2015 ANNUAL REPORT
Equipped 3,800 new health workers, achieving a 48% growth rate

Worked with 17 new and existing partners on mobile health projects around the world

Developed our flagship smartphone product for frontline health workers

Created a new version of the Do-It-Yourself Toolkit for ANC, including an automated cost calculator, step-by-step animation walkthroughs, training materials, and user guides

Supported partners in recovery, response, and rebuilding in post-earthquake Nepal with a focus on disease surveillance

Awarded $1 million Growth Grant by the Peery Foundation

Awarded funds through the Human Development Innovation Fund’s (HDIF) Round 1 competition to save women and children’s lives in Tanzania by using Medic Mobile for Antenatal Care (ANC)

Initiated formal research and development work on use cases to address malnutrition and prevent cervical cancer

Endorsed the Principles for Digital Development in a coalition of more than 300 authoritative global health institutions and UN agencies

Featured as a case study in USAID’s new community health framework

Launched a field test for Medic Mobile’s Android app in Uganda, in partnership with Living Goods

Deployed Medic Mobile with 400 CHWs in Narok County, Kenya in partnership with Christian Aid

Scaled up tools supporting over 503 Female Community Health Volunteers (FCHVs) in Baglung district in partnership with One Heart World-Wide and the Ministry of Health and Population in Nepal

Scaled up tools for stock and service monitoring across more than 1,300 clinics in Senegal, in partnership with IntraHealth International and the Ministry of Health
In 2015, we grew our impact footprint, responded to crisis with moral urgency, dreamt about how systems should be designed, and built tools that will help create a more equitable future.

Over the course of the year – and thanks to tireless efforts by our team and partners – 17 health systems changed. We equipped an additional 3,800 frontline health workers with Medic Mobile’s tools, ensuring they were connected and better supported to provide high-quality care. Our team expanded by 15 people, positioning us to sustain and surpass this growth. I am in awe of what teammates and collaborators can accomplish within a week, month, or year.

On April 25, 2015, there was a devastating earthquake in Nepal. Kathmandu is the base of our operations in Asia, so many of our colleagues and friends were there. Fortunately, our team was safe – but they knew that countless others were threatened by immediate trauma, lasting harm to the infrastructure of everyday health services, and the potential for new diseases and challenges. In solidarity with partner organizations, the Government of Nepal, and local citizens, our team acted rapidly to support response and recovery efforts. Swift aid from a broad community of supporters put gas in our tanks, allowing us to deliver communications tools, establish disease surveillance systems, and expand our work improving health in remote communities. Our team was empowered by the funding support we received, and we are committed to the work of rebuilding health systems to serve the citizens of Nepal.

Amidst this growth and response work, 2015 provided us opportunities for long-term thinking. We reflected on the shifts needed to achieve global health equity and imagined how the next version of our software might accelerate these changes.

Specifically, Medic Mobile believes that health systems should be designed to care for people, across places and over time. Systems should be proactive, bringing health care workers to families’ doorsteps often and early. We must recognize and fulfill the potential for community health workers to serve as caregivers for their neighbors – they are not just administrative agents, but messengers, listeners, and care providers whose accompaniment takes many forms.

We believe that performance management can move us beyond good intentions – there is power in knowing where we are today and where we could be tomorrow. Health workers deserve support from supervisors as they navigate complex realities on the front line of global health. And finally, we envision an increasingly integrated future – community health workers acting in coordination with facility staff, information made readily available to support decisions, and training that prepares health workers to address challenges faced by their communities. Importantly, technology tools should be designed to further this vision for a new type of health system.

The new version of Medic Mobile that we released in late 2015 will support these critical shifts, with our vision and values manifested in a new product. I am ever-hopeful about the future – thanks to our growing network of partners, the progress we’ve made to date, and the people working together to deliver equitable care in the hardest-to-reach communities.

– Josh Nesbit, CEO
We are all health workers

Medic Mobile was created for people delivering care in hard-to-reach areas. The toolkit supports any language and works with or without connectivity. Our tools run on basic phones, smartphones, tablets, and computers, supporting people doing critical work in communities, health facilities, and management offices. We’re committed to developing open-source software, sharing learnings, and lowering barriers to adoption, scale, and reach for these tools.

Medic Mobile’s product team is constantly improving the toolkit, working alongside our partners and frontline health workers in 23 countries. At Medic Mobile, people are at the center of everything we do, and our work is grounded in the mindset and methodology of human-centered design. Here’s a look at what we built and shipped in 2015.

Launched a new mobile app for health workers and managers
Our product team has been hard at work building a new Android app designed for community health workers. After six months of design and development, moving from sketches and paper prototypes to focus groups with a functioning app, we launched the first deployment with Living Goods in Uganda. Over the past year, we have worked side-by-side with the Living Goods team and community health promoters in Uganda to identify the most important features, design and test the user experience and user interface, and configure the application.

Our mobile app was designed for a new wave of health workers and integrated health systems. It supports multiple user types, including traveling nurses or skilled birth attendants in communities or facilities, community health workers, managers on supervisory visits, and other people who deliver care and support. The app provides an automated and prioritized list of upcoming tasks, covering all of a health worker’s activities in their community. Health workers are guided through actions — such as screening for high-risk pregnancies or diagnosing and providing treatments for children — and get real-time indicators for progress towards their goals. Our app can be deployed with an Android container, delivering the benefits of the web and a native app. Data from every mobile user is replicated to the Medic Mobile web app and analytics tools, providing access to facility staff and managers.

Created a better web app
Medic Mobile’s web app was designed for last-mile facilities as well as management offices. It can be hosted locally or in the cloud, and runs as a responsive web app on desktops, laptops, tablets, or smartphones. Our web app serves as a communication and data hub, helping users provide care for patients or provide targeted assistance for remote health workers. Typical users include health worker managers, nurses, doctors, and local monitoring and evaluation staff.
Based on user feedback and focused testing with the UX Lab in Nairobi, we prioritized some important updates to the Medic Mobile web app. First, we added a new People tab to make it easier to manage the people and places in a health system. Second, we made tweaks under the hood to improve the app’s performance. We also made it easy to export data from any tab in Medic Mobile, improved our onboarding wizard, and developed a new look and feel for our configuration tab.

**Made big changes to our DIY Toolkit**

In 2015, we released a new version of our Do-It-Yourself (DIY) Toolkit with important updates for our offline web app. The new version incorporated feedback from beta testers in clinics in Africa and Asia. The DIY team also revised the user installation guide and created an offline-accessible cost estimator, new training of trainers guide, troubleshooting guide, monitoring and evaluation guide, and three-part animation series. In addition, we completed translation of the software and SMS messages into Swahili, Hindi, Nepali, French and Spanish.

Medic Mobile staff and fellows traveled to Uganda and Malawi to collect feedback on the new installation process and user resources. At the end of the year, four new organizations — “trusted testers” — deployed Medic Mobile for antenatal care by themselves in Uganda, India, Nepal, and Malawi. Medic Mobile’s regional DIY managers collected baseline data, documented the antenatal care workflows, and conducted interviews on experiences with DIY Toolkit.

Looking ahead to the development of the DIY Toolkit for childhood immunizations, the DIY team organized best practices for immunization workflows and worked closely with a consultant on WHO standards and reporting for immunizations.
Strong partnerships are fundamental to our ability to reach more health workers. We’re in awe of every one of our partners and celebrate their dedication and ingenuity. It’s a privilege to combine our technology and our learnings to work with partners to reach even more communities.

In 2015, Medic worked in partnership to support 13 new projects and health systems. Partners deploying large-scale projects included Christian Aid (Kenya), Living Goods (Uganda), ChildFund (Senegal), Amref Health Africa (Senegal and Ethiopia), Saving Mothers (Tanzania), IntraHealth (Senegal) and One Heart World-Wide (Nepal).

Antenatal care and stock monitoring with Amref Health Africa
In 2015, we grew projects with Amref Health Africa in Malawi, Ethiopia and Senegal. Amref is a strong partner, with a country-driven strategy for their programs that matches our mission and partner criteria. In Malawi, we planned to deploy tools to support antenatal care (ANC), but after several project meetings, we identified a shift in programmatic needs and deployed a stock monitoring project. In Ethiopia, we worked together to deploy a 200 health worker project which went live in August. This project supports both ANC and immunizations, leading to greater opportunity for impact. In Senegal, we deployed tools to support an additional 200 health workers supporting family planning.

Scaling with Christian Aid in Kenya
Throughout 2015, we worked with Christian Aid to scale Medic tools. We had significant learnings from our initial deployment together in 2014 and worked closely together to improve and ensure active engagement by health workers in future deployments. By the end of October 2015, we deployed Medic Mobile with 400 CHWs in Narok County. In summer of 2015, we also signed a global partnerships agreement with Christian Aid, which will minimize some of the administration of setting up future projects and also allows us to enter into conversation with other Christian Aid country offices. We are continuing to discuss additional work with Christian Aid, specifically in Isiolo County in Kenya and Malawi, for which we are actively seeking grants with the partners.

Child protection and antenatal care with ChildFund
We began working with ChildFund in October 2014 on an Ebola response initiative in Liberia and quickly deployed a child protection and health project with their team in early 2015. Through our engagement with their team in West Africa, we were able to plan and deploy an additional large scale project with their team in Senegal, which went live in October 2015. ChildFund manages the largest community health program in Senegal, and we are working with 260 health workers on an antenatal care deployment. In addition to the work in Liberia and Senegal, we submitted a proposal for antenatal care coordination with the ChildFund office in Sierra Leone to begin in 2016.
Post-earthquake disease surveillance in Dharding and Kathmandu Valley, Nepal

Dharding was one of the worst affected districts in Nepal with 649 dead and 1,218 injured. Many families were displaced from their homes and had to live in crowded shelters where risk of disease outbreaks are high. In collaboration with the District Health Office (DHO) and One Heart WorldWide (OHWW), our team rolled out an SMS-based platform for registering eight syndromic diseases. This includes the ability to send a notice in case of suspected disease outbreaks from all Health Posts, Primary Health Centers and District Hospitals in Dharding. The reporting format we designed for Dharding uses text forms on feature phones. We also provided all sites with solar chargers. The feature phones allowed users to transfer data without internet or with limited access to power. Unlike paper reports, Medic Mobile allowed for very quick transmission of data with a reporting format consistent with the same ones issued by MoHP.

In Kathmandu Valley, Medic Mobile set up a system to monitor the same syndromic diseases in ten public hospitals in partnership with the Epidemiology and Disease Control Division (EDCD). The EDCD continues to use this information to monitor trends and compare with historic data, allowing them to identify potential outbreaks. We are now building on this partnership to expand monitoring systems outside Kathmandu Valley.

Scaling with One Heart World-Wide in Nepal

In 2015, we continued to focus on scaling projects in Nepal and remain on track to deploy with 1,100 health workers by early 2016 in Baglung District. This project began as a focused pilot with 77 users, which was then expanded to 500 and now, through budgeting and significant buy-in from the district health office, will reach 1,100 communities. Given the earthquake in Nepal, full deployment was delayed but program staff were active on the project again by the end of May. In addition, the earthquake allowed for a catalytic moment for this project, as our ministry partners and deployment partners all saw the immediate need for ANC coordination in Dharding, one of the most affected districts in Nepal. Through joint fundraising and local support, this deployment will reach an addition 650 health workers in a new district.

Scaling to more than 1,000 users with IntraHealth Senegal

In 2015, we entered the 4th year of our partnership with IntraHealth in Senegal. With a focus on locally owned systems, we have been piloting and scaling a facility-based service reporting project. In 2015, 1,000 users were actively using Medic Mobile through this deployment. Historically, these users have been supported through SIM apps and in 2015 we also tested the deployment of a smartphone app for certain users in this project. This is a substantial project for Medic Mobile, as we reached national scale in 2015.

Activities in 2016 are focused on transitioning to the MoH and planning for sustainability of the platform.

Improving Community Health Promoter performance with Living Goods in Uganda and Kenya

Living Goods partnered with Medic Mobile to design a smartphone application for Community Health Promoters (CHPs), design and deploy Medic’s analytics tool for branch managers overseeing CHP activity, and plan for replication of their model with an updated technology toolkit. The goals of the partnership are to improve CHP performance, provide new tools for branch managers, provide visibility into program quality for program staff, and improve health outcomes across communities covered by Living Goods agents. In 2015 analytics tools were implemented across all LG branches and 878 CHPs. Medic Mobile and Living Goods also collaborated on the design of Medic Mobile’s new Android application for frontline health workers. This new application, fully integrated into the Medic Mobile toolkit, was field-tested with Living Goods in the last quarter of 2015. In 2016, these tools will scale across Living Goods programs in Uganda and Kenya.

Designing performance management tools with Muso in Mali

In 2015, Medic began an exciting partnership with Muso in Mali to build cutting-edge tools designed to improve the impact of CHWs on maternal and child survival. Over the past decade, Muso has been creating health care systems that are optimized for speed, that save lives by reaching patients early. Together, Muso and Medic have co-designed a performance dashboard as a supervisory tool for community health workers and have partnered to launch Medic’s Android mobile application for Muso’s CHW program, which will provide task reminders, patient tracking, decision support, and real time performance feedback. Both tools will be deployed in 2016.

Scaling antenatal care and stock monitoring tools with Saving Mothers in Tanzania

In partnership with Bruyère Research Institute, Shirati Hospital, Amref Health Africa, and Canadian Physicians for Aid and Relief (CPAR), Medic Mobile was awarded funds by the Human Development Innovation Fund (HDIF) focused on fostering innovative and sustainable solutions to create social impact across Tanzania. In 2015, we scaled Medic tools to register, track, and provide text messages to expectant mothers. The platform was also used develop stock reporting systems to ensure continuous availability of Clean Delivery Kits (CDKs) in district dispensaries. The project improved the role of Community Health Workers (CHWs) by training them on innovative health technologies, integrated with the local primary health care system. By building on an initial
proof of concept from Phase I of this work and an Extension Demonstration Project in Mara Region, in collaboration with the local Shirati Hospital and CPAR, this scale up of the initial Saving Mothers Project addressed the leading causes of maternal and newborn mortality.

**Patient tracing across borders with the Cross-Border Health Integrated Partnership Project**

Medic Mobile is a core partner in the United States Agency for International Development (USAID)-funded Cross-Border Health Integrated Partnership Project (CB-HIPP) along with FHI360. The project aims to extend quality integrated health services in strategic cross-border areas and other hotspots in the East, Central and Southern Africa (ECSA) region. Medic Mobile’s role in the project is to design and test tools that increase access to integrated health services at strategic cross-border sites and other select HIV transmission “hotspots” along Eastern, Central and Southern Africa transport corridors, as well as strengthen the long-term sustainability of networked health and HIV/AIDS service delivery points along these corridors. Beginning in October of 2015, Medic conducted human-centered design (HCD) activities to understand all the users in the CB-HIPP ecosystem. The focus of this research was improving HIV and TB treatment through technology, HIV and TB tracing practices, and current cross-border tracing activities in East Africa. Our evidence brief was submitted in September 2015.

**Reporting mental health services with Strong Minds in Uganda**

In 2015, Strong Minds and Medic Mobile partnered to deploy mobile tools to report on mental health services. With a presence in Kampala, Wakiso and Iganga Districts in Uganda, Strong Minds works to improve the mental health of women in Africa. The organization implemented the first Interpersonal Therapy Groups (IPTG) in Southern Uganda. Medic Collect was deployed to capture data around IPTG group sessions.
Medic Mobile’s R&D team is dedicated to the development of new use cases. We focus on designing, testing and studying new workflows that we believe can achieve impact at scale. In 2015, we formalized the R&D team structure, hired our first dedicated R&D team member, and began work on multiple new use cases. Below are some project highlights from the year.

**Children In Crisis in Guatemala**
Medic Mobile is working with Stanford University and the Children In Crisis initiative to improve malnutrition screening in rural Guatemala. CHWs hold regular weigh sessions in 19 communities to monitor the growth of children under 5 and identify cases of stunting from chronic malnutrition. Health workers enter each child’s height, weight and date of birth into their phones running our SIM application and are presented with the height-for-age and weight-for-age z-scores, which are used to classify the nutritional status of each child. Calculations occur offline on the CHWs phone, and present results immediately while the child and caregiver are still present, encouraging appropriate counseling with the child’s family and notification if the child will be enrolled into a treatment protocol. To support this, we created a discrete model encompassing the World Health Organization (WHO) z-score tables, in order to fit the application on the limited memory available on our SIM application hardware. We used linear interpolation across 6th order polynomial fits to classify the child’s z-scores. Children In Crisis will also be deploying an Android application that they built to support the same workflow, and we will be studying the benefits and challenges of each system.

**Living Goods in Uganda**
As part of the Living Goods project, we deployed our first workflow designed around the Integrated Community Case Management (iCCM) protocol. Health workers use our mobile app to conduct screening for all children under 5, looking for signs of malaria, pneumonia, and diarrhea and are presented with a results screen that summarizes symptoms, as well as recommends appropriate care for the child including home-based treatment and referral to the nearest health facility, as indicated.

**Global Healing in Honduras**
In 2015, we were awarded a grant to work with UCSF School of Medicine and local partner Global Healing on an intervention to improve breastfeeding rates among new mothers in Roatan, Honduras. The Medic Mobile platform will be used to enroll women at the public hospital, send messages to encourage exclusive breastfeeding practices, and survey breastfeeding rates during and after the intervention. The protocol will be studied by our team and University of California researchers. 2015 activities included concept development, as well as design and technical training support. The study is set to launch in summer 2016.
Kenya Medical Research Institute Study
Medic tools are being used in an randomized control trial (RCT) assessing the impact of time-targeted messaging on malaria treatment adherence among patients in Western Kenya. The study aims to assess whether text messaging can improve patient adherence to malaria treatment and bring back more patients for post-treatment review. The time-targeted reminder messages are enabled through the Medic web application. The study began in January 2014 and ended in 2016. Data analysis is ongoing and research findings will be published in 2016.

Queens University in Tanzania
In Tanzania, Medic Mobile is working in partnership with Queen’s University to design and implement a cervical cancer research project. Cervical cancer in Tanzania ranks as the 1st most frequent cancer among women. Through this project, Queen’s University and Ministry of Health partners will assess the impact of cervical cancer messaging paired with transport vouchers on cervical cancer screening uptake. Using the Medic Mobile platform, two randomized groups of patients received a pre-defined schedule of messages regarding cervical cancer screening information and cervical cancer screening clinic sites and times. One group of patients also received a voucher for travel free of cost to the nearest screening clinic. Once women arrived at the clinic, pre-defined research questionnaire were administered by a clinical research assistant on Medic Mobile tools. Results will be available in 2016.

Mobile and Web Tools for Health Sector Governance
Even though costs of poor health sector governance are staggering high, challenges in governance seem intractable to many in the global health community. Fortunately, transparency, accountability and participatory governance interventions have yielded remarkable results in a growing number of recent projects. Moreover, the use of information and communication technologies (ICTs) is becoming increasingly widespread in good governance initiatives that target the health sector.

Medic Mobile co-founder Isaac Holeman collaborated on a report which outlines the potential of digital technologies to improve governance of the health sector in low-income countries. The report highlights opportunities for the use of digital tools in gathering information, automating services, aggregating and presenting transparency data, and mobilizing communities to foster accountability. The study was commissioned by the USAID-funded Leadership, Management and Governance project, and conducted by Isaac Holeman (University of Cambridge), Tara Cookson (University of Cambridge), and Claudia Pagliari (University of Edinburgh).

Hope Foundation Antenatal Care Study in Bangladesh
Together with the Hope Foundation, we piloted the project ‘Bangladesh Antenatal Care with SMS (BANCS)’ in two phases in Cox’s Bazar, Bangladesh. The objective of the pilot study was to assess the impact of Village Health Workers (VHW) delivering an SMS supported, home-based antenatal care program. The primary impact indicator was the proportion of live births attended by skilled health workers. Phase I was paper-based, and the patient target was 500. Phase II was the mobile technology base, the total target was 250 and 258 patients were enrolled. Baseline surveys were conducted with approximately 800 patients, and in 2015 we produced a report on key findings. The report outlines successes and challenges and recommends raising awareness among the community to understand differences and benefits of accessing care from skilled birth attendants, trained birth attendants, and traditional birth attendants.
Team Growth

Alexander Anderson
Senior Software Developer

Estelle Comment
Senior Software Developer

Sanchay Gupta
R&D Associate

Mathew Juma
Technical Lead

Abdou Fata
Project Manager

Richard Ngamita
Senior Technical Lead

Jennifer Muli
Project Manager

Anand Deo
Asia DIY Manager

Leah Ng’aari
Project Manager

Prakriti Kaini
Project Manager

Bishwas Bhatta
Technical Lead

Manoj Khadka
mHealth Project Officer

Pawan Acharya
Project Manager

Narayan Prasad Rijal
IT Assistant

To join our team visit: medicmobile.org/join
Medic Mobile shares our learnings from health systems around the world, draws attention to the health workers on the front lines of social change, and advocates for global health equity. Here are some of the places we presented our work in 2015.

- Rockefeller Foundation’s and IDEO.org, New York City, USA
- InfoPoverty World Conference, UN, New York City, USA
- CORE Group, Community Health Spring Meeting, Washington D.C., USA
- Skoll World Forum, Oxford, UK
- Global Philanthropy Forum, Washington, D.C., USA
- Ashoka World Changers Conference, Washington D.C., USA
- Africa Regional Meeting on Digital Health for Overcoming Barriers to Ending Preventable Child and Maternal Deaths and Achieving Universal Health Coverage, Lilongwe, Malawi
- Aspen Ideas Festival, Aspen, USA
- HealthRight Health & Human Rights Awards Dinner, New York City, USA
- Mulago Health Summit, San Francisco, USA
- Game Changers Summit, Nashville, USA
- Aspen Ideas Spark Incubator for Sustainable Development Goals, New York City, USA
- 2015 Global Women’s Network hosted by the George W. Bush Institute, Dallas, USA
- International Papillomavirus Conference, Lisbon, Portugal
- Future of Storytelling Conference, New York City, USA
- USAID Digital Development Forum, New Delhi, India
- Health and Humanitarian Logistics Conference, Johannesburg, South Africa
- mHealth Summit, Washington D.C., USA
- World Health Organization Department of Pandemic and Epidemic Diseases consultation, Geneva, Switzerland
- Union World Conference on Lung Health, Cape Town, South Africa
Thanks to the generous support of our funding partners, Medic Mobile is able to design new technology tools with community health workers, research and develop new ideas, and test new delivery models to achieve scale and reach. Philanthropy allows us to focus on serving the hardest-to-reach communities and improving global health equity. In 2015, funders also played a critical role in supporting Medic Mobile’s relief and rebuilding efforts in Nepal. We are deeply grateful for the support provided by the following funding partners in 2015.

Barr Foundation
Bruce Campbell
Child Relief International
The Clif Bar Family Foundation
COMO Foundation
David Weekley Family Foundation
EcoPhones
The Elmo Foundation
Fast Forward
The Horace W. Goldsmith Foundation
The Greenbaum Foundation
Jester Foundation

Jill Iscol
Johnson & Johnson Corporate Contributions
Jasmine Social Investments
Mulago Foundation
Nancy Cooley
Peery Foundation
Rockefeller Foundation
Segal Family Foundation
Skoll Foundation
Silicon Valley Social Ventures
United Nations Foundation
Vitol Foundation
## Financial Summary

### Profit and Loss Statement

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<thead>
<tr>
<th>Revenue (USD)</th>
<th>2015</th>
<th>2014</th>
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<tr>
<td>Foundations, Corporate Grants</td>
<td>2,216,842</td>
<td>1,702,220</td>
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<tr>
<td>Contracts</td>
<td>743,120</td>
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<tr>
<td>Other Income</td>
<td>31,446</td>
<td>32,448</td>
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<td>Contributions In-Kind</td>
<td>0</td>
<td>14,238</td>
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<tr>
<td>Interest</td>
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<td>44</td>
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**Total Revenue**: 2,991,702

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<tr>
<th>Expenses</th>
<th>2015</th>
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<td>Program Services</td>
<td>1,966,275</td>
<td>1,280,130</td>
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<tr>
<td>Management and General Support</td>
<td>335,624</td>
<td>213,598</td>
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<td>Fundraising Support</td>
<td>24,247</td>
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<td>Total</td>
<td>2,326,146</td>
<td>1,505,368</td>
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**Total Expenses**: 2,326,146

### Balance Sheet

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<tr>
<th>Assets</th>
<th>2015</th>
<th>2014</th>
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<tr>
<td>Current Assets</td>
<td>1,434,095</td>
<td>875,798</td>
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<td>Other Assets</td>
<td>17,991</td>
<td>11,591</td>
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**Total Assets**: 1,452,086

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<tr>
<th>Current Liabilities</th>
<th>2015</th>
<th>2014</th>
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<tr>
<td>Liabilities</td>
<td>236,716</td>
<td>337,575</td>
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</tbody>
</table>

**Total Liabilities and Net Assets**: 1,452,086

### Financial Summary 2015

#### Revenue (%)
- 74% Foundations, Corporate Grants
- 25% Contracts
- 1% Other Income

#### Expenses (%)
- 85% Program Services
- 14% Management and General Support
- 1% Fundraising Support

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We are all health workers
Get Involved!

Donate funds (a little or a lot)

Apply for a job or join the team

Donate your old phone

Become a Partner

Contribute code through our open source community

Anyone can contribute their time, skills, and resources to help more people get access to healthcare. We are all health workers. If you can write or test code, donate funds, introduce us to potential partners in this mission, or provide expertise, you can act in solidarity with health workers delivering care to their hardest-to-reach neighbors.

If you are looking for a way to start, please share this report with your friends, sign up for our newsletter, and donate your old phones. We are grateful for every action.

Visit our website at: medicmobile.org

Send us a message at: hello@medicmobile.org

Explore our tools at: medicmobile.org/tools