June 20, 2024 marked the launch of expansion activities with the rollout of our refined UHC strategy, CARE 2.0, in Nosy Varika District.

QUARTERLY IMPACT REPORT

April 1 - June 30, 2024

Dear Pivot community,

This quarter, after years of preparation alongside our government partners, we are thrilled to announce that regional expansion activities are officially underway.

Building on a decade of impact in Ifanadiana District, **we are proud to be launching CARE 2.0, our refined Universal Health Coverage (UHC) strategy, as the first wave of activities in regional expansion**. The evolved strategy has been covering the whole population of Ifanadiana District since November 2023 and, as of June 2024, it is operational in 12 of Nosy Varika District's health centers, targeting children <5 and pregnant women. This initiative marks a significant advancement of our commitment to eliminate financial barriers to healthcare in Madagascar. By removing user fees for the region's most vulnerable populations, we are ensuring patients' protection from potentially catastrophic health costs, and modeling the way for UHC at scale - a fundamental and fitting way to kickstart this new chapter of work at the regional level.

Our partnership with the Ministry of Public Health (MoPH) has been central to the advancement of this initiative. Over the past three years, we have collaborated closely with all levels of the MoPH to foster a sense of government ownership of the new strategy, facilitating their ability to test and evolve effective financing mechanisms. The collaboration has required navigating complex governance structures and creating space for implementation to inform policy. With approval from MoPH leadership, including a signature from the Secretary General and buy-in from all relevant departments, the strategy's adoption represents a significant milestone, reflecting a shared commitment to advancing UHC in Madagascar.

Accompanying the rollout of CARE 2.0, the Pivot team has also developed a new digital tracking platform. The **mobile application integrates with population-level data to provide real-time insights on patient utilization and a comprehensive view of financial protection activities and outcomes** *(more on page 3)*. The momentum generated by CARE 2.0 combined with these innovative data collection and analysis mechanisms strengthens our position as technical advisors to the government and advocates for global health strategies worldwide.

We are at a critical moment in our journey to achieve UHC and ensure equitable healthcare access across Madagascar. With your continued support, we will continue to expand financial protection across Vatovavy Region. We welcome your feedback on the report that follows, and look forward to sharing our progress with you - our community of partners, supporters, and peers - as we continue on the journey.

Mankasitraka amin'ny fiaraha-miasa! (We appreciate your partnership!)

With immense gratitude,

Laura Cordier
Executive Director

VATOVAVY REGION

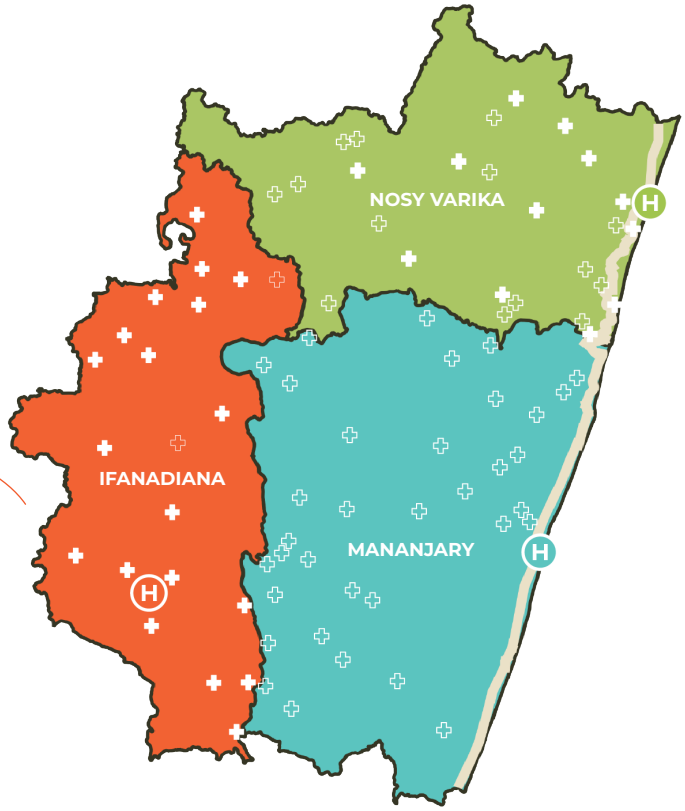
2023 Regional Baseline

Population: 838,803

Population living in extreme poverty:	66%
Children <2 with all essential vaccinations:	26%
Children <5 moderately or severely stunted:	68%
Women who delivered last baby in health facility:	16%

2014-2023

Our first decade in Ifanadiana District allowed us to test and refine programmatic and system-wide interventions to maximize impact on population-level health outcomes. Lessons learned from working at the district level, combined with 2023 regional baseline data, informed our regional expansion strategy.



Pivot currently supports:

197	Community Health Workers
196	Community Health Posts
33	Primary Care Health Centers
1	District Hospital

Map Legend

- Health Center
- Health Center with user fees removed
- District Hospital
- Pangalane Canal

HIGHLIGHTS & CHALLENGES FROM THIS QUARTER:

Vatovavy Region

- Started activities in Nosy Varika, with the CARE 2.0 initiative, extending the removal of user fees for targeted population in 12 of Nosy Varika's health centers *(more on page 3)*.
- Opened offices in Nosy Varika, one of our expansion districts, Pivot staff have been relocated based on interest and areas of expertise.
- Purchased a boat to add to the ambulance fleet, and carried out our first patient referrals, transporting patients between facilities in both Mananjary and Nosy Varika districts.
- Following the donation of vehicles to regional health teams, led training for government officials in fleet management, including oversight of funds for execution of maintenance.
- Completed the mapping of Nosy Varika - including thousands of footpaths and structures - creating new opportunities for Pivot's researchers to better understand the district's geographic berries, and program teams to enhance their implementation strategies.

Ifanadiana District

- Pregnant women completed all 4 antenatal care consultations at an all-time high rate of 86% thanks to a combination of Maternal & Reproductive Health interventions, including targeted sensitization by CHWs, the availability of maternal waiting homes, and collaborations with traditional birth attendants.
- Nationwide supply chain issues have contributed to persistently low availability of essential medicines at the district level, informing our strategy to advocate for policy change at the central level.

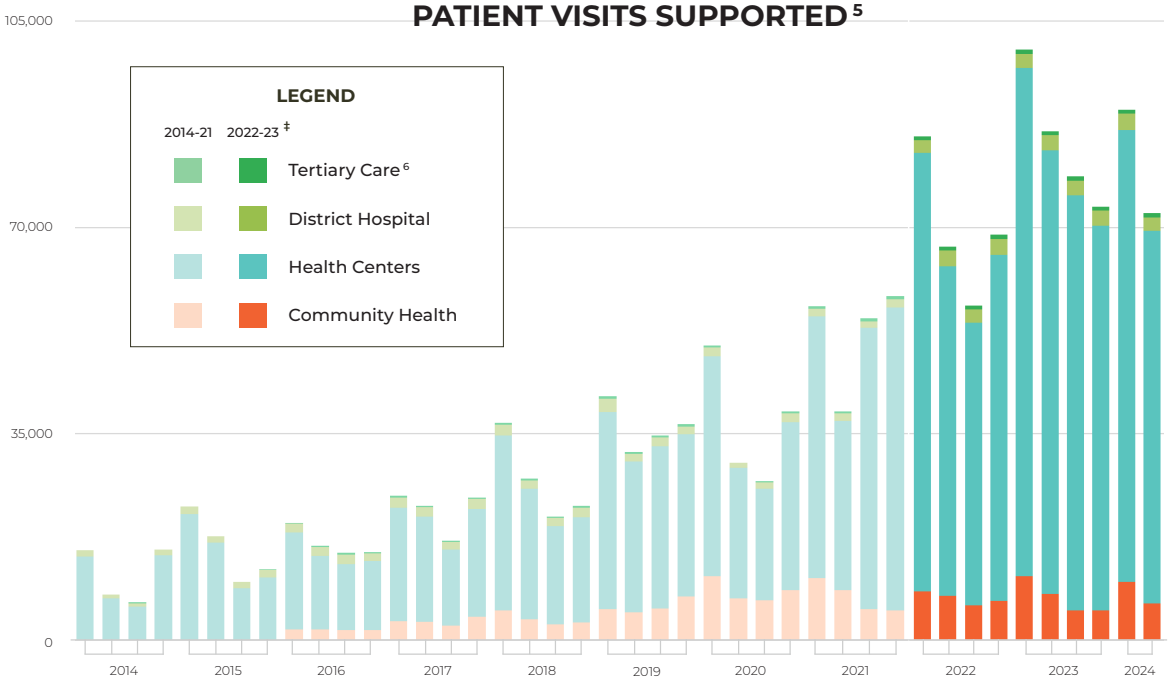
Community Health

- As part of the rollout of Madagascar's new National Community Health Strategy, supported the first two waves of cascade training for CHWs in Ifanadiana. NOTE: Key shifts in implementation policy (combined with time spent in training throughout the quarter) had a short-term impact on community-level outcomes this quarter; our next QIR will be adapted to better capture program performance in alignment with the new national strategy.
- Bénédicte Razafinjato, Pivot's Director of Monitoring, Evaluation, Accountability & Learning, was featured in the Community Health Impact Coalition's Research Roundup, highlighting her research on our Enhanced Community Health (ECH) strategy, which showed that ECH significantly improved CHW performance, quality of care, and patient utilization.
- As part of the PREZODE project to enhance surveillance and management of zoonotic diseases, participated in a workshop on implementing a community disease monitoring and response module.

Strategy

- Engaged with central MoPH through workshops and working groups across many domains, including: reviewing policy on biomedical equipment; validating of quality of care indicators; creating guidelines on data access and sharing across government partners; community health research, and more.
- Conducted a learning visit with UNICEF, the other government partner rolling out the new National Community Health Policy at the regional level in Betsiboka, to exchange experiences and ideas to support the launch of implementation.

PATIENT VISITS SUPPORTED [5]



THIS QUARTER (APR-JUN'24)
72,497

ALL-TIME (SINCE 2014)
1,647,280

‡ *As of January 2022, we are using a new method to calculate patient visits that better reflects all clinical encounters supported by financial, technical, or human resources from Pivot. Faded colors represent 2014-2021 totals calculated using the previous method.*

Community Health

VISITS (CHILDREN UNDER-5)

6,181
(Target: 7,432)
83% of target achieved

PER CAPITA UTILIZATION [7]

1.3 visits
per child under 5 *(annualized)*

IFANADIANA DISTRICT

Percent of Households Visited by Proactive CHWs	95%
Per Capita Utilization Rate	1.3
CHW Adherence to Protocol	98%
CHW Field Supervision Rate	43%

Health Centers

EXTERNAL CONSULTATIONS [8] (ALL AGES)

59,885
(Target: 77,812)
77% of target achieved

PER CAPITA UTILIZATION

1.4 visits
per person *(annualized)*

District Hospital

VISITS (ALL AGES)

2,079
(Target: 2,858)
73% of target achieved

HOSPITALIZATIONS	BED OCCUPANCY [9]
1,059 (Target: 666)	53% (Target: 65%)

TRANSFORMING PATIENT CARE WITH MOBILE TECHNOLOGY

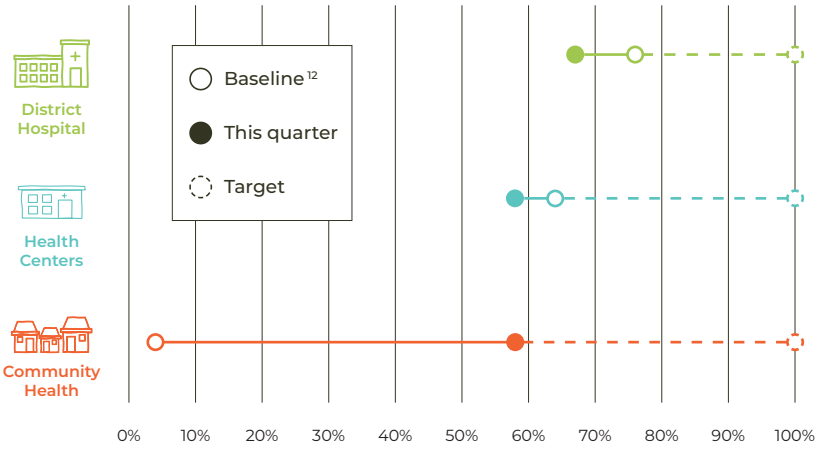
Pivot's integration of mobile technology in **the launch of CARE 2.0 is revolutionizing how patient care is delivered and monitored in Madagascar.** This system, now in 33 health centers across Ifanadiana and Nosy Varika districts, is enhancing patient data management and service delivery. The new CARE 2.0 module developed by the Pivot team on the CommCare platform enables trained Pivot staff and Financial Protection Agents to efficiently register patients and collect data about their care.

The platform creates a comprehensive digital record of patient visits to the health center, assigning each patient a unique ID to track visits over time. The system also collects basic demographic data such as age, village of residence, as well as prescribed medications and costs. The shift is a leap forward for clinical care and research. The data establishes individual electronic medical records, augmenting our capacity to employ enhanced analytics to deepen our understanding of disease trends, access to care, and utilization.

"These data enable us to know in near real-time who is sick and which communities are unable to access care," says Pivot Science Director Dr. Karen Finnegan, adding that they will **"eventually allow us to develop models to predict which patients require additional support for optimal care, among other advances."**

Our team analyzes expenditure patterns to reveal insights into health centers' spending and prescription patterns, increasing our capacity to ensure pharmacies remain well-stocked to meet patient needs, and highlighting potential areas for system improvement. Implementing mobile technology as an integrated component of our financial protection strategy facilitates better resource allocation, ensures that healthcare services are both cost-effective and responsive to patient needs, and enhances our ability to advance UHC in Madagascar.

AVAILABILITY OF ESSENTIAL MEDS [10]



CONTINUUM OF CARE

19% transferred by Pivot ambulance

39% transferred by taxi bus

with transport fees covered by Pivot

42% by other mode of transport

on foot, or by car, tractor, stretcher, etc.

PERSONNEL

- **278** total Pivot employees
  - **99%** Madagascar-based
  - **98%** Malagasy
  - **70%** female leadership

- **395** MoPH staff supported
  - **96** district hospital staff
  - **102** health center staff
  - **197** community health workers

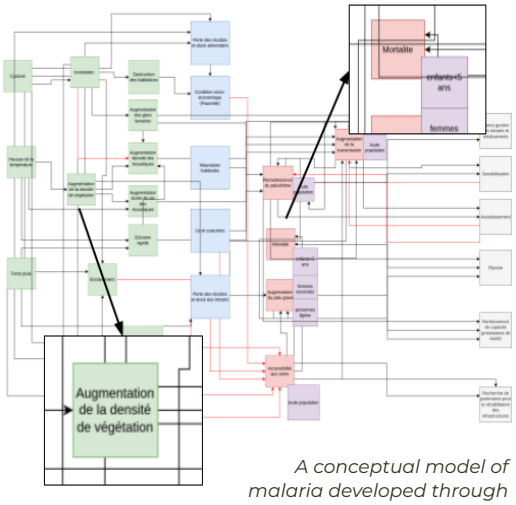
The core Pivot team staffing the new district office in Nosy Varika, led by District Coordinator Dr. Mbola Raza-Fanomezanjanahary (in teal).

LEVERAGING CLIMATE SCIENCE TO SUPPORT COMMUNITY HEALTH PROGRAMS

The Predicting Infectious Diseases via Environment and Climate (PRIDE-C) team presented their project at the DHIS2 Annual Conference in June. This international conference convenes implementers, developers, researchers, and ministry representatives to discuss the DHIS2 health information platform used in over 100 countries, including Madagascar. One goal of the PRIDE-C project is to **integrate forecasting models of climate-infectious diseases into Madagascar's DHIS2 platform** to make these forecasts available to decision-makers at all levels of the health system, leading to better, more responsive care.

The team presented during the session on AI and Machine Learning, sharing our ground-up, participatory approach to building and validating statistical models, achieved through a series of participatory workshops with partners from all levels of Madagascar's MoPH. These models enable us to predict disease cases at the community level – a rarity in disease forecasting models – and a necessity to support CHWs in their efforts to improve the health of all.

Momentum is building to develop software and research to mitigate the impacts of climate change and health, and the PRIDE-C project is one example of Pivot's commitment to advancing climate and health research. The PRIDE-C project is paving the way for more informed, data-driven decision-making in health systems, ultimately enhancing resilience and response to climate-related health challenges in Madagascar.



A conceptual model of malaria developed through participatory modeling and which serves as the base for a forecasting model.

MATERNAL & REPRODUCTIVE HEALTH

SINCE 2014, PIVOT HAS SUPPORTED
21,160
FACILITY-BASED DELIVERIES

This quarter, we achieved:

41%
contraceptive coverage rate [13]
(Target: 45%)

68%
facility-based delivery rate [14]
(Target: 40%)

86%
antenatal 4-visit completion rate [15]
(Target: 50%)

And **maternal survival rates** [12] were:

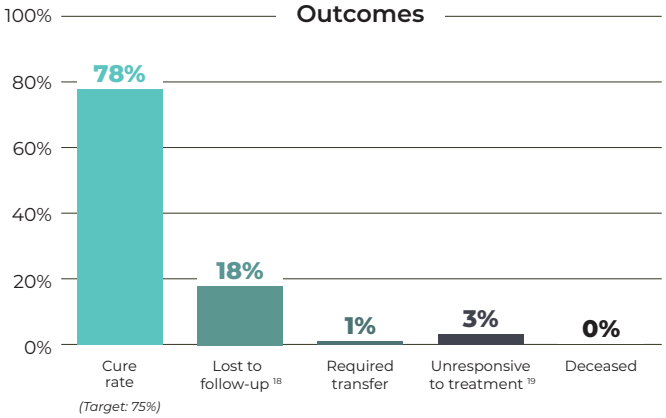
99% at the district hospital

100% across health centers

MALNUTRITION

HEALTH CENTERS

- **165 children** began treatment for acute malnutrition [16]
- **143 children** were discharged from treatment



DISTRICT HOSPITAL

- **19 children** were admitted for treatment of severe acute malnutrition with complications [17]
- **21** were successfully discharged from intensive treatment *(either cured or referred to a health center for continued care)*


Leaving Pivot's Nosy Varika District Office by boat on the Pangalane Canal.

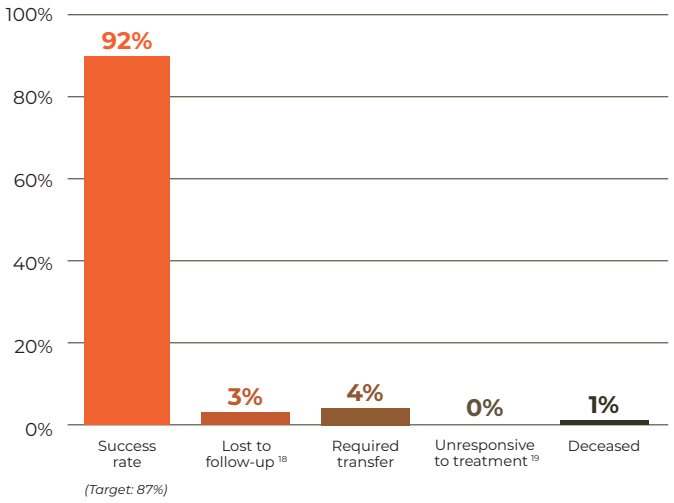
TUBERCULOSIS

This quarter, **62 patients** were enrolled for TB treatment.

- **79% smear positive**
- **1% smear negative**
- **20% extrapulmonary**

Cohort Outcomes

for **77 patients** completing 1 year of treatment:



SOCIAL SUPPORT

75 social kits (food and household essentials) distributed to vulnerable patients at the district hospital

62 psycho-social sessions provided for hospital patients

5,767 reimbursements provided for transport to/from care

41,064 meals served to hospitalized patients and their *accompagnateurs* [20]

A SUCCESSFUL MALNUTRITION RESPONSE

With support from the Stavros Niarchos Foundation (SNF), Pivot's emergency malnutrition response project in Ifanadiana District successfully addressed the surge in moderate acute malnutrition (MAM) cases following two severe cyclone seasons that devastated the region. Through a targeted approach focused on capacity-building and service delivery, the project made significant strides in the nine targeted communes, including:

- **Enhanced Capacity:** Over 400 healthcare providers were trained in MAM detection, management, and infant & young child feeding practices, strengthening the health system's ability to address malnutrition at the community level.
- **Expanded Service Delivery:** 49 community health sites were equipped with essential tools and supplies, allowing CHWs to provide MAM treatment on-site.
- **Increased Case Detection and Treatment:** With trained CHWs and improved service access, the project facilitated the identification and treatment of over 1,500 MAM cases, exceeding initial targets.

Given these advancements, we expect and are prepared for an increase in the number of malnutrition cases that CHWs screen in their respective communities, facilitating the timely treatment of children diagnosed with MAM.

This project demonstrates the effectiveness of targeted interventions in addressing acute malnutrition emergencies, and will inform advocacy for policy reform. Looking forward, our approach will focus on ensuring the long-term sustainability of MAM treatment services by building capacity at the community level and ensuring efficient service delivery in primary care.

PATIENT STORY: TIAVINA

Since early 2023, three-year-old Tiavina was suffering from severe acute malnutrition (SAM). During a mass malnutrition screening in her home commune of Tsaratanana, CHWs identified her as needing urgent care and referred her for treatment at the local health center. Though her condition improved, the health center had no program in place to support what she was now facing: moderate acute malnutrition (MAM). Unfortunately, the lack of resources meant her parents had no recourse for accessing care – she was malnourished, but not enough to qualify for therapeutic food support.

By October 2023, there was new hope: thanks to the post-cyclone emergency malnutrition response launched by Pivot and the MoPH with support from SNF, access to MAM treatment was on the horizon. CHWs had received training to identify and refer MAM cases, and a new MAM treatment site that would soon be available in their community. While waiting for the treatment center to open, Soanirina followed the CHWs' advice on nutrition and hygiene closely.

When MAM treatment started, Tiavina's health improved quickly. After two and a half months of treatment, she gained enough weight to graduate from the program and was declared cured. Tiavina's story underscores the need for comprehensive programs that address both severe and moderate malnutrition in places like Vatovavy Region, where climate and geography exacerbate the health issues the population already faces. Integrated, community-based programs, combined with education around good nutrition and hygiene practices, can lead to successful outcomes and a brighter future for children like Tiavina.

DEFINITIONS

1. **District hospital:** a secondary health facility offering inpatient care and specialized clinical services (e.g., dentistry; emergency obstetric care, including cesarean sections; laboratory and radiology; infectious disease treatment; and inpatient malnutrition for children) for the full district population
2. **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
3. **Community health:** disease prevention and health promotion conducted by community health workers (CHWs) outside of health facilities and within a community
4. **Community health worker (CHW):** a community member trained to provide care for common illnesses in their communities and to refer patients in need of higher levels of care to health centers; patients served are primarily pregnant women and children under five
5. **Supported patient visit:** a patient visit to community health worker, health center, or hospital for which costs of care are reimbursed by Pivot
6. **Tertiary care:** specialized medical care provided at regional or national health facilities outside of the district
7. **Per capita utilization:** an annualized rate of utilization calculated using the total number of quarterly community or health center visits multiplied by four and divided by the total catchment area population; only fully supported health centers are included in the calculation
8. **External consultation:** new and follow-up outpatient visits with a clinician at a fully-supported health center or hospital
9. **Bed occupancy:** percentage of total hospital beds available that are occupied by admitted patients
10. **Essential medicines:** a subset of total medicines supplied (7 at the community level, 15 at health centers, and 31 at the district hospital) that, informed by international standards, are necessary for providing basic health care
11. **Baseline [availability of medicines]:** 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
12. **Maternal survival rate:** the percentage of facility births and miscarriages in the last quarter after which the mother was discharged alive
13. **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
14. **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
15. **Antenatal 4-visit completion rate:** the percentage of women who gave birth at a fully-supported health center who attended four antenatal care visits prior to delivery
16. **Acute malnutrition:** weight for height that falls between -2 and -3 standard deviations below the mean weight for height according to international growth standards
17. **Severe malnutrition:** weight for height below -3 standard deviations below the mean weight for height according to international growth standards
18. **Lost to follow-up:** a patient whose treatment has been interrupted and who has not completed a program of care
19. **Unresponsive to treatment:** a patient whose health outcomes do not improve with treatment for specified disease
20. **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