

A close-up photograph of a young girl with dark skin and hair, wearing a white headwrap with green and blue stripes. She is holding a baby wrapped in a bright green cloth. The background is a blurred outdoor setting.

2018 Q2

impact report

Dear Friends,

In May, Muso co-hosted a study dissemination event with our Malian Ministry of Health partners, to share Muso's historic new child mortality findings published in BMJ Global Health. The event featured presentations by Ministry leadership and our Director of Research Kassoum Kayentao, and a beautiful performance by Vieux Farka Touré.

The most powerful words, however, came from Community Health Worker Juliet Dacko. Juliet told the story of her neighbor, who became pregnant with her second child only a few months after giving birth to her first child. Juliet was there to diagnose the pregnancy early. Juliet was also there when her neighbor's husband abandoned her. Juliet was there to connect her neighbor with prenatal care throughout her pregnancy.

Juliet supported her neighbor through safe childbirth at the clinic, and to start postpartum contraception. When her neighbor's infant daughter became malnourished and developed life-threatening pneumonia, Juliet was there to diagnose her, to treat her malnutrition and cure the infection. When her neighbor needed to figure out how to breastfeed her infant and her newborn at the same time, Juliet was there to work through it with her. Juliet, concluding her story, gave a hard look to the Ministerial leaders and diplomats in the audience and said, *"Now I have a question for you. What would have happened if I hadn't been there, if my neighbor did not have a CHW?"*

Juliet was there. At the core of our work is presence, the Ministry of Showing Up, and a radical commitment to bringing care to our patients, wherever they are. Our CHWs show up, for each other, for our patients, and for our common struggle for justice in health. Thank you for standing beside them.

The Muso Team

MILESTONES

SERVICE TO DATE



PROACTIVE CARE IN Q2



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



COMPREHENSIVE AND FREE CLINIC-BASED CARE



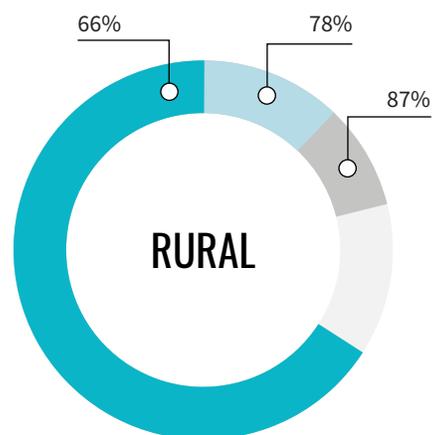
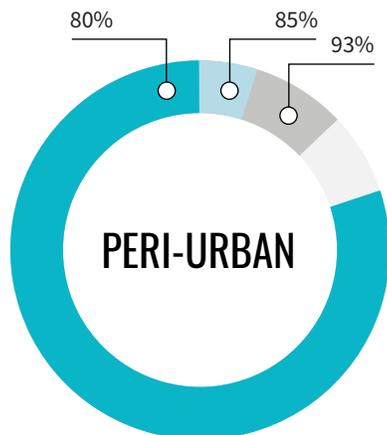
956
New Pregnancies Detected Through Proactive Care



1,649
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 2 PROGRESS



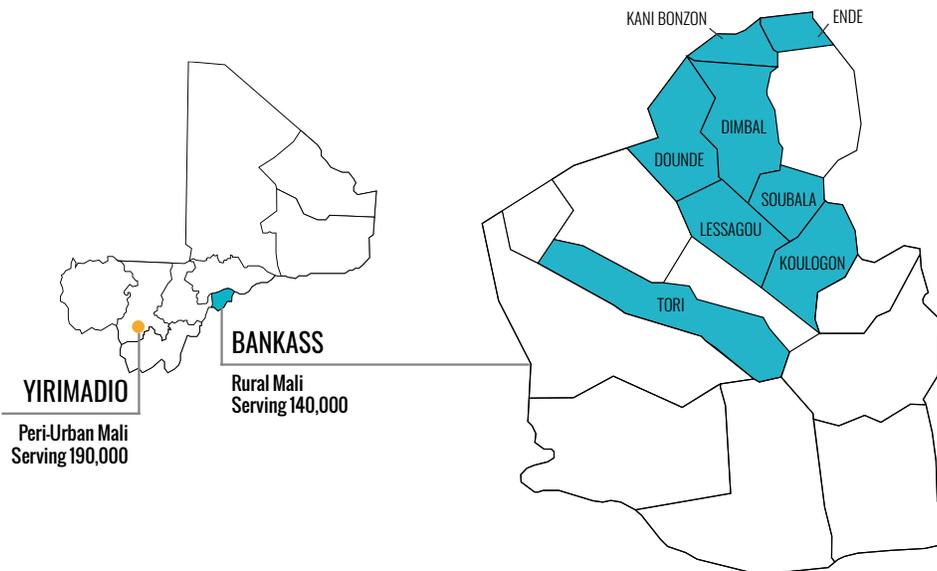
Successes

- CHWs in Muso's rural sites, where our RCT takes place, hit their highest-ever speed numbers this quarter. Even with half of CHWs in these study sites randomized to provide passive care, average time from symptom onset to treatment was within 24 hours for 66% of the children our CHWs cared for this quarter.
- Muso's dissemination event with the Malian government gathered partners to celebrate the groundbreaking child mortality improvements documented in our peri-urban sites, and to discuss next steps for policy and practice.



Challenges

- Security concerns in the region of Muso's rural sites continue to mount. Additionally, with Malian presidential elections beginning at the end of July, the country as a whole faces an elevated security risk. We have taken measures to reinforce security at our offices, train key staff members in security, conduct outreach within communities, and monitor security developments closely from multiple angles.
- Technical difficulties brought home visit numbers in our peri-urban site down significantly from previous quarters.



Yirimadio Operations

In Q2, Muso observed lower home visits than in recent quarters, despite a continually-growing population: Yirimadio CHWs performed 133,055 home visits, compared to the 179,949 visits that took place in Q1. Because our CHWs far exceeded their home visit goals over the past year, we remain above target for the quarter even with this drop. Our embedded data feedback loops helped us identify a handful of Community Health Workers (CHWs) who were underperforming, and are now receiving intensive performance management support and supervision. This drop in home visits, which occurred across sites, also helped us identify a technical challenge, discussed below under "Research and Data Systems."

As is normal for Q2 in Yirimadio, positive malaria test rates were low. In line with the annual seasonal pattern we observe, we expect them to peak in Q3 and Q4. At the clinic level, we saw lower patient visit rates than usual, a combination of fewer referrals by CHWs coming from home visits, and a reflection of the lower malaria prevalence during the quarter.

The efficiency of prescription and antibiotic stewardship at the clinic level has improved from Q1, but overprescription remains an issue among a few providers. Muso's clinic-based staff members are working closely with clinic counterparts to provide training and align around best practices.

Bankass Operations

Security in Bankass remains a concern. There has been an escalation of intercommunity conflict between Dogon and Peuhl communities in the Mopti region, and in particular in the Koro district, adjacent to Bankass, which we are watching closely.

A ban on motorbikes across Mopti grounded CHW Supervisors, as they use motorcycles to visit the 15-20 CHWs they each supervise each month. Our team has since found creative solutions to get Supervisors into the field, including rental cars and donkey carts. Our motorbike ambulances were also temporarily grounded, but we have since received authorization for daytime use of these vehicles. Muso's rural team has also worked to ensure that communities also have alternative emergency transport contingencies for overnight medical emergencies when we can't send the motorbike ambulance, and has built out forward-planning processes to ensure facility-based birth for expectant mothers.

As in our peri-urban site, rural home visit numbers in Q2 were impacted by the CHW App migration (see below). At the clinic level, our monitoring of medical records showed significant missing information in the Electronic Medical Records system. Our Rural Health Center Support Manager is working with clinic staff to ensure completeness of records, with payments to the center dependent on correct and complete EMRs each month.

QUARTER 2 PROGRESS

Research and Data Systems

Home visit numbers across all nine Muso sites were impacted in Q2 by a migration to the new version of the Medic Mobile App for CHWs. This update required our CHWs to spend time updating their software, and a reclassification process within the App led our CHWs to spend a significant amount of their time over the past few months re-registering families in their catchment areas by household, instead of concession. In Mali, concessions are typically extended family units, living together, and often include multiple households and families. Monitoring coverage at the concession level did not give us enough precision on the extent to which CHWs effectively reach every household.

This re-registration by household will enable our team to more effectively track coverage rates and hold ourselves accountable to reaching and sustaining universal coverage in the communities we serve. After declines in home visit numbers in April and May, numbers began to rise again in June. We are closely monitoring this key programmatic goal and will continue to report progress or obstacles.

The ProCCM Randomized Controlled Trial in Bankass completed year one of three in February. Data cleaning and quality assurance for year one data are underway, and thus far we are encouraged by the quality and completeness of the data collected, following more than 100,000 patients across 137 cluster sites.

Partnerships

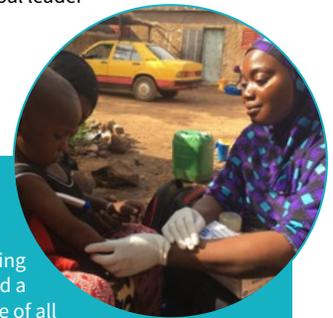
In Q2, Muso had the opportunity to share our work at the Aspen Ideas Festival Spotlight Health, in a conversation about Universal Health Coverage. We also supported workshoping of the [Community Health Impact Coalition](#) at the Aspen Ideas Incubator. We additionally spoke at Primary Care 2030, convened by Harvard Medical School Center for Primary Care and the Harvard Medical School Center for Global Health Delivery - Dubai. Our support for Mali's national CHW scale-up continues, as we supported preparations for a national workshop convening government leaders and their partners, planned for July.

In May, Muso and our Ministry of Health colleagues hosted two dissemination events and celebrations with community members in Bamako to celebrate the historic results documented in BMJ Global Health, showing that the peri-urban communities Muso serves in Yirimadio have achieved and sustained child mortality rates lower than that of any country in sub-Saharan Africa. The event marked the magnitude of the study's findings and supported our work to integrate Muso's approach into Mali's national plan for Community Health Workers. The day was broken into two parts: a morning scientific workshop to share recent results and discuss their utilization with a technical and academic community of researchers, decision-makers, and implementers, and an evening cocktail hour to share the results with decision-makers, civil society influencers, and the Malian development community.

Team Updates

In Q2, we said a sad goodbye to Rob Fore, Muso's Director of Finance & Administration. Rob was an enormous asset to the Muso over the past year, and he leaves the organization with robust systems and processes going forward.

In June, we mourned the passing of Muso Board member and esteemed Malian researcher Dr. Ogobara Doumbo. Dr. Doumbo was a global leader whose work reshaped malaria treatment and prevention around the world. He was also a man of profound kindness and brilliance, committed to care for all patients. Read Muso CEO Ari Johnson's note on Dr. Doumbo [here](#).



CHW Profile: Coumba Dicko

Coumba has been serving her community as a CHW in Muso's peri-urban site of Yirimadio since 2013. Coumba has had an outstanding performance record over the past five years, and last month completed more home visits than any other CHW in Yirimadio. To spend a morning with Coumba is to know that she is loved and trusted by her community — she greets everyone by name, jokes with people of all ages, and is welcomed warmly into every family she visits.

On a recent Friday morning, Coumba started her visits at a small home after noticing a woman and a child whose faces she didn't immediately recognize. They had just arrived in Yirimadio from their village. After explaining her role in the community, Coumba asked after their health. The child had been diagnosed with malaria in the village, and treated, but the mom wanted to be sure that he was no longer sick. After a bit of coaxing, three year old Baba bravely sat for his malaria test. The test was negative, he had no fever, and his malnutrition screening was normal. As she deftly slipped needed items in and out of her backpack, Coumba chatted casually with Baba's mom, explaining the other services she offers — family planning, for example. When Baba's evaluation was complete, he darted off, and his mom started to ask for more information about family planning. Just a few minutes later, and following a negative pregnancy test, Coumba provided her with an injection of hormonal contraception that will last three months. The rest of the morning was spent in a similar fashion. In just two hours Coumba dropped by 20 additional households, providing two more women with contraception injections, diagnosing a third woman as pregnant and connecting her to prenatal care, providing follow-up care for a young child who had been burned in a household accident, and facilitating a referral for a postpartum mom with an infected left breast. Moving in and out of people's homes, she offered countless bits of advice ranging from nutrition to sanitation to malaria prevention, all while exuding joy, pride, and competence.



I am lucky to have the trust of my community. Working in the community, it's important to always be smiling, honest, discrete, and disciplined. I think that it's because I embody these behaviors that people have come to trust and appreciate me.

- Coumba Dicko, Muso CHW

FINANCIALS

Muso's revenue and expenses in Q2 generally aligned with our 2018 projections. We incurred slightly higher than planned expenses related to medications (driven by volume and price), transportation costs (attributable to unanticipated vehicle restrictions, please see Bankass Operations above), and unfavorable foreign exchange rates. Exchange rates have recovered significantly since Q1, and now currently approximate planned rates. Our 2017 audit was completed as planned, and will be issued and shared with partners in the coming months.

Expense projections for 2019 and 2020 now include projected costs related to our strategic expansion, so have been raised since the Q1 report. Please feel free to reach out with any questions, or for a copy of Muso's 2019-2023 strategic plan.

Statement of Financial Position

	Q2 2018* <i>as of June 30 2018</i>	Q4 2017* <i>as of Dec 31 2017</i>
ASSETS		
Cash and Cash Equivalents	2,234,430	2,297,834
Pledges Receivable	300,000	637,000
Prepays & Other Assets	28,628	47,243
Fixed Assets, net	67,023	74,356
Total Assets	2,630,081	3,056,433
LIABILITIES AND NET ASSETS		
Accounts Payable & Accrued Expenses	146,332	270,867
Subgrant Payable	128,415	
Total Liabilities	274,747	270,867
Net Assets		
Unrestricted	1,595,009	1,003,911
Temporarily Restricted	760,325	1,781,655
Total Net Assets	2,355,334	2,785,566
Total Liabilities & Net Assets	2,630,081	3,056,433

* unaudited

Statement of Activities

	Q2 2018* <i>as of June 30 2018</i>	Q4 2017* <i>as of Dec 31 2017</i>
Total Revenue	2,972,424	5,382,302
Total Expenses	3,026,124	4,742,705
Net Revenue	(53,700)	639,597

* unaudited

Total Budget Over 3 Years

