



*Dr. Lova Ratsimbazafy, manager of the PIVOT health center team, administers vaccines during the launch of the district-wide campaign to fight measles.*



# QUARTERLY IMPACT REPORT

Quarter 1, 2019 (January 1 - March 31)

Dear PIVOT community,

We are thrilled to share with you our inaugural Quarterly Impact Report (QIR). Our hope is that this will serve as a tool to not only highlight our data and analytics, but also to generate conversation, promote transparency, and foster accountability to our partners, supporters, and the communities we serve.

The first quarter of 2019 was marked by an ongoing measles epidemic that, since September of 2018, has yielded more than 105,000 cases and 1,200 deaths across Madagascar. In January, the first confirmed case appeared in Ifanadiana District. By February, PIVOT was mobilizing in tandem with the Ministry of Health to vaccinate children, spread awareness about prevention, and ensure a strong supply chain of essential medicines and materials where they were needed most. Alongside our Ministry partners and 120 campaign staff, PIVOT clinicians traveled by motorbike and on foot to bring essential care and supplies the remotest parts of the district. In the end, nearly 70,000 children between the ages of 6 months and 9 years were immunized against measles. This is estimated to be sufficient to eradicate measles locally, proving once again that population health programs can be rapidly delivered when there is true partnership between government and civil society to strengthen the overall health system.

This campaign demanded significant coordination across all of our teams, and we are grateful for their tireless efforts to ensure the health of the population. As we reflect on this first quarter of our sixth year of work, we are especially proud that our teams were able to remain flexible and resilient, responding to a major crisis while continuing to carry out routine clinical activities at all levels of care.

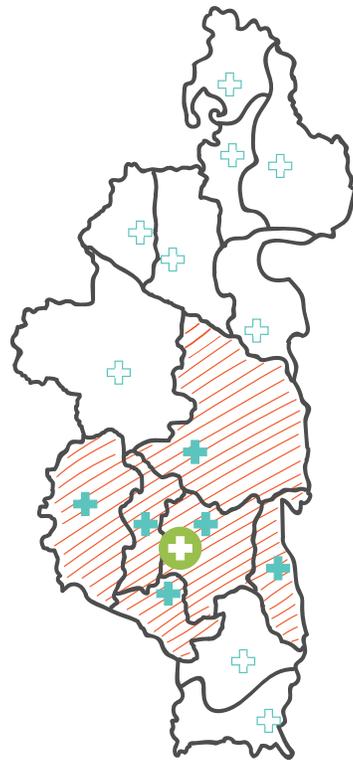
We thank you for your partnership and welcome your questions and feedback.

In solidarity,

Tara Loyd  
Executive Director

Matt Bonds  
Co-Founder & Scientific Director

# QUARTER 1 OVERVIEW



## IFANADIANA DISTRICT

**Population Served: 88,869**

Total District Population: 214,610

### Facilities Supported:



1 District Hospital



6 Health Centers receiving full support<sup>1</sup>



9 Health Centers receiving partial support<sup>2</sup>  
*(to receive full support by 2022)*



31 Community Health Posts  
*(located throughout shaded communes)*

## — Q1-2019 HIGHLIGHTS —

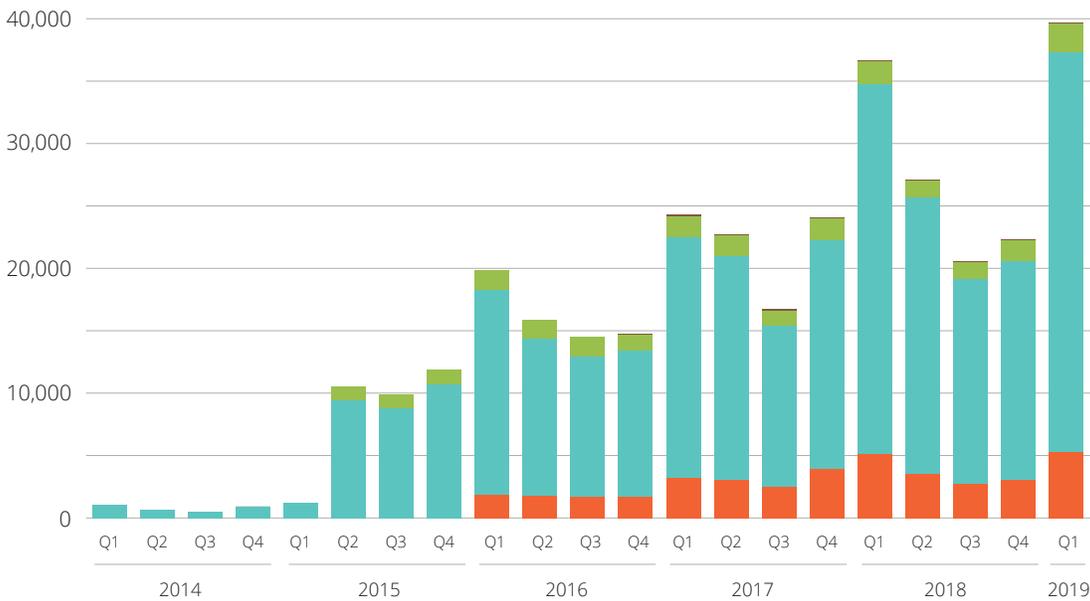
- Responded to a national measles epidemic, collaborated with the Ministry of Health to vaccinate nearly 70,000 children in Ifanadiana District and ensure district-wide supply chain readiness; this exceeded targets for local elimination of measles.
- Launched a new community health pilot program with visits from Dr. Madeleine Ballard, Executive Director of the Community Health Impact Coalition (CHIC), along with collaborating partners and fellow CHIC members Medic Mobile, Muso, and Integrate Health.
- With malaria season and the measles outbreak, supported an all-time high of 31,972 visits at health centers and saw record bed occupancy of 70% at the district hospital in March.
- Continued significant renovations to the district hospital, including the construction of a new infectious disease ward, housing for patient accompagnateurs, and improvements to inpatient accommodations.
- Launched district-wide call center; 11 health centers are now equipped with “village phones,” which allow remote clinicians to call the hospital directly for referrals and advice.
- Opened two maternal waiting homes at health centers, offering expectant mothers who must travel long distances on foot a place to safely and comfortably await delivery.
- Deployed a new integrated data visualization platform, combining PIVOT and Ministry of Health data for real-time access.

## — Q1-2019 CHALLENGES —

- With surcharge of work battling the measles epidemic, teams were forced to delay the rollout of some planned activities.
- Facility deliveries did not increase as expected and remain below target; we continue to work across teams to identify obstacles for all women to access care.
- Observed an increase in malnutrition patients lost to follow-up; social support and health center teams collaborating to improve patient accompaniment with home visits and nutritional support.

# HEALTH SYSTEM OVERVIEW

## PATIENT VISITS SUPPORTED<sup>3</sup>



SINCE 2014, PIVOT HAS SUPPORTED **331,888** PATIENT VISITS

- Community Health<sup>4</sup>
- Health Centers<sup>5</sup>
- District Hospital<sup>6</sup>
- Tertiary Care<sup>7</sup>

## STAFF

**216 clinical personnel supported in Ministry of Health facilities**

- 151** Community Health Workers<sup>8</sup>
- 25** Health Center Clinicians
- 40** District Hospital Clinicians



**160 hours of training logged**



## SUPPORTED 40,276 PATIENT VISITS IN Q1, INCLUDING:



Community Health

VISITS (CHILDREN UNDER-5)	
<b>5,277</b>	(Target: 3,348)
158% of target achieved	
PER CAPITA UTILIZATION <sup>9</sup>	
<b>1.44 visits</b>	per child under 5



Health Centers

EXTERNAL CONSULTATIONS <sup>10</sup> (ALL AGES)	
<b>31,972</b>	(Target: 32,220)
97% of target achieved	
PER CAPITA UTILIZATION <sup>9</sup>	
<b>1.75 visits</b>	per person

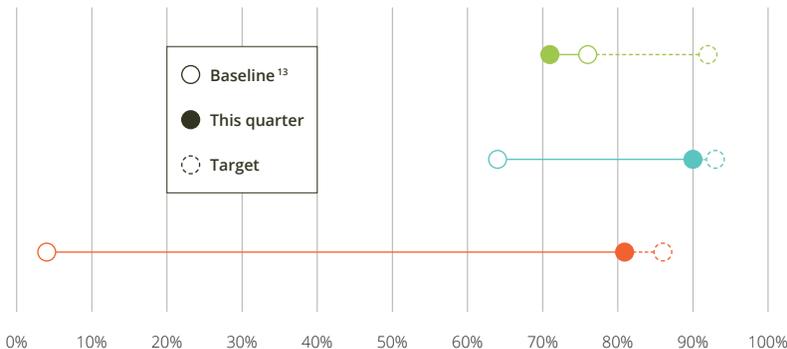


District Hospital

OUTPATIENT VISITS (ALL AGES)	
<b>2,286</b>	(Target: 1,928)
119% of target achieved	
HOSPITALIZATIONS	BED OCCUPANCY <sup>11</sup>
<b>693</b>	<b>51%</b>
(Target: 655)	average

## AVAILABILITY OF ESSENTIAL MEDICINES<sup>12</sup>

- District Hospital
- Health Centers
- Community Health

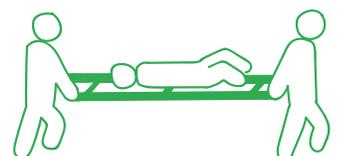


## CONTINUUM OF CARE

**753 patient referrals**

including:

- **556** standard referrals<sup>14</sup> to higher level of care
- **197** transfers by ambulance or stretcher



# CLINICAL PROGRAMS OVERVIEW

## MATERNAL & REPRODUCTIVE HEALTH

This quarter, we saw a **97% maternal survival rate**<sup>15</sup> at PIVOT-supported health facilities.

In addition to this, we saw:



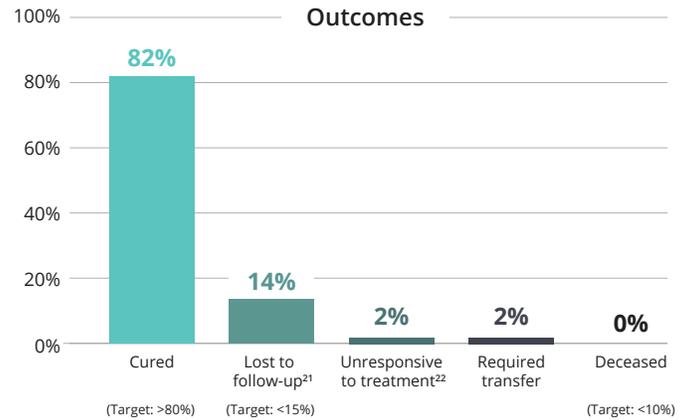
SINCE 2014, PIVOT HAS SUPPORTED **5,563** FACILITY-BASED DELIVERIES

## MALNUTRITION



### HEALTH CENTERS

- **50 children** began treatment for acute malnutrition<sup>19</sup>
- **33 children** were discharged from treatment



### DISTRICT HOSPITAL

- **20 children** were treated for severe malnutrition<sup>20</sup>
- **92%** were successfully discharged from intensive treatment (either cured or referred to health center for continued care)

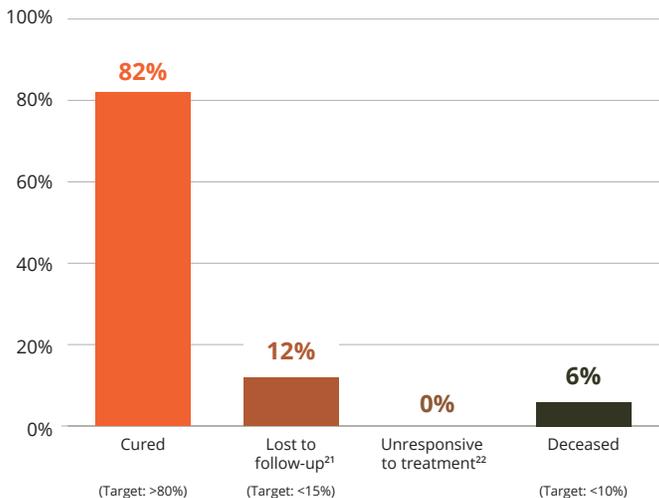
## TUBERCULOSIS

This quarter, **39 patients** were enrolled for TB treatment.



### Cohort Results

for the **33 patients** who completed one year of treatment:



## SOCIAL SUPPORT

**471** social kits (food and household essentials) distributed to vulnerable patients

**8,181** meals served to hospitalized patients and their *accompagnateurs*<sup>23</sup>

**378** psycho-social sessions provided for patients

**7** visits to patients' homes to provide specialized support



PIVOT social worker Felana Soalia visits with malnutrition patients and their families at Ranomafana Health Center.

## PATIENT SPOTLIGHT: CHRISTIAN



Christian, age 4, was diagnosed with malnutrition during the measles campaign in Ifanadiana District. His mother, who works in coal production, brought him to be immunized during the height of the outbreak. PIVOT nurses enrolled him in Ranomafana Health Center's malnutrition in mid-February, and he had successfully gained weight and completed treatment by the end of March.

## IN OTHER NEWS...

CLICK  
TO READ

PIVOT was featured in the March 1 issue of **Science Magazine**. The full article, "A Prescription for Madagascar's Broken Health System: Data and a Focus on Details," covers our founding, our biggest challenges, and our impact to date.

CLICK  
TO READ

Want to learn more about our **community health program**? Check out this post on our blog about ongoing activities and our involvement to advance a global #HealthForAll movement as members of the Community Health Impact Coalition (CHIC).

CLICK  
TO READ

In case you missed it: our **2018 Annual Impact Report** is now available! Check it out to learn about PIVOT's 2018 achievements via patient stories, impact data and highlights from our fifth year of work.

# DEFINITIONS

- 1. PIVOT full support (for health center):** a health center that receives PIVOT's technical and financial support to ensure that: it is staffed at or above Ministry of Health standards; fees for patient visits are covered; facility infrastructure is improved; and the data system is supported through data quality assessments and feedback
- 2. PIVOT partial support (for health center):** a health center that receives PIVOT's financial and technical support to hire staff, perform routine data collection, and address urgent district-wide or facility-specific issues as needed
- 3. Supported patient visit:** a patient visit to community health worker, health center, or hospital for which costs of care are reimbursed by PIVOT; patients are not charged a consultation fee
- 4. Community health:** disease prevention and health promotion conducted by community health workers (CHWs) outside of health facilities and within a community
- 5. 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 (NOTE: In Madagascar, every health center or centre de santé de base (CSB) is designated as either a CSB1 or CSB2; CSB2s are larger and staffed with at least one advanced level clinician; CSB1s are staffed by nurses and midwives; PIVOT support currently focuses on CSB2s.)
- 6. District hospital:** a secondary health facility offering inpatient care and specialized clinical services (including dentistry; emergency obstetric care, including caesarean sections; laboratory and radiology; infectious disease treatment; and inpatient malnutrition for children) for the district population; to access care at the district hospital, patients are referred from the health center
- 7. Tertiary care:** specialized medical care provided at regional or national health facilities outside of the district
- 8. Community health worker (CHW):** an elected community member trained to provide care for common illnesses in their home communities and to refer patients in need of higher levels of care to health facilities; patients served are primarily pregnant women and children under five
- 9. Per capita utilization:** annualized rate at fully-supported health centers is calculated using the total number of quarterly health center visits multiplied by four and divided by total catchment area population
- 10. External consultation:** new and follow-up outpatient visits with a clinician at a fully-supported health center or hospital
- 11. Bed occupancy:** percentage of total hospital beds available that are occupied by admitted patients
- 12. Essential medicines:** a subset of total medicines supplied (7 medicines at the community level, 15 medicines at health centers, and 31 medicines at the district hospital) that, informed by international standards, are necessary for providing basic health care in our setting
- 13. Baseline:** 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
- 14. Standard referral:** a non-emergency referral from a community, health center, or hospital in which patients are counseled to seek specialized care, but are not provided transport by ambulance
- 15. Maternal survival rate:** the percentage of health center births in the last quarter for which the mother was discharged alive following delivery
- 16. 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
- 17. 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
- 18. Antenatal 4-visit completion rate:** the percentage of women who gave birth at a fully-supported health center who attended at least four antenatal care visits prior to delivery
- 19. Acute malnutrition:** weight for height between -2 and -3 z-scores according to growth standards
- 20. Severe malnutrition:** weight for height below -3 z-score according to growth standards
- 21. Lost to follow-up:** a patient whose treatment has been interrupted and who has not completed a program of care
- 22. Unresponsive to treatment:** a patient whose health outcomes do not improve with treatment for specified disease
- 23. 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