2017 Q4 IMPACT REPORT

DEAR FRIENDS,

In Q4 2017, the Malian Ministry of Health invited Muso to provide intensive technical assistance to Mali's National Malaria Control Program, to build their five-year strategic plan. We look forward to supporting government efforts to stop deaths from malaria, integrating evidence based policies that will shape the national community health system. In the fall of 2017, our senior leadership team continued to support Mali's National Health Care Reform process, meeting with Mali's new Minister of Health, Dr. Samba Sow, and his senior team to discuss evidence-based strategies to drive toward universal health coverage in Mali.

Since January 2016, Muso has partnered closely with the NGO Hope Through Health (HTH) to adapt Muso's Proactive Community Case Management model to Togo. Throughout our partnership, we have used coordinated research methodologies, aligned common indicators, and shared results and challenges. Together we are carefully vetting this model across two country contexts.

In early 2017, the HTH team visited Muso's sites for a learning exchange, which allowed both teams to share lessons learned, challenges, and ideas for improvement. In December 2017, the Muso team conducted a visit to HTH's sites in Togo, with a particular eye toward how the training materials we shared with HTH have served their team. We also set out to learn more about the clinical mentorship strategies that HTH has been testing at the clinics they support. As Muso plans to expand our technical assistance and evidence-based advocacy work in the coming years, the HTH partnership is a valuable opportunity for us to learn how we can improve our collaboration, technical assistance materials, and support.

Data centralization remained a significant challenge in Q4. Muso's Randomized Controlled Trial collects data on a massive scale through censuses, surveys, CHW care delivery, and clinic care delivery. Data from each of these sources currently feeds into separate database systems that do not yet speak to each other. Over the past three months we have been working with a database systems expert who has been providing pro-bono consulting to design and plan Muso's centralized database, which will bring all of these data sources together into one integrated system. Muso's new Data Scientist Jane Yang, who joined the team in January 2018, will be creating Muso's new central database system to organize and harness the power of the data we collect.

At our Q4 Board Meeting, our Board of Directors approved Muso's 2019-2023 strategic plan objectives. Throughout the planning process, our team articulated our strategic priorities for the coming years and planned how Muso's efforts will contribute to building a world where no one dies waiting for health care. We will be sharing an executive summary of this plan with partners and friends for feedback in the coming weeks: please reach out to Julia Berman at jberman@musohealth.org if you'd like to see it or provide feedback.

As we look toward our next phase of expansion, the Muso team and Board have worked closely together to articulate benchmarks that the team must meet in advance of each stage of expansion, to ensure the organization's readiness for each new step. With the goals set, our development, finance, operations, and program teams look toward a full year of preparation in 2018 for the next phase of Muso's growth.

Thank you for your support and partnership,

 -The Muso Team

STAFFING

In Q4, we brought on Jane Yang as our Data Scientist. Jane is an epidemiologist who comes to us from the California Department of Public Health, and brings experience with database design, creation, management, and cleaning, as well as statistical analysis.

MILESTONES

SINCE 2008

Home Visits
3,259,968

Clinic Visits
379,041

CHWs
381

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*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 Q4

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

Q4 2017 — 301,321 HOME VISITS

Q4 TARGET — 250,000 HOME VISITS

COMPREHENSIVE AND FREE CLINIC-BASED CARE FOR VULNERABLE PATIENTS
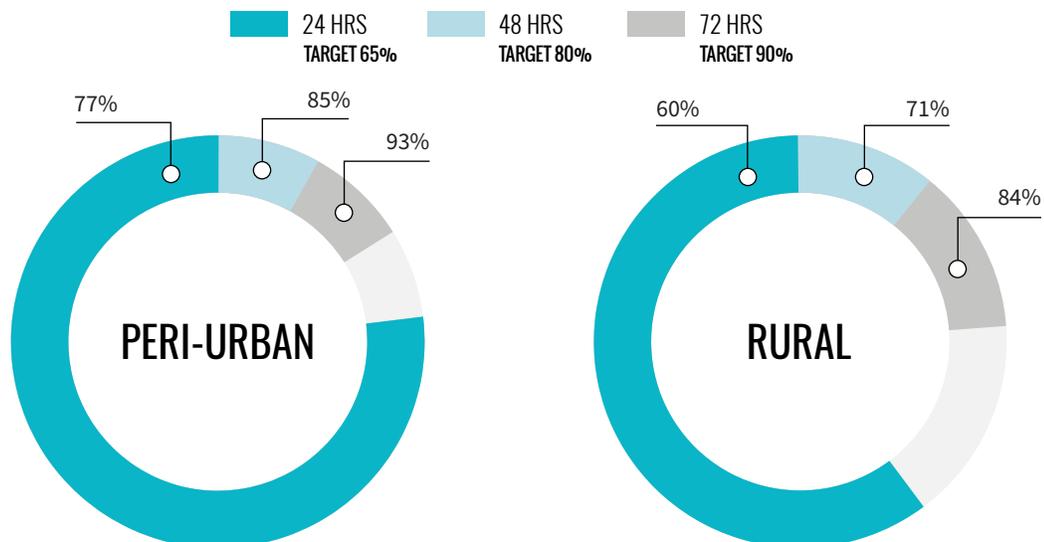
Q4 2017 — 39,810 CLINIC VISITS

Q4 TARGET — 30,000 CLINIC VISITS

1,046
New Pregnancies Detected Through Proactive Care

1,728
Family Planning Dispensed

CHILDREN ASSESSED BY CHWs

| 24 HRS TARGET 65% | 48 HRS TARGET 80% | 72 HRS TARGET 90% |

PERI-URBAN: 77% — 85% — 93%

RURAL: 60% — 71% — 84%

FINANCIALS

Cash donations of $6.0M in 2017 exceeded planned contributions of $5.3M. Expenses of $4.7M were 4% below our 2017 budget. GAAP basis financial statements (which reflect cash activity and accounting accruals) can be found below. In December, our Board approved a 2018 Plan which forecasts cash donations of approximately $6.1M and expenses of $5.9M.

STATEMENT OF FINANCIAL POSITION

	2017*	2016
ASSETS		
Cash and Cash Equivalents	2,297,834	966,536
Pledges Receivable	637,000	1,174,000
Prepaids & Other Assets	47,243	39,973
Fixed Assets, net	74,356	37,100
Total Assets	**3,056,433**	**2,217,609**
LIABILITIES AND NET ASSETS		
Accounts Payable & Accrued Expenses	270,868	213,759
Total Liabilities	**270,868**	**213,759**
Net Assets		
Unrestricted	1,003,911	304,850
Temporarily Restricted	1,781,655	1,699,000
Total Net Assets	**2,785,566**	**2,003,850**
Total Liabilities and Net Assets	**3,056,433**	**2,217,609**

TOTAL BUDGET OVER THREE YEARS

STATEMENT OF ACTIVITIES

	2017*	2016
Total Revenue	5,382,302	3,621,832
Total Expenses	4,742,705	4,307,025
Net Revenue	**639,597**	**(685,193)**

* unaudited

$18,411,934 $3,292,000

$21,703,934
Projected
2018-20 Budget