In a year that redefined the word “unprecedented”, the meaning of community, and the power of data science and public health, Medic did what we do best: We elevated and adapted. Equipped with our principles of human-centered design, we took initiative to solve for widening gaps in the delivery of care, while sharing our findings broadly and transparently. Like years before, we stood in solidarity with our global team, our open-source community, and health workers around the world, and we doubled-down on our vision to connect every person with quality, dignified care.

Medic is proud to work alongside our global partners every day to support health systems with a new model of care aimed at improving coverage, quality, speed, and equity in hard-to-reach communities. Despite the challenges caused by COVID-19, we are excited to share our 2020 impact and bright future ahead, rooted in our enduring values: humanity, initiative, creativity, openness, and solidarity — that continue to drive us in building tools to support equitable community health systems.

**HUMANITY**

Learning from prior experience with major outbreaks and fast-evolving crises, our work in 2020 was grounded in undeniable truths. First, that COVID-19 has disproportionately affected the poor and vulnerable and has deepened prevailing inequalities that will be present for years to come. Second, the global community will need to adopt a systems strengthening approach to pandemic response, not only to support immediate needs but also to preserve the gains made to-date in community health and to create more robust, resilient, people-first, and prepared health systems moving forward. Third, response efforts that build on existing platforms, infrastructure, and relationships wherever possible with minimal disruption will have greater success and sustainability long-term.

**INITIATIVE**

By the end of 2020, the [Community Health Toolkit (CHT)](https://www.medicalmatador.com/) supported 34,081 health workers across 16 countries. Onboarding new community health workers (CHWs) required imaginative, collaborative remote training capabilities and support systems, and much of our delivery efforts focused on helping existing networks adapt their primary care protocols to meet the needs of the evolving pandemic and maintain lifesaving care. COVID-19 response systems led to the majority of growth in the global network, and the CHT now supports over 9,477 health workers with systems for disease surveillance, contact tracing, and patient care.
CREATIVITY

This year required urgent, coordinated action to prevent the spread of disease, protect the most vulnerable, and provide immediate care for patients in every corner of the world. Our focus areas and priorities were set by the virus' timeline, community needs, and evolving global best practices. We took action alongside Ministries of Health (MoH) to lead nationally-coordinated pandemic response efforts, and we evolved existing digital health systems to create and update care protocols. We collaborated with the wider digital health community to ensure efforts were shared rather than duplicated.

OPENNESS

We built on existing platforms, reused app code and design, and co-developed a community of practice centered on creating efficient systems for sharing resources. We designed and developed a set of modular tools powered by the CHT that work as an integrated platform to onboard, train, task, supervise, and support health workers as they engage in COVID-19 preparedness, surveillance, and response efforts – all while delivering routine community health services. CHT apps can be quickly configured, deployed, and scaled for specific partner needs and, importantly, have helped mitigate the direct and indirect effects of COVID-19 at the last mile.

SOLIDARITY

Along with huge challenges, 2020 brought forward accelerated opportunities for collaboration across the community health and digital health ecosystems.

Our ever-present guiding light is to build and support the CHT as a thriving community, global good, and go-to platform for community health adopted by governments globally to support care for everyone, everywhere, always. We continue to evolve to serve our mission and deliver on our commitment to quality, focus on building and expanding our community, conduct effective research that informs the fields of community and digital health, and better plan for our work and capacity.

In the pages that follow, we dive into the details of a whirlwind year, exploring our big wins, big adaptations, and even bigger global collaborations. We're so grateful to continue this journey with you, in solidarity with our community, and in service of health workers.
34,081 Community Health Workers

16 Countries

CHT Users Supported

2018: 24,463
2019: 27,477
2020: 34,081

New Users Supported

2018: 995
2019: 4,428
2020: 7,993

Countries with CHT adoption and Largest CHW networks currently supported by the CHT.
Rapid adaptability for coordinated COVID-19 response and continuity of primary care.

After a decade of building and deploying human-centered digital tools, we have established a key set of workflows to support health workers and patients across maternal and child health, malnutrition, immunization, and family planning. In response to COVID-19, we rapidly explored how the CHT could meet new and urgent challenges. Our close accompaniment with MoH and community health partners resulted in a range of enhancements, new features, and integrations that were needed on fast timelines.

From quickly transitioning to enable remote on-boarding and learning for health workers, to a critical integration for interactive messaging between patients and health workers, the CHT now includes a suite of tools and workflows for event-based surveillance, contact tracing, protecting health workers, remote on-board and training, guided diagnostic testing and assessment, and port of entry screening.

In 2020, Medic and the CHT delivered three core framework releases (3.8, 3.9, and 3.10) to support a number of new features for pandemic response, and increased the CHT's coverage to 80% of WHO digital health interventions through new features and integrations. We completed and documented external integrations with complementary platforms and health management information systems, and we saw five national governments (Niger, Mali, Nepal, Kenya, and Zanzibar) adopt the CHT for COVID-19 response and community health performance management. We on-boarded five Technical Partners, equipping them with skills to build powerful digital health apps at scale.
NOTABLE PRODUCT UPDATES

REMOTE LOG-IN WITH MAGIC LINK

The **magic link login** feature makes it possible for users to login to the app via a link sent by SMS. This new feature does not require users to know their username or password at initial login, making it easier to set up and support health workers remotely.

DHIS2 SUPPORT FOR INTEGRATION WITH MINISTRY WORKFLOWS

The CHT now supports aggregating and exporting data for integration with **DHIS2**, an open-source Health Management Information System (HMIS) used in 67 low and middle-income countries.

The **new aggregate targets** show actionable information that can be used for CHW performance coaching and improvements.

ENHANCED PERFORMANCE MANAGEMENT BY CHW SUPERVISORS

Supervisors can now have an aggregate view of all health workers’ progress within their branch, while also seeing each worker’s individual progress. The **new aggregate targets** show actionable information that can be used for CHW performance coaching and improvements.

TASKS TO DISK

The data for the tasks and targets seen in CHT applications can now be **queried** directly for much more substantial data analysis. Aside from allowing for analysis of user tasks and targets, this change improves the performance of CHT apps and allows for additional features such as performance coaching.
The CHT-RapidPro integration has already been deployed to support client-initiated health assessments via text messages in the Democratic Republic of the Congo, South Africa, and Zimbabwe, as well as in Uganda as part of the Innovation Network, a collaboration between Medic and Living Goods. Early feedback from Living Goods’ CHWs and patient community helped to refine our approach to design and scale direct-to-patient communication to provide more consistent primary care health coverage.

This has increased in importance due to interruptions in CHWs’ ability to travel to reach patients at home during COVID-19. These deployments will continue to explore additional use cases to strengthen national health systems, including patient wellness follow-ups, post-clinic discharge, and decision support to triage patient care needs more effectively.

**RAPIDPRO CASE STUDY**

**INTERACTIVE MESSAGING WITH RAPIDPRO**

The CHT’s integration with RapidPro, an open-source tool for creating and managing interactive messaging, allows for enhanced patient messaging, health triage, and clinical referrals in CHT applications. This welcomes new opportunities for a semi-automated, direct to patient approach to health assessments and care coordination at the community level.
An ongoing collaboration between the Community Health Academy at Last Mile Health, Digital Campus, and Medic sought to reinvent the CHW experience to accommodate remote learning and care during the pandemic. Together, we designed an integrated care delivery and educational toolkit that addresses the pressing need for a remote onboarding and training platform for frontline workers. In Q2, we released a demo exploring the integration of the CHT with OppiaMobile – which powers the Community Health Academy app – built to help CHWs learn new information and responsibilities. An enduring collaboration, we’re excited to continue iterating on health worker learning experiences with the Community Health Academy, Digital Medic, and other partners in the year ahead.

The CHT Docs Site, launched in Q2, serves as a comprehensive resource for the broader CHT community to effectively and quickly build digital health applications. The new documentation site enables partners to easily navigate to the product content that is most relevant to design, set-up, launch, and maintain the tools supported by CHT, allowing the community to design, build, and deploy digital health apps with the speed demanded by the pandemic.

As the first video in an informative series from USAID, PATH, Digital Square, and TechChange, the CHT was featured in the virtual course “Digital Health: Planning National Systems”. With curricula based on WHO and ITU material, the video highlights the ways in which the CHT can be used by different users, including frontline health workers, facility managers, and ministry officials to achieve coverage, equity, speed, and quality of care.

We welcomed our 500th member on the CHT Forum, achieving our community growth goals for 2020. Our growing, active community also saw increased engagement at an average of 11,000 total monthly page views.
As we reflect on our work over the past year, we chose to explore a number of impact metrics that help make sense of how Medic has supported care, even in the face of great uncertainty.

We aim to positively impact millions of people's lives, proving that a global good for community health can scale. At Medic, we believe it is important to take an expansive view of care, including caring for others and oneself. Supporting care at scale has always been central to Medic's work, and continued trends have made a single metric – caring activities – more relevant than ever.

We define a caring activity as an instance when a person attends to another person's needs. When someone uses a CHT app to support a moment of care, we add the event to our global count of caring activities - a key metric for our impact.

**IN 2020, MEDIC SUPPORTED 19 MILLION+ CARING ACTIVITIES WITH OUR PARTNERS.**

**ANNUAL CARING ACTIVITIES**

<table>
<thead>
<tr>
<th>Year</th>
<th>Caring Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>19.2 MILLION</td>
</tr>
<tr>
<td>2019</td>
<td>11.6 MILLION</td>
</tr>
<tr>
<td>2018</td>
<td>8.5 MILLION</td>
</tr>
</tbody>
</table>

**HOUSEHOLDS WITH AT LEAST ONE VISIT FROM A CHW OVER THE COURSE OF THE YEAR**

89%
As we continue to scale our support to CHT partners grappling with the COVID-19 pandemic, we are actively supporting 9,477 CHWs working on COVID-19 apps across multiple health systems. This represents 28% of the CHT community’s user base, which is remarkable given the quick scale-up and response to the pandemic by our partners over the course of the year.

By the close of 2020, Medic supported 34,081 total CHWs across multiple health systems in 16 different countries. We saw growth in the total number of CHWs supported by the CHT in 2020, with nearly 8,000 new health workers added to the network. Now more than ever, we are proud to support the delivery of care to communities around the world.

While supporting the pandemic response, many CHWs have continued to prioritize the delivery of routine care during this challenging time. In order to measure progress towards achieving universal health coverage (UHC), our team continues to report on a subset of prioritized impact metrics focused on UHC, as well as Antenatal Care (ANC), Postnatal Care (PNC), Integrated Community Case Management (iCCM) and Acute Malnutrition, on a quarterly basis.

In 2020, 233,804 pregnancies were registered using the CHT.

174,520 women counseled on family planning, up 53% from 2019.

94% of women and newborns received at-home care within 48 hours of birth.

91% deliveries taking place at facilities.

2020: 3.5 million assessments of children <5-years-old.
2019: 2.3 million assessments of children <5-years-old.
2018: 1.7 million assessments of children <5-years-old.

For additional details on these metrics, please review our reports archive.
THE NEW FRONTIERS OF CARE

Key initiatives and partnerships for COVID-19 response

NEPAL

Building capacity to meet the immediate needs of communities and health systems. In partnership with the Ministry of Health and Population (MoHP) in Nepal, we designed and launched a port of entry surveillance app powered by the CHT to enroll all incoming travelers entering Nepal through Kathmandu Airport, facilitating more effective COVID-19 screening as well as follow-up protocols for travelers advised to self-quarantine. Designed and built in a sprint-fashion alongside the Ministry’s Health Emergency Operations Centre (HEOC) and Epidemiology and Disease Control Division (EDCD), the app adheres to MoHP and WHO guidelines for the detection and management of ill travelers suspected to have COVID-19 at ports of entry. More than 10,000 travelers were screened before international travel restrictions took effect.

In March, we teamed up with the MoHP in Nepal to rapidly design and launch a Port of Entry Surveillance App within 72 hours, the first CHT-powered app to be deployed for a COVID-19 response.
Keeping health workers safe through SMS education and empathetic communication. At the sub-national level, Medic supported nearly 500 Female Community Health Volunteers (FCHVs) in 10 municipalities with key educational and behavior change messaging on COVID-19 prevention, detection, and response via SMS using educational content curated by the MoHP and approved by the municipalities.

Our communication and solidarity with FCHVs goes beyond pandemic safety tips. As the lockdown persisted last year, we had the opportunity to survey a sample of the FCHVs in our network by voice calls to better understand their daily challenges. Our team contacted 5,409 FCHVs, of which 2,980 (55%) responded. During each phone call, Medic teammates acknowledged the FCHV for their incredible work, probed at existing limitations and challenges, and identified opportunities for further capacity building, as well as technical support to restrengthen the use of the mHealth tool.

Alongside our municipal partners, we explored ways to address some of these challenges, like delivering timely mobile top-ups for FCHVs and using real-time data on primary care disruptions to help municipalities adapt their care protocols and programs to meet evolving MoHP priorities. In addition to addressing such logistical challenges, the calls signified our team’s accompaniment and commitment to FCHVs and our partners during times of uncertainty and disconnection.

Delivering doorstop maternal and neonatal care with supportive supervision. In spite of the pandemic, we made significant progress on designing and building a prototype of an Android App for skilled community health nurses (CHNs), supporting a new and emerging model of doorstep care. The prototype will support doorstep maternal and neonatal care delivery, coordination between FCHVs and the CHNs, and supportive supervision of the CHNs with the aim of layering on other priority workflows such as child health and chronic and geriatric care in the next year – in line with the municipality’s urban health priorities.

The pilot implementation is well-placed to inform improvements to the model of care in the municipality and ultimately across Nepal.

What’s included in safety-tailed SMS messaging for FCHVs?

- Education on COVID-19 signs and symptoms
- Referral process for symptomatic cases
- Hand hygiene and social distancing for FCHV safety and protection
- How-to tips for sharing health education with the households they serve

8,920 Total users in Nepal, representing 26% of the CHT Network.
Deploying a national-scale monitoring and alert platform, powered by the CHT. In Niger, we partnered with the Ministry of Public Health, The MSF Foundation (Médecins Sans Frontières) and Epicentre to design, develop, and deploy a digital platform that supports Niger’s COVID-19 alert management and investigation efforts.

The Alert-COVID-19 app, powered by the CHT, supports Niger’s national medical emergency unit (Service d'Aide Médicale d'Urgence - SAMU), Regional and National alert centers (Riposte), and contact investigation teams as they coordinate rapid response and investigations of suspected COVID-19 cases. Alert-COVID-19 has increased the number of calls treated per day by the SAMU while also supporting effective, decentralized response at the national level. This platform will support the build-out of vital infrastructure that will benefit SAMU and limit the spread of other infectious diseases well beyond pandemic response.

At year-end, more than 10,000 alerts were reported and investigated via the platform. Sixty-four teams, composed of emergency units, alert centers, and contact investigation teams, are using Alert-COVID-19 for the collection and processing of vital data – integrating the decentralized aspect of the pandemic response in Niger.

Empowering communities through early detection, monitoring, and accessible care. In the Democratic Republic of the Congo, we partnered with The MSF Foundation, Epicentre, and Google.org to deploy an open-source system to assist health workers in monitoring at-risk patients and cohorts during lockdown, curfew measures, and the closure of non-essential health services.

Launched in October, the initial pilot system uses SMS-based workflows to monitor and provide care to 3,000 patients living with HIV in Goma. Equipped with interactive messaging support, the platform allows health workers to monitor the cohort for signs of COVID-19 infection and chronic disease complications – a particularly impactful feature during a time of increased inaccessibility and time-sensitivity as it relates to health care. The platform also allows patients to more easily alert care providers of issues without disrupting daily activities, empowering patients to participate more fully in their own care while building stronger relationships with health workers.
CHWs breaking the cycle of community-based disease transmission. Under the leadership of Mali’s Department of Health and Social Development (MSDS), we launched an innovative joint initiative providing basic, accessible care to populations in the six communes of the Bamako District in Mali. We worked with MSDS to equip 564 CHWs (locally known as “les ASC Sentinelles” or ASC-Ss) with a mobile app, called MaliKaKeneya, to screen for suspected cases of COVID-19, refer for testing, and deliver essential care and health promotion messages.

ASC-Ss were trained and deployed with direct oversight by 32 trained, equipped, and dedicated supervisors, as well as the management teams of the Reference Health Centers. Guided by detailed algorithms and the ASC-S guide, ASC-Ss screened for COVID-19, malaria, pneumonia, and TB, providing key preventative and curative services to ensure community access to care and breaking the chain of community-based disease transmission.

As of December, 925,594 caring activities were conducted. The ASC-Ss participating in this initiative visited more than 500,000 households in all the communes of Bamako and identified more than 30,000 sick people. Of those, 980 were suspected of having COVID-19, of which 347 reported having tested for COVID-19 when their ASC followed up with them, which identified 187 confirmed positive cases.

In addition, ASC-Ss referred more than 8,000 people with symptoms of pneumonia and more than 800 with symptoms of TB to the nearest health centers.
**KENYA**

**CHT-powered tracking system for national COVID-19 response.** In Q1, Medic and Palladium partnered with Kenya’s MoH, mHealth Kenya, Jomo Kenyatta University of Agriculture and Technology (JKUAT), and CHAI to rapidly design and build a national COVID-19 tracking system for surveillance, reporting, investigation, and COVID-19 case-reporting in Kenya.

In the COVID-19 tracking system, an offline-first CHT app, integrates with KenyaEMR — the OpenMRS-based medical record system for Kenya — and collectively enables disease surveillance teams to conduct case registration, contact listing, tracing, investigations, laboratory orders, and data exchange. Developed using human-centered design principles to meet the evolving needs of the partners and communities, more than 650 users were trained on the app, with further plans for national scale. We also adapted an existing Community Event-Based Surveillance system (C-EBS) to support reporting, verification, and escalation of potential COVID-19 cases for rapid response and data-driven decision-making. The system is currently used by 2,400 users.

**m-Dharura adaptation supports CHWs with SMS rapid reporting.**

Under the leadership of Kenya’s MoH, CDC USA, and KEMRI, we swiftly adapted m-Dharura — an existing C-EBS system powered by the CHT — to support reporting, verification, and escalation of potential COVID-19 cases for rapid response and data-driven decision making.

With m-Dharura, community health volunteers use SMS messaging to report suspect events or health threats such as COVID-19 cases to their supervisors for verification. Supervisors and Sub-County Health Management Teams use the CHT app on Android devices to verify and investigate the reported cases and provide appropriate care. County and national response teams use powerful data visualizations for data-driven decision making and response. C-EBS has been deployed to 6,169 users in Siaya, Nakuru, and Marsabit counties.
RESEARCH HIGHLIGHTS

Expanding collaborations, deepening our work in data science and precision public health

The research team at Medic has taken on a number of new challenges in the past year, as well as extending our impact through deepening collaborations. A few highlights include the launch of Medic Labs, beginning a collaboration with Dimagi to enable a more aligned COVID-19 response, and strengthening our work in data science and precision public health in collaboration with DataKind and other partners.

MEDIC LABS

With generous support from the Rockefeller Foundation, we launched Medic Labs with a mission to incubate radical breakthroughs for precision public health. Medic Labs will play a crucial role in realizing the potential of precision public health for the poorest and hardest to reach communities. Around the time of the Lab’s launch, The Rockefeller Foundation’s Senior Vice President of Health, Dr. Naveen Rao, joined Medic’s board of directors. You can watch Naveen and Medic’s Chief Research Officer, Isaac Holeman, discuss Medic Labs during a launch event at Prescription for Progress 2020.

Enabled by Medic’s global role in an open-source community, Medic Labs is empowered to use the CHT software and datasets from large-scale implementations as critical scientific infrastructure. This connection enables our work to benefit the whole community as our researchers contribute product enhancements and generate evidence to inform best practice in digital technology for community health.
ENGINEERING NEW DATA PIPELINES TO BOOST DATA CONFIDENCE

Medic Labs is exploring a range of opportunities to enable more data-driven care, and we know that health workers will only be able to trust these innovations if they have a high degree of confidence in the underlying datasets. This is as true of simple dashboards and data visualizations that inform health system management as it is of more sophisticated applications of data science for precision care. Analyzing data quality can be time consuming, and data quality practices and expectations often vary from health system to health system — and even analyst to analyst.

To address this challenge, Medic worked with our partner, DataKind, to explore a novel approach to data quality testing. We worked with a remarkable group of volunteer data scientists from a diverse range of industries to envision as many ways as possible to test for inconsistent or problematic data in one health system’s data set. From outlier detection to a range of simpler data checks, the team came up with over 160 individual data quality tests. Building on this formative work, we built a framework to enable us to schedule and automate running these tests. You can read about the process and our initial prototype in DataKind’s data confidence case study.
OUR COLLABORATIVE ECOSYSTEM

The team, partners, funders, and friends who guide our work

In addition to our values, our work is guided by the enduring collaborations and thought partnerships at the core of our community. Without our dedicated team, imaginative partners, and funders who believe in our mission, this work and the future of our collective impact would not be possible.

Meet the incredible people and organizations that we’re so grateful for, that fuel our fire each day. Get a sneak peek at the big, creative collaborations ahead for our open-source community.
90+ TEAMMATES, ONE DRIVING FORCE FOR GOOD

Despite abrupt changes in our daily lives – juggling childcare, illness, isolation, and much more – our team demonstrated empathy, creativity, and resilience as we rapidly designed and delivered high-quality tools with a human touch.

As a now-fully remote and global team, we found new ways to collaborate, communicate, and evolve our people management policies to offer greater flexibility, time off, personal support, and a little fun from time to time.

In 2020, we welcomed 23 new teammates, contributing their excellent skills across our app services, product, programs, external affairs, and strategy teams. Today, our team is 90+ strong, spanning 15 countries, and 32 cities.
A LANDMARK COLLABORATION WITH DIMAGI

In April, Medic began a collaboration with Dimagi, purveyor of CommCare, focused on co-designing improved user workflows, digital tools, and dashboard visualizations for COVID-19 response.

Our collaboration enabled both organizations to improve COVID-19 response efforts through more rapid, better coordinated, and more effective deployments of digital tools for frontline health workers. Across Medic and Dimagi, over 100 frontline programs in 35 countries have used CHT apps with nearly 40,000 combined users tackling the COVID-19 pandemic. We were able to achieve more together than by each acting alone. Our two organizations support a large percentage of programs with digital platforms for frontline health workers globally. Our work together represents a landmark partnership, as well as an experiment in open collaboration with implications not only for our organizations, but for the wider digital health community.

CONNECTIONS AND MENTORSHIP FROM INNOVATIONS IN HEALTHCARE’S INNOVATOR NETWORK

Medic was selected as one of three innovative health enterprises to join Innovations in Healthcare (IiH)’s robust Innovator Network. Hosted by Duke University and founded in 2011 by Duke Health, McKinsey & Company, and the World Economic Forum, IiH strengthens the growth and development of the Innovator Network by connecting organizations with investors, funders, and other supportive networks to facilitate adaptation into new settings and generate new evidence about healthcare innovations.

Selected alongside HelloBetter and Simprints, Medic is proud to join this incredible network of 102 organizations across 90+ countries, with a shared mission of expanding access to affordable and quality health care for everyone.
OUR GROWING TECHNICAL COMMUNITY

As of 2020, we have successfully onboarded five Technical Partners to the CHT.

Working with our Technical Partners provided us with a valuable learning experience and opportunity to strengthen our CHT onboarding package, including the design and app building curricula. We have been able to glean useful insights into the strengths of the existing CHT resources, and how we can better enable app builders to build full-featured apps more easily and rapidly.

Technical partners: Organizations that serve as local solution-providers for existing and new digital health programs – assessing needs, designing workflows, configuring the CHT core, deploying and maintaining systems powered by the CHT, and contributing code and other resources back to the community.

OUR PARTNERS

• **Technical Partners:** BeeHyv Software Solutions, D-Tree International, Living Goods, The Palladium Group, Triggerise

• **Implementing Partners:** BRAC International, Catholic Medical Mission Board (CMMB), East Bali Poverty Project, HealthRight International, Integrate Health, International Care Ministries, Jhpiego Indonesia, Médecins Sans Frontières, Muso, Partners in Health, Rural Health Collaborative, Safari Doctors, and Village Health Works

• **National Governments:** Ministries of Health in Kenya, Mali, Nepal, Niger, Tanzania, Togo

OUR FUNDERS


VALIDATIONS
## Balance Sheet

### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$2,949,133</td>
<td>$5,724,448</td>
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<tr>
<td>Contracts Receivable/Grant Receivable</td>
<td>$882,183</td>
<td>$390,778</td>
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<td>Prepaid and other current assets</td>
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<tr>
<td>Inventory</td>
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<td>$2,501</td>
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<td>Property and Equipment</td>
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<tr>
<td>Accumulated Depreciation</td>
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<td>$(78,319)</td>
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<tr>
<td>Other Assets</td>
<td>$72,970</td>
<td>$72,907</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$4,053,943</strong></td>
<td><strong>$6,385,813</strong></td>
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### Liabilities

<table>
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<tr>
<th>Description</th>
<th>2019</th>
<th>2020</th>
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<tbody>
<tr>
<td>Payroll (401K)</td>
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<td>$22,806</td>
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<tr>
<td>Credit Cards</td>
<td>$27,911</td>
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<tr>
<td>Deferred Revenue/Grant Advance</td>
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<tr>
<td>Accrued Expenses</td>
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<td>$310,560</td>
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<tr>
<td>Loan Payable</td>
<td>-</td>
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<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>$528,968</strong></td>
<td><strong>$695,384</strong></td>
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### Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Assets without Donor Restrictions</td>
<td>$187,145</td>
<td>$2,388,781</td>
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<tr>
<td>Net Assets with Donor Restrictions</td>
<td>$3,337,780</td>
<td>$3,301,648</td>
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<td><strong>TOTAL NET ASSETS</strong></td>
<td><strong>$3,524,925</strong></td>
<td><strong>$5,690,429</strong></td>
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</table>

**TOTAL LIABILITIES & NET ASSETS**  
$4,053,893  
$6,385,813

*Unaudited*
## INCOME STATEMENT

### INCOME

<table>
<thead>
<tr>
<th>NON-OPERATING INCOME</th>
<th>2019</th>
<th>2020*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Contributions</td>
<td>$6,502,987</td>
<td>$7,644,594</td>
</tr>
<tr>
<td>Grants - government</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Operating Income</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Contract Income</td>
<td>$1,545,047</td>
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<tr>
<td>Other Income</td>
<td>$89,297</td>
<td>$75,871</td>
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<td><strong>TOTAL INCOME</strong></td>
<td><strong>$8,137,331</strong></td>
<td><strong>$8,599,766</strong></td>
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</tbody>
</table>

### OPERATING EXPENSES

| Personnel Expenses           | $4,629,586   | $5,080,427   |
| Travel                       | $371,639     | $197,083     |
| Professional Services        | $473,981     | $712,985     |
| Overhead Costs               | $272,680     | $277,886     |
| Other                        | $41,101      | $169,685     |
| **TOTAL OPERATING EXPENSES** | **$5,788,987**| **$6,438,066**|

### NET INCOME

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET INCOME</strong></td>
<td><strong>$2,348,344</strong></td>
<td><strong>$2,161,700</strong></td>
</tr>
</tbody>
</table>

*Unaudited*