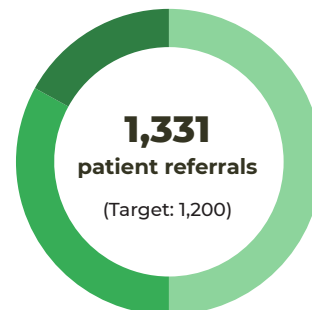
"To me, **this story represents the effectiveness of Pivot's clinical mentorship model for improving the performance and clinical skills of healthcare providers**," Dr. Kotchofa reflects. "It deepens the self-confidence of the mentees, and promotes the sustainability of essential clinical capacities in the setting of remote health centers like Maroharatra."

Integrating targeted expert mentorship for clinical priority areas has been key in our journey to ensure not only access to basic health services, but to the highest-possible quality of care.

AVAILABILITY OF ESSENTIAL MEDS¹⁰



CONTINUUM OF CARE



17%
transferred
by taxi
ambulance

33%
transferred
by taxi bus
with transport fees
covered by Pivot

50%
by other mode
of transport
on foot, or by car,
tractor, stretcher, etc.

PERSONNEL

- **263** total Pivot employees
 - **99%** Madagascar-based
 - **98%** Malagasy
 - **70%** female leadership
- **395** MoPH staff supported
 - **96** district hospital staff
 - **102** health center staff
 - **197** community health workers

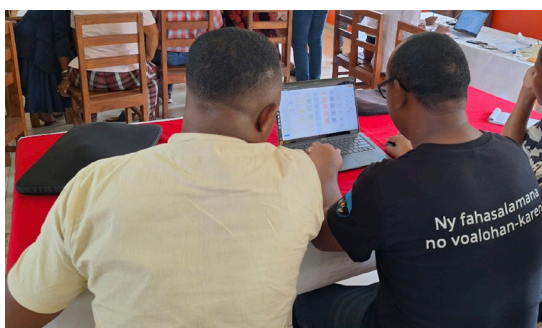
Pivot's 10-Year Anniversary Celebration was attended by staff, board members, and partners from across Madagascar, all of whom participated in activities ranging from formal speeches to group dances. Here, Vatovavy Region's Deputy Health Director (far left) joined (left to right) Pivot's Executive Director, Board Steering Committee Chair, and National Director in ceremonially cutting the cake.

INFECTIOUS DISEASE MODELING FOR A CHANGING PLANET

The Predicting Infectious Diseases via Environment and Climate (PRIDE-C) initiative is a five-year project funded by Wellcome Trust that began in July 2023. PRIDE-C leverages participatory research methods to **develop an open-source application that can predict climate-sensitive infectious diseases at the community level** in Ifanadiana District. The project aims to create an open-source software tool that provides disease forecasts for malaria, diarrheal disease, and upper respiratory infection in Ifanadiana District, and evaluate the implementation of the software tool.

The first year of the project is devoted to the co-creation of the application via a series of participatory workshops held with representatives of the MoPH from all levels of the public health system. The first workshop of the series took place in February, aiming to introduce participants to the PRIDE-C project, orienting them to the fundamentals of predictive modeling and the participatory modeling process. Sixteen participants worked to **co-create conceptual models of malaria, diarrheal disease, and upper respiratory infection** and then generate a list of variables to be integrated into future statistical models. Future workshops will allow participants to review preliminary results of the statistical models and provide an opportunity for them to test a prototype of the application.

Participants in the PRIDE-C workshop brainstorm factors related to infectious disease incidence, including environmental and non-environmental components, to develop a conceptual model of how disease burden may change over time.

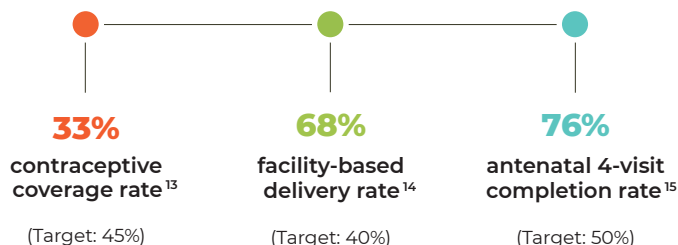


MATERNAL & REPRODUCTIVE HEALTH



SINCE 2014, PIVOT
HAS SUPPORTED
19,862
FACILITY-BASED
DELIVERIES

This quarter, we achieved:



And maternal survival rates¹² were:

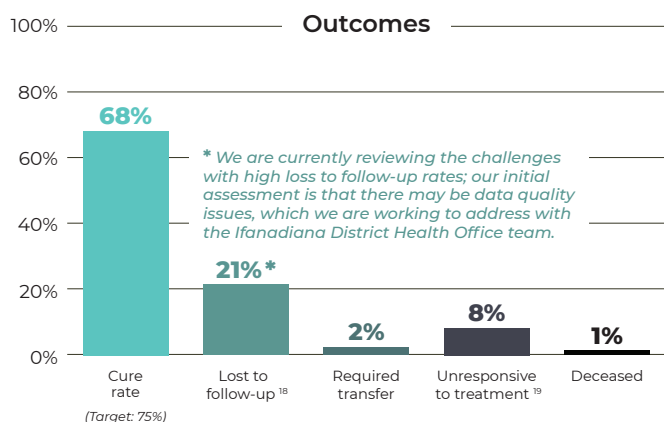


MALNUTRITION



HEALTH CENTERS

- **207 children** began treatment for acute malnutrition¹⁶
- **158 children** were discharged from treatment



DISTRICT HOSPITAL

- **22 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)



Every member of the Pivot staff participated in values-based team-building activities throughout the 10 Year Anniversary Celebration, which was hosted at the park next to Ranomafana's hot springs. Here, members of the sensitization, primary care, and IT teams rose to the challenge.

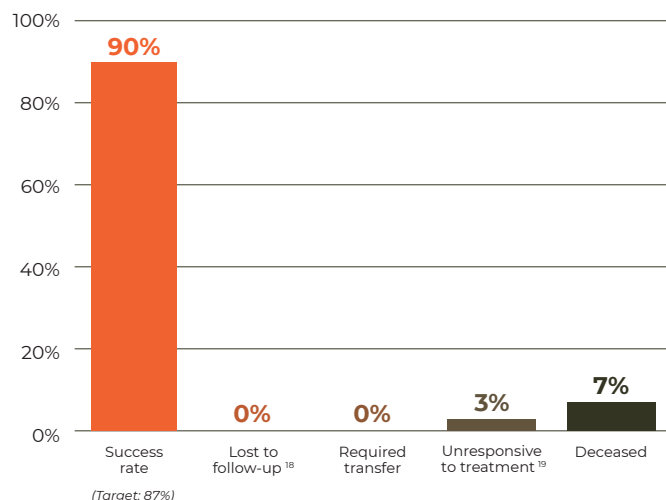
TUBERCULOSIS

This quarter, **50 patients** were enrolled for TB treatment.



Cohort Outcomes

for **83 patients** completing 1 year of treatment:



SOCIAL SUPPORT

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

99 psycho-social sessions provided for hospital patients

5,447 reimbursements provided for transport to/from care

42,511 meals served to hospitalized patients and their accompagnateurs²⁰

VOICES FROM THE FIELD

*The following reflections are from **Monitoring & Evaluation Officer Gilbert Ravonjisoa ("Vonjy")** after a visit to Nosy Varika, one of the districts where Pivot is expanding. His role involves data collection at the most granular level, ensuring that the data fed into Pivot's information systems is of the highest-possible quality.*

I feel a deep conviction and enthusiasm about the importance of working in our country's most remote areas. As we look to the future of our communities, I am confident that it is in these isolated regions that some of the greatest opportunities for growth, innovation, and development lie.

These areas are home to vibrant and diverse communities, rich in natural and cultural resources. At the same time, they face a particularly steep set of challenges when it comes to accessing essential healthcare services.

While working in a remote location is inherently challenging within the domain of public health, it also offers a unique chance to make a real difference. It requires unwavering dedication, resilience in the face of challenges, and an ability to respectfully engage and closely collaborate with the community members we serve. I see these challenges as opportunities for personal and professional growth, as well as a chance to contribute meaningfully to the well-being of Nosy Varika District's population.

It is precisely in the challenges that my commitment lies. By bringing my skills and passion to this work, I am determined to contribute to the sustainable development of these regions. Whether by collaborating with local stakeholders to develop essential infrastructure, or by promoting access to healthcare services and education, I am eager to invest my full dedication to this mission.



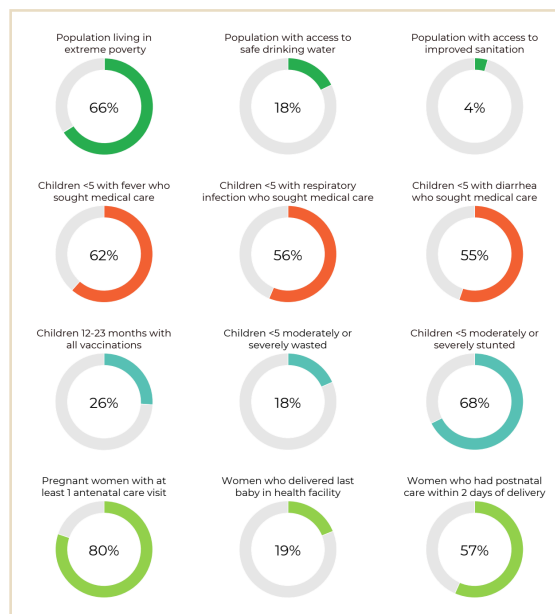
ESTABLISHING A BASELINE

As Pivot expands its activities across Vatovavy Region, it is essential that we measure the impact of our work on population health and well-being. In 2023, the Pivot team collaborated with Madagascar's National Institute of Statistics and Harvard Medical School to conduct a baseline survey across Vatovavy Region. The survey was designed to **assess the health, care-seeking behaviors, and socioeconomic conditions of ~5,000 households** across all 3 of the region's districts: Ifanadiana, Mananjary, and Nosy Varika.

Additionally, the surveyors **collected dried blood spots from participants**. With more than 17,000 samples collected, Pivot researchers will be able to estimate the seroprevalence of an array of diseases among Vatovavy's population. This also represents a baseline from which we can measure the changing burden of disease over time.

With Pivot's research team working to analyze the data, we are now able to share some of the key preliminary results of the analysis. Hobisoa Razanadranaivo, Pivot's Impact Research Manager, is leading the analysis, with technical support from Andres Garchitorea and Ann Miller.

[Click here to see more.](#)



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