



2017 Q3 IMPACT REPORT

LETTER FROM THE MUSO TEAM

DEAR FRIENDS,

In Mali, malaria season has begun in earnest, with cases peaking between August and November. This quarter, Muso Community Health Workers administered 11,932 positive malaria tests, up from 3,226 in the previous quarter. 58% of these positive tests came from adult patients, who Muso CHWs began to test and treat in the home last year. By moving this workflow out of the clinics to meet patients where they live, treatment can be provided more quickly and health center staff are freed up to focus on complex or urgent patient needs at the clinic level. Bringing malaria treatment to patients also means that farmers can get life-saving care without leaving their fields during the critical rainy season—they no longer have to choose between seeking treatment and protecting their family's economic and food security.

In August, a key research collaborator and Muso advocate within the Malian Ministry of Health, Dr. Salif Samaké, was promoted to the position of Secretary General. This position is second in command to the Minister, and runs day to day operations of the Ministry. Dr. Samaké has also been tasked with presiding over Mali's newly-launched Presidential Commission on Health Care Reform. Muso has been asked to provide intensive input into the Commission's processes. We are excited to continue to deepen our partnership with the Malian government, and to support its efforts to provide health care to every citizen.

This summer, our team launched Muso's 2019-2023 strategic planning process, supported by a Strategic Planning Working Group on our Board of Directors. We are now in the process of articulating our strategic priorities for the next phase of our growth, and exploring how our collective efforts can bring us closer to a world where no one dies waiting for health care. As new development, program, and advocacy opportunities emerge at an accelerating pace, this strategic plan will prepare us to focus and prioritize effectively, pace our growth for organizational stability and resilience, and enable us to be bold and relentless in pursuing transformative impact. Our team and Board are working closely together to define stages for strategic growth, along with benchmarks that must be achieved for each step, to ensure that the organization is ready for each new step of growth. We plan to validate our high-level strategic plan by the end of 2017, giving our development, finance, operational, and program teams a full year to prepare for this next phase of growth.

Thank you for your support and partnership,

-The Muso Team

STAFFING

In Q3, we brought on Coumba Traoré as our new Finance Manager. Coumba oversees our Finance Assistants and Bookkeeper and reports to our U.S. based Director of Finance and Administration. She recently returned to her native Mali after 17 years in North America, where she earned an MBA and most recently worked as a Senior Accountant.

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 Q3 Muso has aligned its month to run from the 25th-24th.

PROACTIVE CARE IN Q3



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



COMPREHENSIVE AND FREE CLINIC-BASED CARE FOR VULNERABLE PATIENTS



901

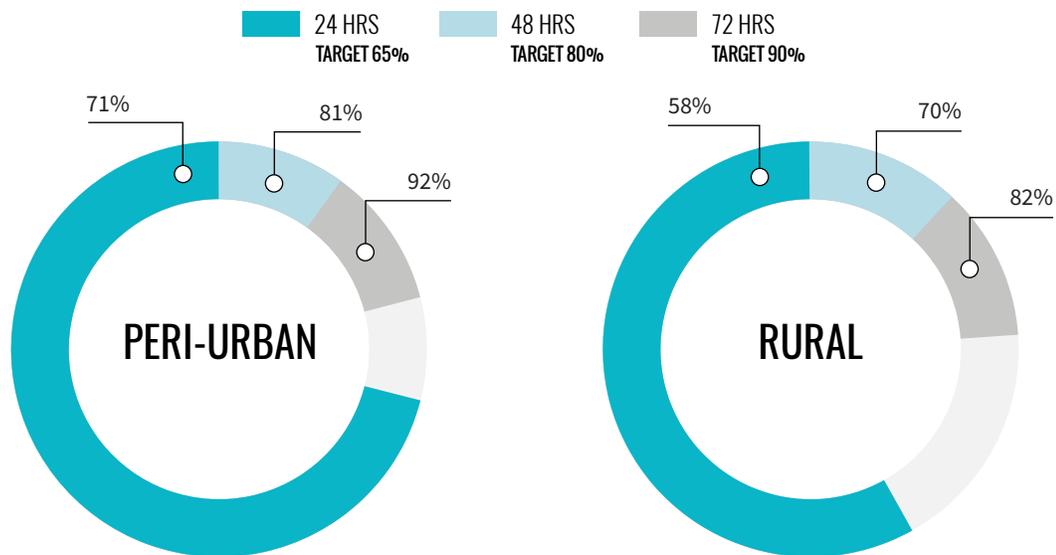
New Pregnancies Detected Through Proactive Care



1,632

Family Planning Dispensed

CHILDREN ASSESSED BY CHWs



FINANCIALS

In Q3, our newly revamped finance team completed our 2016 audit and created a plan to solve internal control deficiencies identified by our auditors. We began implementation of the plan, which includes formalization of key finance processes: account reconciliations, closing procedures, required reviews and communications, and retention of evidence to demonstrate proper execution of controls, including treasury approvals and payment authorizations. We are working closely with our auditors regarding our plans, and expect to fully incorporate auditor recommendations by the end of 2017.

In the Q3 Board of Directors meeting, our Board approved a new Cash on Hand Policy, which replaces our previous requirement of 2 months of cash on hand. We will move to a minimum of 4 months of cash on hand as of close of 2018, with milestones of 2.5 months of cash on hand by the close of 2017, and 3.0 months of cash on hand by mid-2018.

We currently have \$5.3M committed against our \$4.9M budget in 2017, and \$1.25M projected to be raised before the end of 2017, to meet our cash on hand mandate and start 2018 in a strong cash position. Revenue through Q3 is \$3.9M, reflecting cash receipts of approximately \$3.6M and changes in accruals and restricted funds of \$0.3M. Expenses year to date are approximately \$3.4M, lower than planned by \$0.3M, but increasing in recent months due to larger pharmaceutical purchases and medical service costs attributable to higher patient volumes.

BALANCE SHEET Q3 2017

ASSETS	
Cash On Hand	1,055,159
Pledges Receivable	488,077
Prepaid Expenses	52,386
Long-Term Assets	75,889
TOTAL ASSETS	1,671,512

LIABILITIES AND NET ASSETS	
Accounts Payable	111,073
Unrestricted Net Assets	823,439
Temporarily Restricted Net Assets	737,000
TOTAL LIABILITIES & NET ASSETS	1,671,512

BUDGET VARIANCE OVERVIEW Q3 2017

	Actual	Budget	Variance	Variance
Revenue	3,871,564	4,011,750	(140,186)	(3%)
Expenditures	3,369,657	3,621,365	251,707	7%
NET REVENUE (LOSS)	430,497	210,184	220,313	105%

TOTAL BUDGET OVER FOUR YEARS

