

A close-up portrait of a young girl with dark skin and braided hair, looking slightly to the left of the camera with a gentle expression. The background is blurred, showing other people in a community setting.

# 2018 Q1

## impact report

Dear Friends,

In March 2018, BMJ Global Health published findings showing that Muso's peri-urban communities in Yirimadio, Mali had achieved and sustained a child mortality rate lower than that of any country in sub-Saharan Africa. In the final year of the study, Muso's Yirimadio site had a child mortality rate of seven deaths per 1,000 live births -- on par with the child mortality rate in the United States. The study was covered by *The Atlantic*, *Forbes*, *The Guardian*, the BBC World Service, the *Financial Times*, and others. The findings have met with an enthusiasm and invitations for collaboration from global institutions leading the charge on child survival, including UNICEF, the World Bank, and USAID. These results may be unprecedented. But they should not be. The death of a child should be rare for communities everywhere. Health care should be for everyone.

So our shared work is just beginning. Now is the time to make the results we have seen in Yirimadio normal, ordinary.

We could not have made it to this historic moment without you, our partners. Muso's community of support, and our mentors and guides who have blazed the trail toward universal health care, have brought us to this moment. On the heels of this astonishing study, the Muso team is building toward a future of health systems transformation both within and beyond Mali's borders. Our Board of Directors recently approved our five-year strategic plan for 2019-2023. As our team's departments perform strategic analyses and ready to implement the plan's bold vision for growth, we want to hear feedback from you, our community of partners and advisors. If you would like to review the 2019-2023 strategic plan, please contact Julia Berman at [jberman@musohealth.org](mailto:jberman@musohealth.org).

Thank you for your partnership,

The Muso Team

# MILESTONES

## SERVICE TO DATE



## PROACTIVE CARE IN Q1



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



COMPREHENSIVE AND FREE CLINIC-BASED CARE



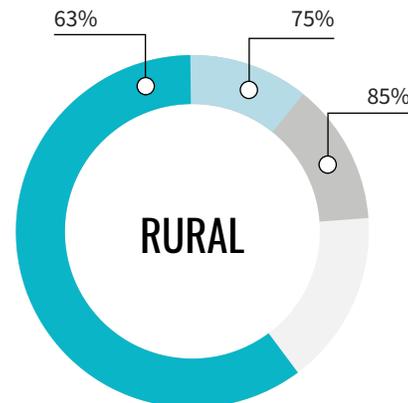
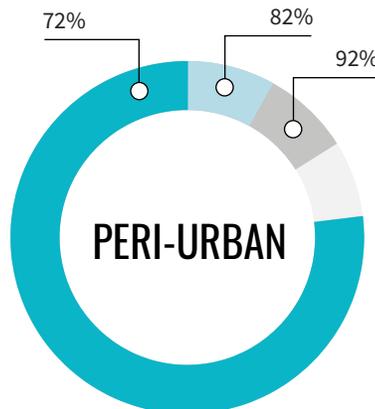
**1,481**  
New Pregnancies Detected Through Proactive Care



**2,031**  
Family Planning Dispensed

## SPEED

MUSO CHWs AIM TO REACH EVERY PATIENT WITHIN 24 HOURS OF THEIR FIRST SYMPTOM



\*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, Muso has aligned its month to run from the 26th-25th.

# QUARTER 1 PROGRESS



## Successes

- *BMJ Global Health published a seven-year study showing a child mortality rate of 7/1000 achieved in peri-urban communities Muso serves*
- *CHWs provided nearly 2x the proactive care home visits compared to target this quarter*
- *Our team dug into our data systems in Q1, with our Research team performing an analysis of all existing systems, identifying weaknesses, and beginning to design the spine of an improved, centralized database*



## Challenges

- *Security restrictions affected team mobility and resulting in increased costs (vehicle rentals)*
- *Devaluation of the USD v. FCFA negatively impacted Muso's 2018 budget*

## Yirimadio Operations

In Yirimadio, operations at both the clinic and community levels went smoothly throughout the quarter. In Mali, each government-run community health center (CSCOM) is managed by a community association (ASACO). In Q1, the Muso team renewed our ongoing partnership with the Yirimadio ASACO through a signed accord.

While consultations at the clinic level followed historic trends during the period, we observed a progressive decrease in the cost per prescription given to patients this quarter. During this time period, Muso supported District Ministry of Health team to provide training, supervision, and support for efficient, evidence-based prescribing and antibiotic stewardship. Reducing overprescription of antibiotics and antimalarials protects patients from adverse effects, saves money, and protects against the development of drug resistance. We continue to track this metric with interest.

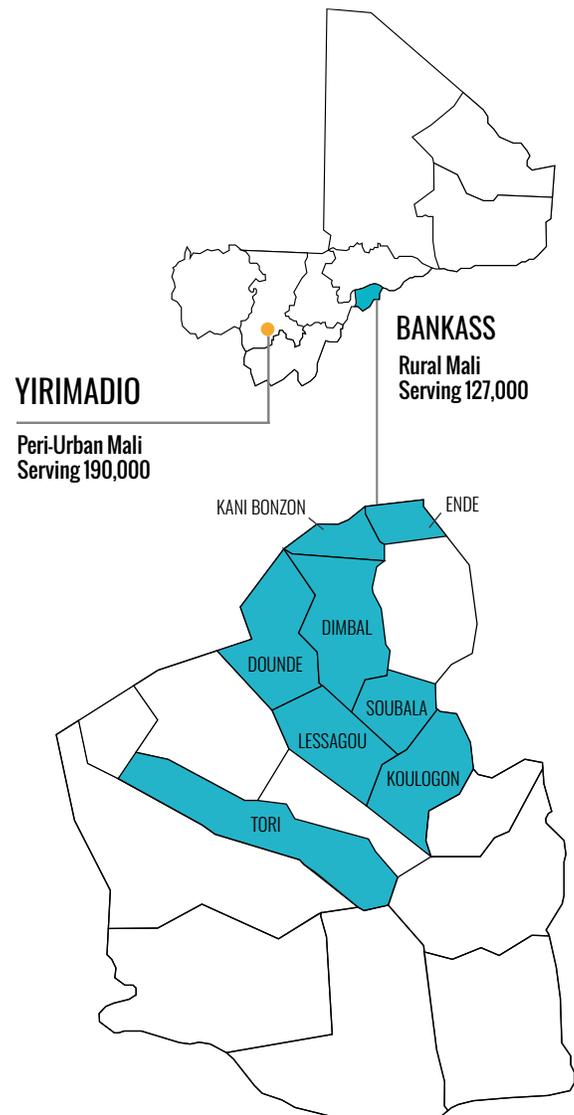
## Bankass Operations

At the community level, rural Muso CHWs continued to perform beyond goal, with 103 of our CHWs completing an average of over 700 home visits each during the quarter. The other half of our rural CHWs do not perform proactive home visits, but are assigned a passive workflow as part of Muso's RCT.

At the clinic level, we saw problems with power cuts in our rural Koulogon site, where we have called in the local technicians we work with to improve the clinic's solar power capacity. Sadly, we mourned two deaths in our catchment area in Q1, including a woman from an iCCM (passive care) zone, who died of severe sepsis during a home birth.

The security situation in rural Mali remains tenuous. There has not been a direct worsening of the security situation within Bankass. However Koro, the district adjacent to Bankass, and the Mopti region overall, has seen an increase in attacks. Beginning in February, the Malian military announced a new edict ordering all motorbikes and pickup trucks off the road in multiple regions of the country, including the Mopti region where Bankass is situated. Through ongoing engagement with the Malian security forces, Muso has learned that the security situation in the areas where we work has not significantly changed. Rather, this new rule emerges from a larger counterterrorism strategy.

In addition to the security precautions we have already been taking, we have rented non-pickup truck vehicles to comply with this rule and ensure transport of our field team in the rural areas where we work. We continue to take all available precautions to protect our team, patients, and visitors. As a team, we are proud that through the many challenges we have faced together, Muso has been able to provide health care without interruption, every single day, for ten years.



# QUARTER 1 PROGRESS

## Research and Data Systems

Muso's new Data Scientist, Jane Yang, began her role in mid-January, and from February to March spent six weeks in our Bamako headquarters conducting a deep dive on our current data systems with teammates from our research department. After evaluating our data needs comprehensively across sites, the research team is now beginning the process of designing the spine of our improved, comprehensive data management system.

The research team and academic collaborators have completed year 1 data collection for the 100,000 people we are following through the ProCCM Trial, which will run through 2020. To better track our progress toward universal health coverage, the research, training, and program teams also began work with Medic Mobile on reorganizing the structure of household registrations in the CHW App. Supported by the Bill and Melinda Gates Foundation, Muso and Medic Mobile are together pursuing research and development on innovations to improve quality, coverage, and equity of care. More on these new tools soon to come.

## Partnerships

Three members of Muso's partnerships team supported the development of Mali's National Malaria Control Program's five-year strategic plan through a two-week workshop with government and NGO partners. This strategic plan will provide the basis for Mali's next Global Fund concept note.

In Q1, the Muso team in our Bamako headquarters hosted a visit from the World Bank team on the heels of the publication of Muso's most recent child mortality results. We also hosted our partners from Johnson & Johnson, along with colleagues from World Vision and Save the Children, for a rich conversation about our operational research exploring best practices for reducing preterm birth in support of the [Born on Time Initiative](#).

## Team Updates

In Q1, Mahamadou Traoré joined Muso's partnerships team as Government Partnerships Manager. Mahamadou, an MD by training, came to Muso from a shared project of the Alliance Médical Contre le Paludisme/Alliance for International Medical Action, where he supported projects providing medical and nutritional assistance to populations affected by the instability in northern Mali. He came to the role through his background overseeing departments at two government primary care centers (CSCOMs) in the north of the country.

Muso welcomed nonprofit consultant Jayson Morris to our [Board of Directors](#) in Q1. Jayson most recently worked as the Social Entrepreneurship Portfolio Director at the Peery Foundation, and was formerly READ Global's Director of Strategic Partnerships and Room to Read's Deputy Chief Development Officer. In his seven years at Room to Read, Jayson helped the organization grow from an annual fundraising target of \$5 million to \$42 million, and a development staff of 3 to over 40.



*I have been a member of my community in Yirimadio for five years. Since I started working as a CHW last year, I have had the chance to visit every household in my zone. The community members trust me and I have become their confidant. My patients share their personal issues and problems with me and I work my hardest to help - either by helping them in the home, or by taking them to the clinic. Their trust in me means everything.*

- Fatoumata Sangaré, Muso CHW



## CHW Profile: Fatoumata Sangaré

Fatoumata Sangaré, one of Muso's peri-urban Community Health Workers (CHWs), conducts visits in her catchment area every day with a bag full of supplies and resources, and a six month old baby on her back. Fatoumata is working to reduce child deaths, and provides doorstep care in the home.

When Fatoumata was young, she wanted to go to school and work in the health field. Unfortunately, she was unable to complete high school. Fatoumata remarks that she has now been able to fulfill her dream of receiving an education and becoming a health care provider through her work and identity as a CHW. Her passion for her work is evident in her outstanding performance record: in the month of March alone, she conducted 1,183 home visits in her catchment area in Yirimadio, more than any other Muso CHW.

# FINANCIALS

Revenue of \$1.25M reflects cash receipts of \$948,000, reductions in receivables of \$487,000, and the release of restricted funds of \$785,000.

Expenses of \$1.76M include a subgrant of \$253,000 to a partner organization, and operating expenses of \$1.5M. We incurred higher than planned operating expenses in Q1 due to costs associated with new vehicle restrictions in Mali (see Q1 Progress), and changes in foreign exchange rates relative to our budget.

## Statement of Financial Position

	2018*	2017*
<b>ASSETS</b>		
Cash and Cash Equivalents	1,521,078	2,297,834
Pledges Receivable	150,000	637,000
Prepays & Other Assets	134,207	47,243
Fixed Assets, net	73,516	74,356
<b>Total Assets</b>	<b>1,878,802</b>	<b>3,056,433</b>
<b>LIABILITIES AND NET ASSETS</b>		
Accounts Payable & Accrued Expenses	261,107	270,867
Subgrant Payable	128,415	
<b>Total Liabilities</b>	<b>389,522</b>	<b>270,867</b>
<b>Net Assets</b>		
Unrestricted	593,063	1,003,911
Temporarily Restricted	896,216	1,781,655
<b>Total Net Assets</b>	<b>1,489,279</b>	<b>2,785,566</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>1,878,802</b>	<b>3,056,433</b>

\* unaudited

## Statement of Activities

	2018*	2017*
Total Revenue	1,247,292	5,382,302
Total Expenses	1,760,151	4,742,705
<b>Net Revenue</b>	<b>(512,859)</b>	<b>639,597</b>

\* unaudited

## Total Budget Over 3 Years

