

A community health worker conducts a malnutrition screening on a child in Riverces County, Liberia.

A world where everyone, everywhere has access to lifesaving health services is possible.

To scale progress globally, we must invest in the systems and support networks needed for community-based healthcare to flourish. But to accelerate a movement, we must also invest in the leaders who drive its success.

Click here to read our 2019 Annual Report to learn more.

Quarterly ReportOctober - December 2019

Last Mile Health saves lives in the world's most remote communities by partnering with governments to design, scale, strengthen, and sustain high-quality, community-based primary health systems. In this Quarterly Report, learn how we're accelerating our impact by building a values-aligned team across geographies, supporting the Government of Liberia to deepen the quality of the National Community Health Assistant Program, and elevating the importance of integrated community health systems and gender equity in advancing universal health coverage.

Scaling Our Values as We Scale Our Work

Over the last decade, Last Mile Health has grown from a district-level pilot with 30 community health workers to transforming how community-based primary healthcare is delivered through nationally scaled programs in countries beyond Liberia and online training programs via the Community Heath Academy.

As we further our impact, realizing Last Mile Health's vision will hinge on our ability to build a global team that is values-aligned, committed for the long-term, and representative of the diverse populations we serve. With our expansion into new geographies, one of Last Mile Health's major priorities for FY20 is to invest in the workforces and systems necessary to carry progress forward. This commitment is reflected in the additions we've recently made to our staff.

To effectively and intentionally scale our values alongside our programs, we have relied on the same unique <u>principles that remain fundamental to our work</u>.



We Obsess About Exceptional Work

Hiring the pioneering team members for our new country program in Malawi required identifying individuals who have deep programmatic expertise within the country and who possess professional agility.

"When thinking about recruitment for the [Malawi] team, we looked for candidates who



Ndasowa Chitule Director of Programs, Malawi

were adept at problemsolving and are excited to define a way forward that left room for reflection and evaluation," says Last Mile Health's Katelyn Reinert, Manager of People Operations.

Finding candidates that understood Malawi's health system was especially critical.

By being intentional about the hiring practices, Last Mile Health's People Operations team was able to identify and hire top tier candidates committed to building strong systems that will transform access to care in the region. Combined, the three employees on Malawi's launch team have over 48 years of experience working in Malawi's health sector, with contributions at the local, district, and national levels in more than five different focus areas, including health systems strengthening, WASH, HIV/AIDS, health financing, and advocacy.

Last Mile Health staff from the Malawi office visit staff in Rivercess, Liberia.



We Are All Teachers and Learners

In November 2019, the newly-hired Malawi country team traveled to Liberia to participate in an intensive orientation to hear insight and expertise from colleagues who were instrumental to Last Mile Health's growth in Liberia. Conversations focused on the



Abigail Nyaka Program Manager, Malawi

organization's approach to partnering with the government, designing national community health worker programs, innovating to improve service delivery, and building team culture and systems.

"The Liberia orientation was helpful in understanding the core of Last Mile Health's work, both in terms of values and the processes and style of work," says Ndasowa Chitule, Director of Programs, Malawi. "The training helped us learn more about our colleagues, while also appreciate the differences between the Malawian and Liberian healthcare systems."

Critical to Last Mile Health's value of listening and learning from one another, this opportunity united colleagues working across different countries and areas of expertise to share knowledge, establish context, and set up communication channels for cross-program learning and collaboration.

Equipped with a diversity of perspectives and first-hand knowledge, the Malawi team was ready to take back their learnings from Liberia, and iterate and adapt them as they work to strengthen and support the national community health program in Malawi.



Last Mile Health staff from the Malawi office learn about Liberia's National Community Health Assistant Program from community and frontline health workers in Rivercess, Liberia.



Sosten Chilumpha Health Financing Technical Assistant, Malawi

We Are All In This Together

Though geographically-dispersed, Last Mile Health's growing team remains united in the shared commitment to save lives and pursue equity in healthcare for the world's marginalized communities.

"By interacting with everyone in Liberia, I could see and feel

the staff's passion," says Ndasowa. "It inspired me to realize that while Malawi is different, yes, we can build on this passion and momentum in the organization to bring some positive change to Malawi."

Ndasowa adds, "It is also comforting to know that we have colleagues facing similar obstacles, and that whether in Malawi, Liberia, New York City, or Boston, we have a team of people behind us and supporting us."

Deepening Quality in Liberia's National Community Health Assistant Program

Since 2016, more than 3,600 community and frontline health workers have been trained and deployed to provide life-saving care to those living in rural and remote communities through the National Community Health Assistant Program, cumulatively conducting over 2.6 million home visits. With over 80% of the workforce now deployed, the Government of Liberia is focused on strengthening the quality of the program, particularly through enhanced supervision and training. As of December 31, 2019, the program has generated the following results:



2.6 Million

Home visits conducted



229,562

Pregnancy home visits conducted



927,372

Cases of malaria, pneumonia, and diarrhea treated and malnutrition screenings conducted in children under five



179,062

Women with access to family planning



4,482

Potential epidemic cases reported



100%

Digitally-empowered community and frontline health workers



363

Community clinics staffed



Survey Results Inform Nutrition Service Delivery

As Liberia's National Community Health Assistant Program approaches full scale, Last Mile Health is supporting the Ministry of Health to deepen the quality of service delivery in programmatic areas, such as nutrition, to ensure a healthy future for rural communities. Nationally, nearly one-third of children under the age of five suffer from chronic malnutrition and almost half a million are anaemic. In August 2019, the Rivercess County Health Team and Last Mile Health conducted surveys in local food markets, focus group discussions, and an analysis of barriers to achieving optimal nutrition to better inform service delivery by community and frontline health workers. The results indicate that communities in Rivercess County are affected by limited seasonal availability of food, which is compounded by high cost and transportation constraints.

To address these barriers in Rivercess County—a site of innovation for the national program—the County Health Team and Last Mile Health will form cross-sector partnerships

Community health worker Grace Bonwin with her twin daughters. Through her training, Grace was able to diagnose one of her daughters with malnutrition after breastfeeding challenges caused significant weight loss. Her daughters are now both healthy and recovered.



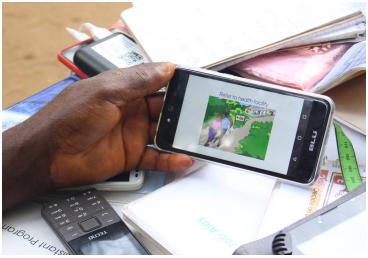
to address gaps in water, sanitation, hygiene, and food security. In addition, community and frontline health workers will augment healthcare service provision with community-based nutrition education, including the promotion of diversified protein sources such as small livestock and home-grown produce as well as an emphasis on breastfeeding practices. Through these efforts, community and frontline health workers aim to improve nutritional outcomes, particularly for women and children, so that they are more likely to live healthy, productive lives.

100% of Liberia's Frontline Health Workforce Digitally Empowered

In September 2019, Last Mile Health supported the Ministry of Health to achieve a significant milestone: distribution of smartphones and accessories to 100% of the community and frontline health workers in Liberia's National Community Health Assistant Program. This historic achievement is particularly notable given the operational challenges. Ministry-led teams had to navigate underdeveloped road networks at the height of the rainy season, and community and frontline health workers traversed dense rainforest by motorbike and on foot to attend trainings.

In the 14 counties where the program is currently active, community and frontline health workers are now equipped with the Community Health Academy application—powered by Oppia Mobile—which delivers educational text, video, and quiz content while collecting detailed data on user activity. This content, developed in conjunction with the Ministry of Health and implementing partners, is part of a wider effort to digitize and enhance the National Community Health Assistant Program curriculum. Currently, smartphones are equipped with information on malaria and malnutrition from the national curriculum.

While many countries within sub-Saharan Africa boast high levels of mobile phone use and are innovators in the mobile technology



A community health worker reviews digital education content on nutrition using the application Oppia Mobile.

industry, Liberia's limited telecommunications infrastructure—compounded by dense tropical rainforest and frequent rain—means connectivity is often sporadic and unreliable. To address these challenges, the Ministry of Health will distribute newly developed content from the curriculum using Bluetooth capabilities uniquely suited for Liberia's largely offline last mile environment.

Around-the-clock access to engaging multimedia clinical content allows community and frontline health workers to explore new ways of learning and strengthens their diagnostic and treatment skills directly in their communities. Early feedback indicates community and frontline health workers find watching real-life patient symptoms depicted in video for the very first time incredibly empowering—a stark contrast to two-dimensional illustrations and text descriptions common in bulky paper-based training manuals. "When I watch these videos, I can see the symptoms, I can compare and know whether I should treat the child or refer him to the facility," remarked Nathaniel Paye, a community health worker from Rivercess County.

This milestone has the potential to serve as a foundation for further innovation—in the hands of Liberia's community and frontline



When I watch these videos, I can see the symptoms, I can compare and know whether I should treat the child or refer him to the facility.

Nathaniel Paye Community Health Worker



health workers, these devices can be leveraged and repurposed for future deployments of innovative digital health tools to enhance service delivery via the National Community Health Assistant Program—including applications for vaccine tracking, service delivery data collection, and other diagnostic tools.

Of note, in partnership with Gavi, the Vaccine Alliance and Last Mile Health, the Ministry of Health is developing new immunization content for the National Community Health Assistant Program's training curriculum. Future distribution of this content via Oppia Mobile in mid 2020 aims to ensure community and frontline health worker knowledge on immunization is up to date and support improved service delivery—ultimately contributing to global efforts to reach the final 20% of children in remote and fragile settings who are missing out on a full course of basic vaccines.

Last Mile Health is leveraging lessons learned from the digital deployment in Liberia to explore the potential of digital technology to enhance health workforce needs in other countries. While more than 3,600 providers in Liberia continue to use the smartphonebased Academy platform for modules like childhood malaria and malnutrition, Last Mile Health is also partnering with Ethiopia's Federal Ministry of Health to develop plans to scale the Community Health Academy's application and customized content to over 35,000 health workers in their national program. Countries like Liberia and Ethiopia are demonstrating how digital health can be leveraged as a means of boosting health worker knowledge and skills, optimizing performance, and ultimately improving the quality of healthcare for millions of people living in the world's most remote communities.



Community and frontline health workers explore the Community Health Academy application following the distribution of mobile phones by the Grand Cape Mount County Health Team and Last Mile Health.

2nd International Symposium on Community Health Workers

In November 2019, members of the Last Mile Health team took part in the International Symposium on Community Health Workers in Dhaka, Bangladesh, which convened academics, government policymakers, and practitioners from 35 countries to discuss strengthening primary healthcare by employing, optimizing, and managing community health workforces. As only the second convening of its kind, central to the Symposium's agenda was elevating the role of community health workers as critical to improving access to care and strengthening primary healthcare systems.

From a keynote session that highlighted countries who are outperforming their peers in the design and scale of national community health worker programs, to a dialogue and exchange of approaches around optimizing these critical workforces, the Symposium is a sign of the growing momentum to prioritize integrated community health systems globally.

To learn more about Last Mile Health's involvement in the Symposium, read our recap.



Women Leaders in Global Health: Meet Estherlyn Peters and Featha Kolubah

In November 2019, over 1,000 people from 81 countries participated in the third Women Leaders in Global Health conference in Kigali, Rwanda. Two leaders—Estherlyn Peters of Last Mile Health and Featha Kolubah of Liberia's Ministry of Health—spoke at the conference to share their commitment to advancing gender equity and universal health coverage in Liberia and beyond.

Estherlyn M. Peters: Last Mile Health's first female Digital Health Operator

Estherlyn M. Peters is used to breaking barriers. She joined Last Mile Health in October 2018 as the first woman on the digital health team, and since then, she has supported the team to reach an important milestone: distribution of smartphones and accessories to 100% of the community and frontline health workers in Liberia's National Community Health Assistant Program. She not only led the distribution of smartphones to 400 community health workers across two counties, but she also scripted and produced videos that are now on every smartphone that has been deployed across the country with clinical and digital education resources.

Estherlyn Peters, a Digital Health Operator with Last Mile Health, speaks about the importance of representation in digital health during the Women Leaders in Global Health Conference.



In recognition of her incredible work in Liberia, Estherlyn was selected out of a pool of 400 applicants to speak at the Women Leaders in Global Health conference alongside 17 other young leaders. At the conference, she spoke about the power of representation in digital health and shared her passion for leveraging innovation to provide access to health education. That passion was tested during a digital health deployment in 2019, when she and her team traversed muddy roads and swollen rivers to train community and frontline health workers in the national program how to use a smartphone to enhance their ability to diagnose and test for common ailments like malaria and malnutrition.

During her session, Estherlyn recalled a training where a female community health worker commented that she had only seen men use smartphones for health education before. Estherlyn told her, "If I can do this, you can too." Now, every community and frontline health worker in Liberia's national program has a smartphone. As Estherlyn said, this has "enhanced the learning and work of many female health workers, with the aim to break the barrier of gender inequality in access to health education and support the provision of high-quality healthcare."

Featha Kolubah, RN: Community Health Focal Person for the Grand Bassa County Health team

As a nurse, Featha Kolubah understands the importance of universal access to healthcare. In Liberia's Grand Bassa County, where she has been working for over a decade, nearly 50% of patients live more than an hour walk away from the nearest clinic—a barrier that often causes patients to come to her clinic too late to be treated for a preventable disease. She witnessed the devastating consequences of a weakened health system culminate during the Ebola epidemic. She remembers treating a pregnant woman with the Ebola virus—though Featha and her team were able to safely deliver the baby, they tragically lost the mother. "It was so disheartening," Featha said.

The Ebola epidemic motivated Featha to pursue a job outside the clinic walls in order to



Featha Kolubah, Community Health Focal Person for the Grand Bassa County Health Team, speaks about barriers for women to deliver and recieve healthcare in rural Liberia during a panel at the Women Leaders in Global Health Conference.

better support patients directly in their homes. Now, she is on the frontline of expanding access to care for rural and remote Liberians as the Community Health Focal Person for the Grand Bassa County Health team. In this role, she oversees the implementation of the National Community Health Assistant Program at county-level and works alongside implementing partners like Last Mile Health to recruit and train the community and frontline health workers who make this work possible. She spends about 80% of her time in the community, traveling hours by motorbike and on foot to reach remote corners of the county to support trainings, provide mentorship, and meet with frontline health workers in their communities. She said, "The community needs somebody out there that cares for them. That is me."

At the Women Leaders in Global Health conference, Featha was nominated by the Liberia Ministry of Health to join a historic frontline health worker-only panel with other leaders from Ethiopia, India, Haiti, and Rwanda. She used the opportunity to elevate the gendered barriers for women to deliver and receive community healthcare in Liberia, including limited access to education in rural areas, safety concerns, and expectations for women to manage households and children. However, she highlighted how the National

Community Health Assistant Program is empowering women with paid positions as community and frontline health workers, which allows them to support their families and even pursue additional educational opportunities. It also has an impact on the quality of care provided on the community-level; she cited an example of a young woman who was more comfortable speaking to a female community health worker about family planning methods. Ultimately, Featha said, "We need more women in community health." Despite the challenging work that requires long days in the field, she knows the work she is doing is vital to not only provide life-saving care but also inspire the next generation of female frontline health workers.



In most parts of the world, accessing healthcare is still a privilege rather than a right. In this episode of TED Radio

Hour, Last Mile Health CEO Raj Panjabi shares how community and frontline health workers ensure patients living in the hardest-to-reach communities can access quality primary healthcare directly in their homes.

Click here to listen to Raj Ranjabi on TED Radio Hour.