



In Ethiopia, Last Mile Health is the government’s lead partner for driving innovative community health worker training. We’re helping build the skills of a workforce that employs more than 40,000 women.

The need: Ethiopia is Africa’s second most populous country. Over the past two decades, the government has improved health outcomes for women and children and built a stronger health workforce. Still, there are significant gaps in access to essential health services like maternal and newborn care and routine immunization, especially in rural areas. Ethiopia also faces a growing burden of non-communicable diseases. Due to challenges in accessing strong, standardized training, community health workers are not always optimally equipped to meet these needs.

Our focus: Our work in Ethiopia is focused on building community health workers’ skills. Together with the Ministry of Health, we’re transforming the way that tens of thousands of community health workers are trained.

Program background

The government of Ethiopia has long been a frontrunner in the community health movement. In 2004, they formalized a national community health program that now delivers lifesaving primary care to millions of people.

Last Mile Health began working in Ethiopia in 2020, when we were invited to support the government to develop a digital learning app for community health workers responding to COVID-19. That project was a success, and it shed light on an opportunity to rethink how community health workers are trained across health service areas.

Over the past several years, we’ve worked with the Ministry of Health to develop an innovative blended learning approach. This strategy improves knowledge and skills and reduces costs by leveraging the best of both in-person and digital training methods. Our first training module covered an urgent area of need: reproductive, maternal, neonatal, and child health.

By the numbers

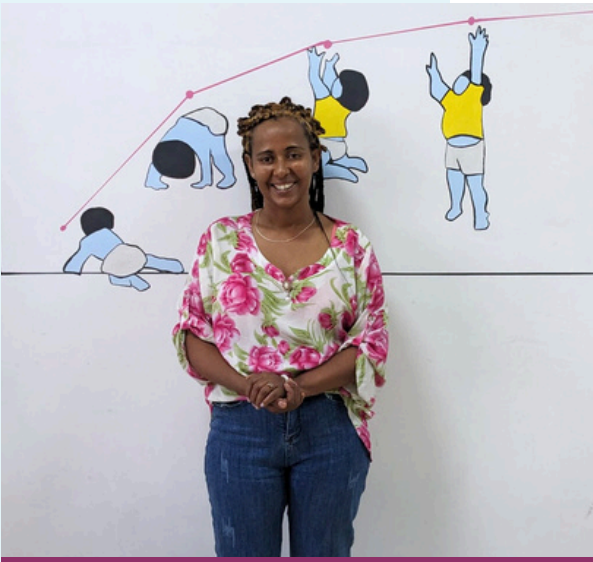
Our direct footprint: Last Mile Health has worked in Ethiopia since 2020. To date, we’ve directly supported **6,648** community and frontline health workers serving a population of more than **13.1 million** people.

6,648
community health
workers directly
supported to date

National program reach: Ethiopia has a total population of about 123.4 million people. Since 2004, the government has deployed more than **40,000 community health workers** nationwide.

Background (continued)

This initial module improved on existing materials by featuring content in multiple local languages, interactive knowledge assessments, and improved gender sensitivity. The rollout was so effective in improving learning outcomes and reducing costs that the Ministry of Health [formally committed](#) to making blended learning part of the national training strategy that Last Mile Health is helping to scale.



Serkalem Getachew has served as a community health worker for 13 years. She delivers care in Legambo District in the Amhara Region.



Community health workers are those most responsible for the health of our communities. **All patients start with us.**

- Serkalem Getachew
Community health worker
Amhara Region, Ethiopia

Current activities

Our work in Ethiopia is currently focused on building out and scaling up blended learning. In 2023, we worked with Gavi and the Ministry of Health to adapt additional content on immunization. And in 2024, we launched new modules covering major communicable and non-communicable diseases.

As a next step, we are working with the government and partners to adapt existing modules on topics including hygiene and environmental health, social-behavioral change communication, and basic first aid into high-quality blended learning content.

As we scale up the platform, our focus is on laying a foundation for blended learning to reach all 40,000+ professional community health workers across Ethiopia. Ultimately, we aim to adapt the program's full curriculum to the blended learning platform.

Evidence

Across our pilot in 20 districts, blended learning reduced recurring training costs from \$605 per learner to just \$372. The approach also delivered [major improvements in learning](#). Nearly all trainees passed their post-test, and we received positive feedback from learners who appreciated the flexibility to study on their own time. Community health worker Serkalem Getachew remarked that, "There is no way to compare this to our previous training – it's simply better for us in every way."

Data from the rollout of our blended learning content on routine immunization indicate that the approach is improving service delivery. At baseline, 37% of children screened in high-risk communities had never received the pentavalent vaccine or were under-immunized. After the training, learners conducted targeted follow-up visits with these children. By the second visit three months later, [96% of children being tracked were fully vaccinated](#).

Key community health worker training outcomes in 2024:

93%

passing rate
for post-training
assessments

39%

cost savings
on recurring costs
compared to traditional
training methods

Opportunity

For decades, the government of Ethiopia has worked diligently to establish community health workers as a cornerstone of their primary health care strategy. By investing in our innovative work around blended learning, funding partners can help incubate new solutions for upskilling community health workers, improving quality of care, and reducing program costs.

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