

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



MCD
Public Health



MCDI
MEDICAL CARE DEVELOPMENT INTERNATIONAL

2018
ANNUAL REPORT

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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 MCDI'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:

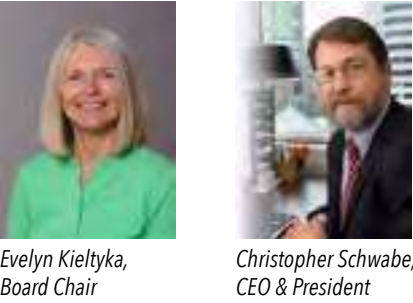
- To strengthen its capacity to respond effectively and efficiently to this evolving landscape through investments in organization-wide reform, institutional strengthening, and a process that unifies operations across Divisions at the home and field office levels;
- To grow its revenue base while simultaneously 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 gleaning 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 diagnosis in 20 countries in Africa through training of over 400 microscopists, and supervisory assessments and follow-ups in over 1300 health facilities.
- Reducing all-cause under-5 mortality among children under 5 years of age in Equatorial Guinea by 63%, 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 fecal-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.

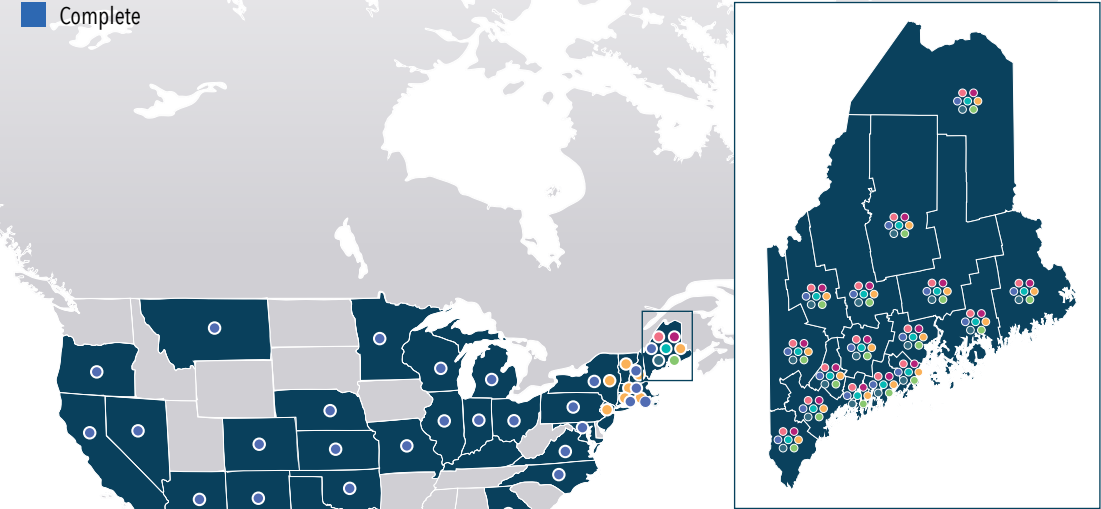
On behalf of MCD's Board of Directors and Senior Management Team, we would like to take this opportunity to express our gratitude to MCD's extraordinary employees around the world, our numerous collaborating public, private and civil society partners, and our donors. It is an honor for us to be part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



MEDICAL CARE DEVELOPMENT, INC. (MCD)

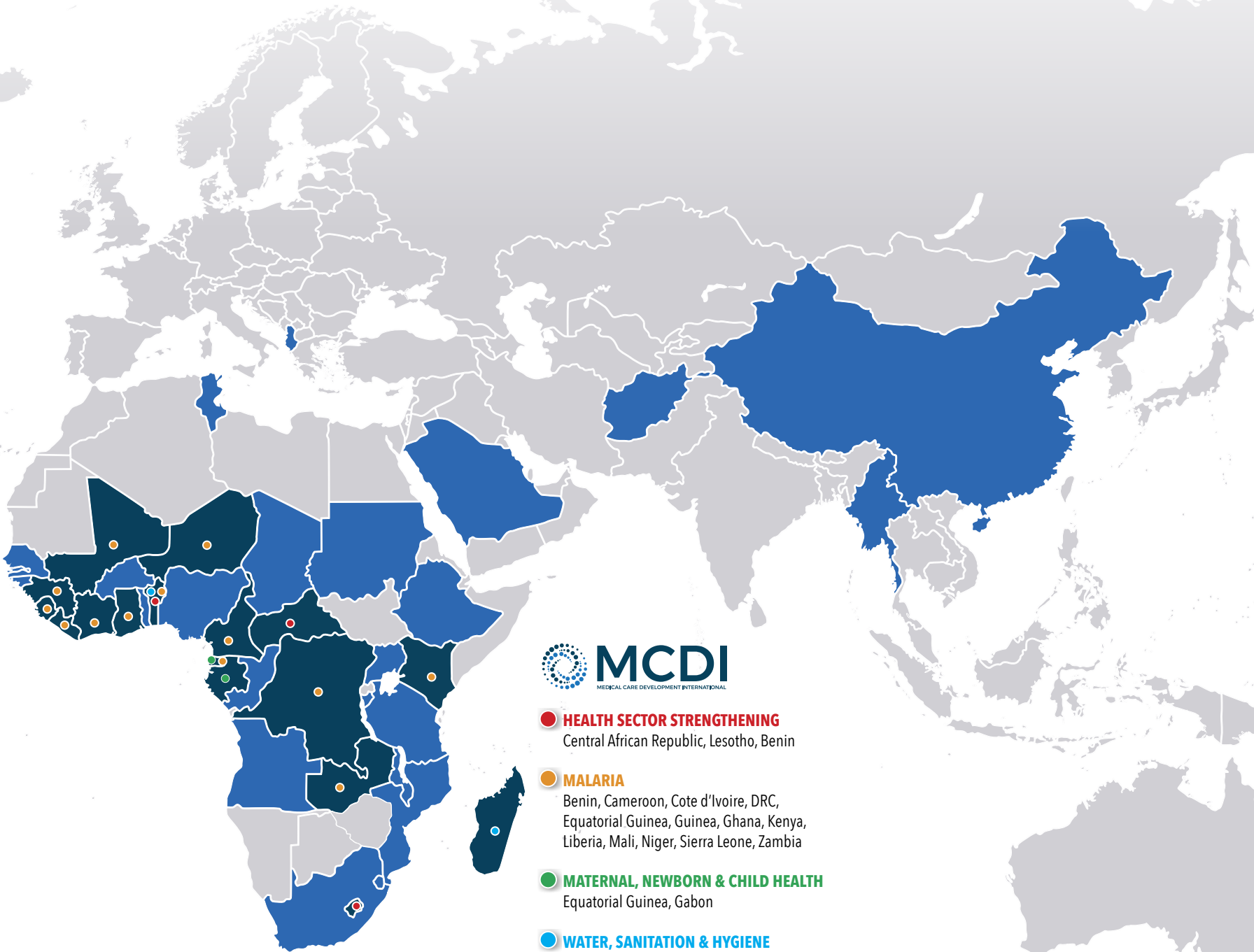
MCD's Global Impact

Active
Complete



MCD
Public Health

- COMMUNITY HEALTH & WELLNESS**
Lincoln County Maine, 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**
Arizona, California, Colorado, Connecticut, Florida, Georgia,
Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine,
Maryland, Massachusetts, Michigan, Minnesota, Missouri,
Montana, Nebraska, Nevada, New Hampshire, New Jersey, New
Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon,
Pennsylvania, Rhode Island, Texas, Virginia, Wisconsin



MCDI
MEDICAL CARE DEVELOPMENT INTERNATIONAL

- HEALTH SECTOR STRENGTHENING**
Central African Republic, Lesotho, Benin
- MALARIA**
Benin, Cameroon, Cote 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

Community Health & Wellness SNAP ED

MAINE - LINCOLN COUNTY

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



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



NUTRITION EDUCATION & FOOD SECURITY

Almost half of Maine's children qualify for free and reduced-price meals. However, in the summer they lose access to those nutritious school meals. That is where the Summer Meals program comes in, bridging the gap between school years, giving children the fuel they need to play and grow throughout the summer months and return to school ready to learn.

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

Start and End Dates: June – August 2018

Budget: \$40,000

NUTRITION EDUCATION & FOOD SECURITY

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.

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.

Start and End Dates: October 2017 – September 2018

Budget: \$70,963

Community Health & Wellness Gleaning

MAINE - LINCOLN COUNTY

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, Biscay Orchard

Lincoln County Gleaners group includes (members of HLC, Morris Farm, FARMS, Twin Village Food Bank Farm, Damariscotta Baptist Church, Help Yourself Shelf, 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 Country
- 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

Program launched in 2017 with in-kind funding support from SNAP-ED and local businesses.

Community Health & Wellness Council Coordinators

MAINE - STATEWIDE



Emilee Winn, Council Coordinator



Maura Lockwood, Council Coordinator



Phoebe Downer, Council Coordinator

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
- Supported District Liaisons with projects as needed
- Identified, developed and implemented 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**



MAINE DEPARTMENT OF HEALTH & HUMAN SERVICES DISTRICT OFFICES AND MAINE TRIBAL HEALTH GEOGRAPHIC AREA



Funders: State of Maine DHHS, Maine CDC

Start and End Dates: 2018FY

MCD Budget: \$364,405

Worksite Health & Wellness WellStarME

MAINE - STATEWIDE

WellStarME is a customized, mobile-ready, wellness platform developed for a large employer in the state of Maine. Over the past four years, the platform has evolved to include a focused wellness questionnaire leading to an individualized wellness scorecard outlining present health conditions as well as risks for other medical conditions. The wellness scorecard includes five focus areas, one being "My Health." The "My Health" section for this past program year allowed individuals to select one of three options: "My Numbers" which captures individual biometric data including total cholesterol, HDL cholesterol, blood pressure and blood sugar, "My Vision" or "My Dental."

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.

STRATEGIES

- Strategists and administrators for a large state of Maine employer includes more than 26,000 members of their health plan
- 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 journeys

IMPACT

- Over **15,500 members** enrolled
- State-wide **individualized health and wellness pilot programs implemented** for diabetes prevention, weight management, blood pressure self-measurement, bathroom signage, and customized desk and back safety videos 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

Client: State of Maine, Department of Administrative and Financial Services

Start and End Dates:
July, 2014 - August, 2024

Chronic Disease Management

MAINE - STATEWIDE

Telephonic Diabetes Education and Support (TDES®) is a year-long telephonic program designed for those with pre-diabetes, type 1/type 2 diabetes. It was originally designed to overcome barriers to participation in traditional diabetes self-management education (DSME). Though using telephone is not novel, telephone and video as a method to deliver diabetes education and coaching is still "novel". The TDES® program includes 12 monthly contacts with a certified diabetes educator and/or a registered dietitian.

TDES2! Is the next step of the program, occurring after "graduating" from TDES®. This program includes 4-6 contacts over 12 months and reinforces self-management by building self-efficacy and implementing goal setting to sustain lifestyle changes. This innovative program, serving hard to reach rural populations, shows increased participant knowledge and improved biometrics (lowering hemoglobin A1C, cholesterol and weight).

STRATEGIES

- TDES® was originally designed to counter the common barriers experienced by those interested in attending a Diabetic Self-Management Training (DSMT) program
- TDES® combines telephonic methodology with an evidence-based, nationally recognized diabetes education curriculum
- The telephonic method was chosen due to its accessibility to the target population, ease of use, and ability to provide a private 1:1 session than the traditional group class format
- Connecting with local diabetes educators, it ensures a quality, individualized learning experience for each participant, increasing their diabetes knowledge and self-efficacy leading to improved self-management skills

IMPACT

- Participants benefited from **improved knowledge** and confidence to "self-manage" their diabetes condition, **reduced risk, prevented complications**, and experienced a **higher quality of life**
- Employee group experienced **less absenteeism** and **improved productivity**
- Employer benefited from **reduced catastrophic claims** and **reduced cost of acute care**



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

Funders: Nemours Children's Health System

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

MCD Budget: \$189,997

Disease & Injury Prevention Maine CDC Public Health Programs

MAINE - STATEWIDE

Under contract with the Maine Centers for Disease Control (Maine CDC), MCD Public Health provides staffing and project management services to support various state public health programs.



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
- Radon 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



OBJECTIVES

- Foster equal access, utilizing a diverse team of professionals and evidence-based resources to address health disparities
- Design and carry out innovative programs that make a difference
- Provide backbone services – technical support, staffing, human resources, financial management supports, fiscal agency, and organizational coaching – that enable our partners to reach their goals
- Connect people with services and help people identify and use the tools they need to access lifelong health for their communities, often through strategic use of technology
- Partner at the state and local level. We stand alongside communities, organizations and government agencies. Our partners depend on us to provide excellent population health programs, staffing and management services

Funders: State of Maine DHHS, Maine CDC, and Federal DHHS

Start and End Dates: FY2018

MCD Budget: \$1,246,708

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 youth themselves. Pictured above is HLC Substance Use Prevention Coordinator meeting with local high school students to share more about what the coalition does in the community to reduce alcohol and drug use.

STRATEGIES

- **Substance Use Prevention Partnership (SUPPs)**: Representatives from 12 sectors of our community (schools, 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

- **1,055 pounds of prescription drugs collected** in five Lincoln County sites, ensuring proper disposal and preventing potential prescription drug misuse
- Partnered with you, law enforcement and retailers in **Project Sticker Shock** to remind **23,400 adult consumers not to purchase alcohol for minors**
- **Prime for Life**, an evidence-based prevention curriculum, provided to **244 students at four local high schools**
- Staff from **13 local businesses provided Responsible Beverage Seller / Server training** to increase servers' knowledge and skills to prevent underage sales of alcohol as well as over-consumption among adults
- **Distributed Safe Storage Toolkits to 827 residents**, with information and resources to safely store their medication

Telehealth

NORTHEAST - STATEWIDE

The **Northeast Telehealth Resource Center (NETRC)** is one of 14 telehealth resource centers (TRCs) funded by the Federal Office of Rural Health Policy (FORHP) under the Health Resources and Services Administration's (HRSA) Office for Advancement of Telehealth whose **mission is to increase access to quality health care services for rural and medically underserved populations.**

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 overcome geographic barriers to receiving quality healthcare services

STRATEGIES

Services include: technology needs assessment, strategic and/or business planning, exploration of grant funding, identification of partners and collaborators, design and implementation of clinical and administrative protocols and workflows, understanding 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 and strategies through a **2-day NETRC Northeast Regional Telehealth Conference** (www.conference.netrc.org) hosted by MCDPH
- 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 **11 webinars** that **reached over 640 national and regional stakeholders**
- Developed **Telegenetics Toolkit** for New York and Mid-Atlantic Genetics Network in collaboration with colleagues from other Telehealth Resource Centers
- Provided continuing education focused on **perinatal substance use disorder and substance use disorders** in older adults through on-line, interactive, the ECHO ModelTM (<https://echo.unm.edu/>), which connects groups of community providers with specialists at centers of excellence
- Supported National Telehealth Education efforts as part of the National Consortium of Telehealth Resource Centers (<https://www.telehealthresourcecenter.org/>)

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.

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



REACH

The NETRC serves a broad spectrum of partners and stakeholders throughout its eight state region, including: health systems, hospitals, federally qualified health centers, individual programs and providers, colleges, universities and academic medical centers, policy makers, state agencies and programs and more. NETRC is dedicated to providing technical assistance to every program, health facility, or providers pursuing telehealth, this includes:

No telehealth topic is too broad; FAQ's include: reimbursement, legal and policy considerations, technological considerations, evidence-based models, program evaluation, workflows, patient documents and more!

- 559 technical assistance responses provided to 863 organizations across 8 states: CT, MA, ME, NH, NY, NJ, RI, VT
- 82 outreach activities reaching 24,850 people
- Presented at 13 national/regional events reaching 4,343 attendees

Funders: U.S. DHHS/HRSA Office for the Advancement of Telehealth - part of the Federal Office of Rural Health Policy

Sub-recipient: University of Vermont Medical Center

Start and End Dates: 2011-2021

MCD Budget: \$3,345,250 (includes all 10 years of base funding \$325,000/year and all supplemental funds)

Workforce Development & Quality Improvement

MAINE - STATEWIDE



MCD Public Health provides virtual and in-person training and technical assistance to community-based organizations, hospitals, health systems, community clinics, community health workers and numerous national and state public health programs across the United States.

MCD Public Health's online trainings cover topics in non-communicable diseases including hypertension, cholesterol, diabetes, asthma, breast, cervical and colorectal cancer, and stroke systems of care.

STRATEGIES

- All training platforms are available 24/7 On Demand, self-paced, with video demonstrations, interactive features and test questions integrated into each module. Downloadable handouts, resources and helpful links are embedded throughout the training. Trainings are available in English and Spanish for a wide range of users
- MCDPH contracts with various organizations and health departments to design training platforms develop curriculum in various content areas and languages, provide customer service, and evaluation and utilization reporting
- Our longstanding partnership with the American Public Health Association's Center for Professional Development allows us to offer nationally recognized Continuing Medical Education (CME) or Continuing Nursing Education (CNE) Credits for all the Detection and Management of High Blood Pressure trainings whether in-person or via our online e-training portal

TRAININGS

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



IMPACT

- MCD Public Health developed and currently maintains the following **four 24/7 on-demand online training sites**: (1) Community Health Worker Training; (2) Detection and Management of High Blood Pressure Training; (3) Massachusetts Coverdell Stroke Systems of Care; and (4) Telehealth Coordinator Training
- In 2018, MCD Public Health contracted with various state health departments including the New York Department of Health to design the **National Cholesterol Online Training Program** scheduled to launch in 2019
- In 2018, **over 500 community health workers (CHWs)** utilized MCD Public Health's CHW Online Training Program. This online training program supported these CHWs in community-based prevention and management of chronic non-communicable diseases such as hypertension, cholesterol, diabetes, asthma, breast, cervical and colorectal cancers
- As of 2018, MCDPH provided 24/7 on-demand training to over **6,000 health care and public health professionals across 40 states**

OBJECTIVES

- Provide high quality, up-to-date, best practice training and technical assistance
- Support skill building for community health workers, public health and health care professionals
- Develop and deliver culturally and linguistically appropriate capacity-building assistance
- Dissemination of current prevention, wellness and chronic disease management topics as well as emergent public health information on infectious disease, vector-borne disease and growing public health issues such as substance use disorders

Funders: Public Health Departments in various states (AZ, MA, ME, NE, NM, NY, VA, and RI)

Start and End Dates: FY2018

MCD Budget: \$160,000

Accelerating the Reduction in Malaria Morbidity and Mortality Program (ARM3)

BENIN



Benin's National Malaria Strategy calls for eliminating malaria as a public health threat by 2030. In 2011, malaria was the leading cause of illness and death among pregnant women and children, and it cost 25% of the average Beninese household's annual income to prevent and treat. ARM3 worked to speed up progress towards malaria elimination by assisting the Government of Benin (GOB) and its National Malaria Control Program (NMCP) to intensify malaria interventions and surveillance at all levels, with continuous capacity-building that included training, coaching, and mentoring NMCP and health facility staff.

STRATEGIES

ARM3 seeks to reduce malaria by combining prevention and treatment activities, including: (1) bed net distribution and social marketing, (2) case management of simple and complicated malaria in young children, (3) intermittent prevention of malaria in pregnant mothers, (4) improved malaria diagnosis with both microscopy and rapid diagnostic tests, and (5) reforming and improving the supply chain system for health commodities. In 2014, ARM3 transitioned from an implementing to an advisory role. Thanks to the vision and concerted efforts of both ARM3 and NMCP personnel, the NMCP is now in charge of implementing malaria interventions throughout Benin.

IMPACT

- Substantially **reduced malaria case fatality rate** in hospitals from **12%** in 2011 to **1%** in 2017
- 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 **67%** 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

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

Donor: United States Agency for International Development

Sub-grantee: Management Sciences for Health (MSH). JHU-CCP, Africare

Start and End Dates: 2011 - 2018

Total Life of Project Budget: \$23.7 million

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

The Bioko Island Malaria Control Project (BIMCP III)

EQUATORIAL GUINEA



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 Equatoguineans 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 its sister project, the Equatorial Guinea Malaria Vaccine Initiative (EGMVI).

STRATEGIES

- Vector control as a core intervention to reduce the burden of malaria transmission
- Malaria Case Management activities in all government health facilities on Bioko island
- Social and Behavior Change Communication activities to support project activities and influence the behaviors and mobilize communities to develop sustainable behaviors around malaria prevention, treatment, and elimination
- Establishment of robust M&E system for evidence-based decision making to plan, manage, monitor, and evaluate field interventions
- Strengthening capacity and management of the National Malaria Control Program of Equatorial Guinea

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 anemia 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 Equatorial Guinea Malaria Vaccine Initiative (EGMVI)

EQUATORIAL GUINEA



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 PfSPZ 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.

STRATEGIES

- Obtaining the support of the EG government for international clinical trials for the development of the malaria vaccine
- Creating the conditions necessary for EG to participate in advanced scientific research
- Building the capacity of clinical trial staff according to international standards via South-South collaboration with the Ifakara Health Institute
- Conducting the first-ever clinical trials which will continue until December 2018

IMPACT

- Established the **1st National Ethical Committee** of Equatorial Guinea (CENGE)
- 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 PfSPZ-CVac in Africa

OBJECTIVES

- Sustain prevention of malaria transmission through indoor residual spraying, long lasting insecticidal nets, larval source management, and intermittent preventive treatment
- Strengthen early malaria diagnosis and appropriate treatment while monitoring therapeutic efficacy and drug resistance
- Extend focal 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

Donor: Government of Equatorial Guinea; Marathon Oil, Noble Energy, Atlantic Methanol Production Company (AMPCO), GEPetrol, SONAGAS.

Sub-contractors: London School of Hygiene and Tropical Medicine (LSHTM); Liverpool School of Tropical Medicine (LSTM); Texas A&M University.

Start and End Dates: January 1, 2014 – December 31, 2018

Total Life of Project Budget: \$32,9 MM

OBJECTIVES

- Carry out a 33-person safety trial of the PfSPZ vaccine
- Carry out a 135-person safety and efficacy trial of the PfSPZ 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 ~2100 subjects of the PfSPZ
- Prepare for evaluating the incorporation of the PfSPZ 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

Donor: Government of Equatorial Guinea; Marathon Oil, Noble Energy, Atlantic Methanol Production Company (AMPCO), GEPetrol, SONAGAS.

Sub-contractors: Sanaria, Inc; Ifakara Health Institute (IHI); Swiss Tropical Public Health Institute (Swiss TPH).

Start and End Dates: January 1, 2015 – December 31, 2018

Total MCDI Project Budget: \$40,5MM



Impact Malaria – Advancing Malaria Service Delivery Project

GLOBAL



Impact Malaria is the US President's Malaria Initiative (PMI)'s flagship global service delivery project instituted to contribute to the PMI's goal of drastically reducing malaria deaths and illnesses in target countries, moving these countries forward along the malaria elimination spectrum under PMI's 2015-2020 Strategy and beyond. Impact Malaria seeks to support this PMI goal by strengthening malaria diagnostics, treatment and drug-based prevention for those most at risk, particularly children and pregnant women.

The IMPACT Malaria project is led by Population Services International (PSI). MCDI, in its subcontract capacity, serves as the technical lead on diagnostics in all countries and co-lead on malaria treatment in three, and is the lead implementing organization for all activities in the DRC and Zambia where it has established offices for the Impact Malaria project and recruited all needed staff.

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 on innovative approaches for malaria diagnosis and proficiency testing

IMPACT

- Improved the **quality of malaria diagnostics** in **over 500 government health facilities** in Sierra Leone, Cameroon and Cote d'Ivoire by carrying out detailed laboratory assessments, and developing and supporting laboratory-strengthening plans
- Improved the quality of malaria diagnostics by conducting **malaria diagnostics refresher trainings (MDRTs)** for **over 300 microscopists** in five countries
- Reinforced workforce development and quality assurance for malaria diagnosis by providing training of trainer in conducting **malaria diagnosis refresher trainings** for approximately **90 expert microscopists** 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 **104 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



Stop Palu+ Project

GUINEA



StopPalu+, which is led by RTI International, supports the National Malaria Control Program of Guinea-Conakry with the objective to reduce malaria morbidity and mortality by 75% by strengthening the capacity for improved prevention, diagnosis, and treatment of malaria. More specifically, StopPalu+ works to increase prompt care seeking, diagnosis and treatment, the use of insecticide-treated nets, and the uptake of seasonal malaria chemoprevention. In its subcontractor capacity, MCDI provides StopPalu+ with outreach, training, and supportive supervision (OTSS) to improve malaria

diagnostic capacity at all levels of the health system. MCDI trains master trainers on the instruction and supervision of laboratory and rapid diagnosis; certifies laboratory technicians in malaria microscopy, and routinely tests their proficiency; as well as conducts advanced malaria diagnostic trainings for laboratory supervisors.

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 guidance 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.

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

Cervical Cancer Screening and Treatment Project (CCST) – Phase III

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.

STRATEGIES

- Expansion of "screen and treat" approach to all Provincial Hospitals
- Extend the "continuum of care" of patients beyond screen and treat. Specifically, patients with lesions identified as abnormal will be followed by improved cytological services
- Referral of cancer suspected women who attend screening to a tertiary facility for diagnosis and treatment of cancer
- Conduct a feasibility study to assess the possible roll-out and introduction of HPV vaccination.
- Community sensitization and behavior change for target population (women in child bearing age)
- Continuous training of health personnel, including nurses, mid-wives and MDs, and community leaders
- Establishment of a reliable data management system
- Training of administrative personnel as hospital director, data managers and other related personnel

IMPACT

- Provided 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**
- Ensured opportune and accurate **cervical cancer screening and treatment** for over **16,000 women** during 1st year of project

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

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

Donor: Noble Energy

Prime: MCDI

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 (CERMEL), Nyanga Regional Health Directorate (DRS)

Start and End Dates: 2017 - 2019

Total Life of Project Budget: \$1.6MM

Donor: Noble Energy, Glencore, Gunvor, NPL, GEPETROL

Sub-grantee: N/A

Start and End Dates: October 1, 2017 – September 30, 2018

Total MCDI Project Budget: \$483K

Sanitation Support Project (FAA)

MADAGASCAR



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

BENIN



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 untested 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 fecal-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 **25% 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 **40% 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 stakeholder in 92 Open Defecation Free (ODF) communes** have been **trained to promote behavior change** and furnish ongoing support to target communities, thus enhancing the sustainability of sanitation and hygiene improvements

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

Donor: Water Supply and Sanitation Collaborative Council's Global Sanitation Fund (GSF)

Prime: MCDI

Partners: 18 local non-governmental organizations

Start and End Dates: 2010 - 2020

Total Life of Project Budget: \$15.8m

MCDI 2018 Project Budget: \$1.3MM



The PAPHyR program is MCDI's second program funded under the Water Supply and Sanitation Collaborative Council (WSSCC) through their Global Sanitation Fund (GSF). Using the Community-Led Total Sanitation (CLTS) approach, PAPHyR's goal is to reduce the mortality and morbidity associated with fecal-oral diseases by supporting sustainable and equitable access to sanitation services, eliminating open defecation, and promoting improved hygiene practices such as handwashing in poor rural areas of Benin. The program provides subgrants to 14 NGOs that cover four of Benin's 12 departments (Borgou, Atacora, Donga and Collines) and is designed to reach a total of 2.9 million people in 8,181 localities.

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
- **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 **500 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

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

Donor: Global Sanitation Fund

Prime: MCDI

Sub-grantees: 14 local non-governmental organizations

Start and End Dates: 2015 - 2020

Total Life of Project Budget: \$6.6m

MCDI 2018 Project Budget: \$1.05MM

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 subcontractor 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-the-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 **50+ health providers in private practice** and promoters planning to open private health facilities on the "how-to" of licensing and registration to increase the number of newly registered private health facilities in Benin and bring more providers into the formal, regulated health sector
- **Trained 58 private clinicians**, more than double the annual target of 25 clinicians, on the latest evidence-based techniques for emergency neonatal and obstetric care, to improve the private sector's knowledge of 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 des Entreprises Béninoises et Associations privées pour la lutte Contre le SIDA, la Tuberculose et le Paludisme

Start and End Dates: 2018 - 2023

MCDI Life of Project Budget: \$1.3MM

MCDI 2018 Project Budget: \$255K

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, eliminate, scrub, or cover containers so that they do not become breeding sites for the virus-spreading *Aedes aegypti* mosquito. Coordinated communication activities also raise awareness of the sexual transmission of Zika and underscore the importance of seeking prenatal care to pregnant women and their partners.

MCDI leads project implementation in coordination with the ministries of health and national societies of the Red Cross, and carries out an array of community-based activities that are integrated using a geo-referencing platform. These activities include household inspections and educational visits, as well as social mobilization under the ZICORE Community Engagement Strategy. MCDI also conducts weekly situation rooms with local authorities and community members to ensure the timely use of entomological, epidemiological, and geospatial data, in order to plan targeted actions to prevent mosquito-borne transmission of Zika, dengue and chikungunya.

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 (SBCC) via home visits, education sessions, school-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 control action plans** to optimize the use of limited resources
- Zika **transmission risk** associated with *Aedes aegypti* mosquitos assessed at the community level on a weekly basis through a network of **598 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 for more complete disease surveillance

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

Health Sector Performance Enhancement (HSPE) Project

(previously called Maternal and Newborn Health Project)

LESOTHO



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 Lesotho MOH Performance-Based Financing (PBF) Unit while simultaneously building PBF capacity at national and district levels. 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.

STRATEGIES

- Contract with health facilities to improve delivery and client satisfaction for a pre-defined healthcare package referred to as the Minimum Package of Activities (MPA)
- Assure a mixture of quantitative and qualitative or 'Quantity Indicators' at both Health Centers and Hospital Levels
- Provide financial rewards to healthcare facilities and providers as they provide more services of a better quality
- Contract with District Health Management Team's (DHMTs) to provide effective supervision of health centers, and capacity building to the health center personnel, as well as assist with overseeing the quality of services at the primary level
- Contract with Performance Purchasing Technical Assistance Agency (PPTA) that provide technical and operational support to the MOH Performance-Based Financing (PBF) Unit
- Pilot an alternative verification system to reduce cost through Risk Based Verification (RBV) by applying different levels of verification to PBF payment requests based on the likelihood of fraud/error from a given health facility according to its history

IMPACT

- **Performance-based financing introduced in all 10 districts** to improve the delivery and quality of an essential health service package, **serving over 1.9 million people**
- Performance-based financing introduced in all Government and faith-based **health centers (156)** and **hospitals (17)**, leading to increased utilization of health services, improved quality of care, and increased staff motivation
- **Client surveys administered** as a means of enhancing service utilization and the perceived quality of care

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 at national and district levels, and the District Councils and Health Management Teams on PBF implementation

Donor: Ministry of Health/World Bank

Prime: MCDI

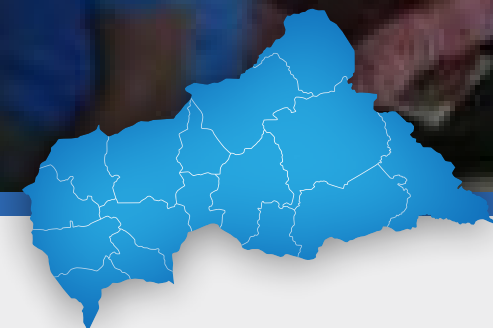
Partners: HealthNet TPO

Start and End Dates:
May 2014 - April 2019

Total Life of Project Budget: \$6.2MM

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.

STRATEGIES

- The External Evaluation Agency (EEA) will carry out quarterly independent external evaluations
- The verification is to ensure compliance with the standards and responsibilities by all agencies from the primary health care providers (health center and hospitals), regional supervisory teams, the national implementing unit (PASS) and the oversight committee (CTN)
- The EEA was also tasked to identify the structures, districts or regions that produced very good and very poor results and to analyze why

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**

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 PPTAs
- 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 FBR
- Identify any underestimates or overstates of the different performances for the different levels of the health pyramid

Donor: Ministry of Health/World Bank

Prime: MCDI

Partner: BEMS-RCA (Bureau d'Etude en Management et Santé)

Start and End Dates: 2017 - 2019

Total Life of Project Budget: \$435,000

MCD Financial Highlights FY 2018

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 of 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*

International	\$30,492	86.8%
Public Health	\$4,431	12.6%
Other Revenues	\$158	0.5%
Investment Income	\$36	0.1%
Contributions	\$25	0.1%
TOTAL	\$35,142	100%

Expenses

International	\$26,743	76.9%
Public Health	\$4,109	11.8%
General & Administrative	\$3,928	11.3%
Other Expenses	\$14	0.0%
TOTAL	\$34,795	100%
Operating Gain	\$347.80	

Expenses taken from Statement of functional expenses

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.

CONSOLIDATED BALANCE SHEET

Assets*

Cash	\$3,178
Accounts Receivable	\$17
Grants Receivable	\$6,386
Property & Equipment, net	\$466
Investments	\$864
Other	\$662
TOTAL ASSETS	\$11,571

Liabilities

Accounts Payable & Accrued Expenses	\$3,495
Deferred Grant Revenue	\$2,357
Debt	-
Other Liabilities	\$63
TOTAL LIABILITIES	\$5,915

Net Assets

Without Donor Restrictions	\$5,548
With Donor Restrictions	\$108
TOTAL NET ASSETS	\$5,656
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 and 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 wellbeing 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.



Learn more at www.mcd.org

MEDICAL CARE DEVELOPMENT, INC. (MCD)

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