



Breaking cycles of poverty and disease

ANNUAL REPORT 2014 - 2015

2014/15 ANNUAL REPORT

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Letter From the Chair

The rural corner of Madagascar where PIVOT operates is devastatingly poor. Needless death, for lack of a catheter or an antibiotic or the 50 cents needed to purchase such supplies, is numbingly common. But there is absolutely no doubt that PIVOT is having a profound impact. We are saving lives at an increasing rate, and every additional dollar we spend allows us to save more lives.

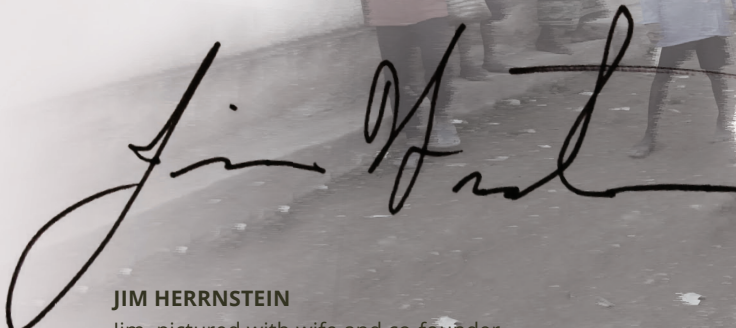
The following pages detail our remarkable progress over the past eighteen months. I am confident you will find our efforts worthwhile, perhaps even inspirational, and we thank everyone who has shown faith in our young organization.

And yet in my experience, for many considering involvement with PIVOT this narrative is not enough and begs the question: What's next? What happens if PIVOT has to leave some day? Does under-5 mortality begin an inexorable slide back to a tragic 14%? Does chronic infant malnutrition return to a startling 50%?

The reality is that PIVOT's clinical teams are not preoccupied with 'what's next' when a sick child comes into a health center. They are singularly focused on treating those in need and saving lives. On the other hand, every single strategic decision that PIVOT makes balances our ability to save lives today against sustainability.

So in this sense, PIVOT's identity is inextricably entangled with the question 'what's next?'. It is defined by the delicate balance between doing whatever we can right now for the sick and suffering we can reach and doing what we can for those we have not yet reached, in space or time.

Please join us.



JIM HERRNSTEIN
Jim, pictured with wife and co-founder, Robin, and their son, Michael, on right.

"For me, an area of moral clarity is: you're in front of someone who's suffering and you have the tools at your disposal to alleviate that suffering or even eradicate it, and you act."

DR. PAUL FARMER
Founder of Partners In Health and PIVOT Board Member



Our Mission

In partnership with communities in resource poor settings, we combine accessible and comprehensive healthcare services with rigorous scientific research to save lives and break cycles of poverty and disease.

Our Values

- 1 An uncompromising commitment to treat the sick and suffering using any and all resources and methods at our disposal.
- 2 A commitment to sustainability through meaningful partnerships, especially alongside the Ministry of Health and within the existing public health system.
- 3 A commitment to knowledge and learning, so as to better understand our communities and to improve the effectiveness and sustainability of our programs.



The PIVOT logo was inspired by the Malagasy parable "The Three Stones". The parable describes the three stones needed to support a traditional cooking pot, and illustrates that stability and strength require working together to create a strong foundation.



The Challenge

While the 21st century has witnessed unprecedented technological advances and once unimaginable economic growth, the world faces the critical challenge of persistent extreme poverty and disease in the context of environmental unsustainability.

Madagascar is recognized as a uniquely beautiful country, but it is also one of the poorest countries in the world, where most people lack access to basic life-saving healthcare.

The three biggest challenges we face in Madagascar.

PIVOT

Due to political instability and a coup d'état in 2009, the Madagascar government was ineligible to receive official direct assistance for five years—a critical period of unprecedented advances in healthcare around the world. An extraordinary confluence of factors created the opportunity for PIVOT: 30 years of on-the-ground experience of Dr. Patricia Wright and Centre ValBio, the internationally renowned conservation research center located in Ranomafana National Park with a new world-class infectious disease research facility; recent successes of implementing a rights-based healthcare delivery model in Rwanda and other countries with support from the Global Health Delivery Partnership (Partners In Health, Harvard Medical School, and Brigham and Women's Hospital); the establishment of a new Global Health Institute at Stony Brook University as a research partner; and the democratic election in Madagascar resulting in an inflow of foreign aid in 2014.

1 CHALLENGE NO.1

MADAGASCAR: A population of over 22 million • Amongst the **10 poorest**

countries in the world • 72% of

people live on less than one dollar per day

• Only 13% of households have access

to safe drinking water • 54% have no toilet or latrine • Malaria, diarrheal diseases and respiratory infections are among deadliest threats • **About half**

of children are chronically malnourished • **1 in 14 women die during childbirth**

over their reproductive lifespan • **14% of children die before their fifth birthday** •

Less than 60% of one-year-olds are fully vaccinated against preventable diseases

POVERTY & DISEASE

RESOURCE GAP

2 CHALLENGE NO.2

Though we have knowledge & technology to address

the leading killers, there is a debilitating deficiency of essential resources • Per capita spending on health in Madagascar is \$19 (compared with \$94 for Sub-Saharan Africa)

• **Health facilities lack medicines, supplies, trained staff, and basic infrastructure**

such as clean beds and water and waste management • **Patients face often insurmountable**

financial and geographic barriers to care • Patients must purchase, and even procure, all medicines

and supplies before treatment • Over 70% of our catchment live at least 5km from the nearest health center

3 CHALLENGE NO.3

Increased knowledge

and research needed to

inform the efficacy of public health programs and produce data for replicating and

scaling-up delivery models • Human health outcomes are a consequence of complex

relationships between socioeconomic and environmental factors • We need a more holistic

conception of health that incorporates a larger understanding of conservation and sustainable development

KNOWLEDGE GAP

Response & Approach

Our response to these challenges is a geographically focused but broadly comprehensive health initiative in Ifanadiana District, located about 11 hours from the capital. In close partnership with the Madagascar Ministry of Health, we aim to establish universal access to quality care in this rural district of 192,000 by strengthening pre-existing systems, building new systems where appropriate, and removing barriers to care.

We tailor our efforts and evaluate progress according to objectives built upon our core principles:

- 1 Provide timely, accessible, quality care for as many people as possible given the resources at our disposal.
- 2 Work alongside the Ministry wherever possible, strengthening pre-existing structures as opposed to building new ones. Strive to show the Ministry how a model, district-wide health system might function. This is the path to sustainability and expansion.
- 3 Rigorously and continuously measure the costs and impact of our programs to evaluate our approach. Support research on root causes of poverty and disease to increase knowledge for evidence-based health system interventions.



Our Approach is to strengthen all three levels of the existing district public health system and, where needed, to introduce new programs to address critical patient needs, all in close collaboration with the Ministry. Our programs are intended to ensure no patient is turned away for lack of supplies, personnel, or funds. PIVOT medical personnel work alongside Ministry staff at all levels of the system.

WE OPERATE AT **THREE LEVELS** WORKING WITH THE MINISTRY OF HEALTH TO IMPROVE CARE ACCESS, QUALITY, COVERAGE, AND SAFETY:

DISTRICT HOSPITAL (serving 192,000 people): We are renovating, staffing and equipping the district's sole public hospital to provide effective treatment for curable diseases and access to emergency care, C-sections and other urgent surgeries.

HEALTH CENTERS (typically serving 10,000 people): We are renovating, staffing and equipping health centers throughout the district, beginning with the four closest to our Ranomafana headquarters.

COMMUNITY (typically groups of 1,000 – 2,000 people): We are training and equipping a network of community health workers (CHWs) charged with caring for the most isolated communities. This is the front line of the intervention, responsible for extending the reach of the health system. It is the CHWs who will ensure that a sick child can reach the health center and access care.

WE SUPPLEMENT THE PUBLIC SYSTEM AS NEEDED TO SERVE THE POPULATION:

Transport is a major barrier to care. We have created the district's first-ever ambulance network to support patient travel to and from the health facilities.

Our vehicle fleet consists of 4 ambulances, 10 motorbikes and 5 additional vehicles, providing access to remote corners of the district.

Our social support team and community health workers follow up with patients in their homes after care, often relying on motorbikes to reach remote villages. In addition to providing care, they serve as a channel of communication between communities and the health system, increasing both trust and utilization.



YEAR ONE: ACCOMPLISHMENTS

HEALTH CENTERS

- Renovated four health centers: including basic construction, new beds, latrines, showers and incinerators
- Launched program to provide essential medicines and supplies at no cost to patients in four health centers
- Served 6,022 patients – tripled consultation rates in health centers (from about 400 per month to 1400-1600)
- Launched system of joint hiring with the MoH to fully staff facilities with trained professionals

DISTRICT HOSPITAL AND URGENT TRANSFERS

- Created district's first-ever ambulance referral system with 4 ambulances and 10 motorbikes
- Implemented new triage and treatment protocols led by a PIVOT doctor
- Launched program to provide financial and social support for all patients referred to the district hospital

RESEARCH

- Developed full-scale monitoring and evaluation system
- Created monthly "dashboard" of key indicators to track impact in real time
- Initiated aggressive research agenda, including a rigorous baseline study, in collaboration with the Madagascar Institute of Statistics, Harvard University, Stony Brook University, and Emory University.

ESTABLISHING OUR PRESENCE

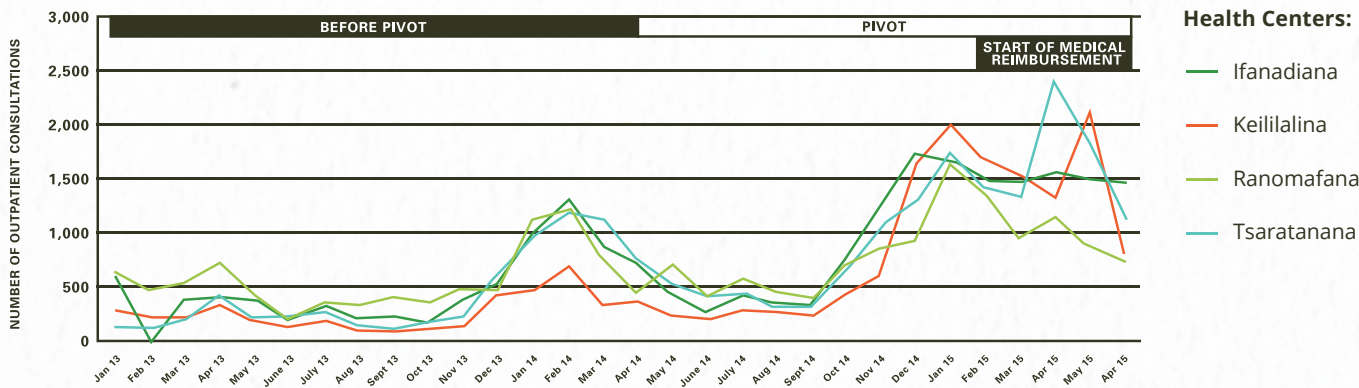
1 Hired 86 Malagasy and 7 expatriate in-country staff

2 Recruited Dr. Djordje Gikic, MD, MPH, former Rwanda Country Director for the Clinton Health Access Initiative, as PIVOT's first country director

3 Recruited Dr. Lara Hall, MD, experienced Family Physician, as PIVOT's Medical Director

Number of Outpatient Consultations – 2013 / 2014 / 2015

SOURCE: DATA FROM DISTRICT PUBLIC HEALTH SERVICES



PIVOT MONITORS 101 INDICATORS IN REAL-TIME TO EVALUATE AND INFORM OUR INTERVENTION.

THE BASELINE STUDY:

The map below shows one finding of the study: the geographic distribution of disease as indicated by the percentage of people who reported being ill in the previous four weeks.



In partnership with the Madagascar Institute of Statistics, PIVOT collected critical demographic, economic, and health data for our entire district in 2014.

KEY FINDINGS:

40%
Completed primary school

40% / 32%
Illiteracy rate for women & men, respectively

54%
Households with no toilet or latrine

6.9
Children per woman (reproductive rate)

18%
Birth in health facility

51%
Stunting rate of children

1/7
Under 5-year-old mortality

1/14
Maternal mortality

73%
Percent living in extreme poverty (\$1.25/day)

\$250
Per capita income

Our Team



We began 2014 with only a handful of staff in Ranomafana. PIVOT finished its first year with a team of 93 dedicated members, **92% of whom are Malagasy.**

EXECUTIVE LEADERSHIP:

MATT BONDS, PHD

Co-Founder and Co-Chief Executive Officer

TARA LOYD

Co-Chief Executive Officer

ROBERT CUNNINGHAM

Chief Development Officer

IN-COUNTRY LEADERSHIP:

DR. DJO GIKIC

Country Director

AMBER CRIPPS

Deputy Country Director

DR. LARA HALL

Medical Director

MANAGERS:

Dr. Tahiry Raveloson | Hospital

Dr. Njaka Andriambolamanana | Primary Care

Zino Todimy | Logistics

Luc Rakotonirina | Referrals

Laura Cordier | Monitoring & Evaluation

Eliane Solo Hery | Human Resources

Julie Violet, PHD | Finance

Faramalala Rabemananjara | Social Work

A DAY IN THE LIFE OF THE PIVOT REFERRAL TEAM

Our referral team never quite knows what the day will bring. They rise to meet each day's challenge, dutifully helping the people of their communities get the treatment they need.



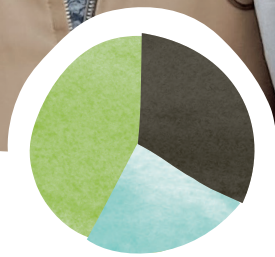
STEP 1: The PIVOT referral team is notified that members of an inaccessible village have carried a sick person to an arranged meeting location. The ambulance departs to meet them.



STEP 2: The ambulance arrives at the roadside access point, where a team of PIVOT nurses meet family and community members and pick up the patient for transport to the district hospital.



24/7/365: The referral team sees about 3-4 referrals a day, and operates 24 hours a day, 7 days a week, all year long.



HUMAN RESOURCES BREAKDOWN:

■ Support (37%)

Includes: ambulance drivers, motorbike drivers, cooks, housekeeping, guards

■ Professional Medical (33%)

Includes: doctors, nurses, midwives, nurse assistants

■ Professional Non-medical (30%)

Includes: logistics & infrastructure, monitoring & evaluation, HR, finance, IT

Our Partners

Launching a new organization is no easy feat. PIVOT has been mentored and supported by many organizations and institutions across continents, and we are indebted to these partners for their invaluable contributions in our first year and beyond.



MINISTRY OF HEALTH

In our first year of operations we developed a strong relationship with the Madagascar Ministry of Health. Together, we have begun to build a vision for a model district-level health system in Madagascar.

CENTRE VALBIO AT STONY BROOK UNIVERSITY

A critical partner over this first year has been Centre ValBio (CVB), a scientific research station located at Ranomafana National Park and run by Dr. Patricia Wright of Stony Brook University. With a three-decade history in the Ranomafana area, CVB has welcomed PIVOT as a new partner and has significantly supported our mission to improve the lives of local people. CVB has also encouraged scientific inquiry into the relationship between human health and the environment in which people live.



From the very beginning, **Partners in Health (PIH)** has provided extensive ongoing technical support and mentorship. In particular, PIH Rwanda hosted a delegation of Madagascar Ministry of Health officials and PIVOT staff to demonstrate what a successful health system strengthening initiative can look like.

We are also grateful to: The Global Health Delivery Partnership (Partners In Health, Brigham and Women's Hospital, and Harvard Medical School), Doctors Without Borders, Accountants for International Development, Riders for Health, Next Mile Project, and Stony Brook University.

Looking Ahead

In the near future, we will significantly improve the district hospital through infrastructure, management systems, supplies, and staffing, and we will expand to additional health centers.

As our programs develop, we will consistently work to balance the wide scope of clinical needs (from small communities to the district hospital), while also building lasting “vertical” programs, such as those for malaria, TB and malnutrition.

We will continue to focus on building strong partnerships with the Ministry of Health and other Malagasy institutions as a central tenet for sustainable health system strengthening.

We will always strive to maximize the impact we have on the people in our district, one person at a time.



OUR GOALS FOR THE FUTURE:

- Integrate **malnutrition work** across the full continuum of care: community, health center, and hospital
- Launch **community health activities**
- Upgrade the district hospital to be a **model of excellence** in the country
- Expand to **additional health centers**
- Improve **pharmacy management** to ensure medicines are always available
- Increase our presence in the capital, working collaboratively with all levels of the **Ministry of Health**
- Integrate **monitoring and evaluation** data into program review and development
- Continue to **expand clinical training programs** and focus on quality of service

Help us achieve these goals & more:

pivotworks.org/donate



“PIVOT’s core mission is based on the belief in the intrinsic worth of all people. An unlikely incubator to this moral agenda is scientific inquiry.”



MATT BONDS

PIVOT, Co-founder and
Co-Chief Executive Officer

Stewardship

January 1, 2014 - June 30, 2015

\$ 2,973,379
Total Spending

What PIVOT resources support:

Program Delivery: \$2,472,108 (83%)

Includes medicine and supplies, ambulances, clinical training programs, and infrastructure improvements.

Research: \$282,853 (10%)

Administration: \$218,418 (7%)

THERE ARE MANY WAYS TO GET INVOLVED WITH PIVOT AND HELP SUPPORT OUR MISSION:

- 1 Sign up online to receive news and invitations: pivotworks.org/contact-us
- 2 Contact us to inquire about ways to learn more, volunteer, and/or help introduce PIVOT to others. Email: info@pivotworks.org
- 3 Make a donation to fuel our work. Visit: pivotworks.org/donate or send a check to: **PIVOT, P.O. Box 200834, Boston, MA 02120**

FINANCIALS



\$ 2,472,108
Program Delivery

\$ 282,853
Research

\$ 218,418
Administration

IN GRATITUDE

DONORS

\$100,000 and above

Stephen Della Pietra and Pamela Hurst-Della Pietra
Vincent Della Pietra and Barbara Amonson
Jim and Robin Herrnstein Foundation

\$25,000 - 99,999

The Burke Family
Walter and Judy Rich
Wyss Foundation

\$5,000 - 24,999

Anonymous
Baltimore Community Foundation
Nicole and Stanko Barle
Paul Farmer
Ed and Ann Norton
Jim Norton
WT Rich Company, Inc.

\$1,000 - 4,999

Matthew Bonds and Molly Norton
Jason and Casey Ellin
Peter Fairley
Michael and Stacey Gargiulo
Mark Giordano
Susan Herrnstein
Bob and Kira Hower
Kathryn and Steven Puopolo
Michael Rich
Winstead Rouse
David Shedd
Simonet Family Fund
Bill Wiberg

Up to \$999

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Peggy Archer-Batten

Daisy Barquist
Nancy Berg
Sarah Berg
Aaron Bernstein
Jim Bliska and Janice Valmassoi
Jessica Brewer
Mary Callan

Liz Rose Chmela
Ellen Conrad
Robert Cunningham
Emily Della Pietra
David Duryea
Richard Finnegan
Samara Fox
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Michael Herrnstein
Adam Hiler

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Mathilde Hutchings
Donna Hutton
In.site:Architecture
Darby Jack
Christine Jones
Anum Khan
Travis Knowles
Katherine Krum
Caroline Lowe
Herb Loyd

Tara Loyd and James Keck
David Matthews
Meg McCarty
Toi and Wayne McGary
Ann Miller
Cara Montague
James Moran
FW and Allis Nugent
Jeanne O'Neil
Myles Perkins and Christina Lindgren
Rina Perrault
Sandy Porter
John Renner
Joseph Rhatigan

Jonathan and Linda Rich
Steve and Carol Rich
Elisa Richardson
Sally Rist
Lucinda Rouse
Amy Rouse
David Sampliner
Suzanne Schlott
Peter Serreze
Loretta Simon
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Jean and Craig Stanton
Sharon Sullivan
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Silvana Tropea
Benjamin Wise
Michael Young

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Madeleine Ballard
Sarah Anne Barriault
Dr. Jessica Dejarnette
Jozias Ntabe
Kevin Savage
Julie Violet
Kelly Walker
Katy Weinberg

PIVOT Board

Benjamin Andriamihaja
Matt Bonds
Stephen Della Pietra
Vincent Della Pietra
Paul Farmer
Thomas R. Gillespie
Jim Herrnstein, Chairman
Robin Herrnstein
Bob Hower
Tara Loyd
Ed Norton
Michael Rich
Patricia Wright

Many friends made one or more gifts between January 1, 2014 and June 30, 2015. Their support for PIVOT's mission is gratefully acknowledged.



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