QUARTERLY IMPACT REPORT

QUARTER 4 2015

LETTER FROM THE MUSO TEAM

Every time a Muso CHW knocks on a door, she's redefining what health care can be. By going door to door to seek out sick patients and provide them with life-saving care, CHWs remove barriers and connect patients to care proactively. This approach is fundamental to Muso's health care innovation: finding patients faster saves lives.

As 2015 began, Muso CHWs conducted 9,853 home visits in the month of January. This number was entirely insufficient. Families weren't seeing their health workers often enough. Over the course of 2015, we set out to solve this as a team. The result astonished us.

In early 2015, we conducted a root causes analysis and identified three key pitfalls slowing our CHWs down:

1) inefficient CHW workflows
2) insufficient CHW staffing (each CHW was then covering a catchment area of nearly 2,000 people)
3) CHW supervision was not sufficiently frequent or systematic

Here is how we tackled these pitfalls over the past 12 months: we redesigned CHW workflow to enable them to visit more homes per day, and to reach each home more frequently through shorter, more focused visits. We also designed an approach to performance management called 360 Supervision, which collects information on CHW performance from multiple angles and provides individualized performance feedback to each CHW. Finally, in the last quarter of 2015, Muso deployed an expanded CHW team, doubling our workforce from 75 to 150.

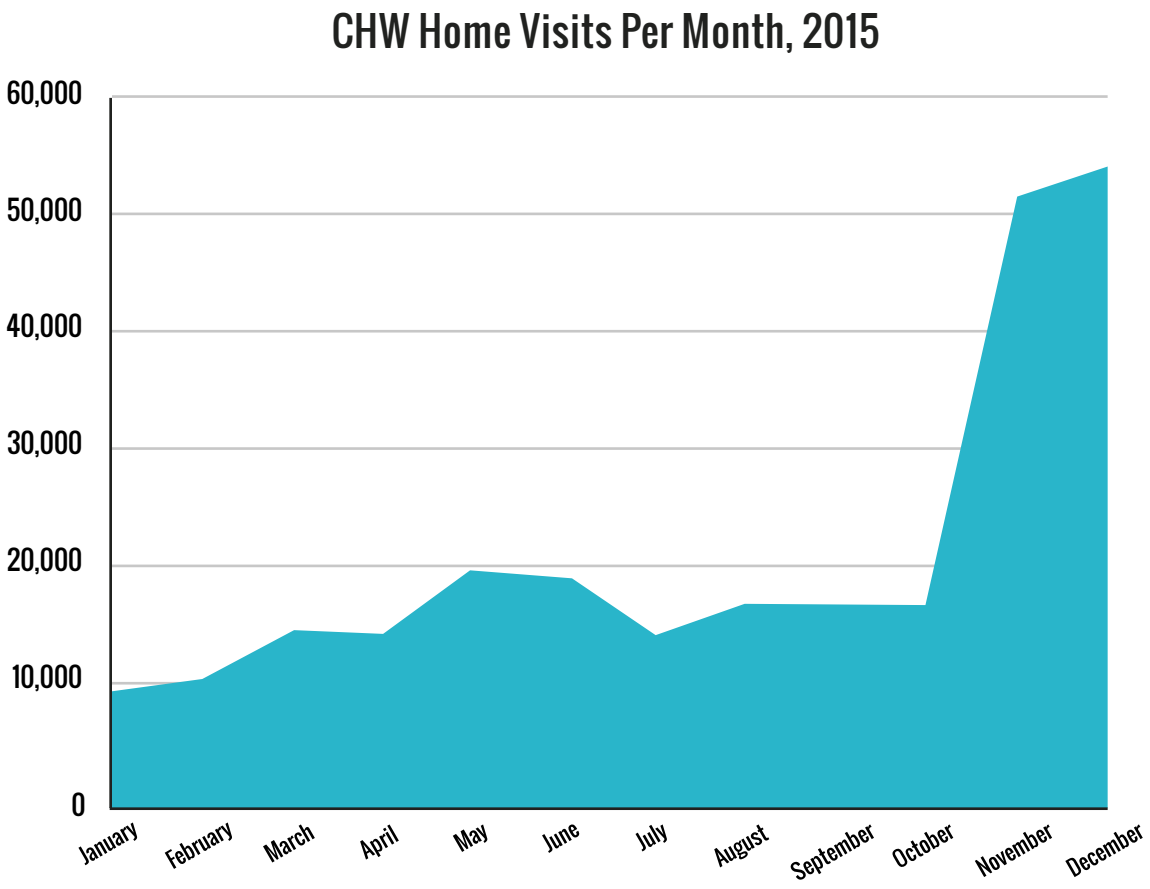
This systematic overhaul led to a greater than 5x increase in the number of active case finding home visits over the course of the year: from under 10,000 visits per month in January to 54,930 in December. (See graph on the next page.) This rapid improvement was beyond our expectations. We still think we can do better, tying more care with better care.

One route to get us there in 2016 could be the CHW Dashboard, which measures quantity, speed, and quality of care provided by each CHW. Muso has partnered with Medic Mobile to create this tool. The launch date for the Dashboard RCT is January 2016. If this tool proves effective, we and Medic Mobile hope to open source it to help improve CHW impact globally.

Alongside significantly increased CHW home visits in Q4, our clinic care numbers and malaria tests are also substantially higher. More frequent home visits are one cause of these higher treatment numbers; another, as anticipated in our Q2 report, is that patient care increases in Mali during the rainy season.

We continue to prepare for the 2016 launch of our rural RCT in Bankass, designed to answer the key question: Does CHW active case finding improve health outcomes? We are thrilled to be adding two excellent collaborators to our study team; Jenny Liu, a UCSF economist whose research focuses on health systems and Community Health Workers, and Nancy Padian, a UCSF/UCB epidemiologist and professor who is a globally recognized leader in health systems research.

Based on the research team's power calculations, we now plan to conduct a much larger study than we had originally anticipated. We now plan to enroll 22,846 women in the RCT, and randomize them to the two study arms. This will give us 90% probability of detecting a 0.75% absolute difference in under-five mortality between the study arms. In addition, we now plan to enroll more than 4,000 participants in our pilot survey.



Our rural replication and pilot site, Tori, is on track to open at the end of Q1 2016. We will then launch the other seven RCT sites six to nine months after the opening of Tori, giving us the opportunity to debug and learn lessons from our initial rural launch.

In the second half of 2015, Muso accelerated its advocacy and government partnership work by creating a new Division of Strategic Partnerships. Muso co-founder Dr. Ichiaka Koné, who now leads this new division, was elected Vice-President of Mali's Global Fund Country Coordinating Mechanism in December. In this position, Dr. Koné works closely with the Secretary-General of the Malian Ministry of Health and key national partners to coordinate Global Fund-financed national health care delivery initiatives. Dr. Koné's election comes as the Global Fund finalizes plans to finance national scale-up of CHWs to remote rural villages across Mali — a plan that the Muso team has helped its government partners create. In December, Muso and the Malian Ministry of Health also co-hosted national strategic planning workshops to revise technical protocols for national CHW scale-up.

Muso's legal registration in Mali was finalized in November, ahead of schedule. This has allowed us to combine into one unified organization across the Mali and US teams. Our staff are now working to integrate and streamline operational processes and finances.

At the end of 2015, Muso is heading into a year of huge operational growth. In 2016, we will expand from one site to nine and grow to serve over a quarter of a million people. Our board has approved a $4.4M budget in 2016 to execute on this plan. 2015 has been a year of capacity building for Muso; we grew our team and capacity across all departments, deepened our Ministerial partnerships, and refined our systems in preparation for the ambitious years to come.

-The Muso Team

MILESTONES

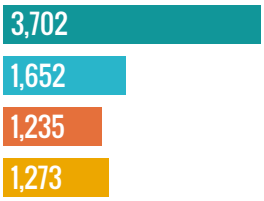
2015 Totals

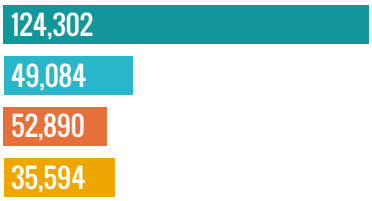
Children Tested for Malaria
7,862

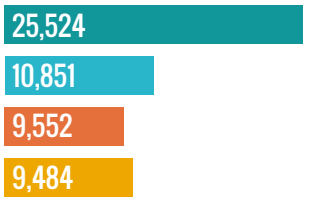
Proactive CHW Home Visits
261,870

Patients Given Free Clinic-Based Care
55,411

Quarterly Results



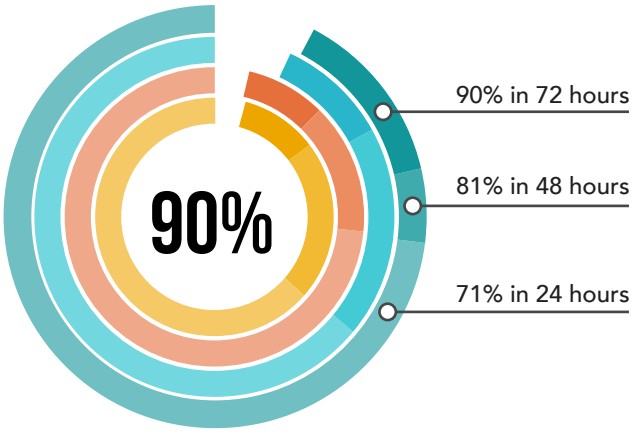




Key: 2015 Q1 Results | 2015 Q2 Results | 2015 Q3 Results | 2015 Q4 Results

Children Seen by CHWs within 72 Hours of Symptom Onset

Quarterly Results



2015 Averages

Within 24 Hours **68%**

Within 48 Hours **81%**

Within 72 Hours **94%**

Since 2008

Clinic Visits
145,624

Home Visits
777,585

CHWs
150

FINANCIALS

Muso closed 2015 significantly below projected expenses for the year. This is due to the fact that our construction timeline for the eight rural sites was pushed from 2015 to 2016, as discussed in our Q3 report. Construction accounted for nearly one million dollars of our 2015 budget, so both the expense and related funds will move through to 2016. Throughout 2015, we maintained a cash reserve of three months or greater.

In December, Muso's board approved a 2016 budget of $4,375,153. This higher budget reflects increased service delivery and opening the additional sites, as well as construction costs. As of the close of 2015, we had raised $1,969,890 toward our 2016 budget.

Balance Sheet Q4 2015

Assets	
Cash and Cash Equivalents	$ 1,294,890.16
Pledges Receivable	1,222,735.00
Other Assets	1,650.00
Total	**$ 2,519,275.16**

Liabilities & Net Assets	
Accounts Payable	$ 2,068.34
Restricted Net Assets	1,826,720.00
Unrestricted Net Assets	690,486.82
Total	**$ 2,519,275.16**

Budget Variance Overview Q4 2015

	Actual	Budget	Variance ($)	Variance (%)
REVENUE				
Contributions - Foundations	2,434,384	2,177,418	256,966	11.80%
Contributions - Individuals	141,089	55,275	85,814	155.25%
Investment Revenue	1,342	0	1,342	
TOTAL REVENUE	**2,576,815**	**2,232,693**	**344,122**	**167.05%**
MALI EXPENDITURES				
Wages, Salaries & Other Personnel Costs	298,227	377,320	79,094	20.96%
Office & General Administrative Expenses	174,660	157,655	(17,005)	(10.79%)
Vehicle & Transportation Costs	76,382	143,984	67,602	46.95%
Construction & Infrastructure Development	2,892	713,298	710,407	99.59%
Equipment Supplies, Maintenance & Repairs	11,138	47,763	36,625	76.68%
Health Care Delivery Costs & Malnutrition	526,024	433,431	(92,593)	(21.36%)
Research & Development	26,257	50,087	23,830	47.58%
Unanticipated Expenses	0	4,615	4,615	100.00%

US EXPENDITURES				
Wages & Salaries	212,279	280,883	68,604	24.42%
Consulting & Professional Fees	66,333	56,796	(9,537)	(16.79%)
Advertising & Marketing Expenses	8,691	17,600	8,909	50.62%
Travel	49,714	15,000	(34,714)	(231.43%)
Office Expenses	26,229	19,800	(6,429)	(32.47%)
Bank Expenses	3,214	3,260	46	1.42%
Insurance	991	2,000	1,010	50.48%
Taxes & Licenses	685	2,850	2,165	75.98%
Research	14,006	74,832	60,826	81.28%
Unanticipated Expenses	0	11,945	11,945	100.00%
TOTAL EXPENDITURES	**1,497,720**	**2,413,119**	**915,399**	**463.12%**
NET OPERATING REVENUE	**1,079,095**	**(180,426)**	**1,259,521**	**698.08%**
Less Mali Budget Reserves	218,969	0	(218,969)	
NET REVENUE	**860,126**	**(180,426)**	**1,040,552**	**576.72%**

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.