WITHIN REACH

LAST MILE HEALTH

2020 TO 2023 STRATEGIC PLAN

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***Cover Image**: Nurse and Quality Assurance Officer, Diana Dennis, learns to ride a motorbike to ensure she can travel from her community clinic to remote communities to provide mentorship and supervision to community health workers twice a month.*

Children play in Liberia.

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A community health worker travels through the rainforest to reach their neighbors.

Executive Summary

Illness is universal, healthcare is not. Despite decades of medical and technological progress, half the world's 7.3 billion people—including a billion people living in remote communities—lives without access to essential health services. Compounding this crisis is a massive shortage of health workers, which is forecast to grow to a gap of 18 million by 2030. If these gaps are not addressed, more than 8.9 million people could continue to die each year from diseases that can be prevented or treated.

But the world also has an unprecedented opportunity. A compelling body of evidence suggests that if we were able to marshal a global movement to hire, train, and equip high-performing teams of community and frontline health workers (including nurses, midwives, and clinical officers) to expand rural coverage of at least 30 primary health services in the 73 low- and middle-income countries with the highest burden of preventable deaths, we could save at least 30 million additional lives by 2030.[1] The agenda of supporting a global community health workforce to deliver at least **30** primary health services to save at least **30** million more lives by **2030**—what we call Agenda 30-30-30—is a call to action for the primary healthcare movement.

[1] Chou, V. B., Friberg, I. K., Christian, M., Walker, N., & Perry, H. B. (2017). Expanding the population coverage of evidence-based interventions with community health workers to save the lives of mothers and children: An analysis of potential global impact using the Lives Saved Tool (LiST). *Journal of Global Health*, 7(2), 020401. doi:10.7189/jogh.07.020401

Founded in Liberia over a decade ago, Last Mile Health's mission is to save lives in the world's most remote communities. Over more than a decade of partnership with Liberia's Ministry of Health, we have seen the transformative impact that occurs when governments are supported to design, scale, strengthen, and sustain high-quality community health systems that empower teams of community and frontline health workers to deliver essential primary care services to their communities. We have also been invited to contribute to an emerging global movement working to accelerate Agenda 30-30-30 worldwide.

How can Last Mile Health best maximize its contribution to the global movement to advance Agenda 30-30-30, while remaining anchored in high quality country-based programs? The objective and scope of our FY20-23 strategy, *Within Reach*, is as follows:

> *Through effective country programs and global initiatives, we partner with governments to design, scale, strengthen, and sustain teams of digitally empowered community and frontline health workers who bring high-quality primary healthcare within reach of millions of rural people.*

Over the next four years, we will partner with governments to build and strengthen three national community health workforces as exemplars for the world. More broadly, our global body of work, dedicated to training, policy, and research, will also support a global movement for quality community healthcare by open-sourcing the methods and practices of Last Mile Health and aligned partners.

Siah Sam, a nurse supervisor, conducts a restock visit with a community health worker.

At the core of Last Mile Health's *Within Reach* strategy, which accounts for 80% of our investment, are our ***anchor country programs*** which build and strengthen national community health workforces that serve as exemplars for other countries. Building on our flagship 10-year country program in Liberia, Last Mile Health will expand our partnerships with national Ministries of Health to at least two additional country programs in Africa, supporting and digitally empowering at least 16,000 additional community and frontline health workers integrated with over 500 community clinics to extend primary health care to over 9 million rural people. We will build and implement in a phased approach – beginning with

capacity building projects and supporting central Ministries of Health to strengthen the quality of their national community health systems. We will then transition, as resources allow, to a second phase of our work in select rural districts, involving more operational, field-based support as part of the country's national community health workforce.

A community health worker counts a young patient's respitoratory rate using her smartphone.

Last Mile Health's ***global amplify initiatives***, which account for 20% of our investment, will seek to leverage insights from anchor country programs by 'open sourcing' the methods and practices of our organization and aligned partners. The Community Health Academy will continue to support Ministries of Health to strengthen the quality of their community health systems by building a global, open-source, and technology-enabled platform that delivers leadership courses to current and next generation health systems leaders and clinical courses to community health workers and their supervisors. Additionally, we will continue to invest in our advocacy efforts to promote the adoption of best practices in community health, strategic policies, and legislation, and will mobilize significant financing to help governments unlock the full potential of national community health workforces. Finally, we will continue to generate robust evidence through our monitoring, evaluation, research, and learning (MERL) activities, and use that not only to strengthen the quality of systems and care at the country program level, but to produce a landmark body of evidence and lessons learned in building high-quality national community health workforces.

Over the next four years, Last Mile Health will also ***augment our organizational capacities*** by investing in our workforce and systems. We will also increase the proportion of women and national staff in management roles by 50%, and we will strengthen the global operations and management structures to support a decentralized team that remains proximal to the work.

This work will not be done alone. With our team and our partners, Last Mile Health looks forward to executing the *Within Reach* strategy over the next four years. Together, we look forward to advancing our vision of a health worker within reach of everyone, everywhere.

Liberia's dense rainforest by plane.

Last Mile Health and the Primary Healthcare Landscape

A GLOBAL CRISIS IN RURAL PRIMARY HEALTHCARE

Imagine your two-year-old daughter wakes up one morning with a fever. You realize that she could have malaria which, without treatment, could be a death sentence. The only way to get a proper diagnosis and access to treatment would be to walk for up to a day just to reach the nearest clinic. This is a daily reality for many living in the world's most remote communities.

Illness is universal, but access to healthcare is not. Since the start of the 21st century, the world has seen significant progress in expanding access to healthcare. Today, 6 million fewer children die annually from preventable diseases compared with 1990. But many of these advances have failed to reach people in the world's most remote communities. In December 2017, the World Bank and World Health Organization announced that over half of the world's 7.3 billion people, including 1 billion in remote rural communities, lack access to essential health services. These include prenatal services, vaccinations, care for non-communicable diseases, HIV,

tuberculosis, and malaria treatment.[2] Compounding this crisis is a massive shortage of healthcare workers, which is forecast to grow to a gap of 18 million health workers by 2030.[3]

These conditions are symptoms of persistent gaps in delivering high-quality, primary healthcare to rural communities. Complex and interrelated factors cause these gaps to persist, including a lack of effective community healthcare models for rural areas, severe health worker shortages in rural areas, narrow health interventions that neglect the broader health system, and actors who lack the incentives and resources to act on this problem. If these gaps are not addressed, more than 8.9 million people will continue to die each year from preventable causes. Lack of access to high-quality primary healthcare in rural and remote areas also increases the risk of epidemic disease, as we witnessed in the 2014-15 West African Ebola epidemic which tragically took the lives of more than 11,300 people and caused economic losses of more than $53 billion.[4] Finally, the global commitment to the United Nations Sustainable Development Goals, which promise universal health coverage by 2030, cannot be met without strengthening primary healthcare systems in rural areas.

A POWERFUL OPPORTUNITY FOR CHANGE

Now imagine that your daughter was visited at your home by Serrena, your local community health worker. Serrena is your neighbor and she has the necessary training to diagnose your daughter's fever and provide her with the medicine she needs. If your daughter does not improve, Serrena will work with her supervisor Diana, a nurse, who will treat your child at the community clinic or refer her to a hospital. **Teams of community and frontline health workers like Serrena and Diana** together represent the **national community health workforce** needed to deliver high-quality primary healthcare and save lives in the world's most remote communities.

A substantial body of evidence demonstrates that well-designed and well-managed national community health workforces can improve health outcomes and save lives. An analysis by the Johns Hopkins School of Public Health estimates that if a global movement were to support the 73 low- and middle-income countries with the highest burden of preventable deaths by hiring, training, and equipping high-performing community and frontline health workers to deliver 30 primary health services, the world could cut annual child mortality by more than

[2] World Bank. (2017). Tracking universal health coverage: 2017 global monitoring report (English). Washington, D.C.: World Bank Group. http://documents.worldbank.org/curated/en/640121513095868125/Tracking-universal-health-coverage-2017-global-monitoring-report.
[3] Limb, M. (2016). World will lack 18 million health workers by 2030 without adequate investment, warns UN. *BMJ*,*354*(l5169). doi:10.1136/bmj.i5169
[4] Caroline Huber, Lyn Finelli, Warren Stevens. (2018). The Economic and Social Burden of the 2014 Ebola Outbreak in West Africa, *The Journal of Infectious Diseases*, 218, 5. Pages S698–S704, https://doi.org/10.1093/infdis/jiy213

Community health worker Serrena Kun and nurse supervisor Diana Dennis.

half—saving as many as 3.6 million children annually. In other words, if high-quality community health systems were in place to deliver these life-saving services today, we could save at least 30 million lives by 2030.[5]

The agenda of supporting a global community health workforce to deliver 30 (or more) services to save 30 million lives by 2030 what we call Agenda 30-30-30—is an urgent call to action for the primary healthcare movement.

Publications on Liberia's National Community Health Assistant Program

- "A Community Health Worker Intervention to Increase Childhood Disease Treatment Coverage in Rural Liberia: A Controlled Before-and-After Evaluation"
  White, et al. *American Journal of Public Health*, 2018. 108, 9, 1252-1259.
- 2017 Annual Infectious Disease Surveillance and Response Bulletin
  National Public Health Institute of Liberia
- "Implementation research on community health workers' provision of maternal and child health services in Liberia"
  Luckow, et al. Bulletin of the World Health Organization, 2017. 95:113-120.
- "Paying and investing in last-mile community health workers accelerated universal health coverage"
  Jallah et al. British Medical Journal (2018)

[5] Chou, et. al. (2017). Expanding the population coverage of evidence–based interventions with community health workers to save the lives of mothers and children: an analysis of potential global impact using the Lives Saved Tool. *Journal of Global Health*.

LAST MILE HEALTH'S MISSION AND VISION

Founded in rural Liberia in 2007, Last Mile Health is committed to supporting community and frontline health workers like Serrena and Diana to bring primary healthcare within reach of every last child and family.

> ***Our mission is to save lives in the world's most remote communities. Our vision is a health worker within reach of everyone, everywhere.***

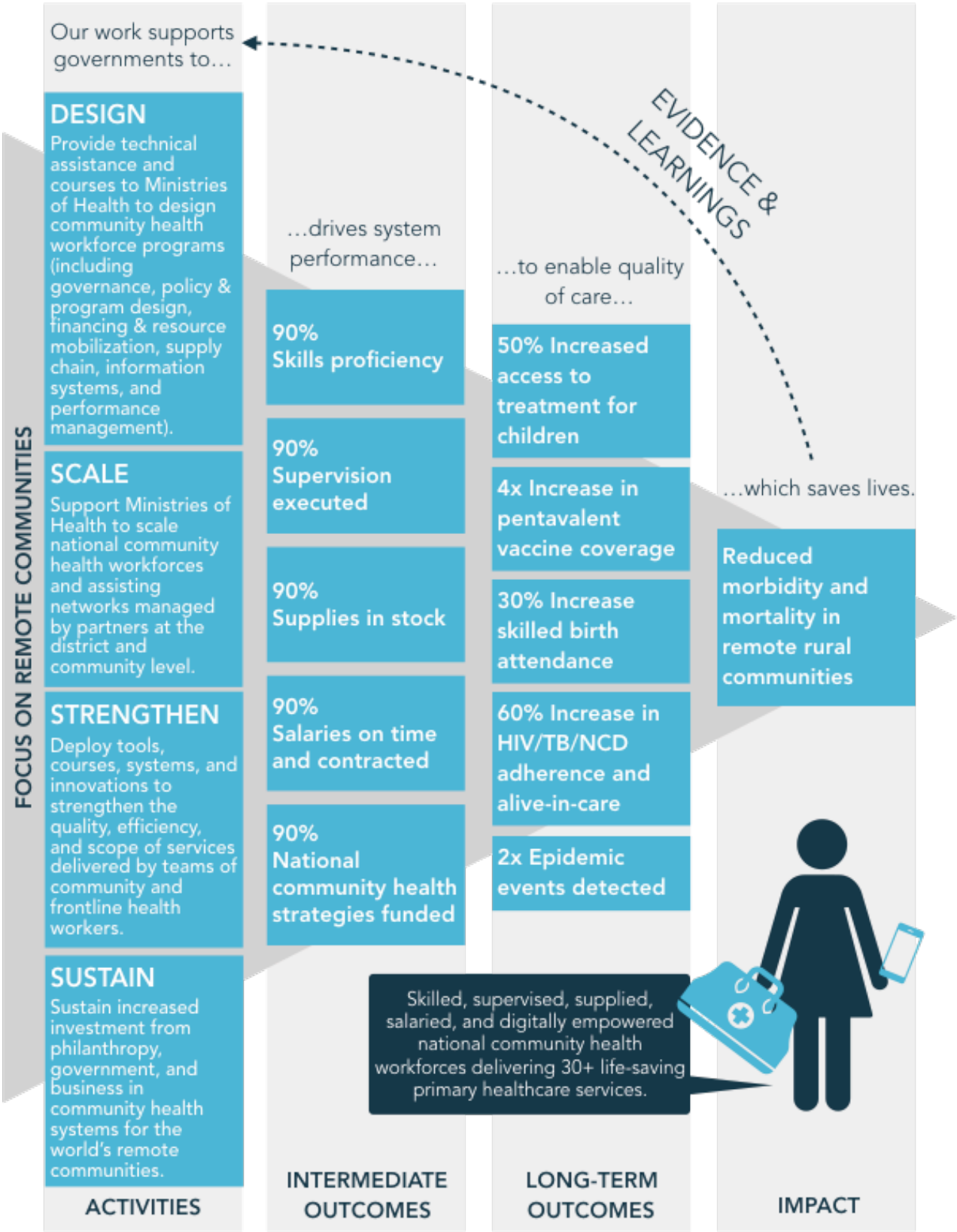
HOW WE WORK – OUR THEORY OF CHANGE

To advance our mission and vision, Last Mile Health partners with governments to design, scale, strengthen, and sustain high-quality community health systems, which empower teams of community and frontline health workers to bring life-saving primary healthcare to the world's most remote communities.

As illustrated in the following graphic, Last Mile Health's theory of change states that by supporting governments to **design** new community health systems, **scale** national community health workforces to reach all rural and remote communities, **strengthen** the government and its partners' capacity to manage those workforces, and **sustain** those workforces through resource mobilization and advocacy, we achieve high-performing primary healthcare systems. The performance of these high-performing healthcare systems is driven by five system indicators (5S), including a health worker's **S**kills proficiency, regular **S**upervision and performance management, **S**upplies in stock, workforce contracted and paid a timely **S**alary, and funding **S**ecured that is aligned with a national strategy.[6]

Our experience in Liberia has demonstrated that when governments are supported to achieve high-quality systems performance indicators by the aspirational 90% performance target for each 5S indicator), the result is a national community health workforce that can drive transformative increases in the coverage of essential primary healthcare services—increased treatment for sick children, immunization rates, access to skilled birth attendance, chronic disease treatment adherence, and detection of epidemic infectious disease events—that saves lives in the world's most remote communities.

[6] See Implementation Fidelity Initiative Study by Liberia Ministry of Health, supported by Last Mile Health/USAID/UNICEF/Gates



Last Mile Health's Theory of Change

Community health worker Laura Gbee performs a rapid diagnostic test for malaria on a young patient.

Strategy Overview and Strategic Focus Areas

LAST MILE HEALTH IN 2019: DEMONSTRATED IMPACT, GLOBAL OPPORTUNITY

Over the last decade, we've scaled from working in a single district of 50 communities to partnering with government to scale national community health workforces. The foundation of our work has been our partnership with the Government of Liberia and other partners[7] to design and scale the National Community Health Assistant Program[8] to deliver life-saving services to the 1.2 million Liberians who live beyond the reach of clinics and hospitals. Thanks to the leadership of Liberia's Ministry of Health and a coalition of dedicated partners, the last four years have demonstrated remarkable progress.

7 Jallah, W., Kateh, F., & Panjabi, R. (2018, May 31). Paying and investing in last-mile community health workers accelerates universal health coverage. Retrieved from https://blogs.bmj.com/bmj/2018/05/22/paying-and-investing-in-last-mile-community-health-workers-accelerates-universal-health-coverage/

8 Under Liberia's National Community Health Assistant Program, professional community health workers (community health workers) are called community health assistants (CHAs). Every CHA reports to a trained nurse, physician's assistant, or midwife called a Community Health Services Supervisor, who is based at the nearest clinic. For the purpose of this report, we will refer to CHAs using the universal term community health worker and to Community Health Services Supervisors as clinical supervisors.

As of May 30, 2019, the Government of Liberia and its partners had hired, trained, and equipped more than 3,300 community and frontline health workers across 14 of 15 total counties. They have carried out more than 1.6 million home visits; treated and/or screened 630,000 childhood cases of pneumonia, malaria, diarrhea, or malnutrition; supported 160,000 pregnancy visits; and identified approximately 3,900 potential epidemic events in their communities.

As the National Community Health Assistant Program has scaled, rural Liberians across the country have increased access to life-saving health services. A controlled study in Rivercess County, where Last Mile Health has managed implementation of the national program since 2016, demonstrated an increase in children receiving malaria, pneumonia, and diarrhea treatment by over 50%.[9] In Konobo District, where Last Mile Health first launched a community health worker program in 2012, clinic-based skilled birth attendance has increased from 55% to 84%.[10] Furthermore, in the last two quarters of 2018, the Government of Liberia reported that nearly one out of three malaria cases across the country's entire healthcare system were diagnosed and treated by community health workers.[11]

Last Mile Health's Global Advocacy and Policy Work: 2016-2019

- Founding partner, Financing Alliance for Health and Community Health Impact Coalition
- Lead policy and advocacy partner, Integrating Community Health Program (USAID, UNICEF, and the Bill & Melinda Gates Foundation) and advisor, CommunityHealthRoadmap.org
- Community health worker programs study lead, Exemplars in Global Health (Gates Ventures)
- Member of WHO Community Health Worker Hub & external review group for *Guidelines on Health Policy and System Support to Optimize Community Health Worker Programmes*
- International Advisory Group member, Global Financing Facility and 'Frontlines First' Initiative (World Bank)

Last Mile Health has also been invited to serve in significant leadership roles in global efforts to support other countries to enhance quality in their community health systems. These initiatives have given Last Mile Health the opportunity to learn from and contribute to the broader movement to scale access to high-quality national community health workforces and have positioned us as a respected voice on extending the reach of quality community-

[9] White, et al. "A Community Health Worker Intervention to Increase Childhood Disease Treatment Coverage in Rural Liberia: A Controlled Before-and-After Evaluation", American Journal of Public Health 108, no. 9 (September 1, 2018): pp. 1252-1259. https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2018.304555

[10] Luckow, et al. "Implementation research on community health workers' provision of maternal and child health services in Liberia." Bulletin of the WHO, 2017; 95:113-120. http://www.who.int/bulletin/volumes/95/2/16-175513/en/?utm_source=lastmilehealth&utm_campaign=AR2017

[11] Community Based Information System Data. Liberia Ministry of Health. December 2018.

based primary healthcare for all. These engagements have inspired Last Mile Health to design global initiatives that aim to open source the methods and practices of our organization and aligned partners to support countries seeking to strengthen the quality of their national community health workforces.

Community health workers refresh clinical knowledge through the Community Health Academy's mobile courses.

The Community Health Academy, convened by Last Mile Health, partners with Ministries of Health to strengthen the clinical skills of community and frontline health workers and the capacity of health systems leaders to build higher quality systems by leveraging the power of digital training tools. The Community Health Academy is a multi-partner initiative with a global faculty network, co-chaired by the former Minister of Health of Liberia, and comprised of practitioners from more than 15 countries in Africa, Asia, and the Americas, as well as emerging regional hubs co-convened with local partners (e.g., Digital Reach and the International Institute for Primary Health Care – Ethiopia) and a global clinical content consortium with leading organizations (e.g., Global Health Media Project and Stanford's Digital Medical Education International Collaborative). As noted above, we have also made important contributions to global policy and advocacy, including supporting the World Health Organization's first-ever *Guidelines on Health Policy and System Support to Optimize Community Health Worker Programmes* and collaborating on USAID and UNICEF's Integrating Community Health Program with the support of the Bill & Melinda Gates Foundation.

We have also strengthened Last Mile Health's operational capacities and systems to sustain our work over the long term. We have exceeded our three-year fundraising targets, with a majority of FY2019's committed revenue consisting of multi-year grants. We have also secured competitive cooperative funding agreements (e.g., USAID/UNICEF), and launched partnerships with multilaterals (e.g., Gavi, the Vaccine Alliance and The Global Fund to Fight AIDS, Tuberculosis and Malaria). Meaningful progress has also been made in strengthening our internal systems, including staff safety and overall emergency preparedness. We have achieved more nuanced financial management and improved our understanding of functional costs. We

have also strengthened our ability to recruit and develop staff through the establishment of a staff learning and development fund and a performance management system. Our internal information systems have also continued to improve; we have increased the scope and regular use of data from our internal program database, adopted a digital human resource management system, and upgraded our financial management and accounting software.

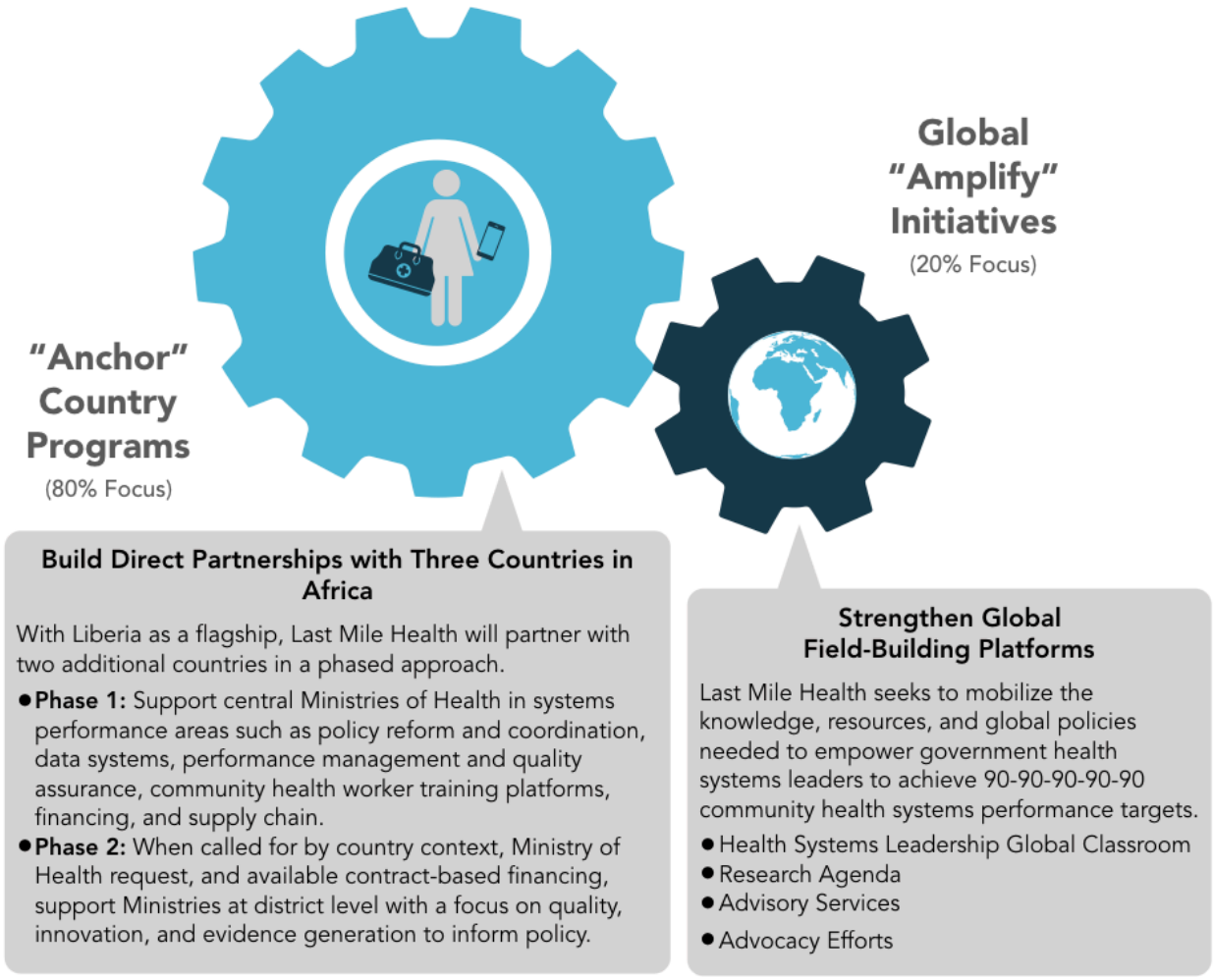
Community health worker James George performs a follow-up visit with a young patient diagnosed with malaria and pneumonia.

Certainly, the past four years have not been without challenges for the world and for Last Mile Health. Nonetheless, we have crafted our *Within Reach* FY20-23 strategy with confidence, purpose, and passion to contribute to the global movement to advance Agenda 30-30-30. We have the opportunity to partner with countries to build high-quality national community health workforces, accelerating the global movement to save at least 30 million additional lives by 2030, and pursue our vision of bringing a health worker within reach of everyone, everywhere.

WITHIN REACH: TRANSFORMING COMMUNITY-BASED PRIMARY HEALTHCARE FOR RURAL FAMILIES

Our FY20-23 strategy is the answer to a simple but profound question: How can Last Mile Health contribute to a global movement to achieve Agenda 30-30-30, while remaining anchored in building quality country-based programs over the next four years? Last Mile Health articulates the objective, scope, and benefits of its FY20-23 strategy, titled *Within Reach*, as follows:

> *Through effective country programs and global initiatives, we partner with governments to design, scale, strengthen, and sustain teams of digitally empowered community and frontline health workers who bring high-quality primary healthcare within reach of millions of rural people.*



Last Mile Health's Within Reach Strategy

ANCHOR COUNTRY PROGRAMS

Our anchor country programs are the core of Last Mile Health's *Within Reach* strategy, accounting for 80% of our investment. Building on our flagship 10-year country program in Liberia, Last Mile Health will expand its partnerships with national Ministries of Health to at least two additional country programs in Africa, digitally empowering and supporting at least 16,000 additional community and frontline health workers integrated with over 500 community clinics to serve over 9 million people, cumulatively. These community and frontline health workers will carry out at least 2.7 million home visits; provide 2.6 million treatments and screenings for children with malaria, pneumonia, diarrhea, and malnutrition; support nearly one million pregnant women visits; and improve access to skilled birth attendants. They will work to

A community health worker assesses malnutrition using a middle-upper-arm circumference tape.

support patients with HIV, tuberculosis, and non-communicable diseases, and strengthen vaccination coverage and epidemic disease surveillance systems. In Last Mile Health's managed network sites in Liberia, we will demonstrate at least a 20% reduction in child mortality.

We will build and implement in a phased approach, consistent with our theory of change. In the first phase, we will engage in capacity-building projects, supporting central Ministries of Health to improve quality by achieving the 5S systems performance indicators for national community health workforces. This work will be done in collaboration with each Ministry of Health and its local partners. In countries where there is clear value to be gained from deeper engagement, and when it's feasible to do so, we will initiate a second phase of our work in select rural districts. This work will focus on strengthening performance management and supervision and/or building demonstration sites that generate evidence for optimizing the design, scale, strength, and/or sustainability of the national community health workforce in rural areas.

GLOBAL AMPLIFY INITIATIVES

Last Mile Health's *Within Reach* strategy seeks to leverage insights from anchor country programs to strengthen our contribution to the broader movement for quality, community-based primary healthcare. We will continue to invest in global initiatives that seek to open source our methods and practices (including those of aligned partners) to support health systems leaders in other countries that seek to strengthen the quality of community health systems. We will invest 20% of our budget in these global amplify initiatives.

The Community Health Academy supports Ministries of Health to strengthen the quality of their community health systems by building a global, open-source, technology-enabled

platform that delivers leadership courses to health systems leaders and clinical courses to community and frontline health workers. The Community Health Academy is a multi-stakeholder initiative, convening world-class faculty and content providers from across 15 countries in Africa, Asia, and the Americas. These faculty and content providers work with Ministries of Health to build courses to train, certify, and transform the practice of community and frontline health workers and current and next-generation health systems leaders. The Community Health Academy will support over 165 countries aiming to enhance skills for at least 15,000 current and next-generation health systems leaders and 16,000 community and frontline health workers by 2021.

In addition, Last Mile Health will continue to invest in its advocacy efforts to promote the adoption of model community health systems practices and policies, and to mobilize the resources required to help governments unlock the full potential of national community health workforces. Last Mile Health will also partner with a select number of countries to provide technical assistance to accelerate improvements in the quality of community health systems. Finally, we will produce a landmark body of evidence and lessons learned in building high-quality national community health workforces.

Community health workers in Bangladesh meet with women and girls to discuss reproductive health.

IN SUMMARY: *WITHIN REACH* STRATEGY OBJECTIVES

Last Mile Health will implement our FY20-23 Within Reach Strategy by pursuing the following objectives:

Objective 1: Through anchor country programs, build and strengthen 3 national community health workforces to reach over 9 million people in Africa and serve as global exemplars

1A: Continue our partnership with the Government of Liberia to design, scale, strengthen, and sustain the national community health workforce, achieving the following milestones by 2023:

- At least 5,000 digitally empowered community and frontline health workers serving at least 1.2 million people, integrated with 300 clinics
- 90% skills proficiency; 90% essential supplies in-stock; 90% on-time payment of monetary incentives; 90% supervision rate; 90% of strategy financed across Liberia's National Community Health Assistant Program
- Transition of program management to the Ministry of Health in 10-15 counties
- Demonstrate at least 20% reduction of child mortality in Last Mile Health-managed counties
- At least five new innovations in health-service delivery piloted and packaged for government scale-up
- Demonstrate excellence in nutrition, family planning, malaria, immunization, and disease surveillance services
- >280,000 children under five treated; >780,000 routine household visits; strengthened care in community clinics

1B: Initiate new country programs to design, scale, strengthen, and sustain national community health workforces in at least two new countries in Africa, achieving the following milestones by 2023:

- At least 11,000 digitally empowered community and frontline health workers serving 8 million people, integrated with 200+ community clinics
- Develop robust health system maps and long-term strategies for both country programs, including mechanisms to determine whether and when to initiate phase two activities

Objective 2: Through global amplify initiatives, support a global movement for quality by open-sourcing the methods and practices of Last Mile Health and aligned partners

2A: Grow the Community Health Academy to create a global platform to train, certify, and transform the practice of at least 30,000 community health workers and health systems leaders through the following initiatives:

- Train 15,000+ health systems leaders in over 165 countries via the online global classroom and regional hubs in Africa, Asia, and the Americas
- Provide continuing clinical education to at least 16,000 community health workers and their supervisors in anchor countries, as part of an audacious project partnership supporting 50,000 community health workers across Africa

2B: Engage in advocacy and technical assistance efforts to promote adoption of model health systems practices and policies, and mobilize significant financing to help governments unlock the full potential of national community health workforces

2C: Produce a landmark body of evidence and lessons learned in building high-quality national community health workforces

Objective 3: Augment capacities by investing in our people and systems

3A: Strengthen our fiscal performance and maintain a fully funded operating reserve

3B: Invest in our workforce, increasing diversity of staff in leadership roles and building an effective talent pipeline

3c: Build the internal infrastructure needed to support high-performance operations at the scale of a global organization

A community health worker attends a training session as part of the National Community Health Assistant Program.

Objective One:

BUILD AND STRENGTHEN THREE NATIONAL COMMUNITY HEALTH WORKFORCES TO REACH OVER NINE MILLION PEOPLE IN AFRICA AND SERVE AS GLOBAL EXEMPLARS

OVERVIEW

We will partner with governments in at least three countries in Africa, including our flagship partnership with the Government of Liberia. These programs will represent 80% of organizational efforts and resources, and will provide evidence and learnings to shape global initiatives.

OBJECTIVE 1A: PARTNER WITH THE GOVERNMENT OF LIBERIA TO DESIGN, SCALE, STRENGTHEN, AND SUSTAIN THE NATIONAL COMMUNITY HEALTH WORKFORCE BY 2023

Building on the successes of the past four years, Last Mile Health will continue to support Liberia's National Community Health Assistant Program by expanding the scope of services it

provides to rural communities, closing gaps, deepening program quality, and securing the sustainability of the program by mobilizing new resources and lowering long-term costs.

Our Plan:

- **Design:** Last Mile Health will work with Liberia's Ministry of Heath to establish an Innovation Hub where we will launch five interventions to drive quality of care with the potential for nationwide scale. Pilot initiatives will focus on creating health posts, building last mile communication systems, piloting screening and treatment of Group A Strep, strengthening the quality of neonatal services, enhancing non-communicable disease services, and strengthening supervision at rural health facilities.
- **Scale:** We will continue to support the Government of Liberia in bringing the National Community Health Assistant Program to full coverage. We will provide technical support and advocate to mobilize the resources and partners needed to deploy health workers in all remaining unserved or underserved communities. Additionally, we will provide digital health tools and support to all community and frontline health workers. Finally, we will support the Ministry of Health's decision to integrate community health cadres working within 5 km of health facilities into the National Community Health Assistant Program.
- **Strengthen:** We will work to improve the performance of the National Community Health assistant program to achieve high-quality delivery of current community health worker services, including reducing child mortality by at least 20% in our managed counties and achieving exemplary 5S systems performance. In our managed networks, we will continue to strengthen programming for malaria treatment, nutrition, family planning, immunization, and disease surveillance. We will also provide strategic support to the Government of Liberia to strengthen supply chain systems, performance management, and information systems on the national level.

Nelson Kerneah, a nurse supervisor, reviews data collection forms with a community health worker.

- **Sustain:** We will promote sustainability for the National Community Health Assistant Program at full scale by reducing program operating costs by 25%. We will provide capacity-building assistance to support the transition of program management and implementation from NGO partners to sub-national government county health teams. We will also provide technical assistance to the Ministry of Health in developing and implementing long-term financing and cost-effectiveness strategies for the program.

Targets:

- Quality of Systems
  - At least 5,000 digitally empowered community and frontline health workers serving at least 1.2 million people, integrated with at least 300 community clinics
  - 90% skills proficiency; 90% essential supplies in-stock; 90% on-time payment of monetary incentives; 90% supervision rate; 90% of strategy financed across Liberia's National Community Health Assistant Program
  - Transition of program management to the Ministry of Health in 10-15 counties
- Quality of Care
  - Demonstrate at least 20% reduction of child mortality in managed counties
  - >280,000 children under five treated and screened for malnutrition annually
  - >780,000 routine household visits annually
  - At least 5 new innovations piloted and packaged for government scale-up, addressing nutrition, family planning, malaria, immunization, and disease surveillance services
  - Strengthen quality of care in community clinics

A patient receives a blood pressure screening at the Gboe Community Clinic.

OBJECTIVE 1B: LAUNCH NEW COUNTRY PROGRAMS TO DESIGN, SCALE, STRENGTHEN, AND SUSTAIN NATIONAL COMMUNITY HEALTH WORKFORCES IN PARTNERSHIP WITH AT LEAST TWO NEW GOVERNMENTS IN AFRICA

Last Mile Health will launch a partnership with at least two country governments interested in designing, scaling, strengthening, or sustaining national community health workforces using a phased engagement approach. We will target our support to Ministries of Health to address specific areas of need that are aligned with our existing competencies.

Our Plan:

- **In phase one, build targeted health systems quality projects:** Last Mile Health will target our support to Ministries of Health to address specific areas of need that are aligned with our existing competencies.
- **Deepen Ministry of Health engagements over time:** As we strengthen our in-country relationships, Last Mile Health will expand the scope of phase one efforts to take on additional areas of support, such as developing training programs and improving supervision models. We will leverage existing country partners and will seek to generate long-term support from the country government and/or institutional partners.

Community health worker Grace Dhan counsels a pregnant woman during a home visit.

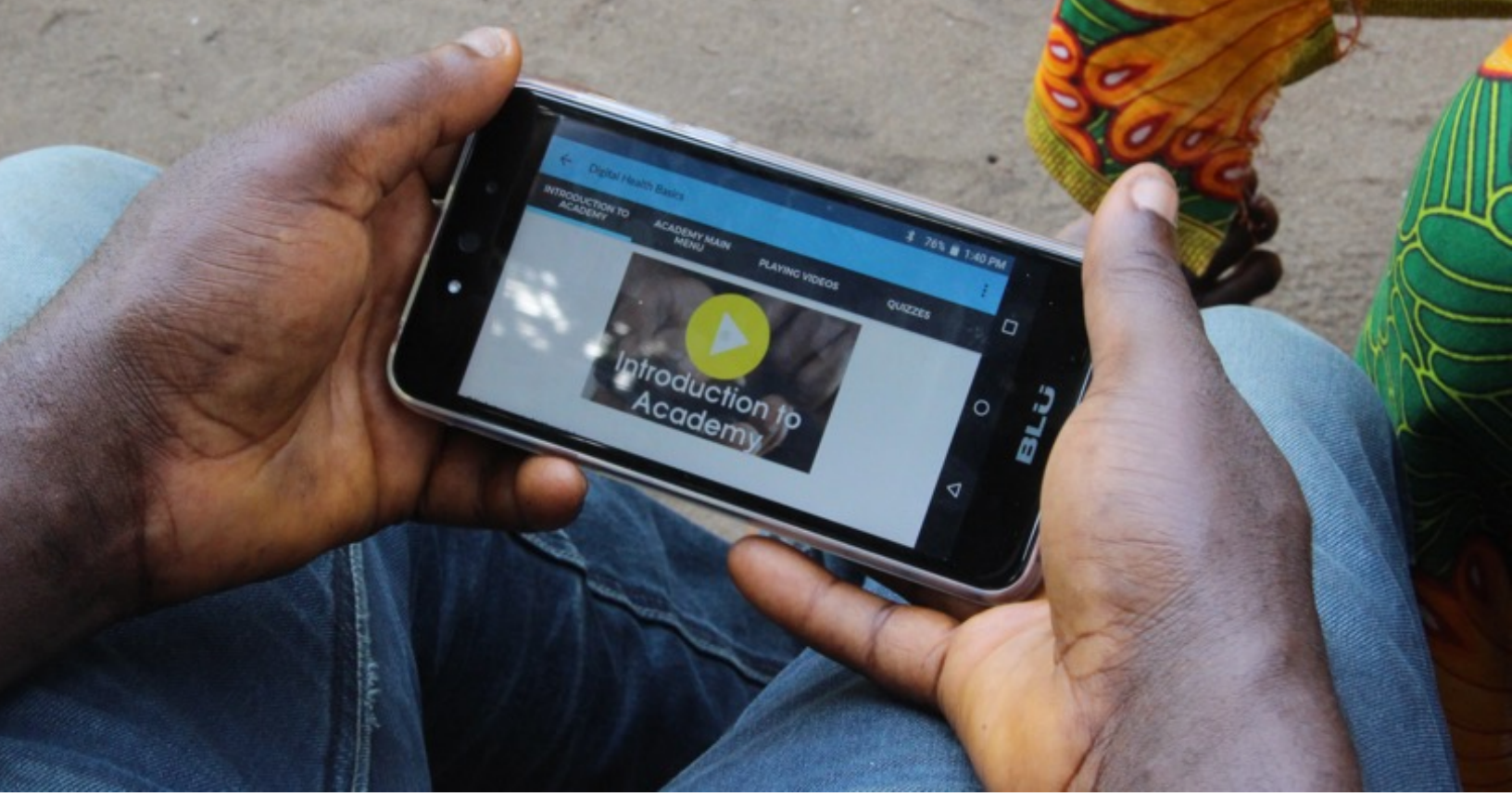
- **In phase two, extend activities to support sub-national priorities as resources allow:** Last Mile Health will initiate phase two activities in one country program by FY21, focusing on implementing programming on the ground alongside sub-national government implementers to improve the quality of care, or on expanding the scope and depth of phase one support to the central Ministry of Health.
- **Leverage in-country partnerships to support remote communities:** Phase one and two activities seek to support community health workers and clinical supervisors to serve 7.8 million people in remote communities. These community and frontline health workers,

equipped with smartphones featuring training and performance management software, will be part of a paid and supervised national community health workforce. To succeed, Last Mile Health will build strong relationships with our government counterparts, and garner committed long-term support from the country government and/or institutional partners to ensure sustainability.

Community health worker Deborah Bown reports her supply stock status.

Targets:

- Quality of Systems
    - At least 4,000 frontline and community health workers supported with digital training or performance management tools by December 2021
    - At least 11,000 frontline and community health workers supported with digital training or performance management tools by December 2022
    - At least 8 million people served by frontline and community health workers
    - >2.1 million routine household visits; >845,000 children under five treated



Community health workers refresh clincical knowledge through the Community Health Academy's mobile courses.

Objective Two:

SUPPORT A GLOBAL MOVEMENT FOR QUALITY BY OPEN-SOURCING THE LESSONS AND PRINCIPLES OF LAST MILE HEALTH'S WORK

OVERVIEW

In addition to expanding our work to support government-led national community health workforces in Africa, Last Mile Health will open source our methods and practices for those who wish to adapt or adopt them. The goal of this effort, to which we will allocate approximately 20% of our resources, is to help curate and disseminate best practices, elevate global health norms and policies, and support governments and partners to better align and allocate their financial resources to improve the 5S community health systems performance indicators that drive quality.

OBJECTIVE 2A: GROW THE COMMUNITY HEALTH ACADEMY TO OPEN SOURCE TRAINING PROGRAMS, UP-SKILLING AT LEAST 30,000 COMMUNITY HEALTH WORKERS AND HEALTH SYSTEMS LEADERS

The Community Health Academy, a global initiative launched by Last Mile Health in 2017, aims to leverage digital technologies to support Ministries of Health by improving the training of thousands of community health workers and health systems leaders. The Community Health Academy seeks to benefit actors in countries at all stages of community health system strengthening and will engage a global community of practitioners committed to scaling up high-quality national community health workforces.

Our Plan:

- **Support health systems leaders to drive quality of systems:** The Community Health Academy will create a global classroom focused on building health systems leadership capacity. The global classroom aims to educate and accelerate the sharing of best practices between health systems leaders (i.e., policymakers, managers, and supervisors who build systems such as financing strategies and supply chains) to support community health workers. To achieve this, the global classroom will:

Community health workers attend a digital health training.

    - Convene a global faculty network bringing together leading community health experts to further develop the curriculum
    - Create a global online platform to deliver this curriculum via free open online courses and face-to-face learning, in partnership with local universities, Ministries of Health, and other organizations
    - Establish a global community of practice through self-organized local chapters that share best practices and drive institutional adoption of curricula via Regional

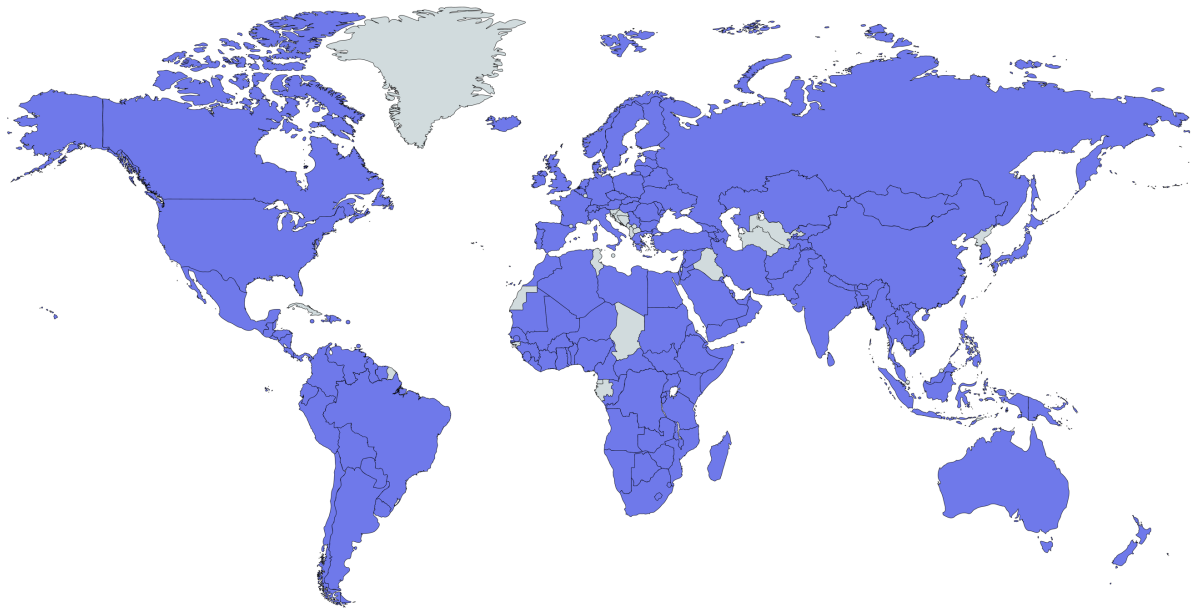
Faculty Networks that are coordinated by the Community Health Academy's Regional Hubs

- **Empower community health workers to improve quality of care:** The Community Health Academy will work directly with Ministries of Health and other partners to identify priority community health worker training needs in 2-3 anchor country programs. we will then work in consultation with the ministry of health to identify, adapt, and generate content to be shared via mobile devices. this will enable training programs to reach community health workers directly in their communities and will enable supervisors and trainers to remotely monitor their progress via dashboards.
- **Leverage strategic partnerships to drive growth:** We will first grow the Community Health Academy in Africa and will then explore opportunities in Asia and the Americas in the future. Through carefully selected local partners, the Community Health Academy will provide technical and financial support for the implementation of similar capacity-building efforts for community health workers in additional countries where we do not have a country program presence.
- **Enhance global reach through technology:** By 2021[12] the Community Health Academy will support refresher and enhanced training for at least 16,000 community health workers to improve their competencies when delivering health services and 15,000 health systems leaders to better support those community health workers. No single organization can take on this challenge – we will work with multiple partners that will include health supervisors, Ministry of Health leaders, academics, NGOs, donors, and patients.

Targets:

- At least 15,000 health systems leaders trained by 2021
- 5,000 learners registered for the first Community Health Academy leadership course, *Strengthening Community Health Worker Programs*
- At least 1,000 learners in leadership courses earn a course certificate by 2021
- At least 16,000 community and frontline health workers enrolled in continuing clinical education courses by 2021
- At least 90% of community and frontline health workers enrolled in continuing clinical education courses achieve skills proficiency

[12] Of note, as the Community Health Academy is in proof of concept phase, targets, plans and budgets have been created through FY2021. Based on progress and challenges during this period, forecasts for FY22-23 will be updated.



To date, the Community Health Academy is supporting current and next generation health systems leaders in over 170 countries (highlighted in purple above) to build, optimize, and advocate for community health worker programs through its global classroom.

OBJECTIVE 2B: ENGAGE IN ADVOCACY AND TECHNICAL ASSISTANCE EFFORTS TO PROMOTE ADOPTION OF MODEL PRACTICES AND POLICIES & MOBILIZE SIGNIFICANT FINANCING TO HELP GOVERNMENTS UNLOCK THE FULL POTENTIAL OF NATIONAL COMMUNITY HEALTH WORKFORCES

There is a growing worldwide consensus that investment in community-based primary healthcare is critical to achieving universal health coverage. In 2018, the World Health Organization published historic guidelines on community health worker policy and systems support[13], which were then adopted by 194 country governments at the 72nd World Health Assembly in 2019[14]. However, the global community needs to translate this momentum into action. This includes the creation of institutionalized global norms for quality in community health, alignment of resources with national community health plans, and strengthened capacity for implementation on the national level.

Our Plan:

- **Address the global quality crisis:** In partnership with a diverse coalition of stakeholders, we will advocate for the mobilization of additional resources to address the quality crisis

[13] WHO. WHO Guideline on health policy and systems support to optimize community health worker programs (2018).
[14] WHO. Momentum for community health workers at the Seventy-second World Health Assembly. (2019). https://www.who.int/hrh/news/2019/health-worker-momentum-wha72/en/

in rural health service delivery. First, we will prioritize advocating for drivers of quality in community health that are high-impact and supported by a consensus among stakeholders, but are not yet diffused to a wider global health audience. Second, we will prioritize engagement with major multilateral and bilateral agencies to identify and direct resources towards country programs that are prioritizing community health. Ultimately, we aim to create momentum for the mobilization of funding earmarked for community health (e.g., Frontlines First, Community Health Outcomes Fund, and Gavi Community Health Fund).

- Craft targeted messages: As Last Mile Health seeks to prioritize our advocacy resources towards areas of core competency and experience, we aim to add a unique value to the conversation rather than merely being another voice in a sea of supporters. We believe elevating messages around community and frontline health worker quality and institutionalization advances this goal. This targeted approach will influence at least seven major donor or technical organizations to prioritize community health in their strategies, mobilize additional resources for community health from these organizations, and embed quality standards in norm-setting technical documents.
- Partner to accelerate quality health systems: Based on growing demand, Last Mile Health will support targeted community health systems in countries beyond our anchor country programs. This work aims to deliver value for countries and partners, while building on Last Mile Health's existing approach to community health systems design. This will be an iterative stream of work, as we will continuously adapt the operating model throughout the strategic cycle based on our learnings from each engagement.

Targets:

- Significant financing raised in partnership with coalitions to support community based primary healthcare globally
- Seven global organizations set new priorities to advance community health in global health strategies or funding commitments
- Forthcoming global technical guidance reflects Last Mile Health's core principles of quality of care and quality of systems or leverages evidence generated by Last Mile Health programs
- At least five countries supported through partner engagements that accelerate improvements in quality of systems

OBJECTIVE 2C: PRODUCE LANDMARK EVIDENCE THROUGH EVALUATION AND RESEARCH TO UNDERSTAND AND SPREAD LESSONS LEARNED IN BUILDING HIGH-QUALITY COMMUNITY HEALTH WORKFORCES

Last Mile Health's Monitoring, Evaluation, and Learning (MERL) team has played a central role in the development of our work over the past ten years. Our baseline assessment helped our partners at Liberia's Ministry of Health mobilize a national program to deliver care to remote communities. Our program evaluations have demonstrated the transformative impact of digitally empowered national community health workforce, and the dissemination of lessons learned from developing information systems for the last mile have directly informed the creation of monitoring and evaluation systems for the National Community Health Assistant Program. As we look to the future, we will invest in an expansion of our MERL activities to support all of our program initiatives.

Our plan:

- **Continue to build a rich understanding of the performance and quality of Liberia's National Community Health Assistant Program:** We will continue to conduct longitudinal studies to demonstrate changes in effective coverage. We will also retrospectively capture data on lives saved and trends in mortality in our managed networks in Rivercess and Grand Gedeh Counties, using ongoing household surveys, modelling techniques, and mortality estimates. Last Mile Health will also complete its ongoing stepped-wedge evaluation of the National Community Health Assistant Program's impact at our Grand Bassa managed network site, leveraging the planned staged program roll-out. We will also support the National Community Health Assistant Program to commission a second study to understand the impact of deploying digitally empowered community health workers on the most critical health outcomes for rural communities in a county or counties that are not Last Mile Health-managed. These impact evaluations will be designed to provide generalizable evidence of health outcomes at a high level of rigor across multiple counties and implementers. These evaluations will complement other national information systems data sources, including implementation fidelity assessments, Community Based Information System monitoring reports, the National Health Information Management

Clinical supervisor Momodu Kromah reviews data collection forms during a supervision visit with community health worker Mary Youlo.

System (operated through the District Health Information System 2), and the upcoming demographic and health survey. Taken as a whole, this body of evidence will provide strong inference about the effectiveness and impact of the National Community Health Assistant Program across the country. We will also use this information to drive program improvements and innovations, as described in Objective 1A.

- **Support information systems and program monitoring in our new anchor country programs:** As part of the phase one activities of Last Mile Health's new anchor country programs, the MERL team will provide technical support to our partner Ministries of Health to design or strengthen community-based monitoring and evaluation. In the country programs that transition to more operational activities as part of phase two, the MERL team will also support the design, analysis, reporting, and dissemination of baseline and ongoing evaluations at the sub-national level.
- **Ground the programming and implementation of the Community Health Academy in a rich body of evidence to support long-term success:** The MERL team will support the design and ongoing iteration of the Community Health Academy's theory of change and research agenda. In addition, MERL staff will support the Community Health Academy in developing and implementing a monitoring, evaluation, and research strategy to strengthen the performance and demonstrate the value of its programs. As these efforts produce evidence demonstrating the Community Health Academy's impact and its potential for further performance improvement, the MERL team will help disseminate this evidence through peer-reviewed, outcomes-focused research publications and other relevant approaches.
- **Continue to cultivate a role as a leader in research, monitoring, and evaluation as well as driving quality improvement in the global community health worker community:** MERL, in collaboration with the program teams and Community Health Academy, will continue to integrate innovation in research, monitoring and evaluation and in data-driven improvement methods to continue to produce new knowledge and methods.

Targets:

- Last Mile Health and the Liberia Ministry of Health will disseminate evidence on the impact of the National Community Health Assistant Program by 2023.
- By 2021, the Community Health Academy will have a robust research and evaluation plan and will have produced evidence aligned with our theory of change.
- New anchor country programs will have implemented robust monitoring, evaluation, and research strategies developed by 2021, generating evidence on phase one implementation and impact
- Last mile health will be recognized as a leader in research on community health worker program implementation and quality

Last Mile Health staff in Liberia attend a quality improvement training.

Objective Three:

AUGMENT CAPACITIES BY INVESTING IN OUR PEOPLE AND SYSTEMS

OVERVIEW

Achieving Last Mile Health's vision hinges on our organization's ability to provide support to those who are delivering the work. We must build transparent and rigorous systems to hold ourselves accountable, while investing in those who make this work possible: our committed and talented staff.

OBJECTIVE 3A: STRENGTHEN OUR FISCAL PERFORMANCE

Between FY20-23, Last Mile Health will refine and present a clear, compelling value proposition. We will communicate quantitatively and qualitatively the value, impact, and leverage donors receive when they invest in our work.

Our Plan:

Nowai Johnson-Gray, Continuing Medical Education Project Coordinator, displays one of Last Mile Health's organizational values.

- **Grow, diversify, and expand new partnerships:** This will be achieved by growing existing relationships and diversifying and expanding new partnerships. Our portfolio of partners will be global, diverse, and aligned with our values. We will test acquisition of contracts, pursue aligned cooperative agreements and institutional grants[15], and focus new philanthropic business development on major giving, annual giving, and planned gifts.
- **Enhance fiscal performance:** We will enhance our fiscal performance, which will include greater precision in revenue and expense forecasts, with an aim of reducing budget to actual variance to 10% or less. We will forecast expenditure as informed by our understanding of our cost to deliver desired impact, rather than by having revenue alone drive potential expenditure.
- **Strengthen and grow the Last Mile Health brand:** In 2020, Last Mile Health will begin increasing investments in communications staffing and consultants to provide the graphic design, copy editing, and public relations skillsets necessary to strengthen coherence around our unique mission and message.
- **Improve resiliency and position for lasting success:** We will establish an adequately funded operating reserve. We will build and maintain an operating reserve equivalent to six months of operating expenses[16]. We aim to achieve our optimal funding mix, maintaining 100% compliance with donor regulations, to ensure we are able to serve patients for years to come.

Targets:

- Fiscal Health:
  - 60% of funding is recurring/multi-year
  - 50% of funds are raised as unrestricted

[15] Cooperative agreements and institutional grants must be strategically aligned an at least 90% on budget.
[16] Minimum operating reserve of six months will be needed to consider contracts offered on a reimbursement basis.

  - 100% compliance with donor regulations
  - Operating reserve established

- Revenue Source:
  - 60% of funds are philanthropic
  - 15% of funds are corporate
  - 10% of funds are individual
  - 15% of funds are contract/multilateral

OBJECTIVE 3B: INVEST IN OUR WORKFORCE TO INCREASE STAFF DIVERSITY IN LEADERSHIP ROLES AND BUILD AN EFFECTIVE TALENT DEVELOPMENT PIPELINE

Last Mile Health will build a global team that is values-aligned, committed for the long-term, and representative of the diverse populations we serve. To do this, we will build and support a People Operations team that will simultaneously deepen our internal and external talent pools and will increase our standards and expectations for performance. Last Mile Health's People Operations team will go beyond baseline HR functions of policy enforcement and will give the organization the capacity to support and retain high-quality staff.

Our plan:

- Develop a pipeline of emerging leaders: We will establish clear competencies and learning scopes for emerging leaders, and institute a comprehensive leadership development program for relevant staff. The organization will also identify gaps that can be filled by young professionals or other entry-level individuals, and offer professional development experiences to equip staff to meet those needs.
- Develop an agile, comprehensive talent development strategy: We will streamline our performance management cycle and create an organization-wide approach to coaching and check-ins. We will also develop clear career pathways for all staff that are tied to learning and development plans.
- Value greater diversity, equity, and inclusion: We believe that our work is strengthened when our team is representative of the diverse perspectives essential to achieving our mission. This will require us to build a talent pipeline that values equity in our approach to recruitment, development, and retention of staff. Specifically, we will pursue a threefold increase in in the number of women in management roles (especially for national staff), and we will increase the percentage of national staff in management roles to at least 75%. As part of this drive for equity, we will also work to strengthen training for all staff on inclusion across differences in perspective or background.

- **Retain and motivate the best talent:** Our staff is our most valuable asset. We will seek to drive retention of our top talent through competitive and equitable total rewards, rich development opportunities, and an organizational culture that invites staff to bring their full selves to work.

Targets:

- 50% increase in female employees
- 50% increase in women in management roles
- 75% or more of national management are local
- 90% annual retention of top talent
- 90% of new positions hired within two months of posting

OBJECTIVE 3C: BUILD THE INTERNAL INFRASTRUCTURE NEEDED TO SUPPORT HIGH-PERFORMANCE OPERATIONS AT THE SCALE OF A GLOBAL ORGANIZATION

Over the course of this strategic cycle, we will address operational gaps to strengthen operational effectiveness, reduce costs, lower risk, and enhance coordination and communication across the organization.[17] While we will sequence this initiative by initially conducting an operational audit and developing an Operational Excellence Strategy to identify key areas of investment, we have highlighted critical operational priorities for the next four years below. Ultimately, we hope to significantly enhance our operational performance to better serve our stakeholders – especially our patients.

Our plan:

- **Institute headquarters management**: Last Mile Health is committed to establishing a lean, high-performing headquarters (HQ) that provides support to our country programs and global initiatives. HQ functions will fall into two groupings: *Programmatic Divisions* (Quality of Care; Quality of Systems; Community Health Academy; Monitoring, Evaluation, Research, and Learning) and *Internal Business Service Divisions* (Business Operations; People Operations; Partnerships and Development; Finance and Administration; Grants Management and Compliance). The HQ Programmatic Divisions

[17] To advance our needs in FY20-23, Last Mile Health will better differentiate what has historically been generically defined as Operations as Management Practice, Business Operations and Program Logistics. An example of Management Practice includes our annual planning process and quarterly progress review activities. An example of Business Operations includes Last Mile Health office facilities management and employee computer procurement. Program logistics include all of the mission specific operational elements required to support delivery in the field. Examples of program logistics include fuel procurement, fleet management and supply chain. Strategic Objective 3C focuses primarily on Management Practice and Business Operations. Program Logistics fall within the domain of Strategic Objective 1. International procurement supports both Business Operations (such as staff computers) and Program Logistics (such as International sourcing of medical commodities).

will be responsible coordinating program design, sharing knowledge, technically advising the operating units, and serving as the primary interface for global programmatic partnerships, including academic partnerships. The HQ Internal Business Service Divisions will be responsible for initiating core operational policies and practice, as well as providing technical assistance to operating units to ensure quality and compliance.

Last Mile Health staff work as a team to ensure access to lifesaving healthcare reaches all remote communities.

- **Improve integration of technology solutions and strengthening digital security:** We will standardize the most effective technology solutions across the organization, with an emphasis on ensuring all staff have reliable access to required information. We will also ensure all staff are able to properly contribute to secure management of data and information sharing.

Targets:

- 20% decrease in procurement costs, with annual and quarterly procurement plans adopted
- Programmatic and financial donor requirements complied with, resulting in clean annual audits, and supported by a strong internal audit function
- IT software and hardware vendors deployed consistently across the organization, with 95% uptime and rapid IT support provided
- 100% of relevant staff trained on core IT infrastructure, with at least 75% satisfaction reported by staff use.

Key Performance Indicators

As it executes its *Within Reach* FY20-23 strategy, Last Mile Health will measure its success based on its performance in the following key monthly and annual indicators, reflecting the Scale, Impact, Quality, and Sustainability of our work.

Category	No	Indicator	FY20 Target	FY23 Target
Scale	1	# of frontline and community health workers supported in all Anchor Country Programs annually	4,000 (by Dec 31, 2019) 8,000 (by Dec 31, 2020)	16,000
	2	# of people served by frontline and community health workers in all Anchor Country Programs annually	1,009,125 (by Dec 31, 2019) 4,000,000 (by Dec 31, 2020)	8,980,000
	3	# of digitally empowered frontline and community health workers (at minimum, receiving content via the Community Health Academy application and/or other Last Mile Health/Ministry of Health-integrated digital health applications) annually	4,000 (by Dec 31, 2019) 8,000 (by Dec 31, 2020)	16,000
	4	# of visits of any kind by a community health worker in all Anchor Country Programs (cumulative)*	1,380,287	5,981,723
	5	# of potential epidemic events identified across Anchor Country Programs*	5,000	8,000
	6	# of learners enrolled in Community Health Academy courses for health systems leaders	10,000 (by Dec 31, 2019) 12,500 (by Dec 31, 2020)	15,000
	7	# of community clinics supported by community and frontline health workers in Anchor Country Programs	300	500
	8	# of technical assistance engagements that strengthen community health systems	1	3
Quality	9	% of community health workers who pass a knowledge assessment across Anchor Country Programs	50%*	90%
	10	% of children under 5 years with malaria who receive appropriate treatment by a qualified provider across Anchor Country Programs	90%*	90%
	11	% community health workers with life-saving medicines in stock across Anchor Country Programs	50%	90%
	12	% of community health workers receiving full, on time payment across Anchor Country Programs	50%*	90%
	13	% community health workers receiving one or more supervision visits in the last month in Anchor Country Programs	90%*	90%
	14	Average % of learners who gave a promoter score of 9 or 10 on Community Health Academy courses for health systems leaders	70%	70%
	15	% of target institutions or policies that influenced to prioritize quality community health	70%	80%

Impact	16	# of learners enrolled in Community Health Academy courses for health systems leaders who have earned a certificate	500 (by Dec 31, 2019) 650 (by Dec 31, 2020)	1,000
	17	% of learners/community health workers on the Community Health Academy mobile platform demonstrating knowledge proficiency	70%	90%
	18	% of deliveries that are facility based	80%	95%
	19	% pregnant women receiving four or more antenatal visits across Country Programs*	TBD	TDB
	20	Number of children under 5 years treated for malaria, pneumonia, or diarrhea and treated or screened for malnutrition across Anchor Country Programs*	700,482*	2,626,807 (cumulative by Dec 2021)
	21	% of children who receive a third dose of pentavalent vaccine across Anchor Country Programs*	TBD	90%
	22	Couple Years Protection by modern family planning	85,000*	TBD
	23	% reduction in child mortality in counties managed by Last Mile Health	N/A	20% (reported in FY21)
	24	Estimated lives saved	TBD	TBD
Sustainability	25	Total funds raised for Last Mile Health budget	$25M	$85M
	26	% of Last Mile Health donor partners retained	95%	95%
	27	Total Last Mile Health expenses	$23.8M	$82M
	28	% of management staff that is female	30%	No less than 50%
	29	% of top talent retained	100%	90%
	30	% of top Anchor Country leadership that is local	TBD	75%
	31	% of government's annual community health workforce strategy funded	80%*	80%

** applies to Liberia only, with a second Anchor Country to be added in FY21*