



**2017 Q1**

**IMPACT REPORT**

# LETTER FROM THE MUSO TEAM

Dear Friends,

In Q1 2017, Muso launched the rural expansion we have been preparing for since 2014. 168 brand new Community Health Workers provided care to their communities, and Muso's direct service footprint grew to nearly 300,000 people across nine sites.

Muso's seven new rural sites, Kani Bozon, Endé, Dimbal, Doundé, Soubala, Koulogon, and Lessago, comprise 98,000 people in the rural district of Bankass, Mali. We've embedded a large-cluster Randomized Controlled Trial in this expansion, following 98,000 people for the next three years to ask a critical question: how can CHWs best use their time to save more lives? Learn more about the [study here](#). Muso's first rural site, Tori, which launched in April 2016, has acted as a pilot for Muso's expansion and will continue to be a center for innovations and improvements to our model along with Muso's peri-urban site, Yirimadjo.

In one of the world's harshest climates, we are working to build the world's fastest, most accessible, and transformative health system. This quarter, one challenge we face came from our success building that health system: largely due to higher than anticipated patient utilization rates, our operations have encountered a cash crunch. This problem is a testament to the power of Muso's Proactive Care model, to deliver universal health care faster than we could have imagined. We have also learned important lessons on areas where we need to strengthen our budgeting and cashflow planning processes. Please see more detail under Finances.

We worked on several other challenges in Q1: in March an unstable gas line connected to the Koulogon health center's vaccine refrigerator caused a fire. Fortunately, no one was hurt, and damages were contained quickly. Our other sites have been inspected to ensure gas lines are secured, and repair costs will be roughly \$5,000.

From March 9th through April 16th, Mali's national health care workforce executed the longest strike in Mali's history. During this period, only emergency services provided by skeleton crews offered care at the nation's clinics and hospitals. During the period of the strike, the Muso team worked hard to make sure that all patients requiring urgent care received it at the government health centers where we work, prioritizing patient safety. CHWs were not part of the strike, and continued to provide door-to-door care without interruption, filling a critical gap at a time when other services were unavailable. In early April, the president appointed a new prime minister and cabinet, including a new Minister of Health, and this new team succeeded in negotiating an end to the strike.

In March, the Muso team accompanied the Malian Ministry of Health to the Institutionalizing Community Health Conference in Johannesburg, South Africa, a gathering of representatives from more than 40 countries committed to national scale-ups of CHW programs. The vast scope of this global effort was on display during this weeklong conference, and the Muso team came away with a sense of how urgently countries need the evidence from our research and the strategies we've developed to enable them to deliver on their historic health commitments.

With this expansion, the Muso team is working to make the dream of universal health care real across hundreds of Malian communities. As hundreds of Community Health Workers make their way with sweat and determination to bring health care across every single doorstep, we are grateful for our partners who helped bring us to this point. The leaders at the Malian Ministry of Health. Our partners at Medic Mobile and MASS Design Group. Our mentors at Partners In Health and Tostan. Our research collaborators at the University of California San Francisco, the University of California Berkeley, the University of Bamako, the London School of Hygiene & Tropical Medicine, the National Institutes of Health (NIH). And the thousands of supporters who have stood in pragmatic solidarity with our patients as they stand up for their right to health care.

As we face the challenges and transformations of the struggle we're undertaking together, we are grateful for our partners in this movement for health equity. Thank you for your support.

-The Muso Team

# MILESTONES

## SINCE 2008



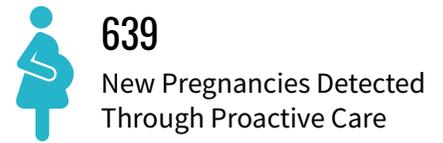
The randomized controlled trial embedded in our rural expansion randomly assigns CHWs to provide either passive or proactive care. In order for our study team to remain unbiased, we are unable to disaggregate data between the passive and active arms of the RCT. The indicators we report for our rural sites over the next three years will be an average of the passive and proactive arms. We therefore anticipate some indicators may be lower than they otherwise might be, because of this. We are happy to discuss this in greater depth if it is of interest.

## PROACTIVE CARE IN Q1

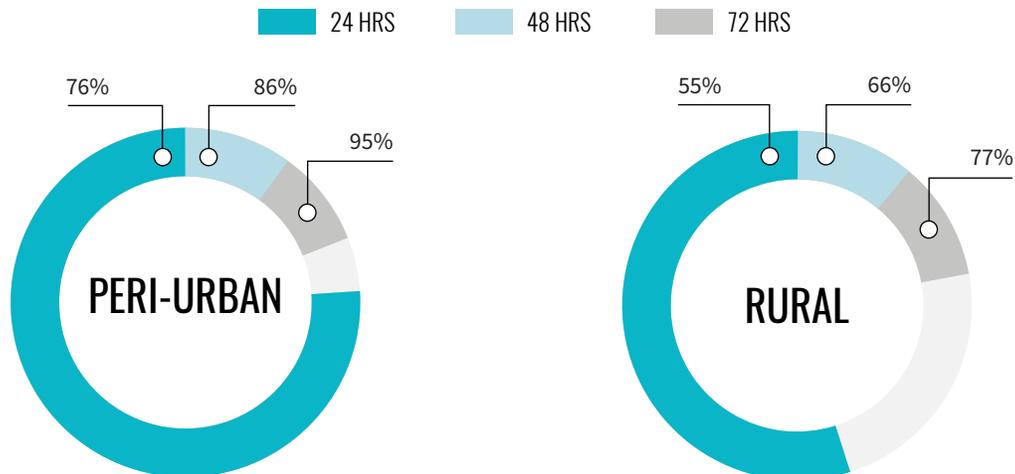
### CHW HOME VISITS FOR ACTIVE CASE FINDING, DIAGNOSIS, TREATMENT AND FOLLOW UP



### COMPREHENSIVE AND FREE CLINIC-BASED CARE FOR VULNERABLE PATIENTS



## CHILDREN ASSESSED BY CHWs



# FINANCIALS

As Muso's Proactive Care health system has rolled out in rural Mali, the expansion has been much more successful than we anticipated. Based on our historical data, we projected an immediate five-fold increase in health care provision—instead, we have seen health care access immediately increase more than ten-fold. Despite our careful preparation, we still underestimated the groundswell of momentum, likely driven by the strength of the community networks we are tapping into.

This has increased our annual budget by about \$500,000 to pay for additional medications, supplies, and providers, and brought our cash reserves down to about two months. We are working to fix this through the following three steps: 1) Our team has identified 11 areas to increase efficiency, reducing or delaying costs. These include delaying the training of new CHWs by five months, delaying installation of solar power at our offices, and improving the efficiency of evidence-based prescribing. 2) We have built out downside scenario contingency plans, and are monitoring our cashflow projections biweekly with guidance from our Board Finance Committee. 3) We have engaged our funding partners to lean in with us, through increasing their commitments, adjusting their disbursement timelines on committed grants, offering tools and strategies, and making introductions to new funding partners. We are looking to mobilize \$1M in new funds in 2017.

With these steps in place, we project that Muso will be able to maintain more than two months' cash reserves throughout the year and will be able to end the year with more than three months of reserves on hand, better prepared to prevent this from happening in the future as we grow. While several key commitments have been moved earlier in the year to help mitigate our cash crunch, they did not land in Q1, putting us nearly \$315K under projected revenue. By implementing cost-reducing steps, as well as delaying our rural launch, we saw a reduction in projected expenses over \$330K.

## BALANCE SHEET Q1 2017

ASSETS		LIABILITIES AND NET ASSETS	
Cash On Hand	908,012	Accounts Payable	56,528
Pledges Receivable	637,000	Unrestricted Net Assets	645,046
Prepaid Expenses	80,018	Temporarily Restricted Net Assets	967,000
Long-Term Assets	43,544	<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>1,668,574</b>
<b>TOTAL ASSETS</b>	<b>1,668,574</b>		

## BUDGET VARIANCE OVERVIEW Q1 2017

	Actual	Budget	Variance	Variance
Revenue	1,190,792	1,505,750	(314,958)	(20.92%)
Expenditures	1,092,670	1,425,063	332,393	23.32%
<b>NET REVENUE (LOSS)</b>	<b>98,122</b>	<b>80,687</b>	<b>17,435</b>	<b>21.61%</b>

## TOTAL BUDGET OVER FOUR YEARS

