



**2017 Q2**

**IMPACT REPORT**

# LETTER FROM THE MUSO TEAM

## DEAR FRIENDS,

Q2 2017 marked Muso's first full quarter since launching our rural expansion in Bankass in late February. The rural communities we are now serving, connected to eight government-run health center sites, are seeing an unprecedented increase in access to care. Muso's 206 rural Community Health Workers provide care to nearly 125,000 people across eight health catchment areas. For the purposes of our [large-scale Randomized Controlled Trial](#), our eight rural sites are split between CHWs conducting active and passive case detection. This means just half of Muso's 206 rural CHWs were responsible for these home visit numbers, conducting an average of 800+ home visits each per month.

At the clinic level, our nine sites (one urban, eight rural) saw fewer patients in April due to Mali's national health care workforce strike, which lasted from March 9th through April 16th. During this period, only emergency services provided by skeleton crews offered care at the nation's clinics and hospitals. In May, access to care in our urban site returned to normal, and care in the new rural sites continued to follow the trend we've seen since launching our pilot site in Bankass last year: a 10x increase in patient visits. With malaria season beginning in Q3, we anticipate the same pattern we see annually: significantly higher patient care rates at the clinics in Q3 and Q4 compared to the first half of the year.

Muso's rural CHWs were trained on the Medic Mobile CHW app at launch in February. By June 1st, our 150 urban CHWs had also switched over to the app, which replaces the multiple paper forms our CHWs had previously used, and additionally offers real-time decision support and task management. As our rural sites have come online, and with the RCT collecting millions of data points, it has become clear we have more work to do to build and strengthen a central database system that is easily accessible across departments. We are digging in on this question with our M&E team now.

Additional challenges in Q2 came from within and without. In several of our rural sites, the solar capabilities of some refurbished clinic sites have proven insufficient, causing frequent power outages. We are in the process of upgrading the solar power capacity at the affected sites, and anticipate this will be completed by early August.

On June 18th, a resort on the edge of Muso's peri-urban communities was the [site of a terrorist attack](#). On and after this heartbreaking day, our team ran toward the crisis without hesitation, providing care for the areas affected without interruption. In such situations and every day, we stand with our patients in affirming the value of every human life. Our team and our work have fortunately not been directly affected by Mali's security situation. We continue to closely monitor security across our sites and the country, and take all available precautions to protect our team, patients, and visitors.

In May 2017, the Muso Board of Directors sent a [delegation of members](#) to our Bamako headquarters. This trip was intended to strengthen staff-Board relations and provide our Board team the opportunity to learn directly from our patients. After a week embedding with Community Health Workers and working closely with Muso's staff, the delegation reported how moving and inspiring their time in the field was in deepening their understanding of Muso's work. In reflecting on their time with our CHWs, the delegation told this story: *"Just the weekend before we arrived, in the more than 100 degree Fahrenheit heat, two CHWs vaccinated over 600 children for polio. Stopping for refrigerated baggies of water every so often, with faded book-bags on their backs, these two women single handedly provided preventive care to so many - going above and beyond. This is the heart of Muso."*

Our team has gone above and beyond in preparing and executing Muso's recent expansion. Our patients go above and beyond every day, as they struggle for their right to health care. We are grateful to our partners who have stood with us, who have dug in at this crucial moment in our work, and who have gone above and beyond to support the right to health for all.

-The Muso Team

## STAFFING

In Q2, we brought on Mariam Cissé, MD, as our new Urban Site Coordinator in Bamako. On the Development team, we welcomed Rebecca Skala, Muso's new Development Coordinator, based in San Francisco, and Madeleine Beebe, our new Institutional Partnerships Manager, based in Bamako.

Our finance team has seen significant growth and re-design this quarter: We added Chief Financial Officer James Vanreusel, CFA, Director of Finance & Administration Rob Fore, CPA, and new Rural Finance Assistant Niagali Dognon. We also said sad goodbyes to Elizabeth Phung, US Operations Manager, and Ina Daou, Finance Manager.

# MILESTONES

SINCE 2008



In order for our study team to remain unbiased, we are unable to disaggregate data between the passive and proactive arms of the randomized controlled trial embedded in our rural expansion. We therefore anticipate some indicators will be lower than they might be otherwise, as our seven RCT sites are comprised of half passive CHWs, who are not conducting proactive case detection.

*NB: In order to align with national reporting standards across all health care sites in Mali, as of Q2 Muso has aligned its month to run from the 25th-24th.*

## PROACTIVE CARE IN Q2



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



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



**584**

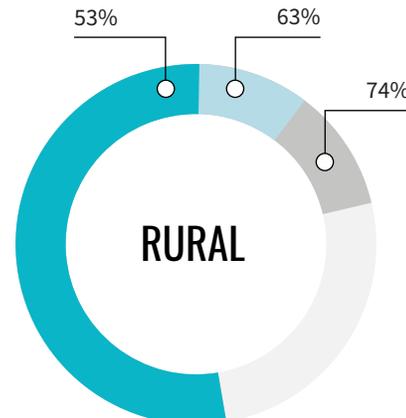
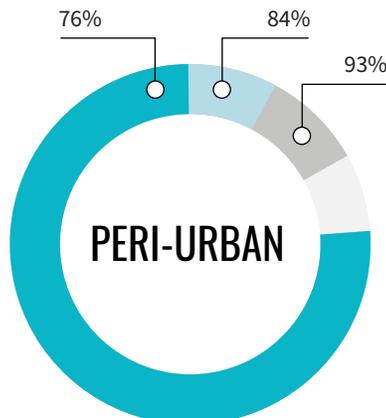
New Pregnancies Detected Through Proactive Care



**1,180**

Family Planning Dispensed

## CHILDREN ASSESSED BY CHWs



# FINANCIALS

In Q1, due to the momentum of Proactive Care's ten-fold uptake in our rural sites, we found ourselves with a cash reserve hovering around two months. See our [Q1 report](#) for Muso's strategies to improve this low reserve. Happily, in Q2 we made significant progress in addressing this crunch and building systems to ensure that it does not happen again.

Several existing partners decided to increase or accelerate the timing of their grants to Muso. New partners have made commitments to Muso for the first time, including multiple funders referred by current partners. We currently have \$4.2M raised against our \$4.9M 2017 budget, or 86%.

The team has also been working to reduce and optimize spending, including making adjustments to the timing of expenses and implementing numerous changes to increase efficiency. To improve our financial systems, we've made several hires on our finance and development teams. Our team has dug in across departments to build out capacity and ensure we can continue to grow with resilience.

We additionally completed a benchmarking exercise with our Board of Directors. We assessed Muso's financial strengths and risks, and analyzed the cash-on-hand policies of organizations in our field who were recommended as best-in-class on financial management. We determined that our previous cash on hand policy of two months should be higher, and revised our policy to a minimum of four months, effective as of close of 2018. We are happy to share further details on our finance team restructuring, new Board guidelines, or any additional insight we can offer into our efforts to improve our financial management and fundraising capacity.

Thanks to the above factors, we saw revenues increase to \$1.9 million in the second quarter, up from \$0.7M in the first quarter, reflecting higher foundation contributions. Q2 brought in 37% more funding than projected, due both to new partnerships and current partners moving their commitments earlier. Despite the productive quarter, our budget variance shows revenue 7% under goal for the year as we build out from the deficit of Q1. In Mali, we saw a decrease in construction-related expenses. While rural construction was mostly completed in Q1, residual costs will be incurred through Q3.

## BALANCE SHEET Q2 2017

ASSETS	
Cash On Hand	1,977,945
Pledges Receivable	617,000
Prepaid Expenses	61,625
Long-Term Assets	74,836
<b>TOTAL ASSETS</b>	<b>2,731,406</b>

LIABILITIES AND NET ASSETS	
Accounts Payable	146,631
Unrestricted Net Assets	1,717,775
Temporarily Restricted Net Assets	867,000
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<b>2,731,406</b>

## BUDGET VARIANCE OVERVIEW Q2 2017

	Actual	Budget	Variance	Variance
Revenue	2,571,708	2,754,250	(182,542)	(7%)
Expenditures	2,141,211	2,544,066	402,855	16%
<b>NET REVENUE (LOSS)</b>	<b>430,497</b>	<b>210,184</b>	<b>220,313</b>	<b>105%</b>

## TOTAL BUDGET OVER FOUR YEARS

