



Dear Pivot Community,

The first half of 2025 has made clear just how much the global health landscape is shifting; this quarter, we felt the full weight of these changes. The familiar, if flawed, architecture of international aid is being dismantled, and **we find ourselves in a “post-USAID moment” that demands both urgency and creativity.** For Pivot, this means navigating real tensions: between short-term crises and long-term vision; external reliance and internal resilience.

This quarter’s report reflects this duality. **On one hand, we are confronting immediate threats**, from critical malaria medication shortages to persistent human resources gaps that threaten frontline services. These are not abstract challenges - they directly affect whether care is available at the moment it is needed most. **On the other hand, disruption has opened space for new ways of working.** We see an opportunity to deepen our model of radical partnership with the Malagasy government, co-creating solutions that not only respond to today’s shocks but also build lasting health system strength.

This quarter underscored the **balance between rapid response and lasting reform** that is at play within our work. We’re piloting digital health tools that are now being scaled nationally. We’re expanding financial protection to make care accessible for more families. We’re advancing predictive analytics and surveillance systems that give communities the power to anticipate health threats before they arrive. Each of these represents both a response to immediate need and an investment in the long-term transformation of Madagascar’s health system.

Especially in times like now, **strategic partnerships are the way forward.** They require patience, humility, and persistence, but they also unlock the innovation and resilience that this moment calls for. Equally important, coordination of activities and careful optimization of resources must remain at the center of our work, ensuring alignment with the priorities of both communities and the Ministry of Public Health.

We invite you to explore this quarter’s successes and challenges with us, and to see how collaboration is shaping a stronger, more equitable health system for the future.

In gratitude and solidarity,

A handwritten signature in black ink, appearing to read 'Ando'.

Ando Randrianandrasa
Director of Partnerships

A handwritten signature in black ink, appearing to read 'Madeleine B'.

Madeleine Beebe
Director of Development

QUARTERLY IMPACT REPORT

— Q3 FY25 —

April 1 - June 30, 2025

PIVOT'S GEOGRAPHIC & PROGRAMMATIC FOOTPRINT

Pivot Support across
Vatovavy Region →

1,614 COMMUNITY
HEALTH WORKERS

196 COMMUNITY
HEALTH SITES

33 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**
- **28 clinical personnel** recruited and deployed to health facilities
- Strengthened HR and referral systems at the district hospital

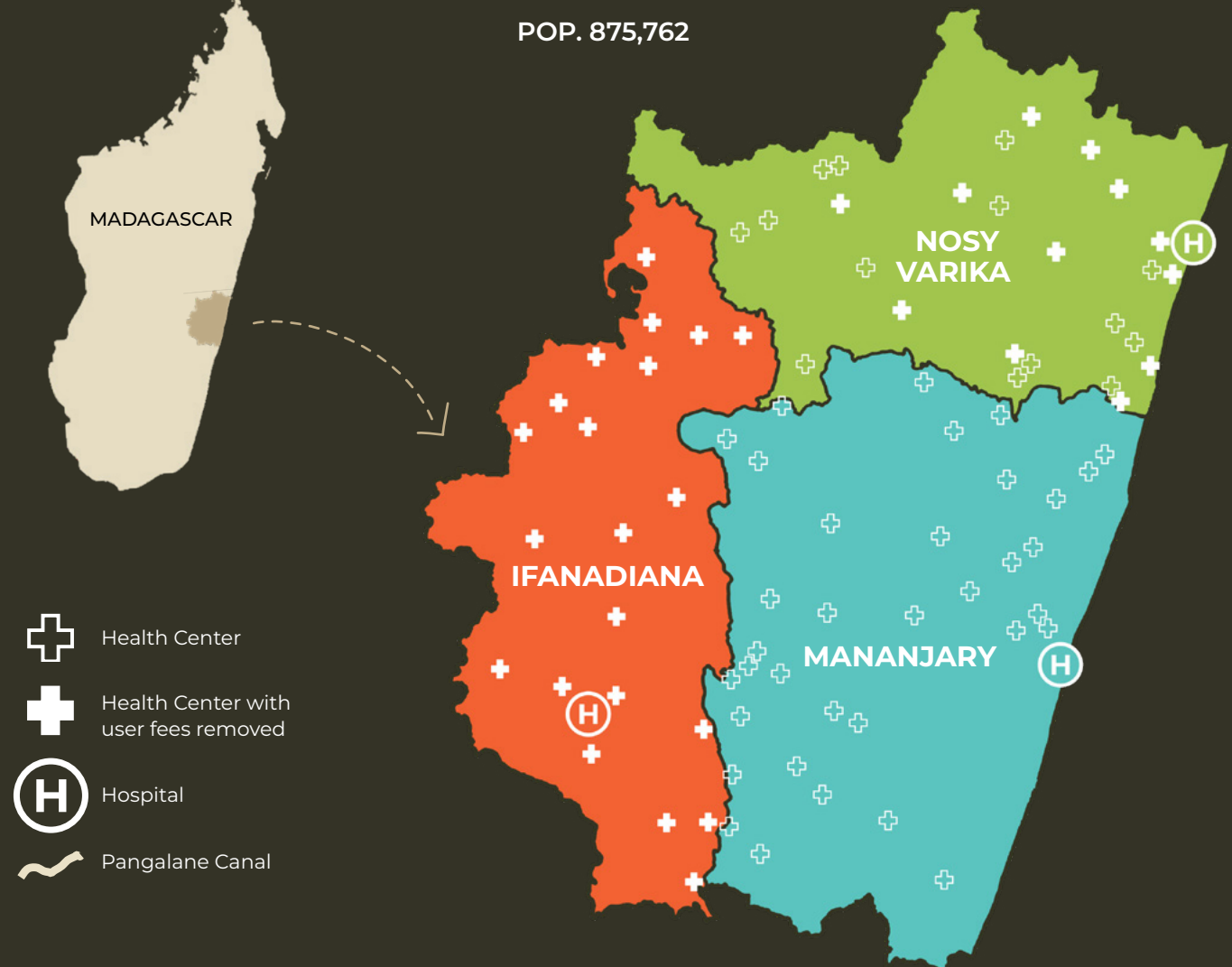
– MANANJARY –

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: Q3 SUCCESSES

1. Advancing Madagascar's Digital Health Infrastructure

Over the past two years, Pivot has equipped and trained 138 CHWs on CommCare - the national platform endorsed by the MoPH for digitizing community health activities - and developed custom app modules to support more efficient, accurate data collection. This quarter, two key developments marked a milestone in Madagascar's journey toward digital health transformation. First, Pivot's community health modules, previously used only in our own intervention zones, were officially adopted by the MoPH as the national standard for CHW data collection. Second, all CommCare data, including Pivot's modules, were integrated into the MoPH's national DHIS2 platform, linking CHW-level data to Madagascar's broader health information system for the first time. This represents a major leap forward from their prior use as internal tools. **These advancements contribute to long-term sustainability goals by building government capacity to lead future module development, supporting national data sovereignty, and reducing reliance on external partners.** They not only streamline data flow for better service quality and decision-making, but also equip CHWs with robust, formally-recognized digital tools that reinforce their vital role in the health system. More than 4,000 CHWs across the country are now using these tools, with training planned for an additional 1,200 CHWs within Pivot's intervention area to be equipped and trained on CommCare next quarter.



2. Expanding Financial Protection in Nosy Varika District

In a major step toward universal health coverage, Pivot successfully launched user-fee removal for children under-5 and pregnant women at Nosy Varika District Hospital this quarter, eliminating one of the greatest barriers to care for the district's most vulnerable patients. This marks a **critical expansion of the financial protection strategy we have long implemented, tested, and refined** in Ifanadiana District, and underscores our commitment to making healthcare accessible to Madagascar's most vulnerable communities. To strengthen both the quality and cost-effectiveness of this shift, Pivot and the MoPH jointly established a prescription advisory committee. This new committee will play a role in helping ensure that the services delivered are not only financially accessible, but also clinically sound, evidence-based, and fiscally responsible. Together, these advancements represent a meaningful leap toward health system equity and sustainability, demonstrating the transformative potential of long-term, collaborative government partnership.

3. Co-Creating Predictive Models for Climate-Sensitive Diseases

As part of our groundbreaking PRIDE-C initiative, we launched the first phase of app rollout this quarter, bringing its health forecasting module — and crucial predictive capacity — directly to health care workers in Ifanadiana. We also carried out a fourth wave of participatory modeling for climate-sensitive disease, directly addressing the critical challenge of turning sophisticated disease forecasting models into practical, locally-driven tools. The PRIDE-C project's innovative approach focuses on co-creating these forecasting platforms with local health stakeholders, ensuring they are relevant, interpretable, and credible to users on the ground. By integrating these capabilities into widely-used, open-source platforms like DHIS2, PRIDE-C guarantees accessibility within existing health system workflows, **equipping remote communities with high-resolution predictive data and fostering data sovereignty at the last mile.** The completion of this fourth wave further strengthens the PRIDE-C project's methodology, showcasing a new paradigm in participative modeling and climate-health adaptation that is both scalable and sustainably embedded within national systems.



EMBRACING COMPLEXITY: Q3 CHALLENGES

1. Mitigating Critical Malaria Medication Shortages

Amid significant shifts in the global health funding landscape and anticipated supply chain disruptions, the MoPH temporarily paused distribution of lifesaving malaria medications and rapid tests to CHWs, prioritizing availability at health centers. With the high malaria season approaching, this created a critical supply gap that severely threatens population health - especially in rural communities and among children under five, for whom timely malaria care can be a matter of life or death. CHWs in Madagascar bridge access gaps for last-mile communities; without the tools to diagnose and treat malaria, timely care becomes nearly impossible for these populations. A recent study in [The Lancet](#) underscores the urgency of addressing these gaps, estimating that USAID funding prevented about 8 million malaria deaths over the past two decades, and predicting that the loss of this funding could lead to millions of preventable deaths by 2030. In response, Pivot is mobilizing advocacy efforts at the central level and working with multilateral agencies and public health actors to close the MoPH funding gap. As a crucial short-term measure, **Pivot has launched an emergency procurement of malaria consumables (rapid tests and medications) to support CHWs through the first malaria season of the post-USAID funding era.** This ongoing situation underscores the fragility of essential health supply chains amid reduced international support. We remain steadfast in advocating for the sustained investment and resilient supply chains that are critical to safeguarding community health across Madagascar.



2. Addressing Persistent Gaps in HR for Health

Madagascar's health system continues to grapple with the retention of public healthcare personnel, impacting service quality nationwide as well as the sustainability of Pivot's investments in Vatovavy Region. The MoPH is legally obligated to address staff requests for placement transfers, so the challenge lies in ensuring these movements align strategically with population needs, rather than exacerbating existing gaps. **While our joint recruitment strategy with the MoPH has successfully filled short-term service gaps, retaining clinicians in long-term placements, particularly in more rural areas, remains difficult.** The frequent redeployment of midwives within districts provides one salient example of the impact this has on front-line services: in Ifanadiana District, 13 of 15 health centers lost their status as centers for emergency obstetric care due to staff shortages and disruptions, and the hospital is also facing critical shortages for essential services, including general and obstetric surgery. Pivot is actively engaged in mitigating these issues through central-level advocacy, exploring short-term solutions like contracting medical staff, and assisting the government with temporary relocation strategies to safeguard essential care delivery.

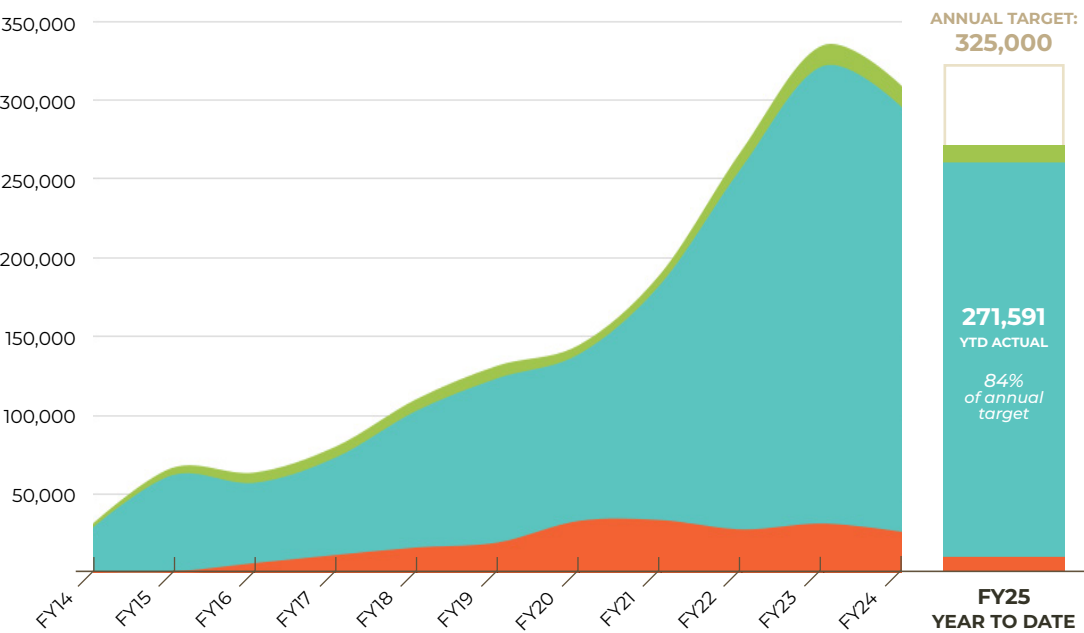
3. Harmonizing Community Health Implementation Strategies

Achieving alignment across Madagascar's community health sector remains a persistent challenge due to policy barriers and operational inconsistencies among partners. In Q3, Pivot found that some CHWs in our intervention zones were receiving double payment (by Pivot and another health actor); this inefficiency is particularly concerning considering that many of Madagascar's active CHWs currently receive no form of regular payment. Addressing issues like these requires deep collaboration among partner organizations, many of which operate within large, less nimble systems that can make adaptation difficult. Building the trust and transparency needed for such coordination is slow, but essential. In the near term, Pivot is **working with UNICEF to launch a national CHW masterlist - a centralized directory to support the standardization of performance and pay**, paving the way for a more equitable community health system across Madagascar.



REMOVING BARRIERS TO CARE: **PATIENT UTILIZATION**

ALL-TIME PATIENT VISITS SUPPORTED



PATIENT VISITS SUPPORTED IN Q3

	IFANADIANA	NOSY VARIKA	MANANJARY	TOTAL
HOSPITAL				
	2,203	678	138	3,019
PRIMARY				
	61,188	15,512	—	74,790
COMMUNITY				
	3,865	CHWs engaged in health promotion only; curative care will begin after next round of training on child health protocol	—	3,865

Q3 VISITS SUPPORTED
April 1 - June 30, 2025

83,584

1,957,782

PATIENT VISITS SUPPORTED SINCE 2014



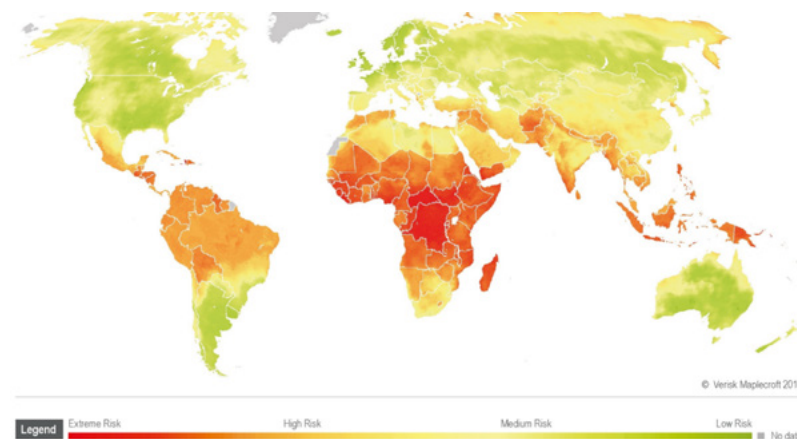
Q3 SPOTLIGHT: INNOVATING AT THE CLIMATE-HEALTH NEXUS

Madagascar is among the world's most climate-vulnerable countries, making it essential for Pivot to apply a climate lens to public health strategies. Climate change is fundamentally altering disease dynamics, shifting the geography of infectious diseases, making disease seasons less predictable, and enabling extreme weather events.

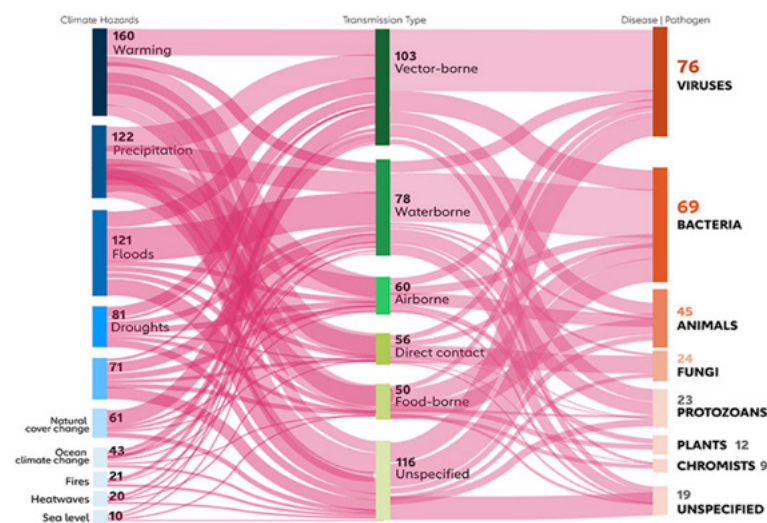
Our work at the nexus of climate and health is exemplified by 3 core strategies:

- 1. Predictive analytics.** Early warning systems for disease outbreaks are essential, but often fail because end users lack support in interpreting the data and are wary of the validity of results from blackbox models. Pivot is tackling this by co-developing models directly with district- and community-level MoPH partners through a participatory modeling approach that ensures tools are relevant, interpretable, and credible. Our PRIDE-C project provides a forecasting platform that combines health system data with climate and environmental variables from satellite imagery to predict infectious disease patterns down to a 5km resolution. By embedding this capacity in hyper-local tools, we are equipping health officials and communities with actionable insights to anticipate and respond to disease trends in real time.
- 2. Integrated surveillance.** Madagascar's rich biodiversity creates a unique environment for human-animal coexistence. Climate change is reshaping these dynamics, creating a heightened risk of zoonotic spillover, when pathogens jump from animals to humans. To help mitigate this, Pivot is advancing surveillance through the global PREventing ZOonotic Disease Emergence (PREZODE) project. We have developed a CommCare module to enable CHWs to report sentinel events, from unusual livestock deaths to clusters of unexplained illness. These data streams will feed into a One Health dashboard now under development, integrating human, animal, and environmental indicators within the national DHIS2 platform.
- 3. System resilience.** The devastating impacts of Cyclone Batsirai in 2022 made it clear that a robust public health system requires resilient infrastructure. Although the storm destroyed over half of community health posts in Ifanadiana District, Pivot's [research findings](#) from the CycloneADAPT project show that our work supported the health system in rebounding with minimal interruption to care. This dual reality - the fragility of physical infrastructure and the resilience of a strengthened health system - highlights the urgent need for climate-adaptive solutions. In response, Pivot has developed a protocol for climate-resilient community health post construction and is now training local contractors in the Vatovavy region.

By innovating in these three key areas, Pivot is not only addressing today's health challenges, but also empowering communities in Madagascar to build proactive, resilient, and sustainable systems capable of withstanding the growing health threats posed by a changing climate.



A global map of the Climate Change Vulnerability Index, which includes indicators such as exposure, adaptation plans, and population resilience (Maplecroft 2016).



A visualization of the pathways by which climate hazards impact different types of pathogens, based on a literature review (Mora, et al. 2022, Nature Climate Change).

SAVING LIVES: Q3 PRIORITY PROGRAM INDICATORS

	INDICATOR	IFANADIANA	NOSY VARIKA
MATERNAL HEALTH	Early prenatal care: Pregnant women who completed first antenatal care visit within first trimester	34%	18%
	Complete prenatal care: Pregnant women who completed all 4 recommended antenatal care visits	73%	41%
	Delivery in a health facility: Pregnant women who gave birth at a health center	53%	20%
CHILD HEALTH & NUTRITION	Malaria treatment: Children diagnosed with malaria who received indicated treatment	83%	97%
	Diarrhea treatment: Children diagnosed with diarrhea who received indicated treatment	88%	99%
	Pneumonia treatment: Children diagnosed with pneumonia who received indicated treatment	98%	100%
	Malnutrition treatment: Children treated for severe acute malnutrition	278	598
COMMUNITY HEALTH	CHW supervision: CHWs who received field supervision in Q2	90%	86%
	CHW performance: CHWs who were rated as high-performing during their Q2 supervision	96%	66%

TOKY'S STORY



Toky began his journey as a CHW in 2019. With training and supervision supported by Pivot, Toky steadily strengthened his skills in community engagement, proactive delivery of care, and health surveillance. Since the beginning, Toky has consistently demonstrated dedication to his responsibilities as a CHW, exhibiting strong communication skills and a willingness to support colleagues. These qualities, combined with the positive results observed among the patients he has cared for, led to his recent **selection as a CHW Peer Supervisor**. Additionally, Toky is a member of the Vatovavy Region Community Health Research Working Group, formed by Pivot to engage CHWs, MoPH, and partners in setting a common research agenda and using evidence to improve programs. Toky embraces his roles as a CHW, peer supervisor, and researcher with pride, viewing them as a testament to his growth over the past six years, and an opportunity to do more for the health and wellbeing of his community.

IN PURSUIT OF LEARNING: DEMONSTRATING OUR IMPACT

Facility-based birth rates doubled in a decade

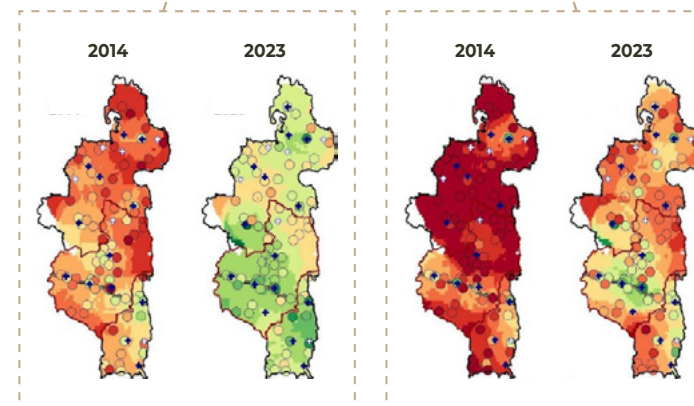
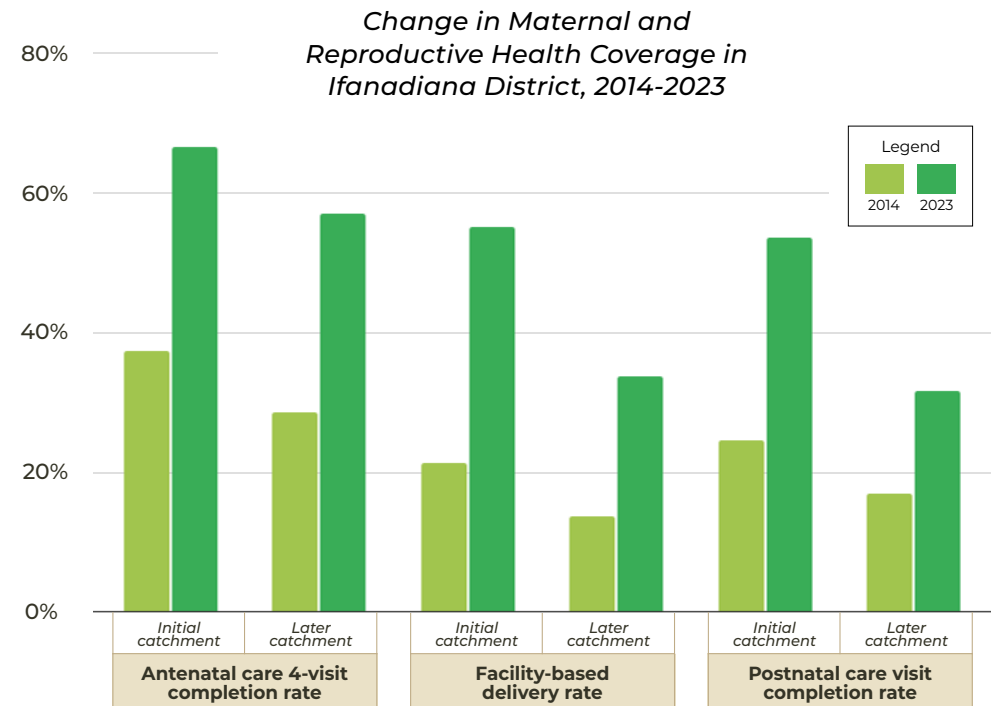
In Ifanadiana District, where Pivot has been working to strengthen the public health system for over a decade, facility-based births have doubled. This result is a reflection of our sustained efforts to ensure that those most vulnerable - children under-5 and pregnant women - have access to high-quality healthcare. Our efforts have been guided by our research findings, which underline two main obstacles to seeking care: concern about cost and geographic distance.

In 2016, to address the cost concern, we piloted user-fee removal at four health centers, leading to a 65% increase in overall patient visits, including an over 25% increase in maternity consultations ([Garchitorena, et al. Health Affairs, 2017](#)). This evidence led to the removal of user fees across Ifanadiana District in concert with health systems strengthening activities at community, health center, and hospital levels. Additional initiatives such as maternal waiting homes and engagement of traditional birth attendants have further improved service quality and encouraged facility-based deliveries.

The impact of these efforts to remove financial barriers and strengthen the system is clear: between 2014 and 2023, the share of **women receiving four or more antenatal visits rose from 37% to 67%, skilled deliveries from 21% to 55%, and postnatal care from 24% to 54%** ([Garchitorena, et al. 2025, forthcoming](#)). These advancements have been achieved with significant, sustained effort by the Pivot team. Still, geography remains a major barrier for women accessing care ([Ihantamalala, et al. 2025, in press](#)).

Where do these data come from? These findings come from the Ifanadiana Health Outcomes and Prosperity longitudinal Evaluation (IHOPE), which Pivot launched in 2014 to track population health over time. Starting with baseline data from ~1,600 households across the district, the same families were re-visited in 2016, 2018, 2021, and 2023. Data were collected by teams from the National Institute of Statistics and the questionnaire was modeled on the Demographic and Health Survey.

What's next? Lessons from Ifanadiana provide critical evidence to inform our expansion into Nosy Varika, where fewer than 10% of women report delivering in health facilities. Looking ahead, Pivot will conduct qualitative research with communities, leaders, and health workers to better understand unseen barriers and identify additional approaches to accelerate maternal health coverage.



Above, "Initial catchment" refers to the four communes where Pivot support launched in 2014, serving approx. 1/3 of Ifanadiana's population. "Later catchment" includes all remaining communes, where support launched between 2017 and 2021.

Here, district maps illustrate how antenatal care (left) and facility delivery (right) rates vary over time, with notable differences in both indicators from 2014 to 2023.



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