Q3-FY26 IMPACT REPORT

April 1 - June 30, 2026

Dear Pivot Community,

This quarter, Madagascar's Ministry of Public Health (MoPH) took a decisive step forward on a frontier that is core to Pivot's ethos: the professionalization of Community Health Workers (CHWs).

While Pivot's field teams continue to anchor community health delivery in Vatovavy, this period marked a notable acceleration at the national level. **In May, the MoPH participated in the World Health Assembly and soon after made their first formal statement in support of CHW professionalization across Madagascar.** They committed to writing CHWs into national law as a recognized, paid cadre comprising the base of the public health pyramid, alongside a strategy to gradually increase domestic financing for CHW compensation.

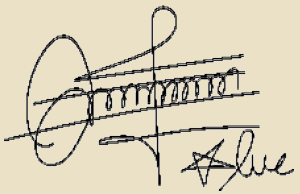
For an organization dedicated to systems change, seeing one of Pivot's central objectives embraced as national policy is a powerful validation of what is possible when deep field experience informs high-level strategy.

As co-lead of Madagascar's community health working group alongside UNICEF, Pivot has played a direct role in building this momentum. The work now is to turn political will into policy and practice. In close partnership with the MoPH, we are helping align stakeholders around the next steps necessary to translate the government's commitments into action: passing the legislation that formalizes CHWs' role in the public health system, securing domestic budget lines for their compensation, and building the systems needed to deploy professionalized CHWs at national scale.

With strategies refined across more than a decade of implementation, Pivot is helping shape health system transformation nationally while generating valuable lessons for the broader field. **Our next phase will require us to continue the hard work in Vatovavy while increasingly applying what we've learned to national policy, financing, and implementation.**

Thank you for your steadfast partnership, which provides the foundation for this work and its growing impact.

In gratitude and solidarity,

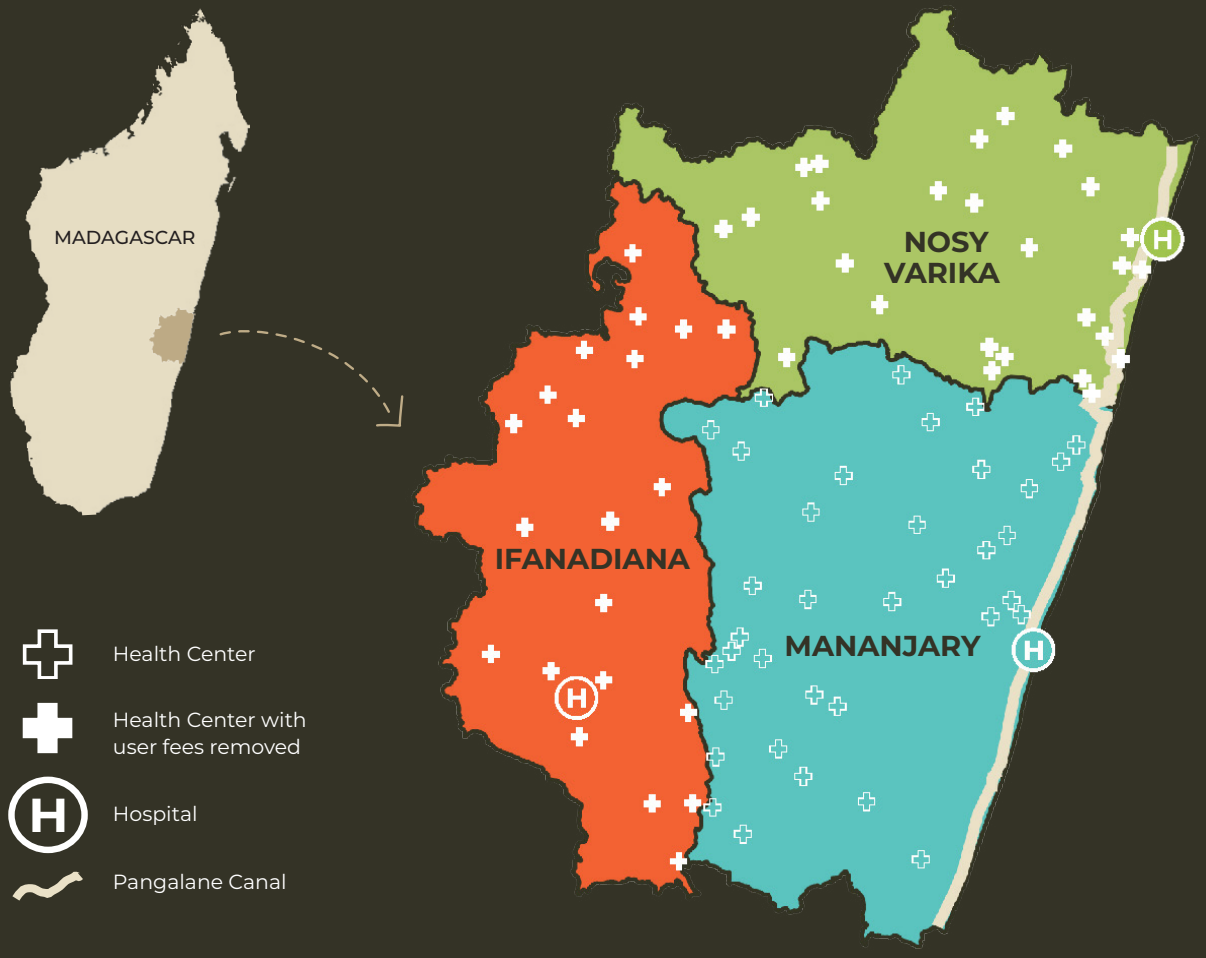


Luc Rakotonirina
Deputy National Director

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
- **634** CHWs supported
- **21 of 21** health centers reinforced
- **15** maternal waiting homes constructed
- **733** traditional birth attendants engaged
- **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
- **946** CHWs supported
- **26 of 26** health centers supported
- **District hospital** services, HR, and referral networks strengthened

MANANJARY Population: 338,214

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

AT A GLANCE:					
1,580 COMMUNITY HEALTH WORKERS	**219** COMMUNITY HEALTH POSTS	**47** PRIMARY CARE HEALTH CENTERS	**3** REFERRAL HOSPITALS	**102** MOPH CLINICIANS	

ADVANCING OUR MISSION: **Q3 SUCCESSES**

1. An Unprecedented Moment for Community Health in Madagascar

With political will toward CHW professionalization in Madagascar at an all-time high, Pivot's role in national community health discussions continues to grow. Following Deputy National Director Luc Rakotonirina's relocation to Antananarivo last quarter to increase our capacity for technical support to the government, **this quarter brought tangible progress in translating political commitment into policy**.

Pivot supported a series of cross-sectoral and interministerial workshops to define the legal and operational framework for CHW professionalization. The result: a final draft **decree and accompanying regulatory guidance that, once adopted, will establish CHWs' place within the public health system** and define the mechanics of their supervision and payment.

Drawing from lessons learned over a decade of frontline implementation, Pivot is helping translate national ambition into the practical structures needed to professionalize CHWs and build a high-impact community health program at national scale.

2. Transformational Funding for Child Survival

Long-term health systems strengthening requires reliable, multi-year philanthropic partnerships that match the scale of the challenge. This quarter, **Pivot was thrilled to be announced as one of the 18 locally-led organizations selected for ICONIQ Impact's new Child Survival Portfolio** – a commitment to disburse $100M over three years to help "fill critical gaps in the delivery of nutrition, immunization, and frontline health services for children" across Sub-Saharan Africa and South Asia.

This award reflects deep confidence in Pivot's programmatic model and organizational maturity. ICONIQ is partnering with organizations focused on comprehensive health systems strengthening, recognizing the value in holistic strategies rather than isolated interventions.

At a time when external funding landscapes face severe volatility, this type of long-term philanthropic partnership allows Pivot to maintain implementation momentum, protect frontline service delivery, and continue building a health system designed to endure.

3. Launching Behavioral Research to Improve Maternal Health

After 12 years of significant progress on maternal health, increasing facility-based delivery remains a critical challenge. In Ifanadiana, facility delivery has risen substantially but now hovers around 60%; in Nosy Varika, only 8% of women delivered in a health facility at the time of our 2023 baseline survey.

These very different contexts pose a common question: **what will it take to make giving birth in a health facility the norm?**

Building on powerful insights from our first collaboration with behavioral research partner Appleseed in 2024, we brought our teams together to tackle this question thanks to support from Cartier Philanthropy. **Pivot and Appleseed jointly analyzed existing data, developed qualitative research questions and tools, and conducted interviews and focus groups** in remote communities across Ifanadiana and Nosy Varika.

Our teams completed a key project deliverable this quarter in finalizing the initial analysis and sharing preliminary findings across Pivot. We are now developing the final report and **new conceptual models that will translate insights into the next evolution of Pivot's maternal health programming**.

Pivot and Appleseed teams travel by boat to remote Nosy Varika for field data collection.

EMBRACING COMPLEXITY: **Q3 CHALLENGES**

Adaptive Change for Sustainable Growth

Pivot's growth over the past several years has been substantial. Today, our work reaches approximately 550,000 people across 47 primary health centers in Ifanadiana and Nosy Varika districts, supported by a decentralized structure designed to bring decision-making closer to the communities we serve.

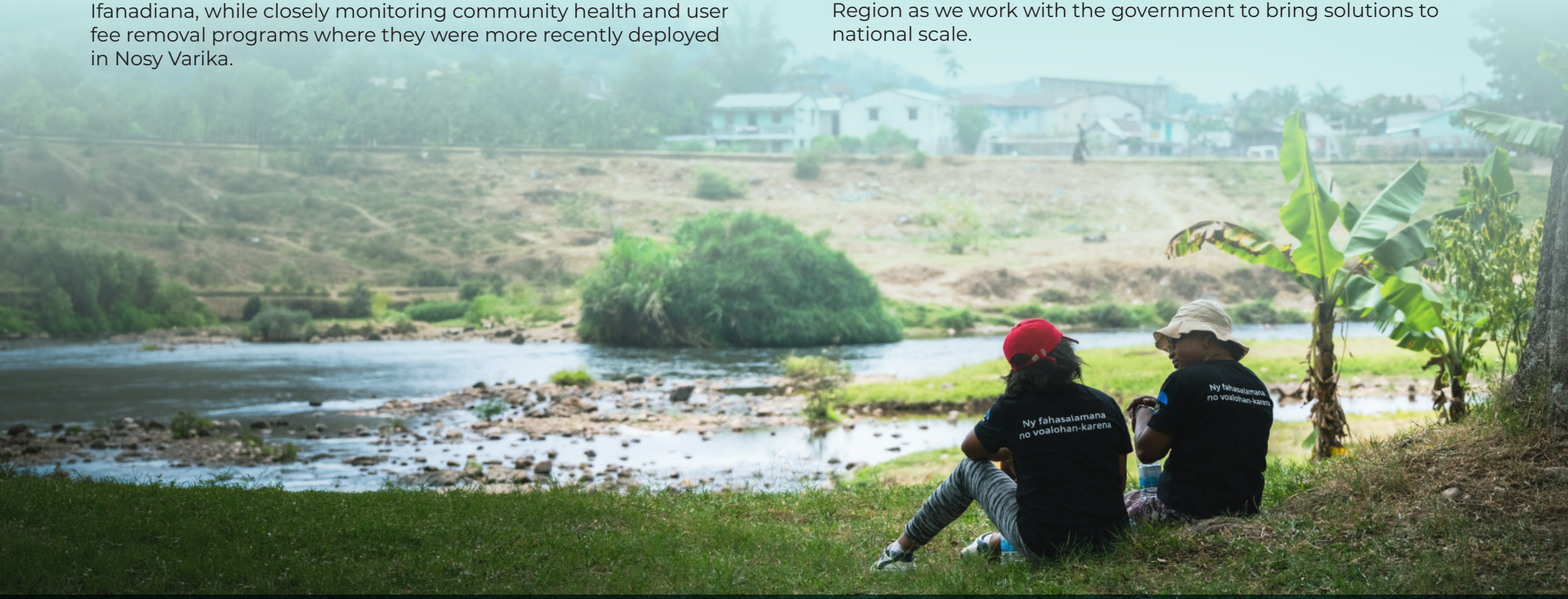
In parallel, our expanding role as technical advisors at the national level has accelerated, which has introduced new operational demands and opportunities for Pivot's leadership and organizational capacity.

Balancing national policy advising with regional execution requires our internal systems and structures to evolve in tandem. Compounding this complexity, on the ground in Vatovavy we are managing distinct strategic priorities in each district: tackling opportunities to strengthen service quality in Ifanadiana, while closely monitoring community health and user fee removal programs where they were more recently deployed in Nosy Varika.

As part of this natural organizational evolution, we have needed to refine our communication, management, and coordination systems across our decentralized teams.

While these types of challenges are a natural part of growth, we are taking them as serious opportunities to mature as an organization. We are proactively investing in Pivot's core operational foundation – digitizing and streamlining systems, conducting comprehensive reviews of our salary and performance frameworks, and engaging with coaching partners from Adaptive Change Advisors to strengthen our Executive Leadership Team.

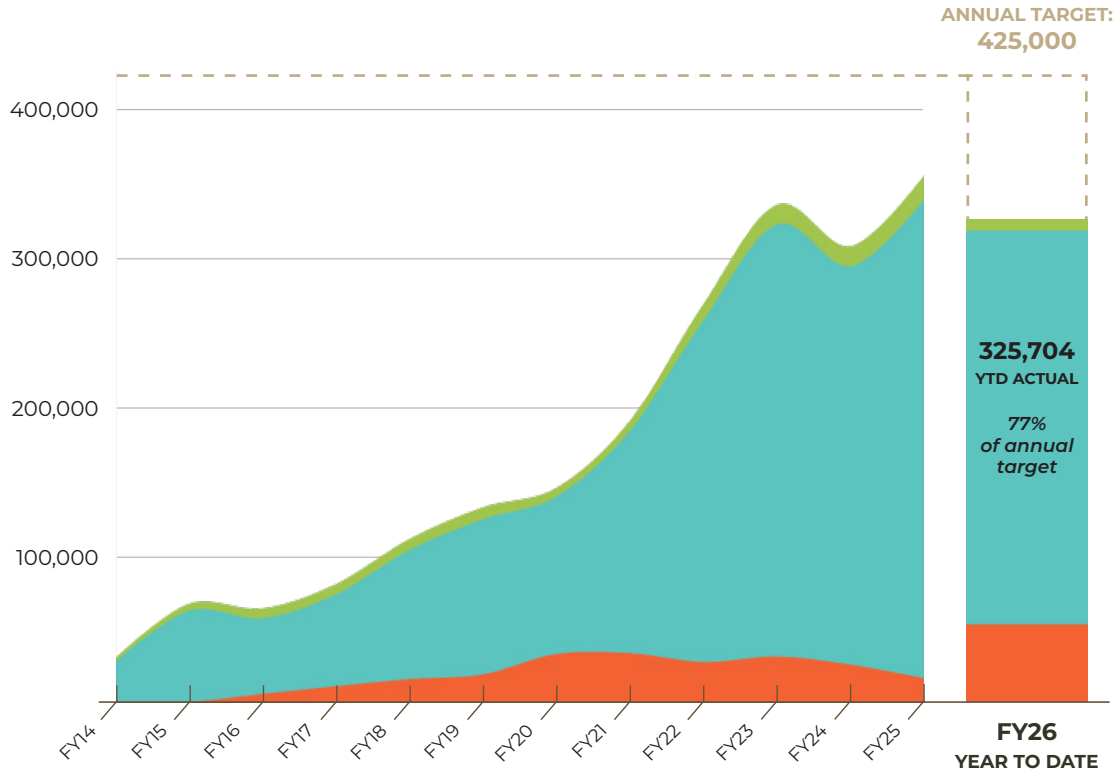
By giving our teams the space to align and modernize our operational foundations, we are ensuring Pivot remains resilient, agile, and fully equipped to sustain our impact in Vatovavy Region as we work with the government to bring solutions to national scale.



Members of the Community Health team share reflections during an all-staff gathering.

REMOVING BARRIERS TO CARE: **PATIENT UTILIZATION**

All-Time Patient Visits Supported



Patient Visits Supported in Q3

	IFANADIANA	NOSY VARIKA	MANANJARY	TOTAL
HOSPITAL				
	1,942	835	237	**3,014**
PRIMARY				
	55,701	25,878*	–	**81,579**
COMMUNITY				
	14,589	14,092	–	**28,681**

Families await care outside a remote community health post in Nosy Varika District.

* ***NOTE:*** *At the time of publication, June data reflects only 19 of 26 health centers in Nosy Varika due to persistent delays in the transport of physical registries from remote communities for entry in DHIS2. Once we have the complete data for this period, an updated version of this QIR will be made available on our website.*

TOTAL VISITS SUPPORTED IN Q3: **113,274**

April 1 - June 30, 2026

2,364,994

patient visits supported since 2014

Q3 SPOTLIGHT: LEADING WITH *ONE HEALTH* SOLUTIONS

From District Proof-of-Concept to National Digital Architecture

Zoonotic disease spillover happens at the intersection of human, animal, and environmental health – often in remote areas far from formal healthcare facilities. Through the PREventing ZOonotic Disease Emergence (PREZODE) initiative, Pivot demonstrated that trained CHWs can serve as critical frontline sentinels. Operating at the community level, CHWs are uniquely positioned to detect early warning signs – such as unusual animal deaths or sudden local disease spikes – before they escalate into broader public health threats.

What began as a district proof-of-concept in Ifanadiana to capture these early signals reached a national milestone this quarter. Following Pivot's presentation on One Health surveillance for PREZODE in May, the Malagasy Government and the World Bank formally approached Pivot and the Centre de coopération internationale en recherche agronomique pour le développement (CIRAD) to scale the framework nationwide.

Building on this foundation of work, Pivot was contracted to deliver the core digital architecture of a new national One Health platform, known as *Itafaray*. **Over an intensive technical assistance sprint, Pivot's Digital Health Information Systems team engineered multiple backend data streams to synchronize data across public sectors** – human, veterinary, and environmental health – into DHIS2, the national health information database.

Bénédicte Razafinjato, Director of Monitoring, Evaluation, Accountability & Learning, led the national deployment of Itafaray, guiding Pivot teams in delivering a new One Health data system and user documentation to the MoPH.

Reporting directly to a national steering committee, Pivot ensured the system strictly complied with national governance and international data standards, including interoperability specifications, security protocols, comprehensive user documentation, and automated privacy safeguards. In parallel, CIRAD developed the user-facing dashboards in DHIS2 that make this multi-sectoral data accessible to decision-makers in real time.

This multi-stakeholder effort culminated in a live demonstration of the *Itafaray* platform for the National Steering Committee, where officials performed mock case reporting and watched data sync seamlessly across sectors onto the interactive dashboard.

This achievement marks a major step forward for Pivot – not only translating frontline community health models into scalable digital infrastructure, but also cementing our position in Madagascar as trusted technical advisors in One Health systems. By demonstrating our capacity to deliver high-caliber technical assistance in system design, Pivot is laying the groundwork for future opportunities to provide support at the national level.

SAVING LIVES: **Q3 PRIORITY PROGRAM INDICATORS**

	INDICATOR	IFANADIANA	NOSY VARIKA
MATERNAL HEALTH	**Complete prenatal care:** Pregnant women who completed all 4 recommended antenatal care visits	27%	18%
	Early prenatal care: Pregnant women who completed first antenatal care visit within first trimester	74%	55%
	Delivery in a health facility: Pregnant women who gave birth at a health center	57%	20%
CHILD HEALTH & NUTRITION	**Malaria treatment:** Children diagnosed with malaria who received indicated treatment	99%	100%
	Diarrhea treatment: Children diagnosed with diarrhea who received indicated treatment	96%	100%
	Pneumonia treatment: Children diagnosed with pneumonia who received indicated treatment	99%	100%
	Malnutrition treatment: Children treated for severe acute malnutrition	256	513
COMMUNITY HEALTH	**CHW supervision:** CHWs who received field supervision this quarter	88%	94%
	CHW performance: CHWs who were rated as high-performing during supervision	95%	97%
	Availability of child health inputs: CHWs who experienced zero stockouts of essential medicines for children <5	89%	77%

RAÏSSA'S STORY

Just after safely delivering a healthy child, Raïssa suffered a severe postpartum hemorrhage.

To reach advanced care, a Pivot ambulance navigated 34 kilometers (~21 miles) over hours of rough roads while a nurse stabilized Raïssa. Once at the Mananjary Regional Hospital, the medical team immediately addressed the cause of the bleeding while Pivot social workers helped Raïssa's family secure a donor for her O+ blood transfusion.

"I could have died if Pivot hadn't intervened," Raïssa shared during a follow-up visit from the Pivot social work team once she was back to work selling goods in her shop.

Raïssa's story underscores how quickly an uncomplicated delivery can become a medical emergency – and why a functioning referral system is so critical to maternal health. When complications arise, rapid stabilization, safe transport, and timely access to advanced care can make the difference. For Raïssa, Pivot's integrated system of emergency referral, financial and psychosocial support, and follow-up care ensured she could return home healthy to her baby, family, and community.

IN PURSUIT OF LEARNING: GROWING A LEARNING ORGANIZATION

In addition to strategic discussions, the Science team spent time in the field observing healthcare activities to inform planning in real time.

Aligning science and strategy to advance the next chapter of health systems strengthening in Madagascar

In May, Pivot's Science team gathered in Ranomafana to define our research agenda for the coming years. The meeting was an opportunity for researchers from Madagascar and around the globe to convene with Pivot's programmatic leadership to discuss ongoing projects and identify priorities for future work.

The conversations that unfolded during the team's time together affirmed a shared vision for the future: **our next phase of work depends not only on generating new data, but also on reinforcing the systems that make Pivot a learning organization**. This means greater focus on connecting data and research to service delivery and decision-making.

Our research priorities include:

- **Financing & Access:** Analyzing user fee removal models to determine financial viability for the government and impact on health outcomes among the most vulnerable
- **Health System Impact:** Measuring the impact of health systems strengthening interventions on mortality, coverage, and health outcomes
- **Climate & Disease Dynamics:** Integrating infectious disease diagnostics with localized environmental and climate data, and health system interventions to understand how disease dynamics function over space and time
- **Service Quality:** Exploring quality of care as it relates to clinical correctness, patient experience, and facility readiness

Themes of data access, stewardship, and organization were also central to the team's discussions. Pivot is in the midst of a multi-year effort to unify its data and information systems so that evidence moves rapidly between frontline providers and decision-makers. Paired with a renewed commitment to effective communication and to using emerging tools like AI responsibly, **this work aims to ensure that the insights Pivot's research generates can inform what the organization, partners, and communities do next**.

Together, these discussions mark an important step in Pivot's evolution as a learning organization – one guided by rigorous evidence, strong partnership, and a shared commitment to strengthening Madagascar's public health system.

En route to a remote community in rural Nosy Varika District.

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