INTRODUCTION

Muso’s work over 2013 represents continued progress in our efforts to eliminate preventable deaths in one of the world’s most vulnerable places. At a time when the global community is not yet on track to meet the Fourth Millennium Development Goal — a 2/3 reduction in child mortality by 2015 — Muso has shown that rapid progress is achievable. To this end, our activities in 2013 demonstrated continued programmatic success on the ground while enabling us to share our model with the world in an unprecedented way.

In 2013, Muso markedly strengthened our model health system. We deployed a new cadre of Community Health Workers and CHW Supervisors supported by new models for data-driven supervision and performance improvement. We provided health care to tens of thousands of residents in the communities we serve, and we continued to push the envelope in the design and implementation of an efficient, effective, and scalable model for improving child and community wellbeing.
THE MUSO MODEL

Muso recognizes that to save lives in the world’s poorest communities, a reactive model is not enough. Early access to care is crucial to survival. To address this challenge, we built a different kind of health system — one that removes barriers and brings care to patients proactively. Through a decade of research, Muso developed a proactive healthcare system designed to save lives.

PROACTIVE SEARCH
CHWs provide a package of life-saving health care services in the home.

DOORSTEP CARE
Community Health Workers and community members search for patients through door-to-door home visits, to connect them with care early.

RAPID-ACCESS CLINICS
For patients who need more care than is possible at the doorstep, we quickly bring them to Rapid Access Clinics.
IMPACT

We launched the newest iteration of Muso’s health system in the summer of 2013 in an event that brought together national leaders from the Malian Ministry of Health, the Ministry of Social Welfare, and community members from across Yirimadjo. The launch marked a further deepening of Muso’s partnerships with local and national leaders to create a vanguard model for universal health care and improved child survival.

Our 2013 patient care numbers represent a significant improvement compared to CHW outreach speed in 2009, when they reached 18% within 24 hours, 32% within 48 hours, and 64% within 72 hours. We know, however, that we can make even further improvement. This is why we have tripled our CHW team and improved our supervision structures to enable each CHW to perform to their fullest potential and to optimize the speed and quality of care they provide.

TREATMENT TIME FOR CHW PATIENTS IMPROVES

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<th>2009</th>
<th>2013</th>
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<tr>
<td>Within 24 Hours</td>
<td>18%</td>
<td>43%</td>
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<tr>
<td>Within 48 Hours</td>
<td>32%</td>
<td>63%</td>
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<tr>
<td>Within 72 Hours</td>
<td>64%</td>
<td>86%</td>
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TOTAL 2013 IMPACT

- **Home Visits**: 84,337
- **ChW Patients Reached in 72 Hours**: 19,097
- **Clinic Visits**: 86%

CLINIC VISITS

- Initial sick patient visits: 12,642
- Intravenous infusions to treat illnesses: 2,698
- Nursing and wound care: 2,590
- Prenatal consultations: 1,156
- Patient referrals to district or national hospitals: 156

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In the first half of 2013, Muso completed the training and launch of our expanded Community Health Worker (CHW) team, which grew from 23 to 75 CHWs supervised by four internally-promoted CHW supervisors. In November 2013, we reinforced this expanded team through a refresher training in recognizing the signs and symptoms of pediatric illnesses and appropriate responses, including in-home assessment and treatment of malaria and diarrheal diseases and referral of severe cases including malaria, diarrhea, pneumonia, tetanus, meningitis, severe dehydration, sepsis, liver failure, kidney failure, and surgical emergencies.

SUPERVISING COMMUNITY HEALTH WORKERS

The launch of Muso’s enhanced health system galvanized Community Health Worker performance through the recruitment, training, and transformation of Muso’s highest performing veteran CHWs into a CHW supervision team. Each of the four supervisors, trained in positive coaching, have provided supervision, mentoring, and support to 16-20 CHWs through:

- Direct observation of each CHW monthly
- Interviewing randomly selected households within each CHW’s catchment area monthly
- Analysis of patient care forms filled out by CHWs
Muso is making important progress transforming health outcomes for the more than 77,000 people we serve. But our aim extends still further. We have developed a scalable model for strengthening health systems and stopping preventable child deaths. Through research, best practice sharing, and advocacy, we are extending the impact of Muso’s work to shape policy change and to advance global efforts to improve child survival. On these fronts, we made important strides this past year:

**GLAXOSMITHKLINE HEALTHCARE INNOVATION AWARD**
In November 2013, Muso was honored to receive a $100,000 GlaxoSmithKline Healthcare Innovation Award designed to support new models that have been successful in reducing child deaths in developing countries. Muso was one of 5 organizations chosen out of nearly 100 applicants from 29 countries.

**CAPLOW CHILDREN’S PRIZE**
In December 2013, Muso was also selected as a finalist for the first annual $1 million Caplow Children’s Prize. A judging team of global health experts and philanthropists recognized Muso as one of the 8 highest impact models in the world for child survival among 565 applicants from 70 countries.

**PLOS ONE PUBLICATION**
The child survival study conducted by researchers at Harvard, the University of California San Francisco, and the Malian Ministry of Health was published this past December in the academic journal PLOS ONE. The study documented a ten-fold difference in child mortality in Muso’s area of intervention from baseline. The published results generated significant global attention and media coverage from the New York Times, Reuters, ABC News, the Gates Foundation’s Impatient Optimists blog, and others.

**GLOBAL ADVOCACY**
Over the past year, we have shared Muso’s results with global leaders in child survival: UNICEF’s headquarters leadership, the MDG Health Alliance, and the 1 Million Community Health Worker Campaign. These ongoing relationships enable Muso to help advance the global effort to stop millions of child deaths.
FINANCIALS

Revenue & Support
- Grants: $596,874
- Contributions: $111,257
- Total: $708,131

Expenses
- Program: $546,729
- Other Operating Costs: $46,652
- Total: $593,381

Assets
- Net Assets, Beginning of Year: $73,571
- Change in Net Assets: $114,750
- Net Assets, End of Year: $188,321

YEAR-OVER-YEAR EXPENSES

- 2006: $28,000
- 2007: $63,000
- 2008: $175,000
- 2009: $252,000
- 2010: $343,000
- 2011: $476,000
- 2012: $844,000
- 2013: $684,000
Joshua Schulman-Marcus
Erin Schultz
Joshua Skidman
Ruth Seldman
Scott Shumaker
Bettina Silber
Sanjay Sivanesan
Howard & Nancy Smith
Martin Smith
Maya Smith
Derrick Snyder
Arlen Soifer
Benjamin Solomon-Schwartz
Judith Sennfeld
Beth Seref
Ilona Streit
Roger Streit
Margot & Philip Sunshine
Alan Symonds
Alan Symonds
Dana Savit & Marvin Szymbowicz
Lask Technologies
Daniel Teweles
Catherine Thomas
Thomas Tighe
Sangeeta Tripathi
Sophia Turell
Sheri Vitiner
Daniel Vogel
Barry Walfish
Miriam Simma Walfish
Marbica Walfish
Stephanie Ward
Bruce Waxman
Lowell Waxman
Rebecca Weaver
Michael Wentworth
Nicole Westercamp
Martha Wheelock
Lani Willis
Leo Winter
Dana Wolinsky
Andrew Wood
Randy & Elizabeth Wood
Molly Zeff
Jiachen Zhang
Susan Zuckerman

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