

Recognizing the dedication and sacrifice of the millions of health and care workers at the forefront of the COVID-19 pandemic, World Health Organization member states unanimously designated 2021 as the International Year of Health and Care Workers. Read more [here](#).

Quarterly Report

October - December 2020

Last Mile Health Appoints Lisha McCormick as CEO



After 14 years, Dr. Raj Panjabi is stepping down as CEO and joining the Board of Directors as President Emeritus. We are deeply grateful for Raj's visionary leadership since 2007, when he co-founded Last Mile Health.

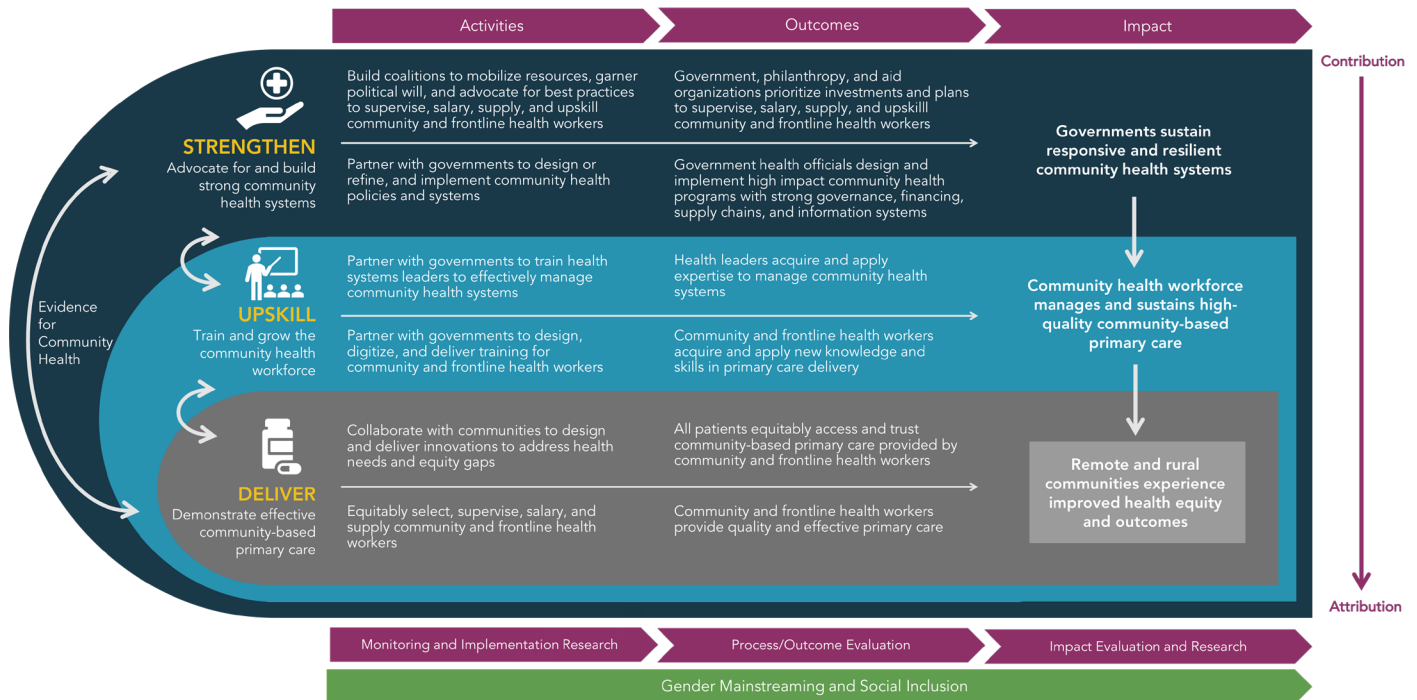
We are thrilled to announce that Lisha McCormick has been appointed to the role of CEO, effective February 1, 2021.

Raj said, "I could not imagine a better leader to step into this role. Lisha combines a deep commitment to our mission with hands-on experience co-leading the organization with me for the past four years. I know Last Mile Health will grow and thrive under Lisha's leadership."

Lisha joined the team in 2013, serving as the founding Chief Development Officer and then President & Chief Operating Officer in 2017. Since then, Lisha has directly overseen all day-to-day functions of our organization, which has grown to a team of over 200 people now supporting five partner countries across Africa to strengthen rural community health systems. She has also helped lead our response to the Ebola epidemic in West Africa and the COVID-19 pandemic.

"I am ready to take on the role of CEO, particularly with the incredible Last Mile Health team by my side," Lisha said. "Over the years, I've learned that hard problems can be solved when they are tackled by a committed, competent, values-aligned community. I am privileged to lead our team into this next chapter, a chapter we'll be collectively writing." Read more [here](#).

Last Mile Health Theory of Change



See a larger version [here](#).

Last Mile Health Launches New Theory of Change

Our first culture code value is, *we go as far as it takes for our patients*. To enhance our ability to track our work to improve health equity and outcomes for those living in rural and remote communities, we led an in-depth participatory process across our teams and with peers and partners to revise the theory of change. **The revised theory of change reflects what we have learned over the past 14 years: strong health systems require equitably skilled, supervised, and paid community and frontline health workers to deliver life-saving primary care.**

Three bodies of work underpin our theory of change:

- **Strengthen systems:** We lead advocacy activities to build political will and mobilize resources to build community-based health systems. We also partner with governments to design and refine policies to achieve high performing and data-driven community health systems with robust governance, supply chains, and information systems.

- **Upskill the community health workforce:** We partner with governments to design and digitize curricula to upskill the community health workforce and supplement the expertise of health systems leaders to manage community health programs.
- **Deliver effective community-based primary care:** We collaborate with communities to identify health needs and then design responsive programs and innovations that ensure health workers are equitably selected, supervised, salaried, and supplied to provide high-quality care to last mile communities.

The revised theory of change reflects work at three levels of the health system to take a comprehensive approach. The community health workforce must be professionalized, skilled, supplied, supervised, salaried, and integrated within government-led health systems. When this workforce is supported with strong information systems, smart policies, and financing, they are able to manage and deliver high-quality community-based primary care—ultimately contributing to improved health equity and outcomes in rural and remote communities.

Alongside the revised theory of change, we are rolling out a set of refined key performance indicators to measure our collective progress against the outcomes we seek to achieve through our strategy. Our revised key performance indicators will allow us to develop a deeper understanding of changes over time to health systems at the three levels of our theory of change—including assessing progress in achieving high-quality health service delivery, and tracking the reach of programs in terms of number of health workers and the size of the population they serve. We will also continue to pursue ongoing research efforts to contribute to the evidence base for high-quality community health systems globally. **The full list of key performance indicators can be accessed [here](#)**, and updates as of December 2020 are included in this report. We will update these indicators on a quarterly basis while still reporting individually on specific grant milestones.

Our revised theory of change and key performance indicators represent our commitment to maximize Last Mile Health's contributions to the growing movement for universal health coverage by more effectively doing our work to better serve patients at the last mile. We are grateful for your partnership along this journey.



Community health worker Jerome Gardiner displays essential personal protective items that allow him to keep safe and serving.

Strengthen: Advise and Advocate for Strong Community Health Systems

WHO COVID-19 Workforce Policy to Keep Health Workers Safe and Serving

Globally, COVID-19 has underscored the centrality of frontline health workers to the pandemic response and the importance of keeping them safe so that they can continue to respond to the needs of patients. Working alongside a coalition of contributors, **we were honored to directly contribute to the development of the World Health Organization's [Health Workforce Policy and Management in the Context of the COVID-19 Pandemic Response](#)**. This guide provides critical guidance for human resources for health managers and policy-makers at every level to design, manage, and protect the workforce necessary to manage the COVID-19 pandemic and maintain essential health services. This guide represents one small piece of the greater investments required to build health workforce capacity that will not only support health systems in the immediate response, but also form a foundation for global health security in the future.

Last Mile Health's COVID-19 Response

With the global community entering year two of the COVID-19 pandemic, we remain committed to supporting governments and local partners to deploy community and frontline health workers to safely prevent, detect, and respond to the virus. We continue to organize our response around three primary objectives—ensuring the continuity of primary healthcare services, limiting health worker infections, and eliminating transmission from known cases. These objectives underpin our partnerships with Ministries of Health in Ethiopia, Liberia, Malawi, and Uganda, and our global efforts to provide accessible education and training content on COVID-19.

COVID-19 Response by the Numbers:

- 5,868 health workers trained on the COVID-19 curriculum in Liberia and 535 health workers trained on Malawi's Operational Guide for Community Health Workers on COVID-19
- Over 2.4 million pieces of personal protective equipment distributed across Liberia and Malawi
- 4,842 users reached with COVID-19 content through digital applications like the [COVID-19 Ethiopia Health Worker Training Platform](#), the [Uganda Ministry of Health Capacity Building App](#), and the [COVID-19 Digital Classroom](#)

Policy Updates to Improve Liberia's National Community Health Assistant Program

We are currently supporting the government-led review and revision for Liberia's National Community Health Program Policy, which guides the country's historic National Community Health Assistant Program. The collaborative process includes a comprehensive review and revision of program tools, curricula, job aides, data collection forms, and indicators to ensure maximum program impact. The review will:

- Assess current materials against the vision of the Program Policy
- Identify gaps, problems, and successes
- Make revisions based on data-driven lessons learned and global best practices
- Disseminate revised materials

With 80% of the country's community health workforce now deployed nationwide, this policy review will seek to deepen the program's focus on quality and long-term sustainability, including expanding the use of digital training tools for performance management and training, strengthening service delivery for malaria, nutrition, family planning, and immunization, and improving disease surveillance and supply chain and information systems on a national level.

The policy revision offers an opportunity to advocate for greater investment in community and frontline health workers and the communities we serve. The revised policy will be completed by September 2021, and the roll out of updated job aides, curriculum, and data collection tools will begin shortly after.

Strengthening Liberia's Digital Programs Through National mHealth Strategy Development

In collaboration with the Ministry of Health and the Johns Hopkins Global mHealth Initiative, **we are supporting the development of a five-year national mHealth strategy to provide governance, coordination, and strategic direction for mobile digital health implementations within the health sector in Liberia.** This strategy, which builds off of Liberia's existing [Health Information System and ICT Strategic Plan](#) and incorporates the globally

recognized [Principles of Digital Development](#), will also provide a legal and regulatory framework and create an enabling environment for mHealth investment, development, and sustainability.

The national mHealth strategy will be supported by a two-year digitization roadmap for the National Community Health Assistant Program, which provides guidance on coordinating investment and development of digital health tools and aims to reduce fragmentation. This roadmap focuses on four objectives: establishing Ministry of Health coordination systems for digital health, digitizing the National Community Health Assistant Program curriculum, digitizing community health worker data collection systems, and establishing a team to manage digital health interventions.

With this guidance, the Ministry of Health and implementing partners will be better equipped to manage digital health programs ensuring their functionality, sustainability, and impact on Liberia's health programs.



Data is transferred from community health worker and supervisor smartphones in Grand Gedeh County to a central database.



Dr. Yosef Tafesse, a general practitioner in Addis Ababa, navigates the Ethiopia COVID-19 application on his smartphone.

Upskill: Train and Grow the Community Health Workforce

Partnering with the Government of Ethiopia to Upskill Community Health Workers

The Ethiopia Federal Ministry of Health invited us to upskill up to 5,000 community health workers, known locally as Health Extension Workers, through the design and deployment of high-quality digital training in order to optimize the delivery of quality primary healthcare.

The Ethiopia Health Extension Worker Program was launched in 2004 to transform access to primary healthcare for Ethiopians, particularly those living in rural and remote areas. The program has been cited as an [exemplar](#) for its work to advance universal basic healthcare and deliver preventive and curative services to the country's largely rural population. However, the country faces challenges in ensuring the community health workforce has access to high-quality in-service or refresher training to ensure the delivery of high quality care, both during the COVID-19 pandemic and beyond.

Through this partnership, we will work closely with the Federal Ministry of Health and local partners to design and deploy an integrated and digitized in-service training for community health workers, starting with a module on reproductive, maternal, newborn, and child health. The approach will be piloted in up to 20 districts with evidence-based field testing, and could be scaled up to 100 districts—reaching more than 5,000 community health workers. As the program demonstrates effectiveness, it has the potential to model improved in-service training for all 40,000 community health workers.

This work builds off the successful launch of the [COVID-19 Ethiopia Health Worker Training Platform](#) in May 2020. The Community Health Academy at Last Mile Health partnered with the Federal Ministry of Health and the Ethiopian Public Health Institute to develop and launch the Ministry's first-ever digital learning platform, which is training community and frontline health workers with high-quality educational content on coronavirus. More than 2,353 health sector professionals have viewed modules on the platform to date.

STRENGTHEN KEY PERFORMANCE INDICATORS

As of December 31, 2020



4,794

Rural and remote community and frontline health workers receiving supervision, supplies, salary, skills, information systems, or digital tools in Last Mile Health-supported countries

487 Ethiopia
3,818 Liberia
479 Malawi
0 Sierra Leone
10 Uganda



1 Million +

People served by community health workers that were supervised, skilled, supplied, or salaried in partnership between a Ministry and Last Mile Health

778,285 Liberia
396,000 Malawi



A child receives a vaccination during an outreach campaign in Rivercess County, Liberia.

Liberia Immunization Programs Bolstered by Digital Innovations

Since the introduction of the National Community Health Assistant Program in Liberia's Rivercess County in 2016, coverage of the pentavalent vaccine has increased from 25% to 60% in 2020—protecting children against five major diseases: diphtheria, tetanus, pertussis, hepatitis B, and Haemophilus influenzae type b. Additionally, Rivercess County has seen a five-fold increase in children vaccinated via community outreach since 2017. Community health workers are crucial to this outreach, providing their neighbors with immunization education during routine household visits. These efforts are complimented by clinical nurse supervisors who administer childhood vaccines directly in rural and remote communities.

After pausing community outreach for nearly six months due to COVID-19, the Rivercess County Health Team leveraged clinical nurse supervisors to deliver nearly 40,000 vaccine doses by October 2020—approximately the number of doses delivered in the same period in 2019. This suggests the County Health Team, with support from community health workers, has maintained similar levels of vaccine provision despite the pandemic.

Building on the success of immunization programs in Rivercess County, we are piloting two new digital health efforts to improve vaccine delivery and coverage: a digital tracking tool, and digital education curriculum on community-level immunization for health workers. Learn more [here](#).

UPSKILL KEY PERFORMANCE INDICATORS

As of December 31, 2020



646

Rural and remote community and frontline health workers trained and assessed*

165 Ethiopia
— Liberia
479 Malawi
0 Sierra Leone
2 Uganda



32,480

Learners who have ever accessed course content for health systems leaders



2,100

Learners who have completed and/or earned a certificate for health systems leadership courses

*Not inclusive of data from Liberia, which is forthcoming

DELIVER KEY PERFORMANCE INDICATORS

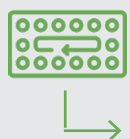
As of December 31, 2020



4.9 Million +

Home visits conducted by community health workers in Liberia, including 369,572 pregnancy home visits*

895,309 in Last Mile Health supported counties
4,010,195 in all other counties



186,788

Women with access to family planning in Liberia
35,185 in Last Mile Health supported counties
151,603 in all other counties



23% Grand Bassa County 48% Gboe Ploe District 39% Konobo District 41% Rivercess County

Women using modern family planning in Last Mile Health supported counties in Liberia**



44%

Children age 12-23 months receiving full course of pentavalent immunizations in Rivercess County**



49% Grand Bassa County 74% Gboe Ploe District 51% Konobo District 60% Rivercess County

Treatment by a formal provider in Last Mile Health supported counties in Liberia**



1.3 Million +

Treatments and screenings delivered to children under 5 by community health workers in Liberia*

434,777 Malaria Treatments

124,102 in Last Mile Health Supported Counties
310,675 in all other counties

124,003 Pneumonia Treatments

63,486 in Last Mile Health Supported Counties
60,517 in all other counties

83,538 Diarrhea Treatments

44,599 in Last Mile Health Supported Counties
38,939 in all other counties

744,017 Malnutrition Screenings

238,035 in Last Mile Health Supported Counties
505,982 in all other counties

*Cumulative from July 1, 2016 to December 31, 2020

**As of 2019 - indicator collected annually when possible; Grand Gedeh County includes Gboe Ploe and Konobo districts



Women in Grand Gedeh County who have access to family planning through their local community health worker.

Deliver: Demonstrate Effective Community-Based Primary Care

Expanding Family Planning Options For Women in Rivercess County and Beyond

In Liberia, where [one in three](#) rural women have an unmet need for family planning, accessing comprehensive sexual and reproductive health services remains out-of-reach for many. But, thanks to the success of a recent Sayana Press pilot program, more women will gain access to a family planning option that can be delivered in their own home by a trusted community health worker.

In early 2019, community health workers in Rivercess County were trained to administer an injectable form of family planning called Sayana Press to increase access to family planning at the community level. From February to November 2019, over 100 community and frontline health workers distributed the injection to women throughout all six districts of Rivercess County.

Following the rollout, we partnered with Liberia’s Ministry of Health to conduct an evaluation of the Sayana Press pilot program’s effectiveness to understand and inform potential scale-up to other counties.

Key findings show that the Sayana Press pilot was perceived as an overall success: introducing injectable family planning at the community level was widely embraced (and often preferred) by participants; community health workers—who had not previously been trained in administering injectables—showed competency at administering Sayana Press, while their supervisors were successful at overseeing this new task; and integrating the injectable into the existing supply chain also proved effective.

The evaluation showed encouraging results, while also highlighting several areas for improvement for national scale-up, including where community entry and continued trust building will be necessary to improve knowledge and uptake of Sayana Press.

By targeting the county’s hardest-to-reach communities, the pilot has helped to generate evidence about the success of injectable family

planning methods in rural communities and inform planning for the inclusion of Sayana Press within the basic community service delivery package nationwide. [Read the evaluation report](#) to learn more.

Last Mile Health Board Announcements



We are honored to welcome Dr. Olusoji Adeyi to the organization’s Board of Directors, who is the Senior Advisor for Human Development at the World Bank Group. Dr. Adeyi brings deep expertise in global health policy, health system strategy, service delivery, and disease control, as well as a passion for health equity. We would also like to thank outgoing Board members Dr. Lynn Black and Kim Keller for their invaluable leadership and contributions to Last Mile Health during their tenure on the Board. Read more [here](#).

Remembering Our Colleague and Friend William “Bill” Hallowanger



It is with a heavy heart that we share that our colleague and friend, William “Bill” Hallowanger, passed away suddenly on November 13, 2020. As a mechanic in our Monrovia, Liberia, office for over five years, Bill embodied one of our core values: *we go as far as it takes for our patients*. He was a dedicated and caring member of the Last Mile Health family, working tirelessly to ensure that all vehicles were maintained and repaired so that our staff and frontline health workers are able to safely conduct their life-saving work in Liberia’s most remote communities.

In a staff tribute, Senior Manager of People Operations in Liberia, Roseline Mendin, memorialized Bill’s impact on those who had the privilege of working alongside him:

“How does one express the amazing essence and spirit of William H. Hallowanger – his selfless generosity, uncompromising belief in all that is good, and his unwavering commitment to family and friends? Words, even the very best of words, cannot pay tribute to such an unassuming gentleman or truly capture the sense of loss that we all feel.”

As a father, brother, friend, and colleague, Bill will be deeply missed by all.