



PIVOT Community Health Supervisor Berger accompanies Lemiarina, one of the community health workers participating in the proactive care pilot, on his circuit of home visits in Ranomafana.



QUARTERLY IMPACT REPORT

Quarter 4, 2019 (October 1 - December 31)

Dear PIVOT community,

We are proud to share with you 2019's final Quarterly Impact Report. We hope this continues to serve as a useful tool for you to engage with our programs and data as much as it has thus far served to strengthen our own transparency, accountability, and curiosity!

At the start of Quarter 4, with support from the Ministry of Health, we launched a pilot program to provide salaries to community health workers (CHWs) and initiate a proactive care model in our flagship commune of Ranomafana. According to Madagascar's current national policy, CHWs are appointed as volunteers by community leaders and asked to manage the responsibility of caring for members of their communities without formal compensation. Our initial phase of CHW support provided modest compensation linked to training, supervision, and dispensing medicine. Now, for the first time in Ifanadiana District, CHWs are paid in accordance with Madagascar's minimum wage and trained to make home visits – both to find patients and to follow up with those they've previously served at their designated health posts. In order to distribute the work created by this approach, the pilot program first recruited and trained additional CHWs in order to provide adequate coverage for the population served both proactively and at fixed health posts.

In the first three months, CHWs participating in the pilot have been able to provide care for children under 5 at quadruple the rate as those in other communes where we work. The launch of this pilot represents a huge stride toward improving access to care at the last mile in Ifanadiana District – where we plan to expand services to two additional communes in 2020 – and eventually beyond.

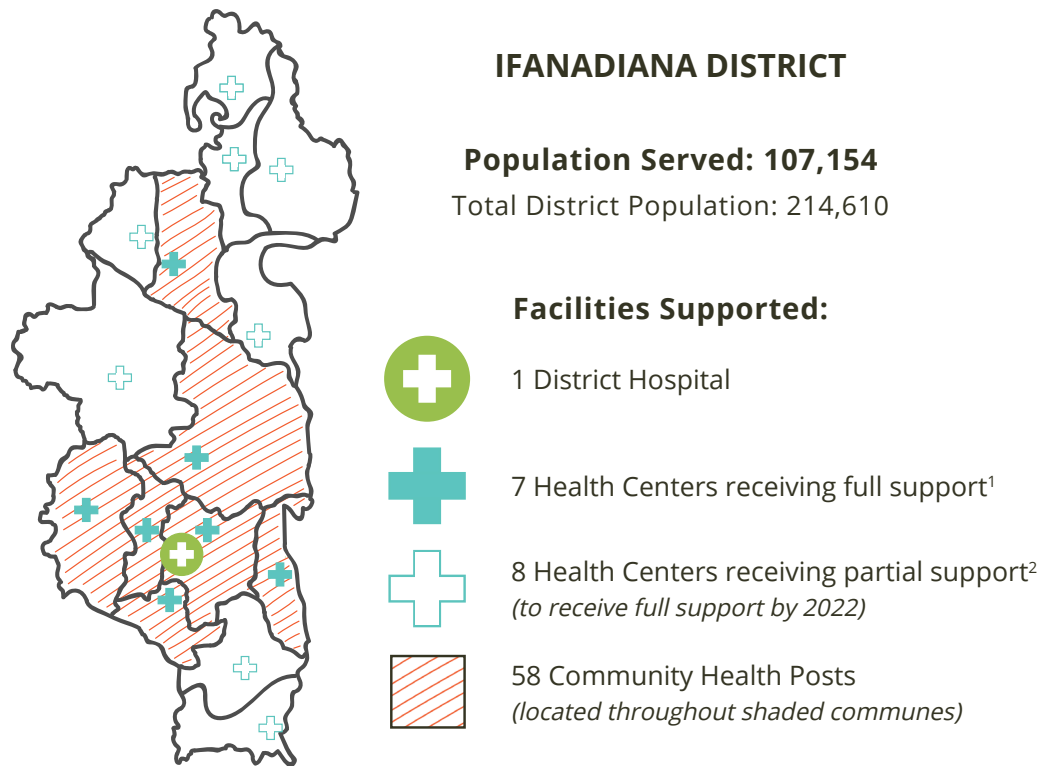
Please read on for more highlights from the quarter! Thank you for your continued partnership and, as always, we welcome your questions and feedback.

In solidarity,

Tara Loyd
Executive Director

Matt Bonds
Co-Founder & Scientific Director

QUARTER 3 OVERVIEW



— Q4-2019 HIGHLIGHTS —

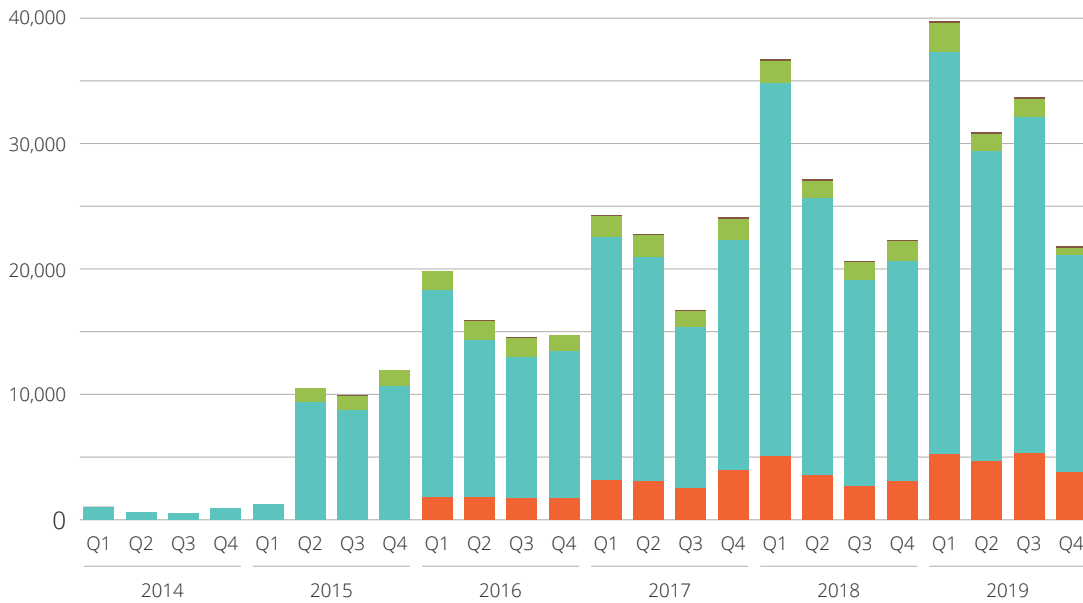
- Completed major renovations of the district hospital – including the addition of a blood bank, infectious disease ward, and expanded pediatric ward – and two health centers to accommodate the increase in patient volume and generally improve facility readiness.
- Welcomed a high-level delegation led by the Minister of Health, Professor Julio Rakotonirina to inaugurate major facility renovations.
- Held a focus group with all CHWs participating in the proactive care pilot to discuss takeaways from the first 3 months. Responses included increased job satisfaction resulting from more frequent supervision from PIVOT community health supervisors.
- Expanded referral coverage to include patient reimbursements for costs incurred by taking any mode of transport to travel between levels of care (a commonly cited barrier to accessing care in a non-emergency).
- Achieved a 100% successful discharge rate – with all patients either cured or referred to a health center for continued care – among children participating in treatment for severe malnutrition at the district hospital.
- Reached highest rates of 2019 for both contraceptive coverage as well as pregnant women's completion of four antenatal care visits.
- Supported district health authorities in their efforts to fight leprosy and prevent plague by training personnel from all 21 district health facilities in key preventive, diagnostic, and treatment protocols.

— Q4-2019 CHALLENGES —

- In response to below-target delivery rates at PIVOT-supported health facilities, we have conducted interviews with mothers and family members to better understand patient satisfaction and care-seeking behavior for labor and delivery services.
- Began efforts to establish a new agreement with the Ministry of Health in order to roll out an updated model for universal health coverage model throughout Ifanadiana District.
- To address low utilization of maternal waiting homes, we continue to facilitate collaboration between facility midwives and traditional birth attendants in order to increase the rate of women delivering at health centers.
- In planning for 2020 expansion, we are looking to engage with new partners who specialize in infrastructure to strengthen our ability to deliver services to communities requiring multiple days of walking to reach the nearest paved road.

HEALTH SYSTEM OVERVIEW

PATIENT VISITS SUPPORTED³

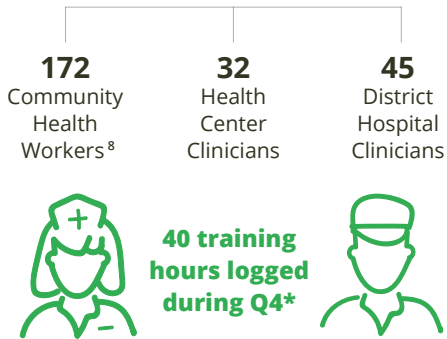


SINCE 2014, PIVOT
HAS SUPPORTED
432,797
PATIENT VISITS

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

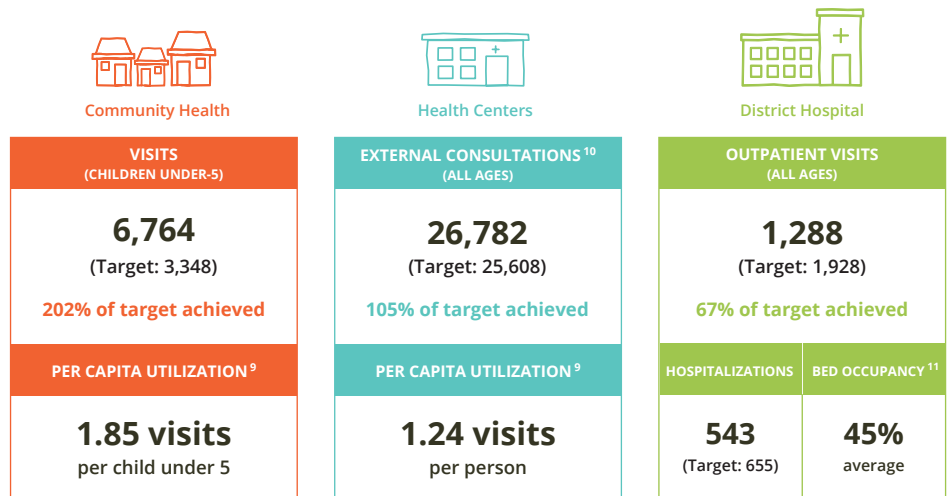
STAFF

249 clinical personnel supported in Ministry of Health facilities

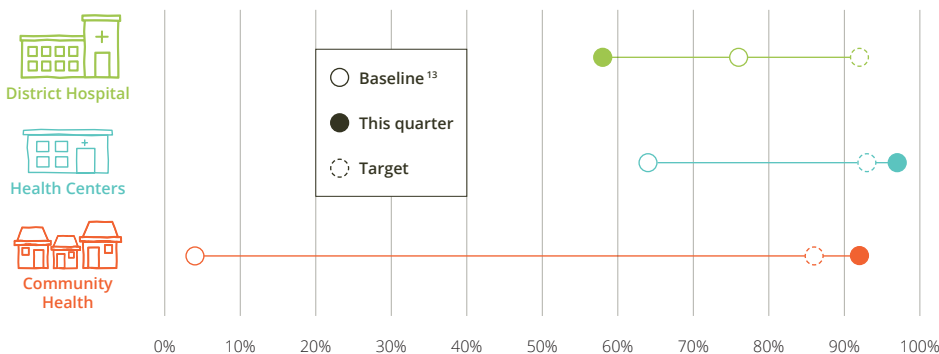


*Facility-based clinicians only.
Q4 hours lower due to seasonal focus on other end-of-year priorities.*

SUPPORTED 35,274 PATIENT VISITS IN Q4, INCLUDING:



AVAILABILITY OF ESSENTIAL MEDICINES¹²

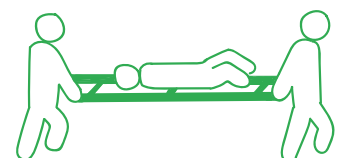


CONTINUUM OF CARE

627 patient referrals

including:

- **368** standard referrals¹⁴ to higher level of care
- **259** transfers by ambulance or stretcher



CLINICAL PROGRAMS OVERVIEW

MATERNAL & REPRODUCTIVE HEALTH

This quarter, we saw a
100% maternal survival rate¹⁵
at PIVOT-supported health facilities.

In addition to this, we saw:

49%
contraceptive
coverage rate¹⁶
(Target: 45%)

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

41%
antenatal 4-visit
completion rate¹⁸
(Target: 60%)



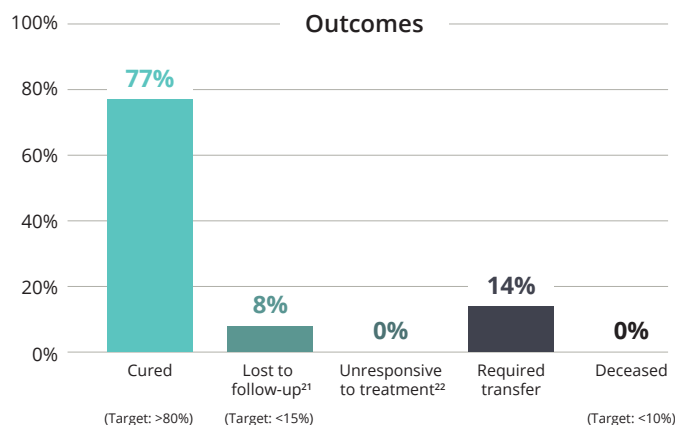
SINCE 2014, PIVOT
HAS SUPPORTED
6,623
FACILITY-BASED
DELIVERIES

MALNUTRITION



HEALTH CENTERS

- **54 children** began treatment for acute malnutrition¹⁹
- **66 children** were discharged from treatment



DISTRICT HOSPITAL

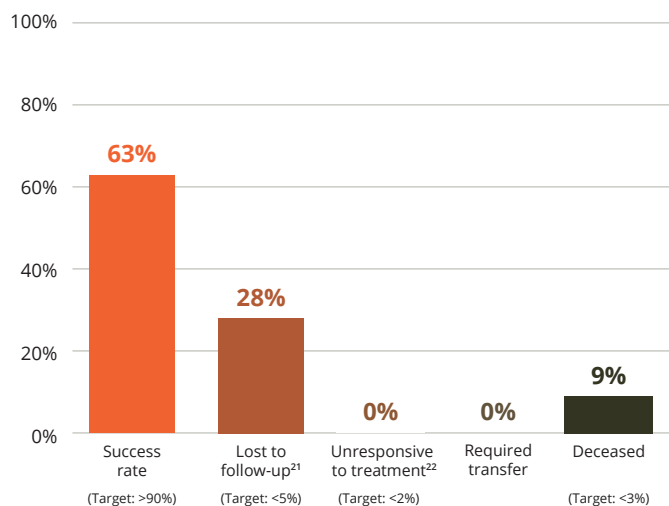
- **15 children** were treated for severe malnutrition²⁰
- **100%** were successfully discharged from intensive treatment (either cured or referred to health center for continued care)

TUBERCULOSIS

This quarter, **77 patients** were enrolled for TB treatment.



Cohort Outcomes
for the **43 patients** who enrolled in Q4 of 2018:



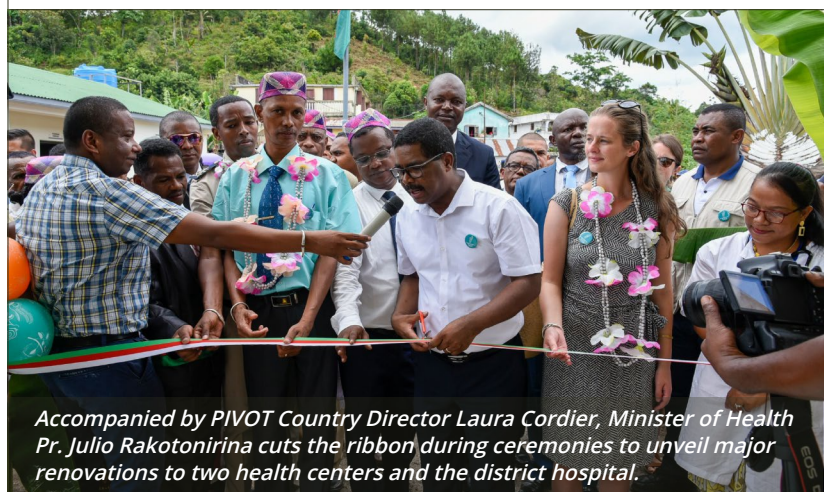
SOCIAL SUPPORT

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

13,264 meals served to hospitalized patients and their *accompagnateurs*²³

803 psycho-social sessions provided for patients

10 visits to patients' homes to provide specialized support



Accompanied by PIVOT Country Director Laura Cordier, Minister of Health Pr. Julio Rakotonirina cuts the ribbon during ceremonies to unveil major renovations to two health centers and the district hospital.

PATIENT SPOTLIGHT: LALAINA & LALASOA



As residents of Ranomafana, 20-year-old twin sisters Lalaina (left) and Lalasoa (right) regularly visited Ranomafana Health Center throughout their pregnancies. They came consistently, knowing that they would receive quality care, guidance, and any necessary medicines at no cost to them. What the sisters did not anticipate was the extraordinary coincidence of going into labor on the same day! On December 14, 2019, Lalaina and Lalasoa gave birth to Maya and Lionel, respectively, with no complications. Here, the two moms and their babies sit in Ranomafana Health Center's maternity ward, where they were the first women to deliver following the recent completion of major infrastructural renovations.

IN OTHER NEWS...

CLICK
TO READ

On UHC Day, Chief Medical Officer **Dr. Alishya Mayfield** reflected on the importance of **removing barriers to care**, and how PIVOT is doing its part to advance #HealthForAll.

CLICK
TO READ

Check out our latest **staff spotlight on PIVOT researcher Dr. Felana Ihantamalala** and her crucial work on geographic barriers to care in Ifanadiana District.

Thanks to the extraordinary generosity of our PIVOT community, we exceeded our 2019 fundraising goals to support our life-saving programs and continue the expansion of our model system of universal health coverage.
Thank you for joining us on this journey, and for all of the ways in which you make our work possible!

CLICK
TO READ

To wrap up our team's year of recommitting to the **7 PIVOT values**, we shared some of our **favorite quotes from our staff**.

CLICK
TO READ

Rounding out our sixth year of work in Ifanadiana District, our **Year In Review highlights some of 2019's most notable milestones**.

Looking for a family-friendly summer trip abroad? Join us in Madagascar this July!
PIVOT fans of all ages – you're invited to join us for a week of cultural immersion, social justice learning, and engaging with our programs in action. [Click here](#) or to learn more!

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 for a three month period (adjusted for reporting delays)
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