QUARTERLY IMPACT REPORT

— Q2 FY25 —

January 1 - March 31, 2025

Dear Pivot Community,

The past quarter called for both celebration and sobering reflection - two themes that speak to the complexity of advancing health equity in a rapidly evolving global context.

In April, Pivot joined social innovators from around the world at the **Skoll World Forum** in Oxford, where we had the honor of celebrating a major milestone for our partners at the **Community Health Impact Coalition** (CHIC): a 2025 Skoll Award for Social Innovation. As long-time CHIC members, we were thrilled to see this recognition of what is possible when values-aligned organizations engage in **radical collaboration** to transform community health systems on a global scale.

This moment of celebration has been tempered, however, by the crisis unfolding in global health financing. The **dismantling of USAID has created profound uncertainty** for partners worldwide, including in Madagascar, where bilateral support from the US government had long constituted a significant portion of public health investment. While USAID was not a major funder of Pivot directly, the effect of its collapse on the global health ecosystem in which we operate is far-reaching. In the near term, we are confronting the loss of a key funding pipeline - one we had envisioned as central to scaling Pivot's model nationally through partnership with Madagascar's Ministry of Public Health (MoPH). More broadly, in a country with one of the lowest per capita health budgets in the world, the withdrawal of such support is a serious blow.

Amid this shifting landscape, **Pivot is adapting with resolve and strategic clarity**. We have paused expansion in Mananjary while deepening our engagement in Nosy Varika, **preserving momentum without overextending**. With fewer actors remaining in the space, Pivot is now one of the most present and capable partners on the ground, and the MoPH is increasingly turning to us for support. More than ever, we are focused on working alongside government partners - locally, regionally, and nationally - to navigate this moment of uncertainty, continuing to generate evidence, and engaging strategically on critical issues aligned with Pivot's mission.

As ever, your partnership fuels our ability to meet uncertainty with purpose.

In gratitude and solidarity,

Laura Cordier
Executive Director

REGIONAL EXPANSION: **Q2 STATUS REPORT**

Pivot Support across Vatovavy Region →

1,614 COMMUNITY HEALTH WORKERS	**196** COMMUNITY HEALTH SITES	**32** PRIMARY CARE HEALTH CENTERS	**3** REFERRAL HOSPITALS

Pivot Support by District ↓

– IFANADIANA –

POP. 218,847

- **643 CHWs** trained and delivering care across all 15 communes
- User fees removed for 100% of the population at all **21 health centers**
- **13 maternal waiting homes** built and **733 traditional birth attendants** engaged to promote facility-based deliveries
- **41 clinical personnel** recruited and deployed to health facilities
- Strengthened HR, infrastructure, biomedical capacity, and referral systems at the district hospital

– NOSY VARIKA –

POP. 321,660

- **971 CHWs** recruited and trained across all 19 communes
- User fees removed for children under 5 and pregnant women at **12 of 26 health centers**
- **27 clinical personnel** recruited and deployed to health facilities
- Strengthened HR and referral systems at the district hospital

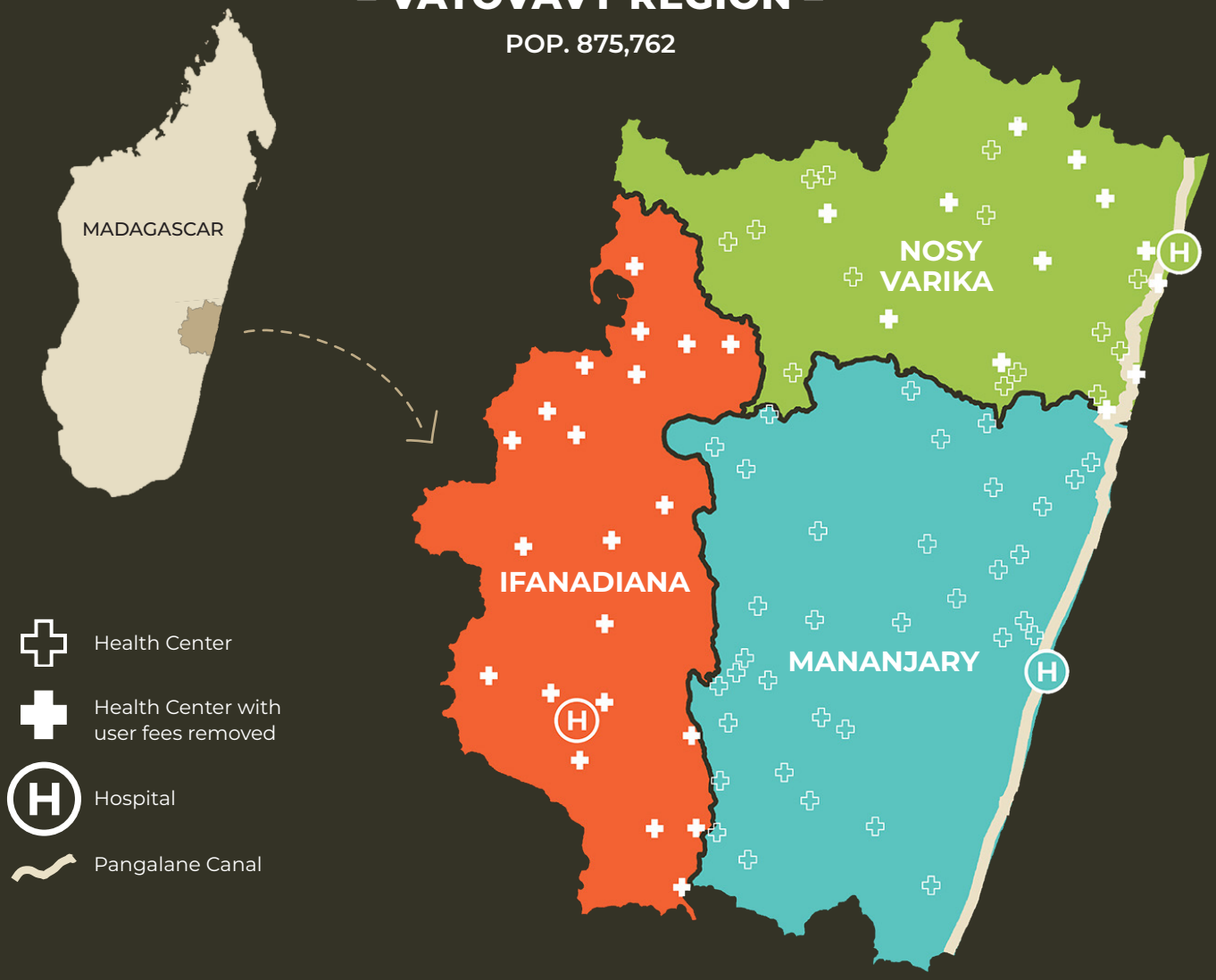
– MANANJARY –

POP. 335,255

- Support for referrals to and HR capacity at the regional hospital

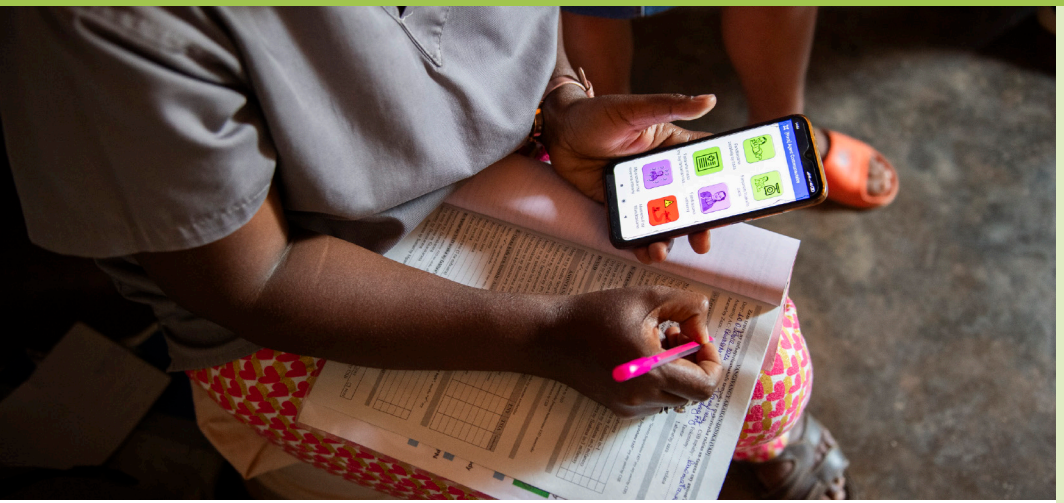
– VATOVAVY REGION –

POP. 875,762



POPULATION WITH ACCESS TO STRENGTHENED HEALTHCARE SERVICES: **540,507**

ADVANCING OUR MISSION: **Q2 SUCCESSES**



1. **Advancing One Health through community-driven early warning systems.** In March, Pivot hosted a visit from the PREZODE initiative, a pan-African effort to prevent the emergence of zoonotic diseases. As part of the initiative, Pivot is leveraging its expertise in mobile technology, community health systems, and health information systems to pilot early detection tools with CHWs living and working in remote areas. The team has made major strides in developing a One Health dashboard that connects data from multiple ministries - including Health, Agriculture, and Livelihoods - built using existing platforms like CommCare and DHIS2 to maximize sustainability and interoperability.

2. **Shaping global best practices for community health data.** While in the UK for Skoll, Pivot joined a CHW Programs & Data Roundtable co-hosted by CHIC, capping a year-long collaboration exploring challenges and opportunities in data sharing, quality, and harmonization. This work is shaping practical global guidelines for CHW data systems - an area central to our mission. By contributing, we're holding ourselves accountable to best practices and helping strengthen the global community's ability to deliver data-driven, effective community-level health services.

3. **Leading policy conversations in Madagascar's evolving Community Health (CH) landscape.** As Madagascar's CH ecosystem shifts post-USAID, Pivot has stepped into a more strategic role. At a major national convening in Antananarivo, our work in Vatovavy Region drew significant attention. We're now helping catalyze a new national CH coalition, applying lessons from CHIC to foster radical collaboration - a critical step for sustaining progress and advancing equity amid a dramatically changing funding and implementation landscape.

4. **Launch of new peer supervision model for CHWs.** This quarter marked the first implementation of Madagascar's new national peer supervision model for CHWs, introduced as part of the new Community Health Strategy, developed by the MoPH with support from Pivot and other technical partners. The model trains and incentivizes high-performing CHWs to provide structured, supportive supervision to their peers. Pivot's intervention zones are the first in the country to operationalize the system - an important step toward strengthening CHW performance and scaling professionalized support nationwide.

EMBRACING COMPLEXITY: **Q2 CHALLENGES**

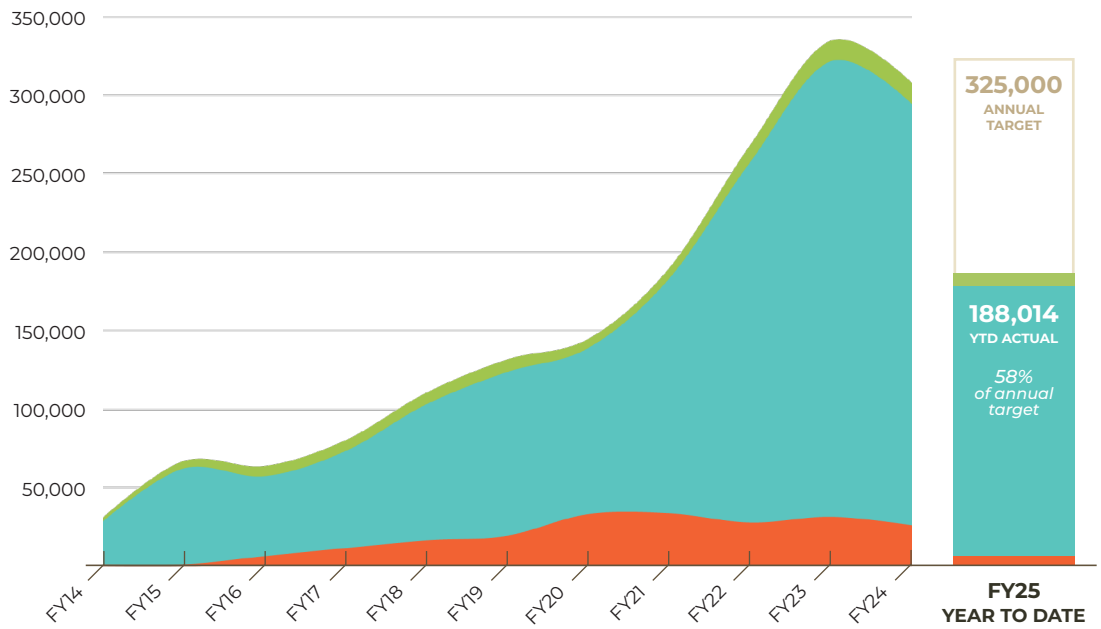
1. **Joint recruitment delayed amid civil service hiring freeze.** In 2024, Pivot supported the recruitment of 73 new public health personnel in Vatovavy, adding to 30 already employed through our joint recruitment model - where Pivot funds salaries for two years before MoPH integration. This quarter, however, the MoPH announced a freeze on new civil service hires until 2027. As Pivot's footprint grows, any delays in transitioning financial responsibility for joint recruits carry greater implications. Pivot will continue supporting all 103 workers through 2027 while pausing further recruitment, and engaging government partners to address long-term sustainability.

2. **Navigating the retreat of USAID and reduced fiscal space for health in Madagascar.** With the withdrawal of USAID - Madagascar's largest single-country health donor - the country faces a sharp drop in external financing, straining an already fragile health system. Over the past five years, USAID contributed more than $250M to the country's public health sector, supporting everything from malaria diagnosis and treatment supplies to CHW connectivity to national health information systems. In a context where 75% of the population lives on less than $1.50/day and government health spending is limited, the loss is already deeply felt. Pivot is responding by sharpening strategic priorities, reinforcing essential services, and working closely with government and partners to help mitigate further disruptions.

3. **Strategic reflection and adjustment of expansion timeline.** In the wake of USAID's withdrawal and a shifting global health financing landscape, Pivot's leadership has undertaken a series of strategic reflections - grounded in new long-range financial planning led by our CFO. A key outcome is the decision to pause expansion into Mananjary District and focus resources on deepening our presence in Nosy Varika District, where baseline data indicate significantly greater need. This approach will allow us to consolidate our learnings and optimize program effectiveness before scaling further. While our commitment to expanding across all of Vatovavy Region remains unchanged, these adjustments have required resetting expectations with internal teams and government partners. This course correction positions Pivot to move forward responsibly and sustainably while continuing to navigate the new challenges that arise in a changing global funding environment.

REMOVING BARRIERS TO CARE: **PATIENT UTILIZATION**

ALL-TIME PATIENT VISITS SUPPORTED



PATIENT VISITS SUPPORTED IN Q2

	IFANADIANA	NOSY VARIKA	MANANJARY	TOTAL
HOSPITAL				
	2,974	649	120	**3,743**
PRIMARY				
	60,878	15,640	–	**76,518**
COMMUNITY				
	2,893	*CHWs engaged in health promotion only; curative care will begin after next round of training on child health protocol*	–	**2,893**
Q2 VISITS SUPPORTED *January 1 - March 31, 2025*				**83,154**

1,874,198

PATIENT VISITS SUPPORTED SINCE 2014

Q2 SPOTLIGHT: FROM RESEARCH TO STRATEGY

With support from Cartier Philanthropy, Pivot **partnered with behavioral research experts at Appleseed to better understand what keeps families from seeking care**. Since most under-five deaths are preventable, and knowing that Vatovavy Region's population has limited access to care, the research focused on uncovering the drivers behind this dangerous care gap.

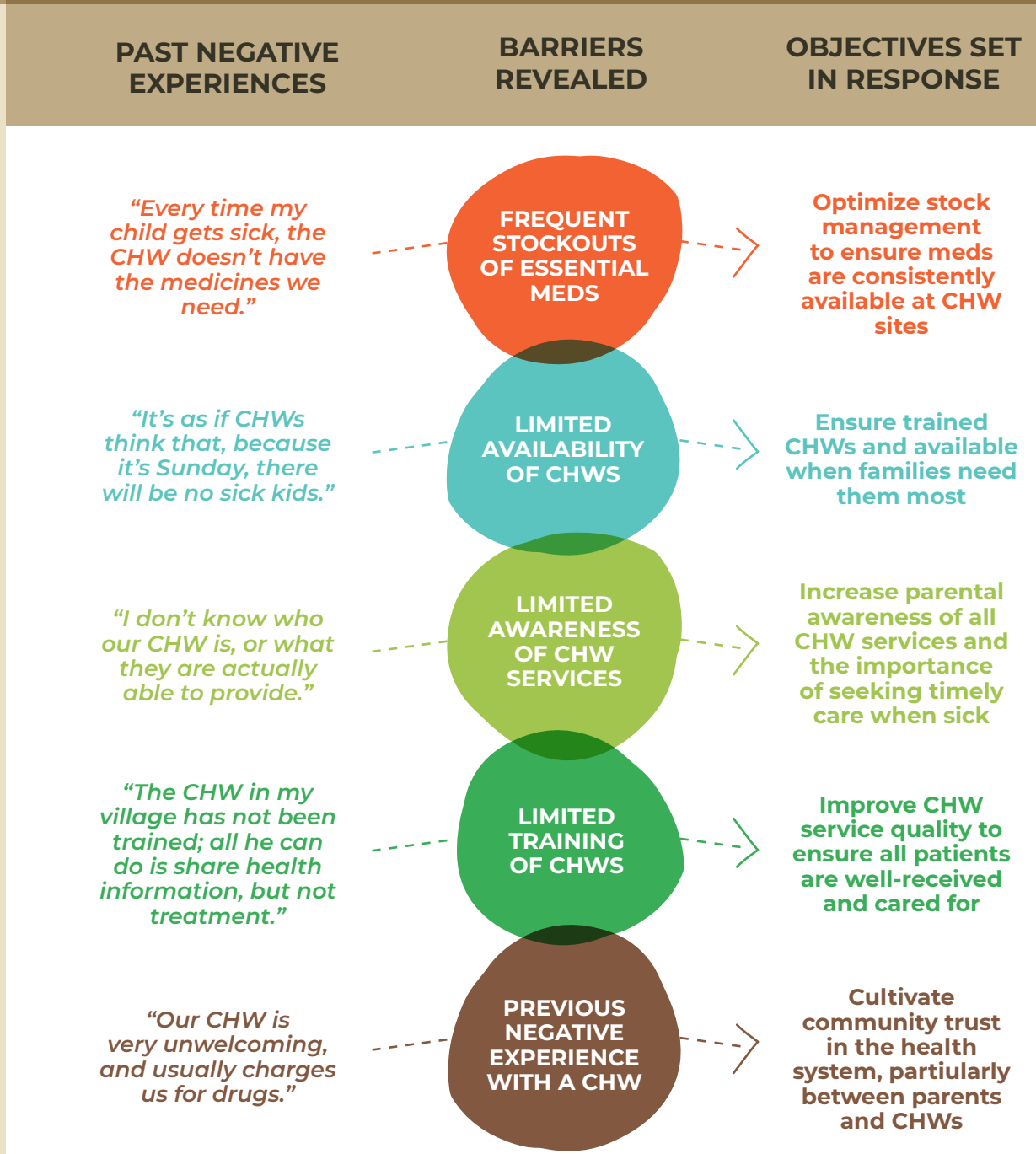
This research confirmed that community health is the right solution - with families in remote areas affirming this was their preferred option.

Through focus groups and interviews with caregivers, patients, and CHWs, the research uncovered critical insights. Parents are able to recognize symptoms, understand the risks of delaying care, and distinguish between traditional and biomedical treatment. In short: **knowledge isn't the barrier**.

So what is? Whether families are already benefiting from community health solutions or are in areas with under-resourced community health networks, the **findings all point toward systems barriers** - notably, issues of performance and trust. Focus groups revealed that even one negative past experience with a CHW can significantly impact parents' care-seeking behavior, even when they know their child is seriously ill.

These insights are guiding our implementation strategy as we expand. **Rebuilding trust in the health system - from reliable availability of drugs to CHWs' bedside manner - must be a top priority.** Drawing from this research, we have defined five objectives aimed at increasing community-based care utilization and restoring public confidence in CHWs and the broader health system.

The qualitative research conducted by Pivot and Appleseed focused on learning more about the challenges parents face in accessing care. The figure to the right illustrates how patients' lived experiences helped identify system-level barriers and reaffirm long-term strategic objectives and immediate program priorities.



SAVING LIVES: **Q2 PRIORITY PROGRAM INDICATORS**

	INDICATOR	IFANADIANA	NOSY VARIKA
MATERNAL HEALTH	**Early prenatal care:** Pregnant women who completed first antenatal care visit within first trimester	**32%**	**20%**
	Complete prenatal care: Pregnant women who completed all 4 recommended antenatal care visits	**74%**	**44%**
	Delivery in a health facility: Pregnant women who gave birth at a health center	**56%**	**18%**
CHILD HEALTH & NUTRITION	**Malaria treatment:** Children diagnosed with malaria who received indicated treatment	**92%**	**92%**
	Diarrhea treatment: Children diagnosed with diarrhea who received indicated treatment	**87%**	**41%**
	Pneumonia treatment: Children diagnosed with pneumonia who received indicated treatment	**99%**	**42%**
	Malnutrition treatment: Children treated for severe acute malnutrition	**301**	**671**
COMMUNITY HEALTH	**CHW supervision:** CHWs who received field supervision in Q2	**93%**	**72%**
	CHW performance: CHWs who were rated as high-performing during their Q2 supervision	**97%**	**67%**

Claire's Story

Claire is a 22-year-old mother pregnant with her third child who lives in the fokontany of Ambodipaiso Nord, a 3-kilometer walk from the nearest health center. Claire gave birth to her first two children at home, but this time was different.

With programs put in place by Pivot to encourage women to deliver in health centers - including maternal waiting homes and social support around delivery - **Claire opted to give birth to her third child safely in a health facility**, attended by a skilled health provider.

IN PURSUIT OF LEARNING: **RECENT PUBLICATIONS**

REVOLUTIONIZING MALARIA PREPAREDNESS

Pivot-supported research is transforming malaria preparedness in rural Madagascar by developing a groundbreaking, hyper-local malaria early warning system (MEWS). While traditional MEWS operate at broad regional levels, this innovative approach leverages detailed, village-level health data and high-resolution satellite imagery, down to 10-meter granularity, to forecast malaria outbreaks up to 3 months in advance.

This MEWS accurately predicts malaria cases, identifying environmental factors like standing water and rice field dynamics as key drivers. Crucially, it translates predictions into actionable insights for local health actors, estimating necessary medical supplies so as to preview and prevent stockouts. This precision improves the accuracy of medicine and supply ordering by over 50%, ensuring communities are better equipped to respond to malaria, ultimately saving lives and strengthening health systems at the grassroots.

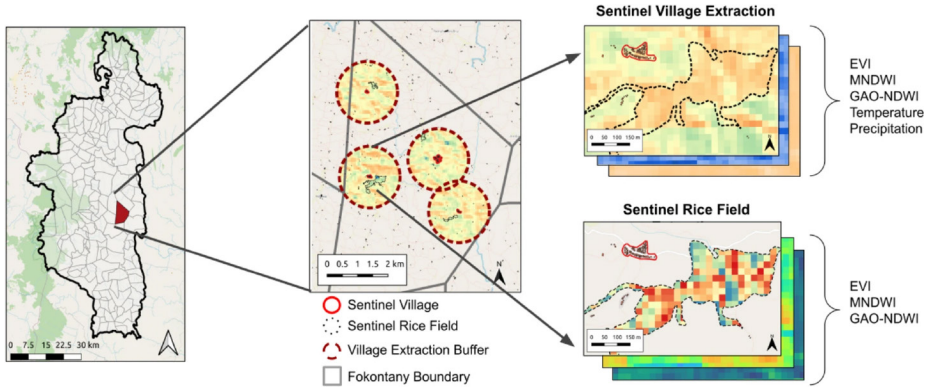


FIGURE: Depiction of the process to extract fine-scale environmental indicators from satellite imagery. Indicators at the village level are extracted using a 1-kilometer buffer (red-dashed lines), while indicators from sentinel rice fields are extracted within boundaries of each field (black dashed lines).

REVEALING MOSQUITO HOTSPOTS

Leveraging cutting-edge satellite technology, a new Pivot-supported study is enhancing malaria prevention by mapping mosquito breeding grounds with unprecedented precision. Larval source management (LSM) - a promising strategy that targets mosquitoes at the larval stage - can only be effective when timed and located correctly. This study piloted an innovative approach to identifying mosquito breeding sites with hyper-local resolution, helping lay the groundwork for better, more targeted deployment of LSM.

This study is breaking new ground in Madagascar, using radar satellite imagery to monitor individual rice fields - major mosquito breeding habitats - over vast areas. Analyzing data from 17,000 fields, researchers track weekly flooding patterns. This detailed information allows local malaria programs to pinpoint critical times and locations for intervention, enabling a more precise response to malaria. The approach promises to significantly reduce malaria burdens in contexts where rice cultivation fuels transmission.

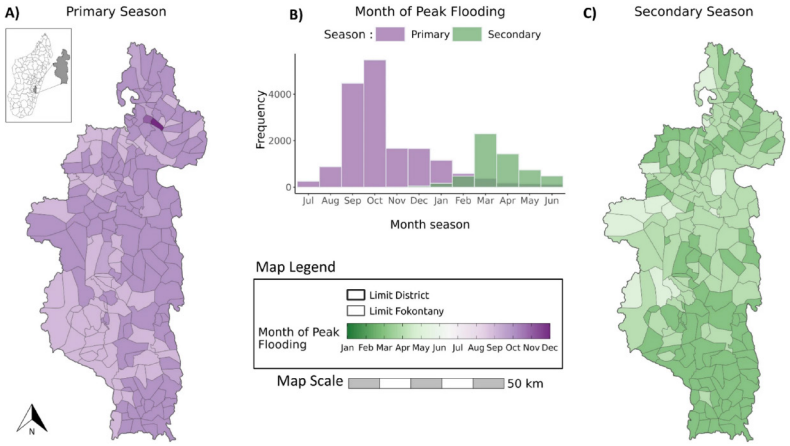


FIGURE: Maps of Ifanadiana illustrate spatial distribution and timing of peak rice field flooding, analyzing months of peak flooding during primary and secondary flooding seasons. This reveals significant heterogeneity of flooding patterns across the district, allowing for more targeted local approaches to larval management.

ACCESS THE FULL STUDIES:

Evans, et al. (2025) **Increasing the resolution of malaria early warning systems for use by local health actors.** *Malaria Journal 24, 30.*

Randriamihaja, et al. (2025) **Monitoring individual rice field flooding dynamics over a large scale to improve mosquito surveillance and control**. *Malaria Journal 24, 107.*

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