



## LETTER FROM THE MUSO TEAM

Dear Friends,

From the launch of Muso's Proactive CHW team in 2008 to 2015, our team of Community Health Workers conducted 760,939 home visits. In 2016, Muso CHWs provided outreach and care through 1,093,001 home visits: more than the past seven years combined!

As we ready for our two millionth home visit in Q1 of 2017, our team has not slowed down: In December, investigators from four major research institutions, the Malian government, and the Muso team together launched, to our knowledge, one of the world's largest RCT of CHWs. This cluster-randomized controlled trial will follow reproductive aged women and their families across seven sites for three years and collect millions of data points, helping us answer questions on CHW work flow and accelerate the global effort for universal health care.

This study was more than two years in the making. It took longer than anticipated to debug the tablet-based platform for study enrollment, so the launch of our sites has been pushed back several weeks. Once enrollment is completed in February 2017, we will launch seven rural sites in Ende, Dimbal, Doundé, Lessagou, Kani-Bonzon, Soubala, and Koulogon, in the rural district of Bankass, Mali. Learn more about the study [here](#).

Muso's Bankass pilot site, Tori, continues to serve as a benchmark for the feasibility of Muso's Proactive Care model and impact in rural settings. CHWs in Tori saw 83% of their patients within 24 hours of the moment they got sick in Q4. It took our urban CHWs 8 years to hit this extraordinary speed milestone: Muso's rural CHWs met it in less than 6 months.

Due to incomplete data resulting from patient difficulties estimating last menstrual period, we cannot calculate the percentage of pregnancies diagnosed in the first trimester in Tori for Q4. To address this problem, we have planned the following two actions 1) Transition all CHWs off of paper forms to the Medic Mobile/Muso App for CHWs. The app includes data validation that supports each CHW to submit all the essential data for the patients they care for. 2) Provide reinforcement training to supervisors and CHWs on the estimation of last menstrual period, and on data quality and completeness.

The Muso team continues to provide intensive technical support for Mali's national CHW scale-up, which began its roll-out in 2016. The government is now in the process of finalizing a plan to permanently integrate CHWs into the health system workforce. The Ministry of Health has put forth a plan to directly finance CHW salaries, meaning all CHWs in remote rural areas will become employees paid by the state and financed by the state budget. The Ministries of Health, Finance, and Territorial Administration are now negotiating the final details of this plan. Should this proposal go through as planned, it will demonstrate a major, ongoing commitment from the Malian government to own and drive forward this program in the long term.

Thank you for your support, and happy New Year!

-The Muso Team

# MILESTONES



Proactive CHW Home Visits



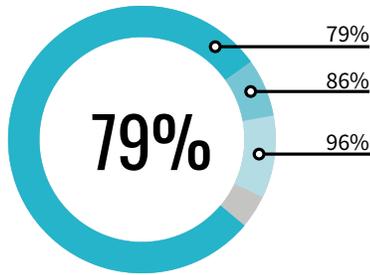
Patients Given Free Clinic-Based Care



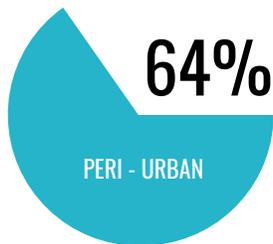
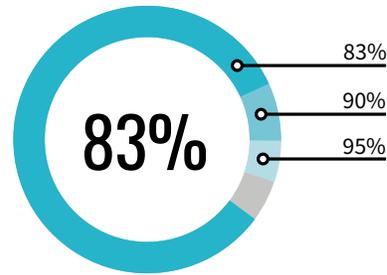
## Children Seen by CHWs within 24 Hours of Symptom Onset

24 hours    48 hours    72 hours

Peri-urban



Rural



Pregnancies Diagnosed by CHWs in First Trimester



268  
New Pregnancies Detected Through Proactive Care



1,432  
Contraceptives Provided in the Home

## Since 2008



Home Visits  
1,846,849



Clinic Visits  
246,852



CHWs  
188

# FINANCIALS

At the close of 2016, we exceed our revenue goal of \$2.8m (raising a total of \$4.3m including multi-year funds) and underspent by \$192,731 from our annual budget projections. With the goal of maintaining a 2-month cash reserve at all times, Muso's Board of Directors approved a "lean" budget of \$4,936,537 heading into 2017, with the option to toggle to our "reach" budget based on revenue raised. The "lean" budget delivers on our current commitments, while the "reach" budget adds about \$500,000 in expenses that would allow us to prepare Muso for further growth: to build out key staff positions, improve communication abilities between our sites, and construct a second health center for our urban sites, where the population has ballooned from 90,000 in 2014 to 175,000 in 2017.

## Balance Sheet as of 12/31/2016

ASSETS		LIABILITIES AND NET ASSETS	
Cash On Hand	970,718	Accounts Payable	197,606
Pledges Receivable	1,174,000	Unrestricted Net Assets	571,955
Prepaid Expenses	61,013	Temporarily Restricted Net Assets	1,479,000
Long-Term Assets	42,831	<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>\$2,248,562</b>
<b>TOTAL ASSETS</b>	<b>\$2,248,562</b>		

## Budget Variance Overview FY2016

	Actual	Budget	Variance	Variance
Revenue	4,356,872	2,886,362	1,470,510	50.95%
Expenditures	4,178,470	4,371,202	192,731	4.41%
<b>NET REVENUE (LOSS)</b>	<b>\$178,402</b>	<b>(\$1,484,840)</b>	<b>\$1,663,241</b>	<b>112.01%</b>

## Total Budget Over Three Years

■ Committed funds
 ■ Funds to be raised

