

LETTER FROM THE MUSO TEAM

Muso set a team speed record for access to care in the month of June, reaching 75% of our patients within 24 hours of symptom onset. For comparison, the WHO reports that 15% of children in Mali receive appropriate treatment for malaria within 24 hours of symptom onset. Bearing in mind that most health systems do not measure treatment time, we are unaware of any other health system reporting equivalent results.

Muso launched training for our CHWs in an expanded CHW service delivery package in Q2, the culmination of a year of curriculum development. Muso's CHWs will be providing Proactive Community Case Management, searching door to door for patients, diagnosing and treating cases of pneumonia, malnutrition, diarrhea, and malaria. They will be assessing sick children, newborns, and pregnant women for danger signs and bringing them rapidly in for care.

In June, we hosted the Medic Mobile team in Yirimadjo for a two-day workshop. We planned the launch of the CHW Dashboard, a cutting-edge tool to improve CHW performance. The Dashboard is scheduled for launch in Q3, along with an embedded Randomized Controlled Trial to test its impact. Additionally, Muso will be one of the first two organizations to roll out Medic Mobile's new smartphone-based CHW patient care platform in the coming year.

Our relationship with the Malian Ministry of Health continues to grow. We are providing ongoing intensive technical support to the Ministry to complete a national strategic plan to scale up CHWs to every remote rural village in the country. The Ministry asked Muso to host a technical working group at our Yirimadjo offices to revise national protocols for CHW care.

As we provide technical guidance to write the national plan, we are also supporting the Ministry of Health to mobilize the resources they need to implement this plan. In Q2, Muso joined the Country Coordinating Mechanism, a small group of core partners that support and guide Mali's applications to the Global Fund.

As a result of our continued advisory relationship with the Ministry, Muso's research and advice is progressively being incorporated into the MoH's national plan. In 2011, we and the National Malaria Control Program conducted a universal bed net distribution in Yirimadjo. The Ministry subsequently adopted this approach as national policy, with support from the Global Fund and Population Services International (PSI). As part of this new effort, Muso CHWs helped the MoH and PSI distribute more than 50,000 bed nets across Yirimadjo.

In Bankass, the area of our rural adaptation and expansion, we have hired and deployed our new field team. We continue to work with MASS Design on infrastructure plans to redesign and expand eight health centers. We also convened local, district, and regional leaders throughout Bankass in a workshop to hear their input on the plan and to ensure harmony and strong partnership as we move forward with this work and research. With these crucial foundation pieces in place, we look forward to breaking ground on Tori, the pilot site, in Q3 and to having the site up and running by the end of the year.

Your partnership makes this work possible. Thank you for your support.

-The Muso Team

MILESTONES

Key: ■ 2015 Q1 Results ■ 2015 Q2 Results



1,235

1,273

Children tested for Malaria



52,890

35,594

CHW home visits for active case finding, diagnosis, treatment and follow-up

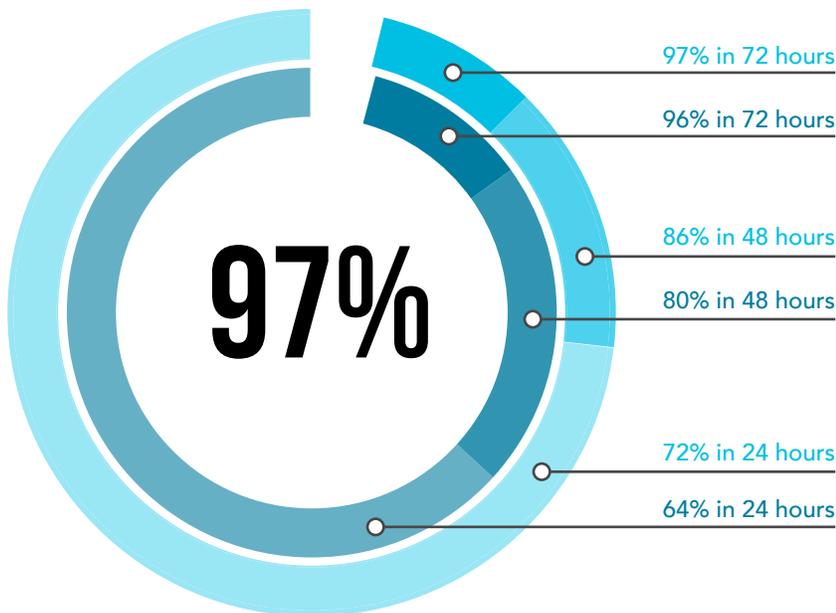


9,552

9,484

Vulnerable patients given comprehensive and free clinic-based care

Children Seen by CHWs within 72 Hours of Symptoms Onset



Muso's Impact Since 2008



587,041

Cumulative Home Visits



114,843

Cumulative Clinic Visits

STAFFING

We are excited to report that our core rural site staff (Rural Site Coordinator, Health Center Capacity Building Manager, CHW Manager) have been hired. We are also finalizing the hire of a Director of Research, and look forward to sharing more news on this new member of the team.

We are in the process of hiring for the COO position, and have brought on a recruitment firm to help us identify candidates. The COO has proved a tricky position to recruit for, as it demands a rare combination of financial and organizational management skills, French and English fluency, and readiness to live in Mali for the majority of the year. We appreciate any suggestions and referrals!

FINANCIALS

At the close of Q2, Muso has raised \$2,143,543 in committed funds, or 89% of our 2015 budget of \$2,413,123. Our cash reserve is strong and Q2 revenue outperformed projections by 18%. Our net income remains high, as we have tactically underspent in anticipation of significant expenses in Q3. These costs will include the start of construction on the first rural clinic site, as well as patient care increases as the rainy season begins in Mali. We continue to focus on raising funds for expansion-related expenses, especially as the seven RCT sites are due to launch by the end of 2016.

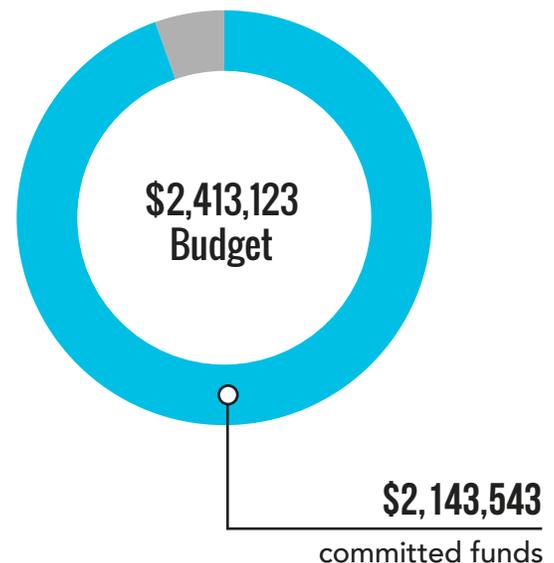
Budget Variance Overview Q2 2015

	YTD Actual	YTD Budget	Var USD	Var %
Total Revenue	\$1,290,064	\$1,092,041	\$198,023	18%
Total Expenses	\$629,971	\$973,954	\$343,983	35%
Net Income (Loss)	\$660,093	\$118,087	\$542,006	459%

Balance Sheet (as of 6/30/15)

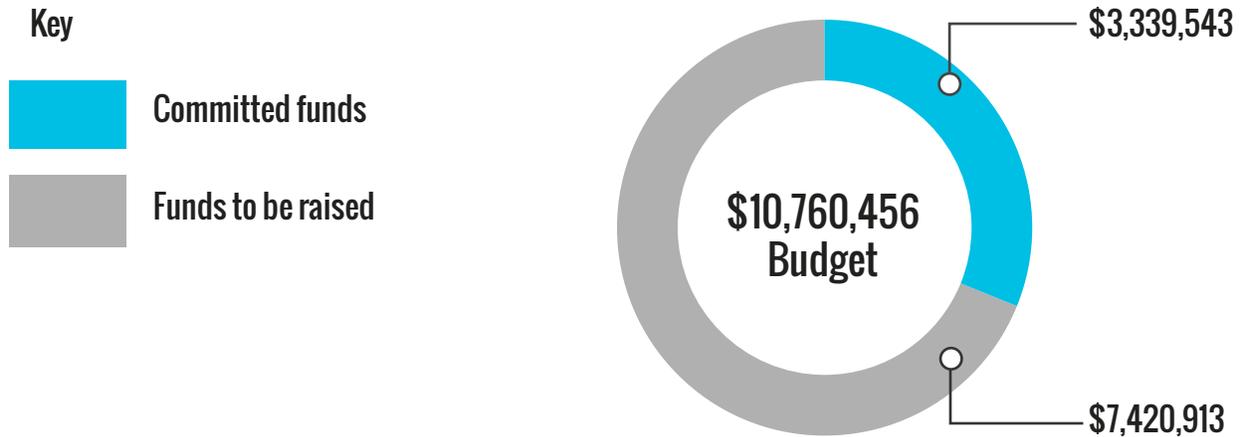
Assets	
Cash and Cash Equivalents	\$1,168,316
Pledges Receivable	\$894,825
Total	\$2,063,141
Liabilities & Net Assets	
Accounts Payable	\$81,792
Restricted Net Assets	\$801,778
Unrestricted Net Assets	\$1,179,571
Total	\$2,063,141

2015 Committed Funds



Total Budget Over Four Years

Muso's current budget projections encompass 2015's year of capacity-building, rural expansion into eight new sites across the district of Bankass, and a three-year Randomized Controlled Trial beginning in 2016.



Budget Breakdown by Year

