

## LETTER FROM THE MUSO TEAM

Dear Friends,

In the first week of 2016, we broke ground on our first rural site, Tori, in the district of Bankass. Throughout the quarter, we renovated and expanded the existing government health center to prepare for a mammoth increase in patient care. The site, launched April 23rd, serves approximately 24,000 people across 29 villages in the area.

We've seen 8x growth in the number of home visits by our CHWs in the past 15 months. Read more on how this happened in our Q4 2015 quarterly report. We also reached 83% of sick children within 24 hours of symptom onset in Q1: a Muso team record. Few other organizations track the speed with which they reach sick patients. That said, to our knowledge, Muso is reaching its patients faster than any other health system in the world.

In January, we announced a partnership with the NGO Hope Through Health, providing technical support to adapt, roll-out and test Muso's Proactive Care approach across four sites in Togo in partnership with the Togolese Ministry of Health to help develop a model for maternal-child health in Togo. In the first eight months since their launch of Proactive Care, the HTH team has seen an 11x increase in the average number of children under five getting care per month. We are excited to continue learning from each other!

Muso made significant advocacy strides in Q1. Muso Country Representative and Manager of Strategic Partnerships Dr. Ichiaka Koné was elected Vice President of Mali's Global Fund Country Coordinating Mechanism in December. The CCM works with the Malian Ministry of Health and key national partners to coordinate applications for and implementation of Global Fund grants across the country. In January, Dr. Koné became Acting President of the CCM, which means he has a crucial role in the final stages of negotiating this commitment to Mali. In March, Dr. Koné and the Muso team organized and presided over the signing of \$118M in Global Fund commitments, a chunk of which will help fund national CHW scale-up in Mali. While this commitment will not directly fund Muso, it opens a pathway for bringing CHWs to national scale.

The Muso team also participated in and co-hosted four separate national policy planning workshops related to national scale-up of Community Health Workers during Q1, and has worked intensively with national partners and the global fund team to identify bottlenecks to healthcare delivery in the national plan and how to solve them.

Mali's national plan for CHW scale-up will affect the lives of more than three million of Mali's most vulnerable rural citizens. But that's just the tip of the iceberg. 28 countries in sub-Saharan Africa are currently in the process of scaling up integrated Community Case Management (iCCM) programs for malaria, diarrhea and pneumonia.

Muso CEO Ari Johnson presented Muso's 360 supervision model to Ministries of Health from six countries in Sub-Saharan Africa and other partners in February at Wilton Park, an agency of the UK Foreign and Commonwealth Office that exists to provide a global forum for strategic discussion. A dedicated cadre of supervisors are key to CHW performance, but most CHW scale-up plans are being launched without this crucial management tool.

This is a turning point for the world: the billions being invested in CHW programs across the continent could provide healthcare for millions of people and save millions of lives. However, if these programs are scaled in flawed and ineffective ways, billions of dollars could be lost and we could continue to witness the needless deaths of millions of children every year. Muso has an opportunity and responsibility to share its model and research, to guide these scale-up efforts. We have some of the strongest evidence to date of what it's going to take to make the difference.

This is the moment for us as a global community to go all in, to end the child mortality crisis and provide healthcare to the world's most vulnerable people. Our team is going all in. Key partners are stepping up to go big with us on this. We need you with us. Thank you for walking with us on this path to a more just and equitable world.

-The Muso Team

## STAFFING

In Q1 2016, we brought on a Rural Health Center Support Manager to support our rural expansion and hired a new Urban CHW Manager for our Yirimadjo site. We also continue to fill administrative support positions for our finance and data management teams. On the US side, we said a sad farewell to our Creative Director, Ashley vonClausburg. We are currently looking for a new Creative Director in our San Francisco office - please reach out with any suggestions!

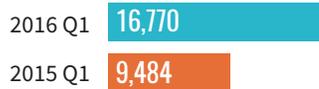
# MILESTONES



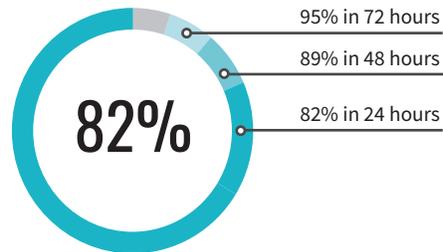
Proactive CHW Home Visits



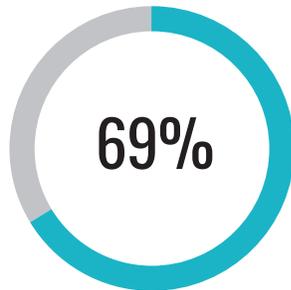
Patients Given Free Clinic-Based Care



Children Seen by CHWs within 24 Hours of Symptom Onset



Pregnancies Diagnosed by CHWs in First Trimester



395

New Pregnancies Detected Through Proactive Care



1,546

Women Provided with Family Planning

Since 2008



Clinic Visits  
162,394



Home Visits  
982,851



CHWs  
150

# FINANCIALS

In Q1, we received our largest grant to date, \$1.2M over three years from Child Relief International. With an ambitious research and service delivery agenda over the coming years, we are focused on raising further multi-year funding for 2016 and beyond. As of the close of Q1, we had \$2,898,886 committed to date, or 61% of our 2016 budget.

## Balance Sheet Q1 2016

ASSETS		LIABILITIES & NET ASSETS	
Cash On Hand	2,065,733	Accounts Payable	18,251
Pledges Receivable	1,575,371	Unrestricted Net Assets	1,823,400
Vehicles	44,194	Temporarily Restricted Net Assets	1,843,646
<b>TOTAL ASSETS</b>	<b>3,685,297</b>	<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>3,685,297</b>

## Budget Variance Overview Q1 2016

	YTD Actual	YTD Budget	Var \$	Var %
Revenue	1,605,075	801,250	803,825	100.32%
Expenditures	599,610	1,133,663	534,053	47.11%
<b>NET REVENUE (LOSS)</b>	<b>1,005,465</b>	<b>(332,413)</b>	<b>1,337,878</b>	<b>402.47%</b>

## Total Budget Over Four Years

