

CHWs supported by Ifanadiana District's ECH pilot depart from their community post to proactively case-find and provide care at the household level.

Photo: Barbara Kinney



QUARTERLY IMPACT REPORT

July 1 - September 30, 2024

Dear Pivot community,

With the majority of Vatovavy Region's population living in extremely remote areas, building a network of professionalized Community Health Workers (CHWs) is the key to overcoming geographic barriers to healthcare and reaching patients living at the last mile.

In 2019, Pivot launched an Enhanced Community Health (ECH) pilot in Ifanadiana District with the aim of reaching more patients and integrating CHWs in the public health system's continuum of care. A [study](#) led by Pivot's Director of Monitoring, Evaluation, Accountability & Learning, Bénédicte Razafinjato, showed that the first 18 months of the ECH pilot led to significant improvements in healthcare access, increasing utilization of health services by more than 200% and improving overall quality of care provided by CHWs. **These insights have been instrumental in shaping Madagascar's new national policy for community-level care, which is now at the core of Pivot's regional rollout strategy.**

This quarter, Pivot's expansion was accelerated by the launch of a catalytic new partnership with [Grand Challenges Canada \(GCC\)](#). With support from the Government of Canada, **GCC is investing \$745K CAD in Transition to Scale funding in Pivot's ECH expansion across Vatovavy Region over the next two years.** This funding will support our aim to increase Vatovavy's network of CHWs from 1,440 to more than 2,500, covering 37,000 pregnant women and 150,000 children under five.

In collaboration with regional and district-level public health offices, the initiative will be carried out with a focus on:

- Recruiting, training, supervising, and compensating CHWs
- Integrating CHWs with primary care at the facility level
- Implementing a dual case-finding approach, including proactive household-level care
- Equipping CHWs with mobile technology that works on or off the grid
- Generating evidence for replication and scale through embedded, participatory research

The expansion of our ECH model represents a transformative step forward in addressing healthcare disparities in Madagascar.

These advancements are set to eliminate major barriers to healthcare for rural populations, ensuring that vital services reach those who need them most.

This is a major milestone for Pivot - having joined the first policy meetings about updating the national community health strategy, I am filled with pride to now see it implemented with such a vision for scale. This brings full circle the impact of ten years of hard work, advancing all aspects of our commitment to saving lives, transforming health systems, and catalyzing global change. We look forward to sharing our progress as we implement this strategy to reach Vatovavy's one million residents.

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

In solidarity,
Luc Rakotonirina
Deputy National Director

VATOVAVY REGION

2023 Regional Baseline

Population: 838,803

Population living in extreme poverty: 66%

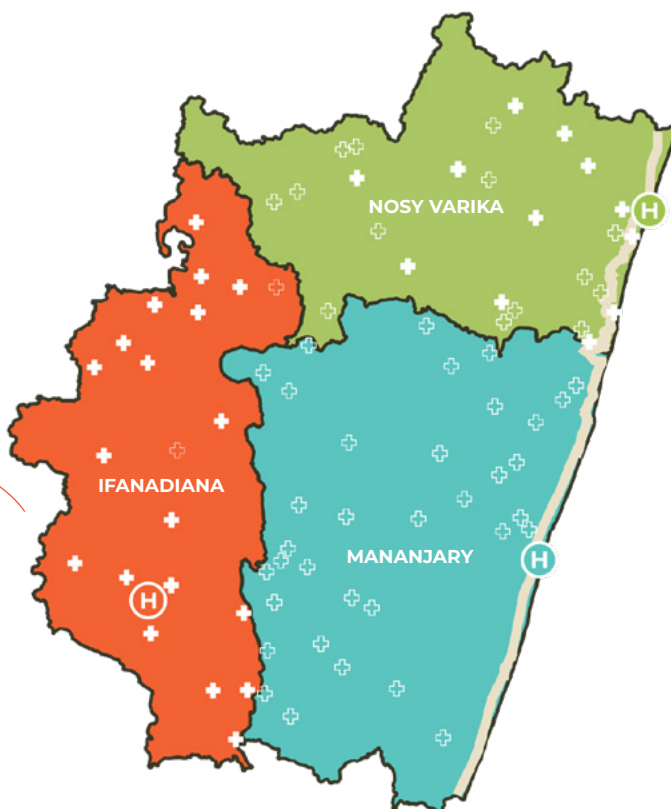
Children <2 with all essential vaccinations: 26%

Children <5 moderately or severely stunted: 68%

Women who delivered last baby in health facility: 16%

2014-2023

Our first decade in Ifanadiana District allowed us to test and refine programmatic and system-wide interventions to maximize impact on population-level health outcomes. Lessons learned from working at the district level, combined with 2023 regional baseline data, informed our regional expansion strategy.



Pivot currently supports:

643	Community Health Workers
196	Community Health Posts
33	Primary Care Health Centers
1	District Hospital

Map Legend

	Health Center
	Health Center with user fees removed
	District Hospital
	Pangalane Canal

– Q4 UPDATES –

STRATEGY

- Pivot leaders were invited to present across multiple forums on our data and impact - **read more on page 4.**
- Alongside financial and technical partners acting in the region - including UNICEF, USAID, Catholic Relief Services, Save the Children, and more - Pivot attended the **MoPH's regional workshop for monitoring progress on the implementation of the new national strategy** for community health. This was followed by a **field visit to exchange knowledge on community health** activities supported by Pivot in Vatoavavy.

IFANADIANA

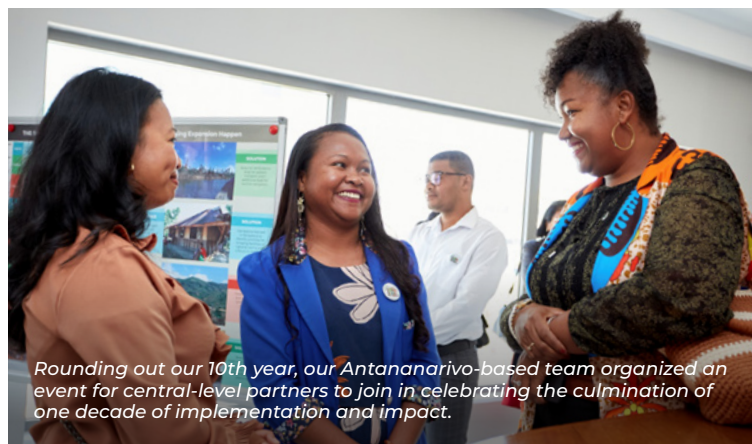
- As part of the hospital program, we **recruited a focal point physician based at the Andrainjato University Hospital (CHU-A)**, one of the tertiary care facilities where we refer patients in need of more specialized care. This new role is meant to facilitate collaboration between CHU-A physicians and Pivot, as well as to monitor patients treated by Pivot within the CHU-A.
- Three infrastructure projects were completed**, including renovations to Mahasoa Health Center, Andorangavola Health Center, and Marotoko Health Center's maternity ward.

SCIENCE

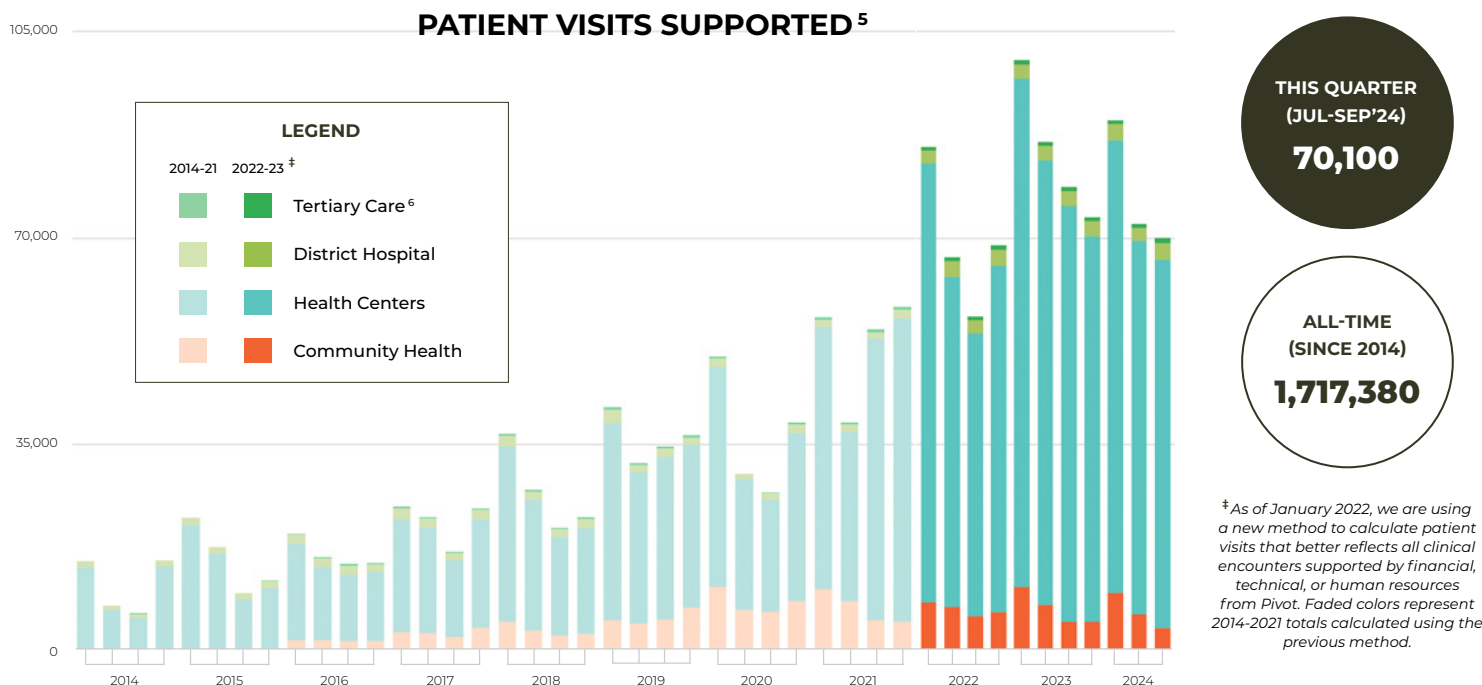
- Pivot Research Scientist Michelle Evans **presented at a DHIS2 conference to an audience of key technical partners** about Pivot's use of the platform to track and inform our programs.
- As part of a new partnership with the University of Michigan, held an initial **workshop on scientific writing with a focus on building research capacity among clinical program managers.**

EXPANSION

- Joint recruits in both expansion districts received evaluations using a **new methodology that ensures improved objectivity in assessments of personnel performance** and facilitates the creation of personalized action plans to address areas of growth.
- Having received ambulances to support continuity of care, both expansion districts recruited drivers, reference nurses, and paramedics to launch referral activities.
- Training on the configuration and maintenance of new lab equipment** was organized to prepare technicians from Nosy Varika and Mananjary for the activities planned in 2025.
- Donated equipment to the emergency and pediatric departments** of Mananjary Regional Hospital and Nosy Varika District Hospital in preparation for launch of Pivot-supported activities, including removal of user fees through CARE 2.0.



Rounding out our 10th year, our Antananarivo-based team organized an event for central-level partners to join in celebrating the culmination of one decade of implementation and impact.



Community Health

VISITS (CHILDREN UNDER-5)	RECRUITMENT UPDATE
3,849 (Target: 7,432) 52% of target achieved	New CHWs Recruited 302 Total CHWs Supported 648 CHW Training Completion 99% New Peer Supervisors 34
ADHERENCE TO PROTOCOL 88%	



Health Centers

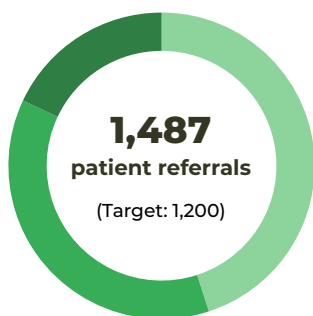
EXTERNAL CONSULTATIONS ⁸ (ALL AGES)
58,962 (Target: 77,812) 76% of target achieved
PER CAPITA UTILIZATION
1.3 visits per person (annualized)



District Hospital

VISITS (ALL AGES)	
2,580 (Target: 2,858)	
90% of target achieved	
HOSPITALIZATIONS	BED OCCUPANCY ⁹
768 (Target: 666)	55% (Target: 65%)

CONTINUUM OF CARE



18%
transferred
by Pivot
ambulance

37%
transferred by
taxi bus
with transport fees
covered by Pivot

45%
by other mode of
transport
on foot, or by car, tractor,
stretcher, etc.

PERSONNEL

- **846** MoPH staff supported
 - **96** district hospital staff
 - **102** health center staff
 - **648** community health workers
-
- **285** total Pivot employees
 - **98%** Madagascar-based
 - **97%** Malagasy
 - **86%** female leadership

– MISSION HIGHLIGHTS –

SAVING LIVES



CONTINUING THE FIGHT FOR WOMEN'S HEALTH & SAFETY

This quarter, Pivot's collaboration with the Ministry of Population, Social Protection & Promotion of Women (MinPop) to combat gender-based violence (GBV) in Madagascar continued, with the **inauguration of a survivor housing center** in Ifanadiana in August. This is an extension of the services provided by the district's two Listening & Legal Counseling Centers, which Pivot helped establish in 2023, marking an important step in Pivot's commitment to addressing women's health issues and GBV in Madagascar through strategic, multi-sectoral partnerships.

Designed to accommodate up to six survivors at a time, the center offers secure housing, food, and sanitation facilities, and works closely with advocates to support survivors in navigating their circumstances. In the month following its opening, the center provided lodging and care for 6 minors and legal guidance and resources for 16 women. The center also facilitated group and individual counseling sessions to help survivors process their experiences, challenge the normalization of gender-based violence, and build resilience.

In addition to direct services, Pivot and MinPop teams conducted field visits to gather insights on community perceptions of the intervention, identifying opportunities to improve sensitization and networks of care to better address the complex needs of GBV survivors.

Women pictured are representative of the population served by these initiatives; survivors' actual identities are strictly protected.

TRANSFORMING HEALTH SYSTEMS



SHARING INSIGHTS WITH KEY STAKEHOLDERS

Our 10th year culminated in opportunities for Pivot leadership to present our work:

- Pivot National Director Sarah Barriault was invited to present results from our first 10 years of work at a **USAID-led health systems strengthening workshop** as well as a **central-level convening on primary care strategy**. Both events provided an opportunity to highlight our impact, share lessons learned, and advocate for improvements to core areas of public health policy.
- Pivot Impact Manager Hobisoa Razandranaina **presented key findings from our regional baseline survey** to an audience of local, regional, and multilateral public health actors. The data, collected from 4,800 households across Vatovavy Region, captured representative data on population health, well-being, and service coverage before Pivot's expansion. Stakeholders were encouraged to use our findings to inform their strategies in the region.

CATALYZING GLOBAL CHANGE

Advancing country community digital health journey

Lessons from Madagascar, Niger, Tanzania and South Sudan

MOMENTUM Integrated Health Resilience
Countries Ministries of Health

Community Health Coordination monthly meeting 1 July 31, 2024



LEADING THE WAY IN DIGITAL HEALTH

Our Director of Monitoring, Evaluation, Accountability & Learning, Bénédicte Razafinjato, was invited to present Pivot's results to an international audience of health actors and advocates on a USAID-hosted webinar about leveraging mobile technology in community health.

This forum provided an **opportunity to advocate for digital health tools as a key component of CHW professionalization** reaching those at the last mile. The presentation emphasized the improvements to quality of care among CHWs equipped with the CommCare mobile app, citing an increase in adherence to protocol from 76% to 91% from 2020-2023.

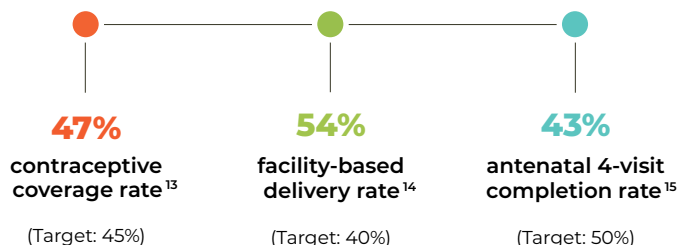
Bénédicte also elevated the voices of the CHWs Pivot trained on the app, whose feedback indicated that **CommCare alleviates the burdens of case management** by streamlining data collection, automating protocol guidance, supporting resource optimization, and more.

MATERNAL & REPRODUCTIVE HEALTH



SINCE 2014, PIVOT
HAS SUPPORTED
22,403
FACILITY-BASED
DELIVERIES

This quarter, we achieved:



And maternal survival rates¹² were:

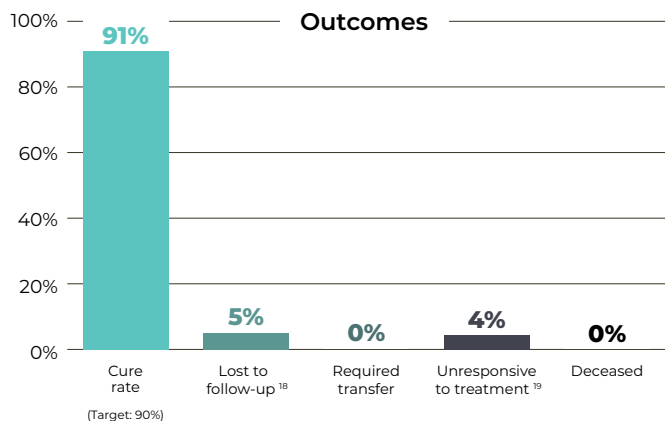


MALNUTRITION



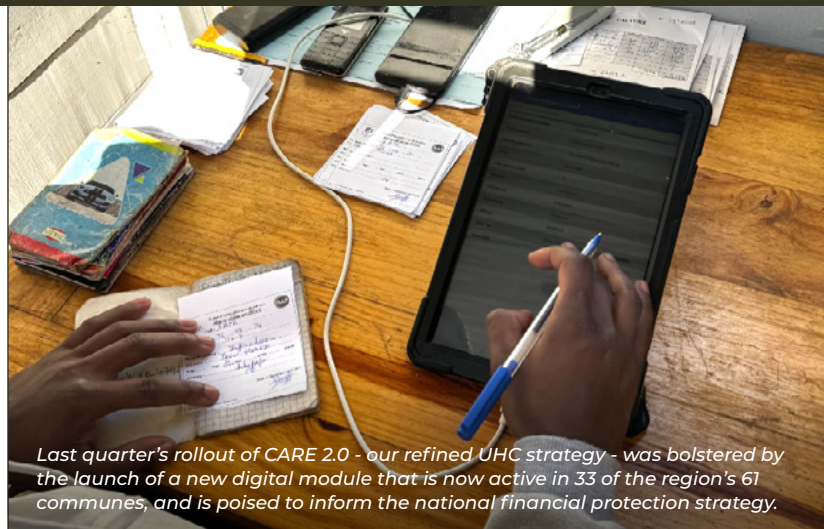
HEALTH CENTERS

- **251 children** began treatment for acute malnutrition¹⁶
- **138 children** were discharged from treatment



DISTRICT HOSPITAL

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



Last quarter's rollout of CARE 2.0 - our refined UHC strategy - was bolstered by the launch of a new digital module that is now active in 33 of the region's 61 communes, and is poised to inform the national financial protection strategy.

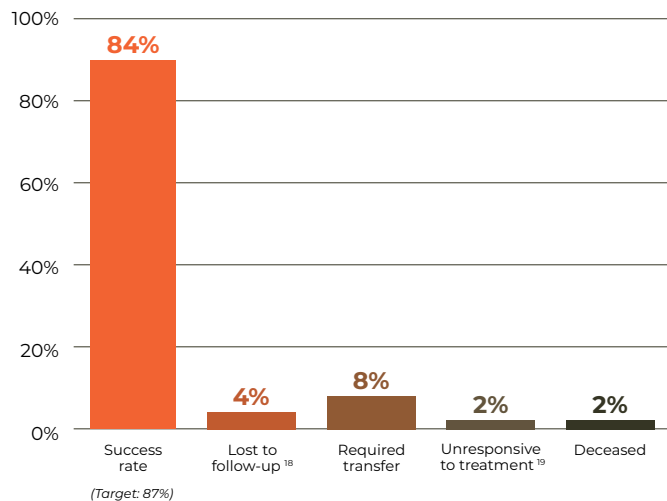
TUBERCULOSIS

This quarter, **66 patients** were enrolled for TB treatment.



Cohort Outcomes

for **108 patients** completing 1 year of treatment:



SOCIAL SUPPORT

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

73 psycho-social sessions provided for hospital patients

6,619 reimbursements provided for transport to/from care

47,044 meals served to hospitalized patients and their *accompagnateurs*²⁰

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