MEDICAL CARE DEVELOPMENT, INC. (MCD)
Improving the health and wellbeing of people

MCD Public Health

MCDI
MEDICAL CARE DEVELOPMENT INTERNATIONAL

2018 ANNUAL REPORT
DEAR FRIENDS & COLLEAGUES

Fiscal year 2018 was an important year for Medical Care Development Inc. (MCD). It was the first full year of operations following the restructuring of the organization in July 2017. With this restructuring, the organization divested of its former Communities Division, which provided residential services to vulnerable populations in the State of Maine. The newly consolidated MCD now focused exclusively on global public health – the only such organization incorporated in the State of Maine. The restructured MCD operates via its domestic program Division (MCDPH) throughout Maine and 39 other states in the United States, and via its international program Division (MCDI) in 16 countries in Africa, and 2 in Latin America. These two program Divisions, and MCD’s field offices overseas, are supported by a newly restructured Corporate Division, consisting of a strengthened Human Resources Department, a new Operations Department, and a reinforced Finance Department.

FY 2018 was also an important year for the organization in terms of strategic planning. MCD’s senior management worked in close collaboration with MCD’s Board of Directors and MCD’s staff around the world to:

• Conduct a detailed organization-wide situation analysis, identifying internal strengths and weaknesses, and assessing external opportunities and threats;

• Prepare in-depth market assessments for the organization’s US and international markets; and;

• Identify strategic priorities, objectives and desired results for the organization as a whole.

A draft Strategic Plan for 2019 – 2023 was submitted for review and approval by MCD’s Board of Directors at the end of 2018. The Strategic Plan is a rolling plan that will be updated annually as needed to keep pace with rapidly changing global health needs and associated opportunities to positively impact the health and wellbeing of the communities MCD serves.

The Strategic plan seeks to address three critical needs facing MCD over the next five years:

• To strengthen its capacity to respond effectively and efficiently to this evolving landscape through investments in organization wide reform, institutional strengthening, and a process that unifies operations across Divisions at the home and field office levels;

• To grow its revenue base while simultaneously assuring greater diversity across donor sources; and,

• To capitalize on program synergies between its domestic and international program Divisions across geographic markets, particularly through the deployment of information technology such as telehealth and customized software solutions.

With over 50 years of experience, MCD is a proven leader, innovator and trusted partner within the global public health marketplace, employing over 400 highly experienced and qualified professionals around the world who are committed to best-practice-based, locally appropriate, cost-effective, life-changing and enduring interventions and programs.

In 2018, MCD’s work significantly and positively affected the health and wellbeing of the communities with whom we work. Examples of this wide-ranging impact, included:

• Reducing food insecurity in Lincoln County Maine through MCD’s subsidiary, Healthy Lincoln County, via a school based SNAP-Ed program, a summer meals program, and a gleening program that distributed over 6,000 pounds of fresh produce supplied free of charge by local farmers.

• A 43% reduction in decayed, missing and/or filled teeth among over 11,000 school aged children throughout Maine who received fluoride treatments and dental sealants.

• Increasing access by rural and medically underserved populations to quality health services throughout New England, New Jersey and New York through the promotion and development of telehealth.

• Improving access to cost-effective prevention and control of non-communicable disease in 40 states throughout the US via on line eTraining for over 6,000 community health workers.

• Improving the accuracy of malaria diagnoses in 20 countries in Africa through training of over 400 microscopists, and supervisory assessments and follow-ups in over 1,200 health facilities.

• Reducing all cause under 5 mortality among children under 5 years of age in Equatorial Guinea by 43%, and reducing the prevalence of malaria infection in 2-14 year olds by 72%.

• Reducing malaria attributable case fatality rates in hospitals in Benin from 12% of admissions to 1%.

• Reducing morbidity and mortality from cervical cancer by screening and, as required, treating over 16,000 women in Equatorial Guinea.

• Reducing the transmission of Zika in the highest transmission areas of Guatemala and El Salvador by engaging over 10,000 households in community-led prevention and control.

• Reducing morbidity and mortality associated with infectious disease transmission via the local oral route by supporting over 2 million of Madagascar’s and over 800,000 of Benin’s poorest and most vulnerable rural citizens in eliminating open defecation in the communities where they reside.

On behalf of MCD’s Board of Directors and Senior Management Team, we would like to take this opportunity to express our gratitude to MCD’s extraordinary employees around the world, our numerous collaborating public, private and civil society partners, and our donors. It is an honor for us to be part of such a dynamic and impactful team working diligently and creatively to improve the health and wellbeing of people worldwide.
MCD’s Global Impact

- **COMMUNITY HEALTH & WELLNESS**
  - Lincoln County, Maine

- **WORKSITE HEALTH & WELLNESS**
  - Maine

- **CHRONIC DISEASE MANAGEMENT**
  - Maine

- **DISEASE & INJURY PREVENTION**
  - Maine

- **SUBSTANCE USE & MENTAL HEALTH**
  - Maine

- **TELEHEALTH**
  - Connecticut, Maine, Massachusetts
  - New Hampshire, New Jersey, New York
  - Rhode Island, Vermont

- **WORKFORCE DEVELOPMENT & QUALITY IMPROVEMENT**

- **HEALTH SECTOR STRENGTHENING**
  - Central African Republic, Lesotho, Benin

- **MALARIA**
  - Benin, Cameroon, Côte d’Ivoire, DRC, Equatorial Guinea, Guinea, Ghana, Kenya, Liberia, Mali, Niger, Sierra Leone, Zambia

- **MATERNAL, NEWBORN & CHILD HEALTH**
  - Equatorial Guinea, Gabon

- **WATER, SANITATION & HYGIENE**
  - Benin, Madagascar

- **ZIKA AND OTHER VECTOR-BORNE DISEASES**
  - El Salvador, Guatemala
Healthy Lincoln County (HLC), a program of MCD, supports thriving, healthy communities in Lincoln County Maine, by working with our partners to improve the health and well-being of our residents—from the youngest members of our communities to our seniors.

HLC delivers the Supplemental Nutrition Assistance Program – Education (SNAP-Ed) throughout Lincoln County Maine. HLC works in partnership with the Office for Family Independence at the Maine DHHS and University of New England, to bring nutrition education to those eligible in Lincoln County.

**SNAP-Ed Supplemental Nutrition Assistance Program**
The Supplemental Nutrition Assistance Program Education (SNAP-Ed) is a federally funded program that supports evidence-based nutrition education and obesity prevention interventions for individuals eligible for the Supplemental Nutrition Assistance Program (SNAP). As directed through the Healthy, Hunger-Free Kids Act of 2010, SNAP-Ed embraces comprehensive complementary direct education, community and public health approaches, and multi-level interventions.

**STRATEGIES**
- Helps people develop the skills to purchase and prepare healthier foods on a limited budget
- Empowers participants to maximize their SNAP benefits for better health
- Combines nutrition education, social marketing and environmental support to low-income households, reaching Mainers of all ages

**IMPACT**
- 7 out of 15 public schools in Lincoln County qualified for the SNAP-Ed program based on their free and reduced lunch rate
- In the 2017-2018 school year, HLC’s nutrition educator conducted 227 nutrition education sessions reaching 640 local youth
- HLC’s Adult SNAP-Ed classes reached eligible Mainers in community organizations, senior centers, assisted living and grocery stores in Lincoln County

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**Community Health & Wellness**

**SNAP ED**

**Maine - Lincoln County**

**Nutrition Educators are integrated into the communities they serve, and work in rural and urban settings where low-income Mainers eat, live, learn, play, shop, and work.**

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**Community Health & Wellness**

**Healthy Summer Food Program**

**Maine - Lincoln County**

During the school year, children receive free and reduced price breakfast and lunch. But when school is out, many of the children relying on these school meals, go hungry. Summer Meal Programs help close that gap. Summer Meals give children the nutrition they need so they are ready to learn when they return to school.

**STRATEGIES**
- Summer Meal Programs rely on innovation and collaboration to reach children who need good nutrition when school is out of session
- Promote the Summer Meals Programs to the community. Put up flyers and door hangers with information on where free summer meals are being served to help families find a nearby Summer Meals site. Serve meals and transport meals. Organize physical or learning activities for the kids and teens
- Provide fun activities for the kids and teens at the site to keep them coming back and to keep them physically and mentally active. Recruit teens to help at a site to give them responsibilities and new skills

**IMPACT**
- In 2018, Healthy Lincoln County coordinated with nine community partners to provide over 10,500 healthy meals to youth throughout the summer, receiving recognition from Maine Department of Education as a leader in Summer Meals’ distribution in Midcoast Maine
- HLC contributed to a state-wide effort that reached an average of 15,050 participants each day with nutritious meals and snacks

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**Funders:**
- SNAP-Ed is funded by the United States Department of Agriculture (USDA) and administered by the Office for Family Independence (OFI) at the Maine Department of Health and Human Services (DHHS). Programming is implemented through a contract with the University of New England (UNE) in partnership with local community organizations.
- In the 2017-2018 school year, HLC’s nutrition educator conducted 227 nutrition education sessions reaching 640 local youth
- HLC’s Adult SNAP-Ed classes reached eligible Mainers in community organizations, senior centers, assisted living and grocery stores in Lincoln County

**Start and End Dates:** October 2017 - September 2018

**Budget:** $50,963

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**Funders:**
- Federally funded by the USDA and state administered by the Maine Department of Education Child Nutrition.

**Start and End Dates:** June - August 2018

**Budget:** $40,000
The Lincoln County Gleaners group gets free locally grown produce into our communities. HLC works with Lincoln County Gleaners and the Twin Village Food Bank Farm to get beautiful, fresh, local farm produce gleaned and delivered to accessible sites around our communities. Families can pick up the free food at their convenience.

Contributing Farms Include: Brown’s Farm, Spear’s Farm, Morning Dew Farm, White Oak Farm, Bisay Orchard

Lincoln County Gleaners group includes (members of HLC, Morris Farm, FARM, Twin Village Food Bank Farm, Damiscus Bapt Church, Help Yourself Shell, Wiscasset Community Center, Food Security Coalition, Lincoln County Regional Planning Commission, and community volunteers.

**STRATEGIES**

- Gleaning is the practice of collecting and donating excess foods. This helps to address food insecurity simultaneously with food waste.
- Lincoln County Gleaners take a “universal” approach distributing food; we identify sites that are not receiving food from other programs and set up our display in a beautiful bountiful way to encourage everyone to take the gleaned product. This practice helps to breakdown the stigma that food insecurity brings and provides healthy choices to the community.

**IMPACT**

- Community volunteers collected over 9,500 pounds of fresh produce from participating farms.
- Five local farms donated lettuce, kale, tomatoes and other fresh produce that was shared free-of-charge with families in Lincoln County.
- Over 18 local distribution sites provided community members access to fresh and healthy produce.

**HEALTHY FOODS FOR THE COMMUNITY**

- 37% of Maine’s food insecure population does not qualify for public assistance like SNAP.
- 16% of Maine’s seniors are at risk of going hungry.
- 14.4% of Maine households are considered food insecure.
- 1 in 5 Maine children are food insecure.

MCDPH team members provide staffing and coordination of Public Health District activities and stakeholder engagement throughout the entire state of Maine. In their role, the Council Coordinators support the Public Health District Liaisons’ efforts within the District Coordinating Councils (DCC). Each Council Coordinator serves three of the Public Health Districts, addressing the unique needs of our communities.

**SUPPORTING MAINE’S PUBLIC HEALTH INFRASTRUCTURE**

- Provide logistical, IT, and other meeting support for Maine’s DCC Meetings.
- Maintain DCC-related documents for public health accreditation purposes.
- Promote the strategies and goals of the established District Public Health Improvement Plans.
- Identify, develop, and implement tasks, goals, and deliverables approved by the Maine CDC.

**IMPACT**

- Provided logistical, IT, and other meeting support for our DCC Meetings including: refreshments, recording meeting minutes, and tracking meeting participation.
- Maintained DCC-related documents for accreditation purposes.
- Promoted District Public Health and efforts of the DPHIP.
- Identify, develop, and implement tasks, goals, and deliverables approved by the Maine CDC.
- Examples: Produced District-wide resource guides: (1) York County Physical Activity Resource Guide; (2) Holiday Food Resource Guide; and (3) Cumberland District Mental Health Resource Guide.

**Funders:** State of Maine DHHS, Maine CDC

**Start and End Dates:** 2018FY

**MCD Budget:** $364,405
During the course of this program, more than 15,500 individuals registered on this wellness platform, where they entered their “My Health” information, became more aware of their health risks, and were informed of the health and wellness benefits available to them.

**IMPACT**
- Over 15,500 members enrolled
- State-wide individualized health and wellness pilot programs implemented for diabetes prevention, weight management, blood pressure self-measurement, and personalized video programs produced
- Over 2,200 flu vaccinations provided
- Over 2,600 individuals participated in on-site health screenings
- Members provided expanded data and resources

**OBJECTIVES**
- Continue strategic measures to enhance health benefits available to employee
- Expanding pilot projects to bring new and unique initiatives to employees
- Explore new health and wellness technology
- Strengthen standing partnerships and engage new partners

**STRATEGIES**
- Development of customized, web-based wellness program with health resources, individualized health scorecard, and health and wellness benefit information
- Includes oversight and coordination of state-wide on-site health screenings, on-site flu vaccinations, on-site dental cleanings, and health and wellness pilot programs
- Provides technical support
- Offers a personalized Health and Wellness Navigator to support individuals on their wellness journey

**IMPROVEMENTS**
- Improvement in six out of the seven standards of medical care as defined by the American Diabetes Association and the Healthcare Effectiveness Data and Information Measures (HEDIS)
- 45% of participants meeting the Hemoglobin A1c (HbA1c) goal of less than 7% and 18% meeting the goal of a BMI of less than 25% by the end of the program
- Participants evaluation of the program consistently reveals overall satisfaction with the program is 100%, reporting they were “very satisfied” and 100% likely to recommend the program to others

**Funder:** TDES® is a fee-for-service program

**Start and End Dates:** December 31, 2018 - January 1, 2019

**2018 Contract Funds:** $40,000
Disease & Injury Prevention
Healthy Kids, Healthy Future
MAINE - STATEWIDE

MCD Public Health is giving early care and education providers the tools to help children get a health start to their lives. With five years funding from the Nemours Children Health System, MCDPH is providing expert training, technical assistance, resources and funding to organizations providing early care and education in Maine. This initiative seeks to integrate healthy eating and physical activity best practices into broader state systems.

**Healthy Kids Healthy Future (HKHF)** is a partnership with Centers for Disease Control and Prevention (CDC)’s Division of Disease Prevention, Chronic Disease Prevention and Control Program, and Nemours Children’s Health System.

**STRATEGIES**

- **Encourages and supports providers making positive changes in their programs to help children develop healthy habits**
- **Recognizes providers who meet best practices in five healthy goal areas**
- **Development of Five Year Strategic Plan to support and implement healthy eating and physical activity best practices into Maine’s child care licensing rules, Quality Rating Improvement System, and in ECE provider programs**
- **Supports early care and education providers to make healthy changes in their programs**
- **Creation of a technical assistance network in Maine to help Early Care and Education (ECE) providers make healthy changes**

**IMPACT**

- **Developed a five-year Strategic Plan** for Maine’s Physical Activity and Nutrition in Early Care and Education Workgroup
- **Purchased and launched Go NAPSACC**, an evidence-based, online, planning and implementation tool for ECE providers; **Trained Technical Assistance Providers** to use the consultant tools and assist providers
- **11 ECE providers in Somerset County completed a three-month pilot using Go NAPSACC** to make health changes to their programs

**OBJECTIVES**

1. Nurture Healthy Eaters
2. Provide Healthy Beverages
3. Get Kids Moving
4. Reduce Screen Time
5. Support Breastfeeding

**PROGRAMS**

- Antibiotic Resistance
- Cardiovascular Health and Diabetes Prevention
- Early Childhood Systems
- Healthcare Associated Infections
- Immunization Program and Vaccines For Children Program
- Maine Youth and Adult Suicide Prevention Program
- Maine Integrated Youth Health Survey
- Maternal and Child Referral Program
- Ryan White and AIDS Drug Assistance Program
- School Oral Health Program
- Tobacco & Obesity Prevention Program

**IMPACT (EXAMPLES FROM MECDC PROGRAMS)**

**Maine Integrated Youth Health Survey - MIYHS** is a state wide, biennial survey that collects information about Maine youth regarding their health behaviors

- **Over 60,000 Maine public school students** across grades 5-12 surveyed
- Parenting and anti-bullying campaigns informed by survey findings

**School Oral Health Program** - In Maine's school-based dental programs, dental hygienists (Field Hygiene Consultants), together with school nurses deliver preventive dental services

- **11,648 students** received fluoride treatments
- **152 schools** participated in oral health programs
- **43%** reduction in decayed, missing and filled teeth when fluoride is applied 2-3 times annually
- **Dental sealants** to prevent tooth decay and cavities offered to second graders in approved school districts

**Funders:** Nemours Children’s Health System

**Start and End Dates:** December 1, 2018 – July 31, 2019

**MCD Budget:** $189,997
**Substance Use & Misuse Prevention**

**MAINE - LINCOLN COUNTY**

Healthy Lincoln County carries out work on Tobacco Policy and Environmental Change (prevention with retailers and youth), Smoke-Free Environments (providing education on Maine laws, cigarette awareness), Substance Use and Misuse Prevention (community awareness, risk reduction, life skills, marijuana use education, underage drinking, reduction of access to prescription drugs, school policy best practice standards, and drug free communities).

One of Healthy Lincoln County’s focuses is on a community coalition known as the Substance Use Prevention Partnership (SUPP). The SUPP is comprised of many collaborators including local law enforcement, media sources, individuals from faith-based organizations, school systems, and leaders from youth serving agencies. However, it could be argued that the most influential folks on the coalition are the enforcement, media sources, individuals from faith-based organizations, school systems, and leaders from Prevention Partnership (SUPP)

One of Healthy Lincoln County’s focuses is on a community coalition known as the Tobacco Policy and Environmental Change (prevention with retailers and youth), Smoke-Free Environments (providing education on Maine laws, cigarette awareness), Substance Use and Misuse Prevention (community awareness, risk reduction, life skills, marijuana use education, underage drinking, reduction of access to prescription drugs, school policy best practice standards, and drug free communities).

**STRATEGIES**

- Substance Use Prevention Partnership (SUPP): Representatives from 12 sectors of our community (churches, businesses, parents, youth, faith organizations, law enforcement, healthcare professionals, etc.) meet once a month, guiding the work in our community to prevent and reduce youth drug and alcohol use.
- Deliver targeted interventions and presentations on substance use at the county/state level to engage youth in our data/assessment.
- Identify and reduce the conditions in a community that increase the risk of youth substance use and help identify and promote those conditions that reduce the risk of use.
- Educate older adults on the importance of safe storage and disposal strategies for their medications to prevent the medications from being stolen or used inappropriately by others.

**IMPACT**

1. **1,055 pounds of prescription drugs collected** in five Lincoln County sites, ensuring proper disposal and preventing potential prescription drug misuse.
2. Partnered with youth, law enforcement and retailers in Project Sticker Shock to remind 22,400 adult consumers not to purchase alcohol for minors.
3. **Prime for Life**, an evidence-based prevention curriculum, provided to 244 students at four local high schools.
4. Staff from 13 local businesses provided Responsible Beverage Seller / Server training to increase server’s knowledge and skills to prevent underage sales of alcohol as well as over-consumption among adults.
5. Distributed Safe Storage Toolkits to 627 residents, with information and resources to safely store their medication.

**OBJECTIVES**

- Build a safe community for all.
- Bring together members of the community to share ideas and resources for the greatest collective impact.
- Through Drug-free Communities (DfC) Program, strengthening communities to support drug and alcohol free youth.
- Prevent underage drinking through education, training, and community engagement.
- Support law enforcement and school systems to review and strengthen substance use policies.

**NEW OBJECTIVES**

- To increase the knowledge base of telehealth and assist with development of new telehealth use cases across the Northeast Region.
- NETRC connects rural communities and healthcare systems to one another and to patients in need, in turn substantially helping all involved achieve geographic barriers to receiving quality healthcare services.

**STRATEGIES**

- Services include technology needs assessment, strategy and business planning, exploration of grant funding, identification of partners and collaborators, design and implementation of clinical and administrative protocols and workflows, understating reimbursement for telehealth services, selection and use of various telehealth technologies, identification of telehealth laws and regulations, program evaluation, integration of telehealth into health system reform initiatives, HIT and telecommunications infrastructure, implementing Project ECHO, and more.

**IMPACT**

- Educated representatives of over 200 telehealth stakeholders in state-of-the-art advances in telehealth.
- Reinforced on-line continuing education in telehealth by maintaining and expanding the NETRC Telehealth Resource Library (https://netrc.org/resources.php) housing over 4,000 articles, guidelines, standard operating procedures, toolkits, etc.
- Promoted telehealth advances across multiple care disciplines through 341 webinars and 45 telehealth stakeholder presentations.
- Established an evidence-based telehealth, this includes:
  - 559 technical assistance responses provided to 863 organizations across 8 states: CT, MA, ME, NH, VT, NY, PA.
  - 82 outreach activities reaching 24,850 people.
  - Presented at 13 national/regional events reaching 4,343 attendees.

**Funders:**

- Office of National Drug Control Policy (ONDCP), and the Department of Health and Human Services (HHS), and Substance Abuse and Mental Health Services Administration (SAMHSA) Drug Free Communities.

**Start and End Dates:** October 2017 – September 2018

**MCD Budget:** $169,850
**IMPACT**

- Markedly increased the percentage of malaria patients properly diagnosed from 64% in 2011 to 94% in 2017
- Substantially increased coverage with at least 2 doses of intermittent preventive treatment in pregnancy from 23% of pregnant women in 2011 to 69% in 2017
- Reached 4.5 million Beninese with malaria-related radio messages
- Ensured universal coverage for Benin’s population of over 11 million with malaria prevention, diagnosis, and treatment
- Ensured universal access to insecticide-treated bed nets with over 12 million nets distributed by nation-wide campaigns in 2014 and 2017
- Improved community case management of malaria by training over 1,400 community health workers
- Improved access to quality malaria diagnosis and treatment by training over 140 private health facilities to become certified by the National Malaria Control Program

**SUB-GRADEES**: Management Sciences for Health (MSH), JHU-CCP AfricaCare

**Start and End Dates**: 2011 - 2018

**Total Life of Project Budget**: $193.7 million

**MCDI 2018 Project Budget**: $2,148,460

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**TRAININGS**

1. Community Health Worker Online Training
2. Detection and Management of High Blood Pressure Online Training
3. Massachusetts CoveredBrid Stroke Systems of Care
4. Telehealth Coordinator Online Training

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**OBJECTIVES**

- Improve the implementation of malaria prevention programs in support of the National Malaria Strategy
- Improve malaria diagnosis and treatment activities in support of the National Malaria Strategy
- Strengthen the national health system’s capacity to deliver and manage quality malaria treatment and control interventions
The Bioko Island Malaria Control Project (BIMCP III)  
EQUATORIAL GUINEA

OBJECTIVES

• Establish a robust M&E system for evidence-based decision making to plan, implement, monitor, and evaluate field interventions

• Strengthen early malaria diagnosis and appropriate treatment while monitoring therapeutic efficacy and drug resistance

• Extend local community-based control interventions while supporting local health systems development

• Sustain, adapt, and continue to strengthen monitoring and evaluation

• Continue implementation of IEC/BCC and Advocacy activities

• Continue to transfer capacities and responsibilities to national counterparts

IMPACT

99% ↓ Reduction in the entomological inoculation rate (EIR) from 1,214 infected mosquito bites per person in 2004 to 12 in 2018

90% ↓ Reduction in the prevalence of severe anaemia in children under five years old from 15% in 2004 to 1.5% in 2018

72% ↓ Reduction in the prevalence of malaria in 2-14 year old’s from 45% in 2004 to 10.9% in 2018

63% ↓ Reduction in all-cause mortality among children under five years old from 152 deaths per 1,000 live births in 2004 to 57 in 2018

One of the three main malaria vector species (An. funestus) was eliminated

The Bioko Island Malaria Control Project is in the third five-year phase (2014-2018) of an initiative that began in 2004. The BIMCP’s ultimate goal is to eliminate malaria from Bioko Island and as a result, eliminate malaria-attributable morbidity and mortality, improve the welfare of Equatoguinean and improve conditions for economic development. The BIMCP aims to do this through the deployment of numerous malaria control interventions, and the ongoing work of vaccine development of it’s sister project, the Equatorial Guinea Malaria Vaccine Initiative (EGMVI).

The Equatorial Guinea Malaria Vaccine Initiative (EGMVI), along with the third phased of the Bioko Island Malaria Control Project (BIMCP III), have the ultimate goal of eliminating malaria transmission on Bioko Island. The various stages of the EGMVI have been designed to be integrated within the BIMCP III from 2015-2018. The EGMVI was set up in three stages. The first phase was designed to evaluate the feasibility of conducting clinical trials on Bioko Island using the Sanaria PfSPZ Vaccine (2012-2013); the second phase involved establishing the pre-requisites necessary to carry out clinical trials (2013-2014) and running a first small-scale clinical trial (2015) to demonstrate safety and tolerability, and the third phase consisted of conducting trials of larger scale and scope (2016-2018). Starting in 2019, MCDI and its partners will be entering a fourth phase, which will include conducting a large scale phase III clinical trial of the PfSPZ vaccine, to evaluate its efficacy. Plans are also being formulated and additional funding will be sought to incorporate the PfSP2 vaccine within on-going prevention and control measures in order to evaluate whether the addition of the vaccine will be sufficient to achieve full elimination of malaria from Bioko Island.

EGMVI OBJECTIVES

• Carrying out a 33-person safety trial of the PfSP2 vaccine

• Carrying out a 135-person safety and efficacy trial of the PfSP2 and C-Vac Vaccines

• Conduct a baseline malaria incidence study to determine the correct sample size for a Phase III trial with 80% power

• Prepare to carry out a large Phase III safety and efficacy trial – 2,100 subjects of the PfSP2

• Prepare for evaluating the incorporation of the PfSP2 vaccine within on-going prevention and control efforts to determine whether the addition of the vaccine will be sufficient to achieve malaria elimination on Bioko island

IMPACT

Established the 1st National Ethical Committee of Equatorial Guinea (CENG)

Established the 1st regulatory process to import investigational product (PfSPZ Vaccine) into Equatorial Guinea

Implemented and reported on the first clinical trial following Good Clinical Practices in Equatorial Guinea

Provided capacity building to EG clinicians, nurses, and lab staff in all aspects of implementing clinical research

Conducted 1st clinical trial of PfSPZ-CVac and Controlled Human Malaria Infection of PfSP2/CVac in Africa
Impact Malaria - Advancing Malaria Service Delivery Project

Global

**OBJECTIVES**
- Closing the gap in malaria service delivery to get the best medicine, with the correct diagnosis, to the right patients, in the timeliest manner
- Strengthening malaria health systems and a rigorous use of data to link operational research and country-led dialogue with global technical leadership for the means of accelerating strategic service delivery improvements and advancing key learnings

**STRATEGIES**
- Conducting malaria diagnosis refresher trainings (MDRT) to establish a cadre of accredited expert microscopists
- Building capacity of supervisors in quality assurance (QA) and supporting the establishment of national quality assurance systems
- Supporting outreach training and supportive supervision (OTSS) including proficiency training (PT) for continuous quality improvement
- Contributing to defining global best practice through monitoring and evaluation and operations research
- Contributing to improving the quality of malaria diagnostics refresher trainings (MDRTs) to over 500 macroscopists in the DRC, Ghana, and Madagascar
- Reinforced workforce development and quality assurance for malaria diagnosis by providing training of trainer to conduct MDRTs in microscopic diagnosis of malaria and use of RDTs for approximately 900 support macroscopists in the DRC, Ghana, and Madagascar
- Reinforced workforce development and quality assurance for malaria diagnosis by providing training of trainers in Outreach Training and Supportive Supervision to enhance laboratory supervisors/trainers in DRC, Ghana, Niger and Zambia
- Strengthened the quality of supervision and workforce development for malaria diagnosis through the training of over 750 laboratory technicians in Outreach Training and Supportive Supervision (OTSS)
- Strengthened the quality of supervision and workforce development for malaria diagnosis by updating and improved the OTSS Checklist
- Contributed to sharing lessons learned from IMPACT Malaria on global stage by presenting the keynote address at the Pan-African Vivax and Ovale network meetings on the proportional distribution of malaria cases by species

**IMPACT**
- Improved the quality of malaria diagnosis in over 800 government health facilities in Sierra Leone, Cote d'Ivoire by carrying out targeted laboratory assessment, and developing and supporting laboratory strengthening plans
- Improved the quality of malaria diagnosis by conducting malaria diagnostics refresher trainings (MDRTs) for over 500 macroscopists in five countries
- Reinforced workforce development and quality assurance for malaria diagnosis by providing training of trainer to conduct MDRTs in microscopic diagnosis of malaria and use of RDTs for approximately 900 support macroscopists in the DRC, Ghana, and Madagascar
- Reinforced workforce development and quality assurance for malaria diagnosis by providing training of trainers in Outreach Training and Supportive Supervision for 500 laboratory supervisors/trainers in DRC, Ghana, Niger and Zambia
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**Stop Palu+ Project**

**GUINEA**

**OBJECTIVES**
- Increase prompt care-seeking and treatment, with strengthened malaria diagnostics for case management

**STRATEGIES**
- Malaria microscopy training
- Training on malaria rapid diagnostic tests (mRDTs)
- Outreach, training, and supportive supervision (OTSS)
- Competency testing (internal and external quality assurance)

**IMPACT**
- Improved access to accurate malaria diagnosis as part of community case management by training 70 community health workers and 126 NGO workers in the use of malaria rapid diagnostic tests (RDTs)
- Improved the quality of malaria diagnosis through the training of 94 laboratory technicians in microscopic diagnosis of malaria and use of RDTs
- Reinforced quality improvement for malaria diagnostics through on-site coaching and supervision of 305 health professionals
- In order to develop guidelines for routine microscope maintenance, conducted a rapid situational assessment of all microscopes in labs in the PMI zone and found that 71 out of 154 microscopes were in need of repair (46%)
Improved, Integrated Maternal and Neonatal Survival through Malaria and HIV/AIDS Prevention (GMAC)

**GABON**

Malaria is the primary cause of illness across all age groups in Gabon, and is the top cause of mortality amongst children under five. Severe malaria can lead to maternal and fetal deaths when occurring during pregnancy. In addition, Gabonese women ages 15-49 are infected with HIV/AIDS at a rate that is nearly three times that of men in the same age group. The project for Improved, Integrated Maternal and Neonatal Survival through Malaria and HIV/AIDS Prevention (Gabon - GMAC) aims to improve maternal and child survival by decreasing the prevalence of malaria and HIV/AIDS among pregnant women and their children. The project serves 52,000 people in Nyanga province through: 1) training of health care providers and lab technicians to improve the quality of malaria and HIV services; 2) the provision of long-lasting insecticidal bed nets, condoms, as well as equipment, medicines and supplies, and 3) minor infrastructure improvements to remote health care facilities.

**OBJECTIVES**
- Train health professionals on national malaria and HIV diagnosis and treatment guidelines
- Train health professionals on intermittent preventive therapy for malaria in pregnancy (IPTp) and prevention of mother-to-child transmission of HIV (PMTCT)
- Distribute long lasting insecticidal nets, supply essential medicines and supplies for malaria and HIV/AIDS
- Improve the overall quality of primary health services in remote areas

**STRATEGIES**
- Conducting competency-based training
- Supporting outreach, training and supportive supervision (OTSS)
- Supporting the District-level health system of Nyanga Province
- Helping to improve epidemiological surveillance
- Procuring drugs and supplies for malaria and HIV/AIDS
- Supporting small infrastructure improvements to selected health facilities to improve health worker morale

**IMPACT**
- Strengthened the quality of malaria diagnosis and treatment through the training of 71 frontline health care providers and laboratory technicians
- Improved access to quality health services in underserved communities through the renovation of 8 remote health facilities (infrastructure improvements)
- Improved access to quality health services at 14 government hospitals and health centers through the provision of equipment, consumable laboratory supplies, and essential medicines including anti-retroviral and antimalarial medications
- Helped prevent the spread of HIV/AIDS through the distribution of 11,000 latex condoms
- Helped prevent the transmission of malaria through the distribution of 7,000 long-lasting insecticidal bed nets to vulnerable populations

**TOTAL LIFE OF PROJECT BUDGET:** $1.6MM

**START AND END DATES:** 2017-2019

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**EQUATORIAL GUINEA**

The Equatorial Guinea Cervical Cancer Screening and Treatment Project (EG CCST) was originally awarded as a one-year project in October 2016, and received an extension for Phase 2 (2017-2018). The second phase was designed to support the Ministry of Health and Social Welfare’s long term vision of establishing a national program for cervical cancer with the aim of strengthening and expanding services for early detection, diagnosis, treatment, and care for cervical cancer, and to assess the viability of introducing the component of primary prevention through vaccination, on a gradual scale with the aim of national expansion.

**OBJECTIVES**
- Accurate detection and timely treatment of precancerous lesions
- Accurate diagnosis of cancer through effective cytology and pathology, adequate treatment of advanced cancer
- Community-centered palliative care program for terminal cases
- Primary prevention of cervical cancer through possible implementation of a nationwide HPV vaccination program

**SUB-GRAINTEE:** N/A

**START AND END DATES:** October 1, 2017 – September 30, 2018

**TOTAL MCDI PROJECT BUDGET:** $483K

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**PARTNERS:** Ministry of Health of Gabon, National HIV Prevention Program of Gabon, National Malaria Control Program of Gabon, Centre International de Recherches Médicales de Franceville (CIRMF), Centre de Recherches Médicales de Lambaréné (CRML), Nyanga Regional Health Directorate (DRS)

**DONOR:** Noble Energy

**PRIME:** MCDI

**TOTAL MCDI FUNDING:** $1.1MM

**START AND END DATES:** 2017-2019

**IMPACT**
- Ensured opportune and accurate diagnosis of cervical cancer through the provision of 1st time access to cervical cancer screening and treatment in public and private health facilities through the rehabilitation of 7 consultation rooms
- Provided 1st time access to cervical cancer screening and treatment in public and private health facilities through the recruitment and training of 25 medical doctors, nurses and midwives
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- Provided 1st time access to cervical cancer screening and treatment in public and private health facilities through the recruitment and training of 25 medical doctors, nurses and midwives
In 2010, with funding from the Water Supply and Sanitation Collaborative Council (WSSCC) through their Global Sanitation Fund (GSF), MCDI launched the Fonds d’Appui pour l’Assainissement (FAA), transforming the relatively untapped Community Led Total Sanitation (CLTS) approach into one of the most successful programs to improve sanitation and hygiene at scale. With over 40% of the rural population practicing open defecation in Madagascar, the program’s goal is to reduce the mortality and morbidity associated with local oral disease by eliminating open defecation, increasing access to improved sanitation, and promoting healthy hygiene practices such as handwashing, especially among the poorest and most vulnerable members of the population. The FAA provides sub grants to community based non-governmental organizations (NGOs), which work to achieve the program’s objectives through CLTS and promotion of behavior change. The FAA now works in all 22 regions of Madagascar and is designed to reach 10.4 million people at the program’s completion.

**STRATEGIES**

- Supporting local NGOs to implement CLTS, developing “natural leaders” and “community consultants,” and promoting healthy behaviors such as handwashing to enhance impact and sustainability
- Developing sanitation marketing by engaging local private sector participation and local solutions
- Using the “follow up Mandona” approach to reduce “slippage” back to open defecation
- Triggering officials and institutions to ensure government commitment, support and participation to expand and to continue efforts to eliminate open defecation and improve sanitation and hygiene

**IMPACT**

- 2.1 million rural inhabitants of Madagascar, or nearly 35% of the targeted 10.4 million, are now living in communities that have been certified as Open Defecation Free
- 3.9 million rural inhabitants of Madagascar, or nearly 60% of the targeted 10.4 million, are now using improved latrines
- Over 75,000 local residents have been trained as “natural leaders” to encourage their communities to become Open Defecation Free
- Over 1,000 rural entrepreneurs have been supported to offer affordable and appropriate improved latrine products for sale to rural inhabitants
- Through a “learning by doing” approach, community leaders and key stakeholders in 92 Open Defecation Free (ODF) communities have been trained to promote behavior change and furnish ongoing support to target communities, thus enhancing the sustainability of sanitation and hygiene improvements

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**MADAGASCAR**

**Sanitation Support Project (FAA)**

**OBJECTIVES**

- Increase the number of open defecation-free (ODF) communities and ensure ODF sustainability
- Promote strategies and approaches to achieve and sustain Sustainable Development Goal (SDG) 6.2
- Increase sub-national political and financial commitment
- Build capacities at the sub-national level

**STRATEGIES**

- Supporting local NGOs to implement CLTS, developing “natural leaders” and “community consultants,” and promoting healthy behaviors such as handwashing to enhance impact and sustainability
- Developing sanitation marketing by engaging local private sector participation and local solutions
- Using the “follow up Mandona” approach to reduce “slippage” back to open defecation
- Triggering officials and institutions to ensure government commitment, support and participation to expand and to continue efforts to eliminate open defecation and improve sanitation and hygiene

**IMPACT**

- Over 800,000 rural inhabitants of Benin, or nearly 30% of the targeted 2.9 million, are now living in communities that have been certified as Open Defecation Free
- The number of rural inhabitants of Benin living in an Open Defecation Free environment has increased by 150% in 2018
- Over 800,000 rural inhabitants of Benin, or nearly 30% of the targeted 2.9 million, are now using improved latrines
- The number of rural inhabitants of Benin with access to an improved latrine has increased by 170% in 2018
- Over 800 local residents have been trained as “natural leaders” to encourage their communities to become Open Defecation Free
- 11 of 20 targeted communes have increased their resources dedicated to sanitation and hygiene

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**BENIN**

**Improving Access to Sanitation and Hygiene in Rural Areas (PAPHyR)**

**OBJECTIVES**

- Increase the number of open defecation-free (ODF) communities and ensure ODF sustainability
- Promote strategies and approaches to achieve and sustain Sustainable Development Goal (SDG) 6.2
- Increase sub-national political and financial commitment
- Build capacities at the sub-national level

**STRATEGIES**

- Supporting community-based non-governmental organizations (NGOs) in implementing CLTS and promoting healthy hygiene practices such as handwashing while developing “natural leaders” and “community consultants,” to maximize the program’s impact and sustainability
- Engaging the local private sector participation in sanitation marketing and supporting them in the development of innovative local solutions
- Using the “follow up Mandona” approach to reduce “slippage” back to open defecation
- Triggering officials and institutions to ensure government commitment, support and participation in continuing and expanding efforts to improve sanitation and hygiene and end open defecation

**IMPACT**

- Over 800,000 rural inhabitants of Benin, or nearly 30% of the targeted 2.9 million, are now living in communities that have been certified as Open Defecation Free
- The number of rural inhabitants of Benin living in an Open Defecation Free environment has increased by 150% in 2018
**Private Health Sector Partnership Activity (PSHPA)**

**BENIN**

USAID's Private Sector Health Partnership Activity (PSHPA) in Benin is helping to improve Benin's previously unregulated and underperforming private health care providers, who offered uneven quality of services in a cumbersome regulatory environment. Led by Abt Associates, and working in close collaboration with the Ministry of Health, the PSHPA project is working with private sector stakeholders to increase the supply of high-impact reproductive, maternal, newborn and child health (RMNCH) services and products to help achieve universal health coverage (UHC). In its subsector capacity, MCDI serves as the technical lead on RMNCH quality assurance and registration formalization of private health providers. This includes training and capacity building, on-job supervision and coaching, registration, licensing, and accreditation activities with private health providers. MCDI key personnel also lead the area of pharmaceutical supply chain business and marketing for the project, with the aim of ensuring the availability of high quality RMNCH medicines and supplies in the private sector.

**STRATEGIES**
- Conduct outreach to the private health sector providers in Benin to promote and strengthen their capacity to deliver high impact RMNCH services
- Strengthen the private sector supply chain for RMNCH products
- Support facility-based supervision

**IMPACT**
- Reached 80+ health providers in private practice and providers planning to undertake evidence-based Zika prevention and control
- Strengthened the private sector's knowledge and adherence to national quality norms for RMNCH services
- Mapped the private sector pharmaceutical landscape in order to push for the opening of new private pharmacies in underserved precincts
- Established a preliminary agreement with the Benin MOH to make key RMNCH products available through private providers as a mechanism to expand the population's access to quality medicines, diagnostics, oral rehydration therapy, and water purification kits

**OBJECTIVES**
- Expand the volume of quality, high impact RMNCH services delivered by private sector providers
- Increase availability of affordable, quality health products through private sector channels
- Strengthen public private engagement to promote universal RMNCH outcomes
- Identify, pilot, and apply innovative, successful private sector models

**Donor:** United States Agency for International Development (USAID)

**Prime:** Abt Associates

**Contractors:** MCDI, EnCompass, Plateforme du Secteur Privé de la Santé (PSSP), L'Agence Nationale des Petites et Moyennes Entreprises and La Coalition Plateforme du Secteur Privé de la Santé (PSSP), L'Agence Nationale des Petites and Empowering marginalized at-risk communities
- Improve the detection and referral of suspected cases of Zika to the health system for more complete disease surveillance

**Zika Community Response (ZICORE)**

**GUATEMALA | EL SALVADOR**

The USAID-funded ZICORE project combines data from the monitoring of mosquito populations and surveillance of suspected cases of Zika to target effective physical vector control and social and behavior change actions at the community level. The ZICORE project promotes community led prevention and control of Zika without the use of chemicals. Once the key container types for mosquito breeding are identified through careful household level monitoring, emphasis is placed on making environmental modifications easily recalled through the Spanish acronym VELITA, which reminds community members to flip, Eklin, aspira, scrub or cover containers so that they do not become breeding sites for the virus-spread Aedes aegypti mosquitoes. Coordinated communication activities also raise awareness of the sexual transmission of Zika and underscore the importance of seeking prenatal care to protect women and their partners.

**STRATEGIES**
- Engender community participation in vector control without the use of chemicals
- Conduct weekly surveillance of Aedes aegypti mosquito eggs present in ovitraps, and quarterly pupal-demographic surveys to identify key container types such as barrels, sinks, and used tires responsible for >80% of mosquito breeding to be able to target preventive actions
- Conduct social and behavior change communication (SBC) community-based interventions, as well as multi-sectoral coordination meetings
- Conduct community-based case surveillance with the referral of suspected cases of Zika, dengue and chikungunya to health facilities, and follow-up of confirmed cases

**IMPACT**
- Over 26,000 community members reached through over 10,000 household visits to undertake evidence-based Zika prevention and control measures
- Organized situation rooms in 56 communities to analyze locally-generated risk maps and develop targeted Zika community action plans to optimize the use of limited resources
- Zika: transmission risk associated with Aedes aegypti mosquitoes assessed at the community level on a weekly basis through a network of 500 ovitraps
- Zika transmission risk reduced by targeting Aedes aegypti breeding sites in 49 community clean-up campaigns

**OBJECTIVES**
- Improve the surveillance of the Aedes vector with activities focused at the community level
- Promote Social and Behavior Change (SBC) interventions that focus on involving and empowering marginalized at risk communities
- Improve the detection and referral of suspected cases of Zika to the health system

**Donor:** United States Agency for International Development (USAID)

**Prime:** MCDI

**Sub-grantees:** Red Cross of Guatemala, Red Cross of El Salvador

**Start and End Dates:** 2016 - 2019

**Total Life of Project Budget:** $7.2M

**MCDI 2018 Project Budget:** $3.3M
**LESOTHO**

**Health Sector Performance Enhancement (HSPE) Project**
(previously called Maternal and Newborn Health Project)

With funding from the World Bank the Ministry of Health (MOH) in Lesotho launched the HSPE project to address issues of low utilization of health facilities, low quality of health services, poor referral system, and undersupply of healthcare workers (1 per 1,000 people). Within the framework of the HSPE project, the Consortium led by MCDI, served as the Performance Purchasing Technical Assistance Agency (PPTA) and provided technical and operational support to the MOH. MCDI led the implementation of performance-based financing (PBF) activities at all national and district levels, the District Health Management Teams (DHMTs) to provide effective supervision of health centers, and capacity building to the health center personnel, as well as assisting with overseeing the quality of services at the primary level. PBF is a mechanism by which health care providers and facilities receive monetary incentives after achieving specific performance criteria, which encourages them to become more efficient and responsive to their clients.

**OBJECTIVES**

- Provide technical and implementing assistance to the PBF Unit at the MOH and other PBF entities
- Verify delivery of services through monthly and quarterly data verification
- Facilitate the preparation and coordination of quarterly hospital quality assessments
- Prepare the invoices for performance payments and assisting with preparing their PBF business plans
- Provide capacity-building support to MOH administrative and technical departments, the national PBF unit, the PBF Steering Committees and the District Councils and Health Management Teams on PBF implementation
- Prepare the invoices for performance payments and assisting with preparing their PBF business plans
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- Verify delivery of services through monthly and quarterly data verification
- Facilitate the preparation and coordination of quarterly hospital quality assessments
- Prepare the invoices for performance payments and assisting with preparing their PBF business plans
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**IMPACT**

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**EXTERNAL EVALUATION OF THE PERFORMANCE BASED FINANCING (PBF) ACTIVITIES OF THE HEALTH SYSTEMS SUPPORT PROJECT (PASS) **

**CENTRAL AFRICAN REPUBLIC (CAR)**

The Government of the Central African Republic (CAR) is implementing PBF to revive and strengthen the health system that has been destroyed by the various military-political and social crises that have affected the country since 2012. PBF is an approach not only to improve resource allocation mechanisms, which are still rare, but above all to make the necessary reforms for the development of the health sector. The CAR has tested PBF since 2009 in 3 Health Regions with positive results with support from the European Union and implementation by Cordaid. Since 2016, this coverage has been extended with the support of the PASS project, financed by the World Bank. This project covers approximately 40% of the Central African population in 5 health regions.

**OBJECTIVES**

- Verify the veracity of the quantitative data as well as qualitative data on services (Health Regions, Health Districts, Health Centers, and beneficiaries in the community) and verified by the various structures
- Apply the performance indicators to measure the performance of the PBFs
- Analyze the performance of the data verification and validation system by the implementing entities at all levels of the national PBF system
- Check compliance with the system of performance evaluation of the delivery units and validation of the services declared according to the procedures defined in the manual of the PBF
- Identify any underestimates or overstates of the different performances for the different levels of the health pyramid

**IMPACT**

Five quarterly external verification rounds were conducted by MCDI’s team in the five health regions implementing performance-based financing in CAR, verifying the accuracy and reliability of performance indicators. External verification performance audits were conducted by MCDI’s team in 60 health centers and 13 hospitals, serving approximately 1.4 million people.

**BRANDS**

**Donor:** Ministry of Health/World Bank

**Prime:** MCDI

**Partners:** HealthNet TPO

**Start and End Dates:** May 2014 - April 2019

**Total Life of Project Budget:** $6.2MM
A NOTE FROM THE DIRECTOR OF FINANCE

MCD Inc. finished 2018 with a net operating margin of 1% based on an operating gain for $348 thousand and net assets of $5.6 million. MCD Inc.’s net assets increased by $309 thousand relative to the end of 2017.

On February 15, 2017, MCD Inc.’s Board of Directors approved a corporate restructuring plan designed to consolidate MCD Inc. to be exclusively an organization focused on global public health by divesting its Communities Division, which provided residential services to various vulnerable populations in Maine. As a first step in this divestiture process, on February 16, 2017, New Communities, Inc. was formed as a separate 501(c)(3) in Maine with MCD Inc. as its sole member, to take over the portfolio of MCD’s Communities Division. On July 1, 2017, the divestiture was completed with New Communities Inc. becoming fully independent of MCD Inc., and with MCD Inc. transferring to New Communities Inc. its share of MCD’s assets and liabilities. Because of this, MCD Inc.’s total net assets decreased by $4.5 million in 2017.

The newly restructured MCD Inc. ended 2018 with no long-term debt, no third party liabilities, and a current ratio of 1.77. The organization’s cash flow from operations was positive, and there was no balance owed on MCD Inc.’s $1.7 million line of credit at year-end.

Heather M. Metten
Director of Finance

STATEMENT OF ACTIVITY

Public Support and Other Revenue*

<table>
<thead>
<tr>
<th>Description</th>
<th>Dollars</th>
<th>%</th>
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<tbody>
<tr>
<td>International</td>
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<tr>
<td>Public Health</td>
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<td>Other Revenues</td>
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<tr>
<td>Investment Income</td>
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<tr>
<td>Contributions</td>
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<td><strong>TOTAL</strong></td>
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Expenses

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<td>International</td>
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<td>General &amp; Administrative</td>
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<td><strong>TOTAL</strong></td>
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Operating Gain $347.80

CONSOLIDATED BALANCE SHEET

Assets*

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<th>Description</th>
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<tr>
<td>Cash</td>
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<tr>
<td>Accounts Receivable</td>
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<td>Grants Receivable</td>
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<td>Property &amp; Equipment, net</td>
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<tr>
<td>Investments</td>
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<tr>
<td>Other</td>
<td>$662</td>
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<td><strong>TOTAL ASSETS</strong></td>
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Liabilities

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<tr>
<th>Description</th>
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<tbody>
<tr>
<td>Accounts Payable &amp; Accrued Expenses</td>
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<td>Deferred Grant Revenue</td>
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<tr>
<td>Other Liabilities</td>
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Net Assets

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<td>Without Donor Restrictions</td>
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<td><strong>TOTAL NET ASSETS</strong></td>
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</table>

**TOTAL LIABILITIES & NET ASSETS** $11,571

*in thousands

IDENTITY

MCD is a global public health organization recognized in the United States and internationally as a leader, innovator, and trusted partner in the design, implementation, and assessment of high quality, enduring programs in public health.

VISION

MCD envisions a world in which all people have access to high-quality, enduring solutions to improve and maintain their health and well-being.

MCD aspires to be a premier partner of choice and an internationally recognized leader, innovator, and trusted partner in applied, cross-national public health solutions.

MISSION

MCD’s mission is to improve the health and well-being of people worldwide through enduring, high-quality, cost-effective and universally accessible solutions.

This Mission is achieved by:

- Joining and augmenting the combined and synergistic capabilities of MCD’s domestic and international divisions;
- Enhancing global impact through improved market visibility and penetration;
- Instituting state-of-the-art, company-wide, integrated systems and procedures for program, operations, human resources, and financial management;
- Developing, deploying, and retaining a highly qualified workforce;
- Developing and deploying IT-based products and solutions;
- Leveraging the opportunities and added value of local partnerships.

A complete copy of financial statements audited by BerryDunn, LLC is available upon request from Medical Care Development, Inc., 11 Parkwood Dr., Augusta, ME 04330.