



Aristide Padoum, Director of Operations, gathers with PIVOT's team of motorcycle drivers during launch of activities in Ambohimanga du Sud, a remote commune that can only be reached by motorcycle.



QUARTERLY IMPACT REPORT

Quarter 2, 2019 (April 1 - June 30)

Dear PIVOT community,

Welcome to the second edition of our new Quarterly Impact Report! Our hope is that this will serve as a tool to not only highlight our data and analytics, but also to promote transparency, foster accountability, and generate conversation surrounding our work.

The second quarter of this year was marked by significant growth. After many months of work to improve infrastructure and operations, we launched activities in the commune of Ambohimanga du Sud (ADS). As the seventh commune to receive PIVOT's full model support, this expansion represents a major geographic opportunity to bring care to some of the most remote areas of Ifanadiana District. More than 18,000 people live in ADS. Tens of thousands more people from surrounding communes have long relied on its health center for care even with its understaffing and inadequate equipment and supplies.

With the closest paved road at least 65 kilometers away, many have had to face the near-impossible decision between making a multi-day trek while sick to access specialized care, or not seeking treatment at all. In the coming months and years of work to transform Ifanadiana District into a model health system, it is our aim to transform the ADS Health Center into a hub for quality primary care and select specializations for the northern population, providing a true model for a public health system that serve the last mile. *(Note on data: Given that services launched near the end of Q2, data from ADS is reflected in sum totals only, but not in utilization rates.)*

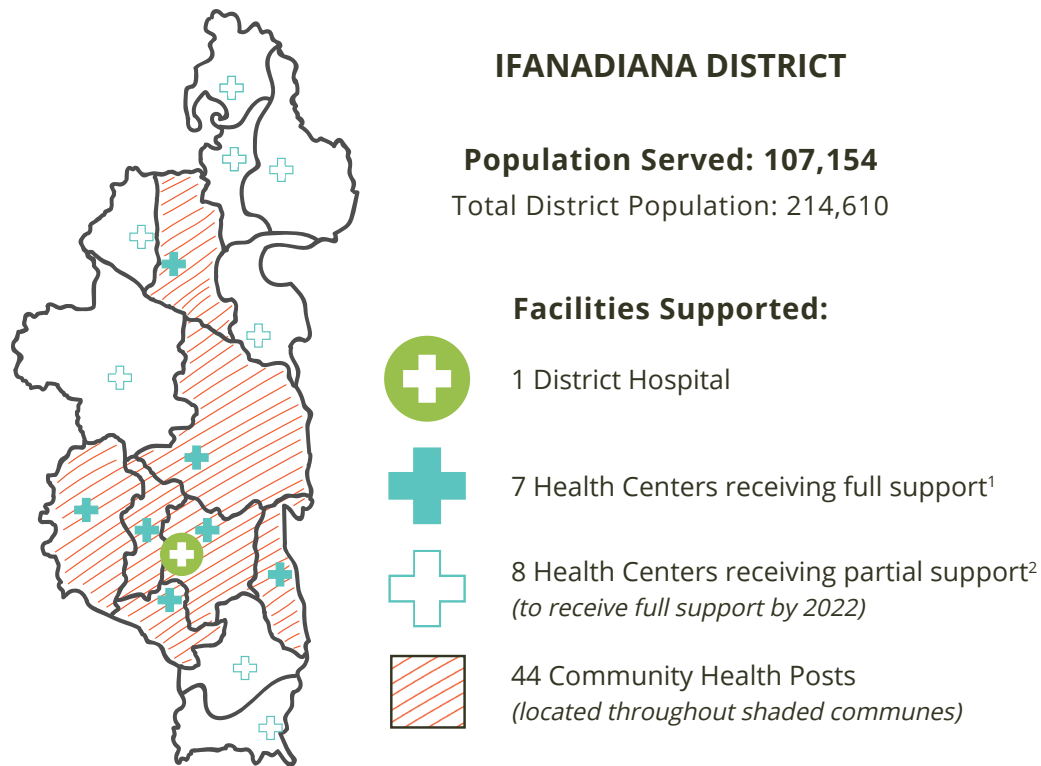
Please read on for more highlights from the quarter! Thank you for your continued partnership and, as always, we welcome your questions and feedback.

In solidarity,


Tara Loyd
Executive Director


Matt Bonds
Co-Founder & Scientific Director

QUARTER 2 OVERVIEW



— Q2-2019 HIGHLIGHTS —

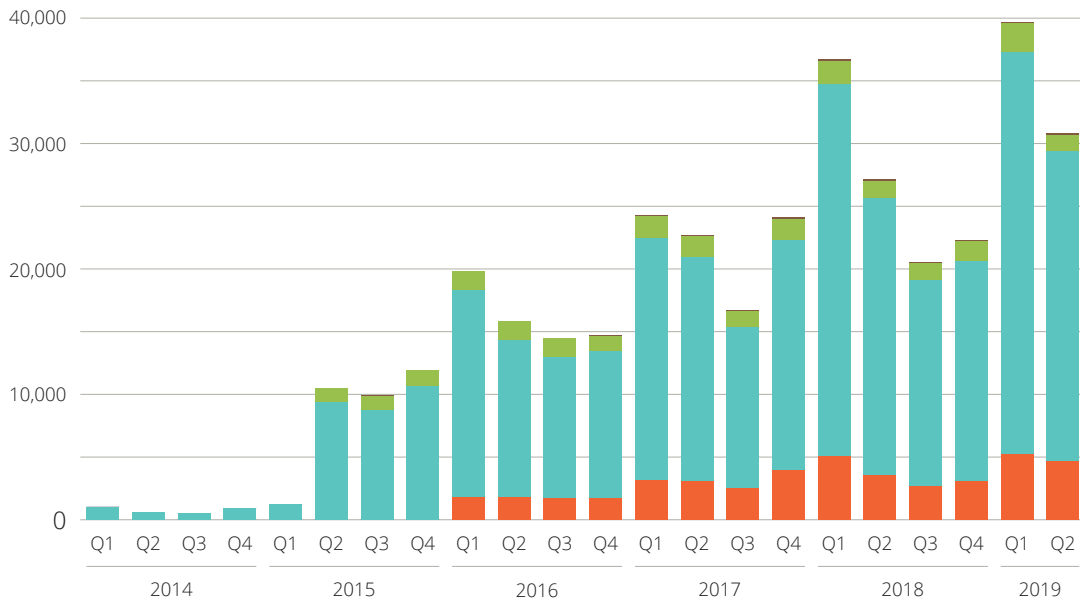
- Launched activities in Ambohimanga du Sud, the seventh and most remote commune to receive PIVOT's full model support.
- Extended reproductive health and family planning services, training community health workers (CHWs), community health supervisors, and lead health center clinicians in enrollment and management of patients seeking options for contraception
- Established new case management processes for children undergoing malnutrition treatment programs, linking inpatient and outpatient services in order to improve overall quality and continuum of care for patients as well as their caretakers.
- Finished a major phase of renovations at the district hospital, including the opening of a brand new infectious disease ward, improvements to accommodations for both hospitalized patients and their accompagnateurs, and increased security measures on the premises.
- Guided by peers visiting from Partners In Health, implemented new supply chain management software Open Boxes for improved availability of medicines and supplies at our central warehouse and the district hospital.
- For the fifth consecutive year, PIVOT's social team partnered with Operation Smile to help 13 patients access safe cleft lip and palate surgery.
- Continued work toward implementation of new mobile technology community health pilot with partners at Medic Mobile.
- Given exponential growth of staff in recent years, we developed an organization-wide training, bringing all staff together for an orientation and recommitment to organizational values: health as a human right, solidarity, humility, bias toward action, accountability, sustainability, and the pursuit of learning.

— Q2-2019 CHALLENGES —

- Increased utilization of health services (in part due to ongoing measles outbreak and malaria season) has caused higher patient volume than staff can feasibly manage at some health centers; in partnership with the Ministry of Health, we continue to strive for adequate staffing across facilities.
- Issues with supply chain coordination affected availability of essential medicines at the community and health center levels; to be addressed and improved with the help of new stock management software already implemented at the hospital level.
- The cohort of tuberculosis patients completing one year of treatment experienced an unusually low patient retention rate; clinical and social work staff are collaborating to improve case management processes.

HEALTH SYSTEM OVERVIEW

PATIENT VISITS SUPPORTED³



SINCE 2014, PIVOT HAS SUPPORTED
363,407
PATIENT VISITS

- Community Health⁴
- Health Centers⁵
- District Hospital⁶
- Tertiary Care⁷

STAFF

226 clinical personnel supported in Ministry of Health facilities

156 Community Health Workers⁸

30 Health Center Clinicians

40 District Hospital Clinicians



240 hours of training logged



SUPPORTED 31,519 PATIENT VISITS IN Q2, INCLUDING:



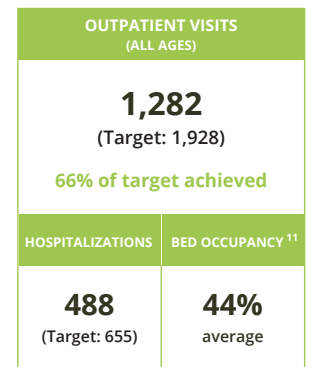
Community Health



Health Centers



District Hospital



AVAILABILITY OF ESSENTIAL MEDICINES¹²



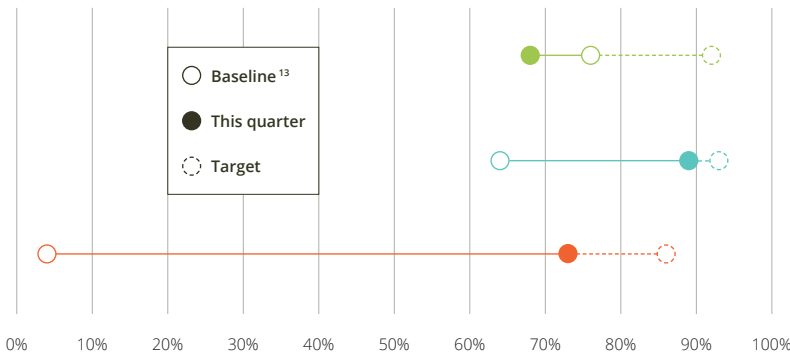
District Hospital



Health Centers



Community Health

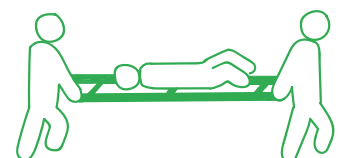


CONTINUUM OF CARE

480 patient referrals

including:

- 261** standard referrals¹⁴ to higher level of care
- 219** transfers by ambulance or stretcher



CLINICAL PROGRAMS OVERVIEW

MATERNAL & REPRODUCTIVE HEALTH

This quarter, we saw a
93% maternal survival rate¹⁵
at PIVOT-supported health facilities.

In addition to this, we saw:

41%
contraceptive
coverage rate¹⁶
(Target: 45%)

33%
facility-based
delivery rate¹⁷
(Target: 41%)

31%
antenatal 4-visit
delivery rate¹⁸
(Target: 60%)



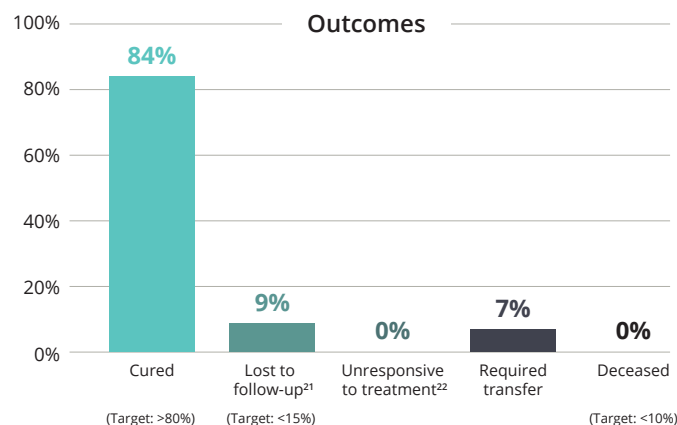
SINCE 2014, PIVOT
HAS SUPPORTED
5,944
FACILITY-BASED
DELIVERIES

MALNUTRITION



HEALTH CENTERS

- **50 children** began treatment for acute malnutrition¹⁹
- **58 children** were discharged from treatment



DISTRICT HOSPITAL

- **21 children** were treated for severe malnutrition²⁰
- **76%** were successfully discharged from intensive treatment (either cured or referred to health center for continued care)

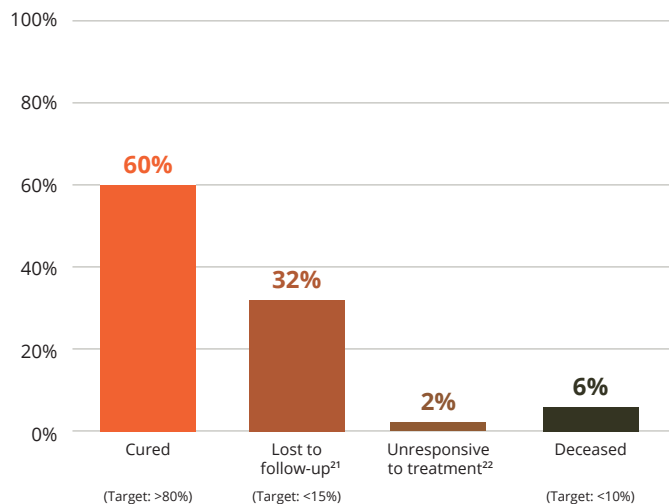
TUBERCULOSIS

This quarter, **36 patients** were enrolled for TB treatment.



Cohort Results

for the **39 patients** who completed one year of treatment:



SOCIAL SUPPORT

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

7,024 meals served to hospitalized patients and their *accompagnateurs*²³

851 psycho-social sessions provided for patients

5 visits to patients' homes to provide specialized support



Community health workers practice taking arm measurements during a training on malnutrition screening protocol in Ambohimanga du Sud.

PATIENT SPOTLIGHT: VITASOA



Vitasoa, age 8, lives in Ambohimanga du Sud with her mother (pictured here), father, and six siblings. At the age of 3, Vitasoa complained of a toothache that prompted her parents to bring her to the nearest health center for care. This marked the beginning of 5 years of attempts – using treatments ranging from antibiotics to herbal medicine – to address the uncomfortable tumor that steadily grew on the right side of her face. Due to geographic and financial barriers, the family had never been able to bring Vitasoa to specialized care until PIVOT launched services in Ambohimanga du Sud in June. Soon after a consultation, PIVOT clinicians referred and transported Vitasoa to the district hospital, then onward for tertiary care at the University Hospital. After a biopsy determined that the tumor was benign, she became an immediate candidate for surgery. She continues on the path to recovery with her mother at her side, who says, “without PIVOT, our daughter would have continued to suffer – we would never have amassed the funds required for her to find health in this way.”

IN OTHER NEWS...

CLICK
TO READ

For over a year, PIVOT's Monitoring & Evaluation team collaborated with humanitarian IT organization *Relief Applications* to build a **data hosting and visualization platform** that enables our teams to track thousands of program indicators in real time.

CLIQUEZ
POUR LIRE

Pour la première fois, notre Rapport d'Impact 2018 est disponible en français! Cliquez pour en savoir plus sur les réalisations de PIVOT en 2018 via les histoires des patients, les données d'impact et les faits marquants de notre cinquième année de travail.

CLICK
TO READ

Since relocating from Madagascar's capital city to take positions with PIVOT in 2015, **nurse Onja and midwife Sophie** have played an essential role in PIVOT's delivery of quality primary care. Read our most recent **Staff Spotlight** to learn more about this couple's inspiring journey!

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