Financial Protection Agents train for the launch of user fee removal in Nosy Varika District.

Q2-FY26 IMPACT REPORT

January 1 - March 31, 2026

Dear Pivot Community,

This quarter, Pivot reached an organizational milestone. With the launch of financial protection at remaining primary care centers in Nosy Varika, we marked the **completion of the district-wide expansion strategy** first launched in 2024.

In February, joint Pivot and Ministry of Public Health (MoPH) teams traveled across the district to launch our financial protection program at Nosy Varika's 14 remaining health centers. **Pivot now supports user fee removal for children under five and pregnant women across two full districts in Vatovavy Region**, ensuring that hundreds of thousands of patients can access essential care without financial barriers.

The scale of this final leg of work cannot be overstated. Following recent cyclones, teams traveled for days by boat, moto, and on foot through flooded terrain to reach some of the district's most remote facilities, transporting medicines, equipment, digital tools, and supplies while coordinating 14 launch ceremonies alongside local authorities and community leaders. But ultimately, this success was rooted in profound solidarity and partnership. **This was not an isolated Pivot initiative, but a deeply integrated effort alongside the MoPH, local officials, and communities themselves** – from joint operational planning to communities voluntarily building workspaces for the newly deployed Financial Protection Agents stationed at each health center to facilitate user fee removal.

At the same time, Pivot **continued to gain momentum at the national level around one of our core advocacy priorities: the professionalization of Community Health Workers (CHWs)**. Having been named co-lead of the MoPH's National Community Health Working Group alongside UNICEF in late 2025, Pivot adapted quickly to meet the moment – redeploying senior leadership to Antananarivo, restructuring teams, and expanding our capacity to support national policy processes while maintaining implementation momentum across Vatovavy Region.

As you'll find in the pages of this report, this quarter reflected something important about the evolution of our organization: while our field teams continue the complex work of expanding and strengthening care delivery in Madagascar's most remote communities, **Pivot is increasingly being called upon to help shape the future of the health system at the national level**, critically informed by our deep experience on the ground.

We are energized by the momentum of this chapter, and proud to share the ways in which our teams have risen to the occasion. Thank you for walking alongside us in partnership as the work continues.

In gratitude and solidarity,

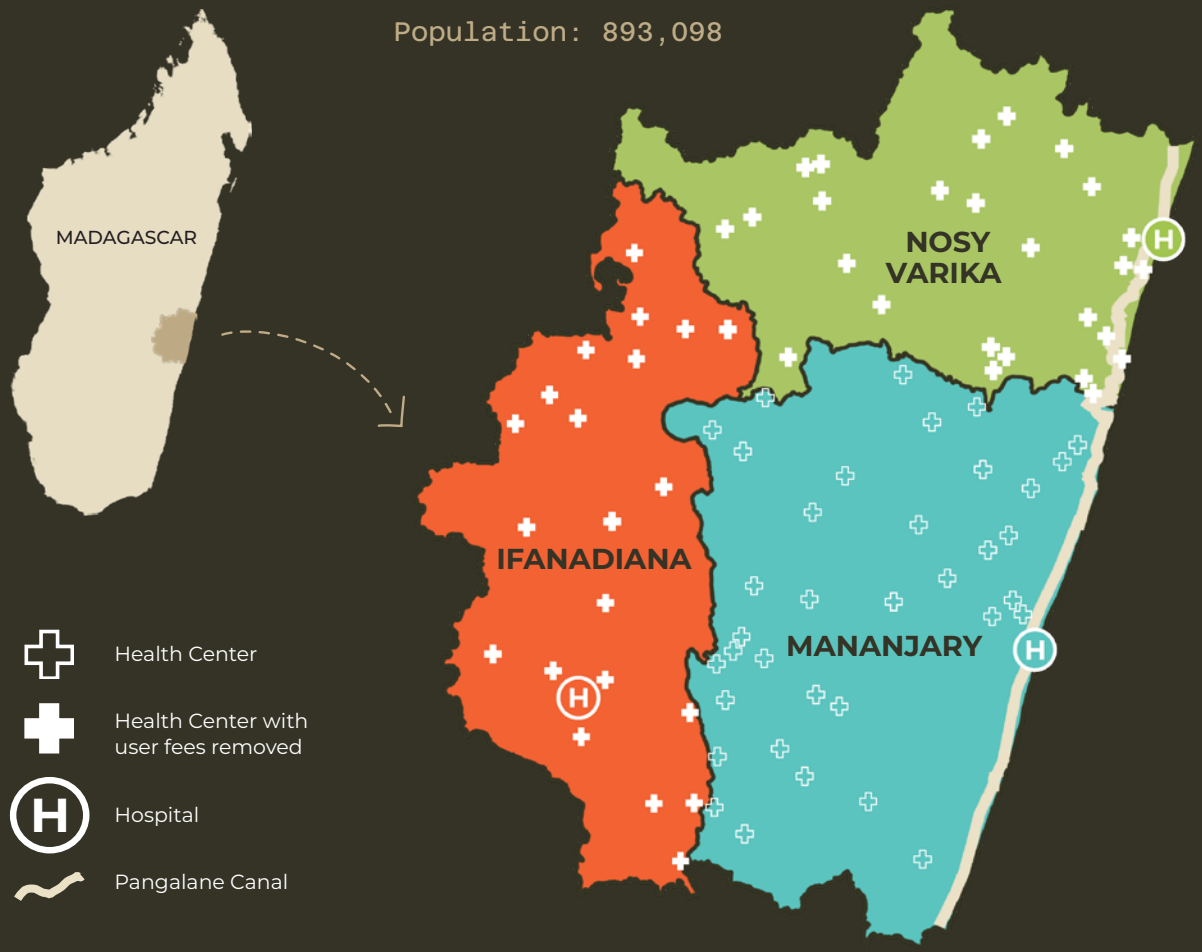
Sarah-Anne Barriault
National Director

Mbola Raza-Fanomezanjanahary
Nosy Varika District Coordinator

PIVOT'S GEOGRAPHIC & PROGRAMMATIC **FOOTPRINT**

VATOVAVY REGION

Population: 893,098



Population with access to strengthened healthcare services: **554,884**

IFANADIANA Population: 224,398

- **Fees removed** for 100% of patients across all 15 communes
- **629** CHWs supported
- **21 of 21** health centers reinforced
- **15** maternal waiting homes constructed
- **733** traditional birth attendants engaged
- **41** clinical personnel joint-recruited
- **District hospital** services, HR, and referral networks strengthened

NOSY VARIKA Population: 330,486

- **Fees removed** for children <5 and pregnant women across all 19 communes
- **938** CHWs supported
- **26 of 26** health centers supported
- **29** clinical personnel joint-recruited
- **District hospital** services, HR, and referral networks strengthened

MANANJARY Population: 338,214

- **Fees removed** for children <5 and pregnant women at regional hospital
- **34** clinical personnel joint-recruited
- **Regional hospital** services, HR, and referral networks strengthened

AT A GLANCE:

1,567 COMMUNITY HEALTH WORKERS *	**196** COMMUNITY HEALTH SITES	**47** PRIMARY CARE HEALTH CENTERS	**3** REFERRAL HOSPITALS

** As of this QIR, we are shifting the way we define and present the number of CHWs we support. Rather than the number of CHWs recruited, trained and equipped, we are now reporting active CHWs, i.e., the number of CHWs who provided care to patients during the quarter.*

ADVANCING OUR MISSION: **Q2 SUCCESSES**

1. Removing Financial Barriers Across Nosy Varika

With user fees now removed for children under five and pregnant women across all primary care facilities in Nosy Varika District, Pivot is already observing important shifts in how patients move through the health system. One of the clearest early signals has been a rapid rise in referrals from health centers to higher levels of care. **Following the rollout, referrals from the district hospital to regional specialists more than doubled over the course of the quarter**, suggesting that financial protection is helping patients access more appropriate levels of care as medical complexity rises.

These trends underscore an important dynamic of user fee removal: its impact extends beyond increasing patient visits alone. By reducing financial barriers at the community and primary care levels, the health system is becoming better equipped to identify high-risk patients earlier and connect them to the care they need.

As Pivot continues monitoring utilization patterns across Nosy Varika, these early indicators reinforce the importance of financial protection as a strategy for improving equity, strengthening referral systems, and ultimately saving lives.

2. Informing National Strategy with Local Research

A core pillar of Pivot's model is conducting research that is relevant to our government partners, and that can ultimately support the positive transformation of public health systems. In March, the **MoPH invited Pivot to present our research in a workshop convened to develop the 2026-2029 National Malaria Strategy**.

During the strategic sessions, Pivot researchers Rado Rakotonanahary and Mauricianot Randriamihaja showcased innovative AI-enabled tools designed to optimize the national response to malaria. Their presentations highlighted spatial models on rice field flooding for proactive mosquito larvae management and the PRIDE-C dashboard for forecasting climate-sensitive diseases using health sector, environmental, and climate data.

National leadership expressed strong interest in utilizing these tools to stratify and target interventions based on local transmission data, underscoring the value of **Ifanadiana District as a "learning laboratory" with the capacity to generate insights that inform government decision-making** on national issues, from health policy to emergency response.

3. Mobilizing In-country Partners for Improving Rural Health Infrastructure

This quarter, Pivot launched its **first infrastructure collaboration with Fondation AXIAN,** the philanthropic arm of Madagascar's AXIAN Group. This new partnership represents an important step toward domestic resource mobilization, as Pivot leverages its operational footprint in the Vatovavy Region to attract and channel Malagasy private sector investment into the country's underserved public health system.

Pivot's on-the-ground presence facilitated Fondation AXIAN's successful execution of a **comprehensive renovation at Fiadanana Health Center** in rural Nosy Varika District, which included structural upgrades to the maternity ward and the installation of a sustainable solar power system. This collaboration provides a **powerful example of how Malagasy growth industries can effectively reinvest in the long-term sustainability of national health infrastructure**.

The Fiadanana Health Center, newly renovated in partnership with Fondation AXIAN.

EMBRACING COMPLEXITY: **Q2 CHALLENGES**

1. Analyzing Plateaus in Facility Delivery

Improving facility-based delivery rates has always been, and remains, a significant challenge in Vatovavy Region – but the barriers to care vary widely from district to district. Pivot's 10-year data demonstrate striking gains in healthcare access and utilization among pregnant women in Ifanadiana from 2014 to 2023. However, **recent data indicate a possible plateau in progress** around these key maternal health metrics.

The challenge in Nosy Varika is even more acute: 2023 regional baseline data showed a facility-based delivery rate of only 7%. Due to a combination of extreme poverty and geographic isolation, the most common practice remains home delivery with the support of a Traditional Birth Attendant. If complications arise, women laboring at home face potentially fatal delays in seeking care from a health facility

In both districts, critical questions remain unanswered around why women do or do not choose to deliver in a facility with a trained provider. **Pivot research affirms that removing financial and geographic barriers is an essential strategy for increasing utilization and equity, but these alone are not sufficient for closing the stark gap in facility deliveries that remains**.

To evolve our strategy, Pivot is launching a new qualitative research collaboration with Appleseed, a group specializing in behavioral change communication. By analyzing drivers of maternal care-seeking behavior, **we are refining our approach in Ifanadiana, aiming to design an evidence-based strategy adapted to the extreme operating environment of Nosy Varika,** aligned with the preferences of the women we serve.

2. CHW Attrition in a System Under Pressure

After a massive recruitment push and intensive efforts to roll out the new national community health guidelines across all of Ifanadiana and Nosy Varika Districts, **we are facing a new challenge: CHW attrition**. Since the deployment of 1,612 newly-trained CHWs, 47 have stepped down from their posts.

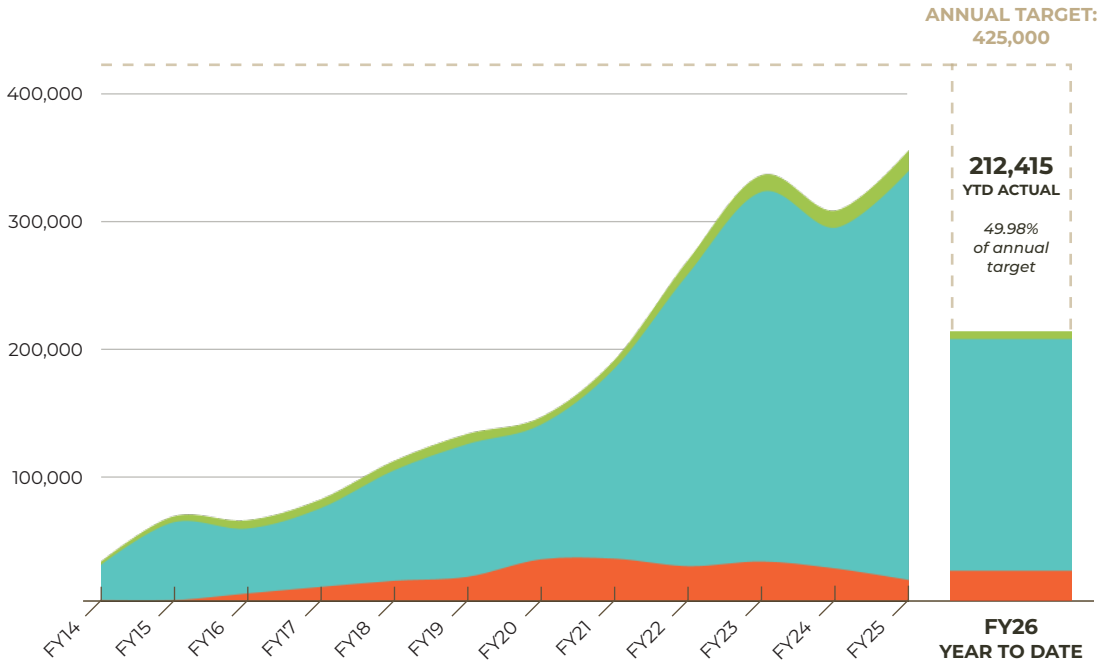
This turnover reflects broader structural pressures on Madagascar's community health system. While Pivot ensures CHWs receive the government-defined compensation allocated to them, the national policy framework sets **wages far below what is needed to sustain the realities of the role.** This is highlighted as CHWs face growing expectations, heavy workloads, and persistent supply shortages. These challenges have intensified following USAID's recent withdrawal, which triggered major disruptions across national medical supply chains.

In practice, stock shortages at health facilities have often meant that CHWs receive little or no medicine to provide care within their communities, undermining both morale and community trust. In response, **Pivot worked with district and regional MoPH leadership this quarter to establish clearer guidance protecting medicine allocations for CHWs**, even during periods of shortage.

At the same time, recent months have brought unprecedented momentum around national community health reform. Pivot continues to work closely with the MoPH and partners to advance the long-term professionalization of the CHW workforce, including stronger governance, supervision, and compensation structures. While this work remains ongoing, we are encouraged by the pace of progress and look forward to sharing more in the coming quarter.

REMOVING BARRIERS TO CARE: **PATIENT UTILIZATION**

All-Time Patient Visits Supported



Patient Visits Supported in Q2

	IFANADIANA	NOSY VARIKA	MANANJARY	TOTAL
HOSPITAL	1,857	788	204	**2,849**
PRIMARY	63,667	27,582	–	**91,249**
COMMUNITY	7,696	6,320	–	**14,016**

TOTAL VISITS SUPPORTED IN Q2: **108,114**

January 1 - March 31, 2026

2,251,705

patient visits supported since 2014

Q2 SPOTLIGHT: A NEW GENERATION OF LEADERSHIP

As we continue to expand our reach across Vatovavy Region and deepen our engagement with the MoPH to inform national health policy, the caliber of our leadership is paramount. **Following an exhaustive recruitment process, we are thrilled to officially welcome two exceptional leaders to the team,** each bringing technical excellence and a profound commitment to health equity to these critical roles. **Their appointments mark a significant step forward for Pivot**, strengthening our overall capacity to deliver high-quality, sustainable care and to advance our mission, saving more lives through health system transformation.

Anita Amin Mohamed | Director of Health Systems Strengthening

As a seasoned health systems strengthening leader, Anita brings over **30 years of experience designing and implementing health programs in Madagascar**.

Alongside deep knowledge of health systems and operations, she brings **specialized expertise in health economics and a strong track record of successfully partnering with government stakeholders** to improve national policy. Anita's unique blend of experience positions her as an ideal leader for advancing Pivot's system transformation strategy, including donor and civil society engagement, strategic resource mobilization, and institutional transition processes that support sustainable programming within the government.

At Pivot, Anita will oversee the implementation of HSS activities from the removal of user fees and human resources for health, to medical logistics – tackling chronic challenges such as facility personnel retention and complex last-mile supply chain systems.

Dr. Cléo Jackia Velontafa | Director of Medical Programs

Dr. Jackia is a medical doctor with a Master's in Public Health and a **distinguished track record leading maternal, newborn, and community health programs in rural Madagascar**.

Clinically, Dr. Jackia specializes in maternal and neonatal health, focusing on strengthening primary health systems, improving quality of care, and integrating community-based prevention strategies. She also brings a background in referral systems, clinical quality improvement, and workforce capacity building. Having **started her career as the head of a public health center**, Dr. Jackia has transitioned over the last decade to supporting program design and implementation. She has **demonstrated success in partnering with major health actors in Madagascar**, and in combining data-driven planning with community-informed participatory approaches that span the continuum of care.

At Pivot, Dr. Jackia will oversee program implementation, including that of the national community health guidelines, maternal and child health activities, hospital-level care and the regional referral network.

SAVING LIVES: **Q2 PRIORITY PROGRAM INDICATORS**

	INDICATOR	IFANADIANA	NOSY VARIKA
MATERNAL HEALTH	**Complete prenatal care:** Pregnant women who completed all 4 recommended antenatal care visits	35%	21%
	Early prenatal care: Pregnant women who completed first antenatal care visit within first trimester	62%	48%
	Delivery in a health facility: Pregnant women who gave birth at a health center	51%	18%
CHILD HEALTH & NUTRITION	**Malaria treatment:** Children diagnosed with malaria who received indicated treatment	94%	97%
	Diarrhea treatment: Children diagnosed with diarrhea who received indicated treatment	95%	100%
	Pneumonia treatment: Children diagnosed with pneumonia who received indicated treatment	100%	100%
	Malnutrition treatment: Children treated for severe acute malnutrition	328	527
COMMUNITY HEALTH	**CHW supervision:** CHWs who received field supervision this quarter	88%	84%
	CHW performance: CHWs who were rated as high-performing during supervision	95%	91%
	Availability of child health inputs: CHWs who experienced zero stockouts of essential medicines for children <5	55%	71%

GERFIN'S STORY

In the rural village of Ampitabe, seven-month-old Gerfin began losing weight rapidly. Once his father Martial, a single parent, was able to seek care, Gerfin had reached a critical weight of just 5.3 kg (<12 lbs).

They were met with an integrated system of care that took immediate action.

After an **emergency evacuation via boat ambulance**, Gerfin was admitted to the district hospital with **all user fees removed**. Recognizing their unique challenges, health teams provided Martial with **intensive psychosocial support** to help him navigate solo infant care. Once Gerfin stabilized and began steadily gaining weight, they returned home supported by a **continuum of care**. To ensure a lasting recovery, CHWs and social workers conducted **follow-up home visits** to bridge the gap between the hospital and home.

Today, Gerfin is no longer facing a medical emergency, but a healthy future full of promise.

IN PURSUIT OF LEARNING: SHAPING THE GLOBAL EVIDENCE BASE

A Pivot-supported CHW, en route to a patient home visit.

INVESTING IN WHAT WORKS

Connecting global evidence to local advocacy

As governments around the world confront shrinking health budgets and rising demands on health systems, one question is becoming increasingly urgent: **which investments deliver the greatest impact for the resources available?**

For years, Pivot has advocated for professional CHWs as a cornerstone of strong primary health care systems. Now, new global evidence is strengthening that case – not only morally, but economically.

As an early member of the Community Health Impact Coalition (CHIC), Pivot collaborates with researchers and implementers around the world to advance the evidence base for professionalized community health systems. This year, **Pivot researchers contributed to a major CHIC-led review** examining the cost and cost-effectiveness of CHW programs across low- and middle-income countries. The synthesized findings, recently published in ***The Lancet Primary Care*****, showed that CHW programs consistently delivered strong health outcomes more cost-effectively than facility-based care and other traditional service delivery models** across areas including maternal and child health, HIV, tuberculosis, malaria, and non-communicable diseases.

The research also reinforced that not all CHW programs are designed equally. **Programs were most effective when CHWs were formally integrated into the broader primary health care system** – with strong supervision, fair compensation, links to health facilities, and support tools that enabled workers to deliver care across multiple conditions rather than through fragmented, disease-specific programs. Across settings, integrated CHW models not only improved health outcomes, but in some cases reduced diagnostic and treatment costs substantially compared to standalone or facility-based approaches.

For Pivot, this work is more than a global research effort. As momentum grows around community health professionalization in Madagascar, participation in coalitions like CHIC helps strengthen the evidence behind our advocacy and equips us to support government decision-making with rigorous economic data. At a time of difficult budget choices, the message is increasingly clear: **investing in community health workers is one of the smartest and most equitable investments health systems can make.**

The Pivot team joins community members in the launch of financial protection at the rural Ambalakondro Health Center – part of the final phase of rollout of user fee removal across Nosy Varika District.

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