



# 2018 Q3

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## impact report

Dear Friends,

In early September, Muso CEO Ari Johnson joined Ban Ki-moon, Mary Robinson, Ricardo Lagos, and Eric Goosby at the Zuckerberg San Francisco General Hospital for a discussion on what it will take to deliver universal health coverage in California and globally. The conversation, which brought together politicians, health professionals, and activists, shared lessons from Muso's success achieving universal health coverage in Mali that could translate to UHC efforts everywhere. Naming three key lessons from Muso's decade of health care delivery, Ari articulated the importance of removing financial barriers to care, moving care beyond clinic walls, and maintaining hope that universal health coverage is "imminently achievable." He urged the global community to "redefine the borders of our moral imagination."

Bringing health care to every person, from the hills of San Francisco to the banks of the Niger river, is a matter of our collective will. This quarter, the Muso team saw a major advocacy win with a change in Malian national health care policy. The government of Mali has decided to adopt the dedicated supervision strategy that Muso has developed and tested with them into its national plan for community health. This change holds the promise of improving care for millions of patients.

For more than a decade, Muso has partnered with the Malian government to conduct rigorous operational research, building an evidence base to drive policy change. Muso's Proactive Community Case Management (ProCCM) health care delivery tests questions for which the global community urgently needs answers, in order to improve access to care, equity, health, and survival for millions of patients. Evidence-based care is what our patients deserve. As Mali leads the way internationally in recognizing the importance of dedicated supervision and support structures for CHWs, we are grateful for our government partners and the shared research agenda we are working on together, to make the child mortality rate we have seen in Muso's sites the norm across Mali and beyond.

Thank you for your support,

The Muso Team

# MILESTONES

## SERVICE TO DATE

 HOME VISITS  
4,267,064

 CLINIC VISITS  
468,324

 CHWS  
381

## PROACTIVE CARE IN Q3



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

Q3 2018 293,397 HOME VISITS

Q3 TARGET 425,000 HOME VISITS



COMPREHENSIVE AND FREE CLINIC-BASED CARE

Q3 2018 34,950 CLINIC VISITS

Q3 TARGET 25,000 CLINIC VISITS



770  
New Pregnancies Detected Through Proactive Care

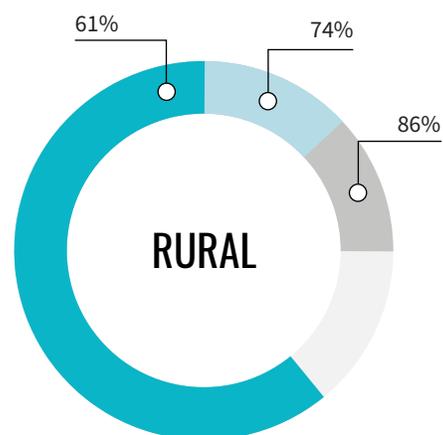
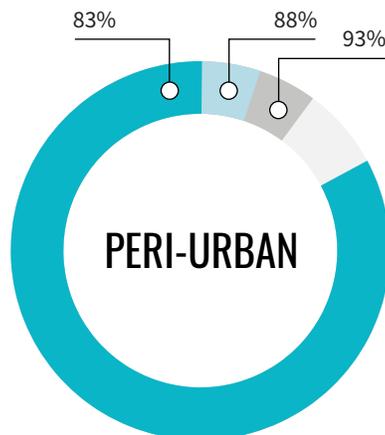


2,660  
Family Planning Dispensed

## SPEED

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

 24 Hours Target 65%     48 Hours Target 80%     72 Hours Target 90%



\*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's month runs from the 26th to the 25th.

# QUARTER 3 PROGRESS



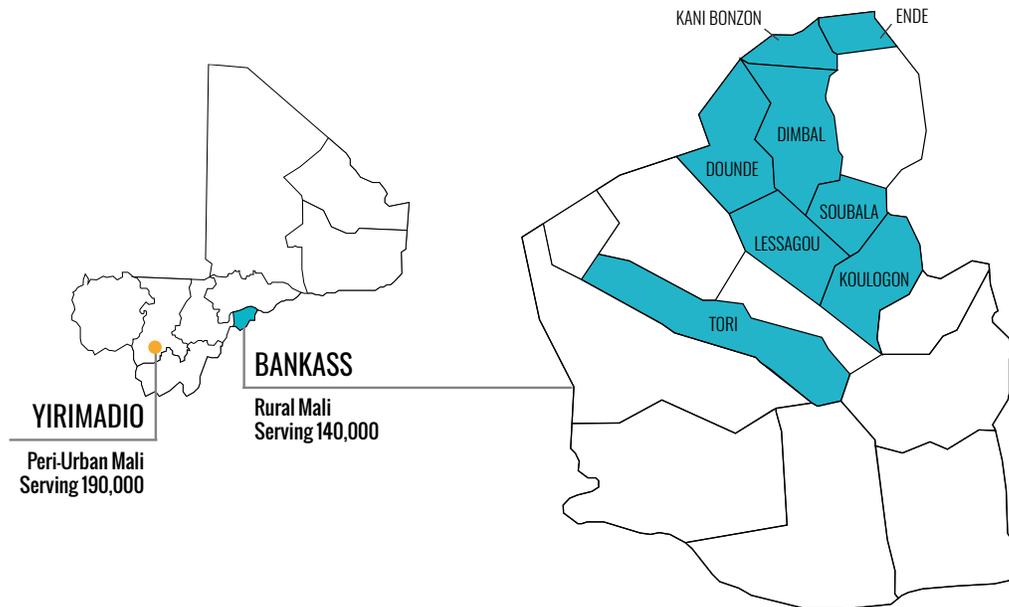
## Successes

- Based on the results of our RCT on CHW precision supervision, the Malian government adopted dedicated supervision into Mali's national CHW plan
- We brought on a Chief Medical Officer (CMO) for the first time, to ensure high-quality health care from doorstep to clinic



## Challenges

- Security in our rural sites, which has taken a downturn in 2018, worsened again in Q3
- Reported home visit numbers remain low compared both to goal and historic trends



## Yirimadio Operations

In both Muso's peri-urban and rural sites, we have seen a significant drop in home visits reported by CHWs over the course of this year. This issue has been most pronounced in Yirimadio.

Beginning in February, active case finding visit numbers were impacted 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 being trained in the new version. Medic Mobile and Muso also made the decision to reclassify by family rather than concession, as described in our Q2 report. This process has 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. Unfortunately, we continue to experience difficulties with migrations pushed out in July, August, and September. We are also working with the Medic team to troubleshoot a new error wherein some CHWs have been unable to register some of their home visits.

We know CHWs are performing more care visits than the App data currently shows us, and our team is hard at work to troubleshoot this ongoing tech issue. Our program team has identified and is addressing this challenge through multiple routes, including:

- troubleshooting technical difficulties with phones and software updates,
- strengthening CHW support and supervision, and
- ensuring that data collected by CHWs who are off the grid are synched at a later time.

Additionally, we continue to see the challenge of overprescribing at the Yirimadio health center, a tricky problem to resolve as prescribers at this peri-urban, government-run teaching clinic rotate between Bamako-area health facilities. Our team is hard at work with our clinic-based partners to improve the overprescription issue.

## Bankass Operations

The security situation has further worsened across the Mopti region, and in Q3 brought incidents to the Bankass District where we work. In August, a hamlet in our catchment area fell prey to arson. Additionally, one homicide was documented in the region in late July. Incidents of intimidation and theft are also on the uptick. These events are primarily concentrated in one area of Bankass, Koulogon, that borders Burkina Faso and the neighboring Koro District. Our team in Bankass, led by Rural Site Coordinator Dr. Amadou Beydi Cissé, has built out security contingencies, undergone additional security training, taken steps to secure our offices, and devoted significant, ongoing time to cultivating strong relationships with local leaders and community members in each village. We often learn about incidents through community members prior to their communication through official security channels. With the presidential elections of July-August now past, we are hopeful that security incidents of this kind will diminish. We continue to provide care uninterrupted to the communities of Bankass and remain committed to standing beside them.

This quarter, our rural CHWs identified more cases of severe acute malnutrition than moderate acute malnutrition in the Bankass sites of Koulogon, Dimbal, and Tori. This suggests that children with malnutrition are not being detected early enough in the course of their illness. To ameliorate this issue, CHW Supervisors are working with CHWs on systematic screening of children in the households they serve.

# QUARTER 3 PROGRESS

## Research and Data Systems

Muso's Randomized Controlled Trial on CHW supervision strategies was published in the Journal of Global Health in late September. The study, conducted with the Malian Ministry of Health, Medic Mobile, and researchers from the University of California San Francisco, the University of Bamako, and Harvard Medical School, examines supervision strategies that could improve the quantity, speed, and quality of health care provided by CHWs. Our key takeaways from the study: CHWs showed large and significant improvements in quantity, speed, and quality of care while receiving monthly 360° Supervision visits from a dedicated CHW Supervisor over the course of the study period. CHWs randomized to receive CHW Dashboard analytics, with personalized performance data feedback, showed modest but significant additional gains in productivity. The take-home: Frequent and quality coaching for CHWs appears to be critically important for improving CHW performance. Dashboard analytics can have a positive additional impact when layered onto dedicated and frequent supervision. Tech can enhance, but likely cannot replace, high quality supervision systems. These findings are particularly important as dozens of countries work to deploy community health workers nationally. Many of these national efforts are not providing high quality or frequent supervision support for CHWs, and these efforts are at risk of failing. This study tested strategies that could help.

Based on this RCT's findings, our partners at the Malian Ministry of Health have decided to scale 360° Supervision nationally, as part of their plan to deploy nearly 5,000 CHWs and connect 3.5 million people with care in the coming years. To translate this policy into practice, the Ministry will build an operational plan for national 360° Supervision scale-up, and mobilize partners to support financing and implementation. Muso's government partners have asked us to provide intensive technical assistance to this effort.

## Partnerships

In Q3 the partnerships team celebrated a victory many years in the making: the adoption of dedicated CHW supervision as national policy. Mali's national working group on community health voted for this policy on September 6, following a presentation of the findings of research conducted jointly by the MoH and Muso. This success represents many years of relationship building and exemplifies Muso's strategic use of operational research to drive forward national policy and practice. Moving forward we are working with a constellation of partners to identify financing for the implementation and scale-up of this important policy decision.

This quarter we also had the privilege of hosting two partner organizations for learning exchanges. In September, four colleagues from PIVOT traveled from Madagascar to spend four days with our team in Bamako. The following week we hosted three colleagues from the Living Goods' Kenya and Uganda teams. These visits provided rich opportunities to learn from each others' models and experiences in our respective countries.

## Team Updates

In Q3, Muso co-founder Jessica Beckerman rejoined the Muso team in a staff capacity as Chief Medical Officer, overseeing quality, integrated care delivery from community to clinic. Jessica has worked in Mali since 2004, when she first came to the country as a Fulbright Scholar. She has a degree in Medicine from the University of California San Francisco. In addition to her work at Muso, she serves in a clinical care role at Highland Hospital in Oakland, CA.

Stephanie Rapp joined the Muso team as our Global Partnerships Manager. Stephanie is leading the landscape analysis process to determine Muso's next country of expansion, and manages a portfolio of global institutional partners. She comes to Muso from Jhpeigo and Midwives for Haiti, and has lived in Haiti, Rwanda, and Tanzania.



## CHW Profile: Rokia Traoré

Rokia Traoré has been serving communities in peri-urban Yirimadio, Mali, since 2013. Noting the ways in which her patients tap into free, integrated care at the community and clinic levels, Rokia says that people in her community put all their trust in her. Gaining this trust is pivotal to the care she provides, supporting her to regularly visit all families in her catchment area during her rounds. In her time as a CHW, she has seen the health of her communities improve, and notes that thanks to improved case management of diseases, patients no longer die from malaria and have improved knowledge about hygiene and family planning.

Rokia says that being a Community Health Worker has changed many aspects of her life. She is financially stable, and can provide for her family. As she brings care to her neighbors' doorsteps, she feels motivated to support her community because she knows that her backpack contains many life-saving tools, and that quality care will be provided for free with any referral to the clinic.

She sees a major change in her community as a result of family planning knowledge, saying "even our husbands are on board when it comes to family planning. A topic that was taboo before has become an important element of our lives."



The change at the community level has meant that people no longer die.

- Rokia Traoré, Muso CHW

# FINANCIALS

Revenue of \$821K reflect cash receipts of \$260K, reductions in receivables of \$300K, and the release of restricted funds of \$262K. Revenue was consistent with projections.

Expenses of \$1.2M came in under budget of a projected \$1.4M in spending over the quarter. This \$200k difference from projections was made up of \$100k spending on medical supplies, and other reductions in general administrative expenses.

## Statement of Financial Position

	Q3 2018* as of Sept 30 2018	Q4 2017 as of Dec 31 2017
<b>ASSETS</b>		
Cash and Cash Equivalents	1,393,438	2,297,834
Pledges Receivable		637,000
Prepays & Other Assets	100,903	47,243
Fixed Assets, net	3,363	74,356
<b>Total Assets</b>	<b>1,497,704</b>	<b>3,056,433</b>
<b>LIABILITIES AND NET ASSETS</b>		
Accounts Payable & Accrued Expenses	121,171	270,867
Subgrant Payable	-	
<b>Total Liabilities</b>	<b>121,171</b>	<b>270,867</b>
<b>Net Assets</b>		
Unrestricted	878,239	1,003,911
Temporarily Restricted	498,294	1,781,655
<b>Total Net Assets</b>	<b>1,376,533</b>	<b>2,785,566</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>1,497,704</b>	<b>3,056,433</b>

\* unaudited

## Statement of Activities

	Q3 2018* as of Sept 30 2018	Q4 2017 as of Dec 31 2017
Total Revenue	4,228,618	5,382,302
Total Expenses	4,445,077	4,742,705
<b>Net Revenue</b>	<b>(216,459)</b>	<b>639,597</b>

\* unaudited

## Total Budget Over 3 Years

