Dear friends,

In February, Mali’s President committed to a sweeping national health reform that plans to take to scale much of what Muso has tested together with our government partners. Following that historic announcement, in Q2 we and other partners have provided intensive support to Mali’s Ministry of Health to prepare for the first phase of the national health reform.

Simultaneously, ongoing violence and conflict in the Mopti region has led to growing discontent with Mali’s government. In April, the Prime Minister and his cabinet resigned as a result. As such, then-Minister of Health Samba Sow, the author of the health care reform, was removed from his post. Former Finance Minister Boubou Cissé, who had expressed his support for the reform, was appointed Mali’s new Prime Minister. Former UNAIDS Director Michel Sidibé returned to Mali to serve as the country’s new Minister of Health.

Minister Sidibé underlined his support for Mali’s health system reform at the World Health Assembly, re-affirming Mali’s commitment to universal health coverage through free care for vulnerable populations, and to a Community Health Worker-led health system. This change in administration has delayed the reform’s launch as new staff orient and Minister Sidibé builds out his senior team. As Ministerial changes occur with some frequency in Mali, our team has built a resilient partnership model with government staff at all levels that is able to withstand political transitions. We are supporting both further operational planning and the implementation of the fastest-moving element of the reform, national scale-up of 360° Supervision.

Muso developed and tested the 360° Supervision model, our CHW performance management and support approach, together with our Malian government partners. After the Malian Ministry of Health decided to integrate 360° Supervision as its CHW performance management system nationally, the Global Fund committed to financing the national scale-up of this supervision model on an ambitious timeline, aiming to have dedicated supervisors operating across the country by the end of the year. The government has also requested that the CHW Supervisor App, which Muso built with Medic Mobile, be the primary tool used by Supervisors across the country. 360° Supervision and the accompanying CHW Supervisor App will support CHWs across the country to improve the coverage, speed, and quality of care they provide, acting as a quality assurance backbone for the rest of Mali’s health system reform.

In solidarity,

The Muso Team
### New Pregnancies Detected Through Proactive Care

- **815** New Pregnancies Detected Through Proactive Care
- **1,390** Family Planning Dispensed

### Service to Date

- **Home Visits**: 5,010,685
- **Clinic Visits**: 555,761
- **CHWs**: 381

### Proactive Care in Q2

<table>
<thead>
<tr>
<th></th>
<th>Q2 2019</th>
<th>Q2 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHW Home Visits</td>
<td>430,241</td>
<td>364,500</td>
</tr>
<tr>
<td>Clinic Visits</td>
<td>27,894</td>
<td>25,000</td>
</tr>
</tbody>
</table>

### Comprehensive and Free Clinic-Based Care

- **Q2 2019**: 27,894 Clinic Visits
- **Q2 Target**: 25,000 Clinic Visits

### Speed

**Muso CHWs aim to reach every patient within 24 hours of their first symptom**

- **24 Hours**
  - **Target**: 65%
  - **Peri-Urban**: 90%
  - **Rural**: 94%
  - **96%**

- **48 Hours**
  - **Target**: 80%

- **72 Hours**
  - **Target**: 90%
  - **Peri-Urban**: 64%
  - **Rural**: 88%
  - **78%**

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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 ProCCM Trial, the Randomized Controlled Trial embedded in our rural care delivery. 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.
CHALLENGES

- Our team and patients in Bankass continue to experience instability and acts of violence due to the region’s insecurity.

SUCCESSES

- Strong fundraising in the first half of the year has allowed Muso to hire multiple new positions to support Mali’s reform and capacitate key team functions.
- The Global Fund and Mali’s Ministry of Health aim to scale Muso’s 360° Supervision model nationally this year.

Yirimadio Operations

Muso’s peri-urban CHWs continue to support the identification and treatment of measles cases in Yirimadio. A recent vaccination campaign decreased the number of new cases emerging, but as the campaign targeted children under five, we then began seeing new cases clustered in children between five and ten. No patients from our catchment area have died since this outbreak began in 2018.

Bankass Operations

Security risk in the Bankass district remains elevated. The situation has not substantially improved or further deteriorated since Q1. Peuhl community members continue to flee the district, due to the risk of further attacks on Peuhl communities and households. We mourned several tragedies during this time, including multiple deaths and intimidations in the setting of the conflict. An additional risk to the area is famine: the conflict has robbed many of their livelihoods as fields have been burned, and many farmers still do not feel safe tending to their fields as the growing season begins again. We will be monitoring malnutrition rates closely and providing care for malnourished children through our proactive case detection, and have budgeted for a potential increase in malnutrition treatment this year.

The emergency response plan has seen a positive response from communities, with 2,817 patients receiving care from the mobile clinics we have launched to provide care in areas where patients no longer feel safe traveling to the health center. Since April, Muso has provided psychological first aid to patients and our own staff affected by trauma. We have also been working to reinforce communication throughout the district, emphasizing that Muso remains committed to providing care for everyone, and therefore we take no sides in the conflict, other than the side of all our patients in their right to health care. Communities in Bankass have continued to provide strong encouragement to and support of the Muso team. In June, one village held a community-wide religious ceremony to express gratitude for Muso’s solidarity and to pray for the support and protection of the Muso team.

Without improvement or significant deterioration of the security situation across Bankass, we continue to follow the course laid out in our emergency response plan, reinforcing the security of our team and continuing to care for our patients. Given the dynamic situation, our team has built out multiple contingencies. We remain committed to ensuring that care is accessible across these vulnerable communities.

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QUARTER 2 PROGRESS

Research and Data Systems

Muso’s year two data collection for the ProCCM Trial, our embedded 2017-2020 Randomized Controlled Trial in our rural sites testing the impact of proactive CHW workflow on child mortality, was completed in April. Given the security situation in the Bankass sites hosting the Trial, we put comprehensive security protocols into effect to protect our research team and patients, and broadcast messages about the nature of the survey and Muso’s continued efforts to build trust across communities. Surveyors did not encounter significant issues during the data collection period. We are now conducting the third and final year of the study, which will provide rigorous evidence to improve the impact of community-led health care systems within and beyond Mali.

Last quarter, we reported significant slowdowns in the CHW App software our health workers use. Muso CHWs provide earlier and more frequent care than CHWs in reactive health systems, and the commensurate amount of data required to manage their activities overwhelmed the functionality of the smartphones. Our partners at Medic Mobile built and launched a purge function within the CHW App, which removes older historical data once it has been synced with a central server. This purge function has significantly improved speed of the CHW App. Diminishing phone batteries have continued to hamper productivity; our team is now evaluating battery replacement or the selection of a different phone vendor for all phones issued to CHWs.

In Q2, Muso CHWs achieved a milestone: our five millionth home visit. We also adopted a new approach to the accuracy of our home visit calculations. Muso had previously shared that we delivered care through approximately 1.18 million home visits in 2018, and a cumulative total of 4,440,661 home visits since 2008 as of the end of the year. However, on further review by the data team in early Q2 2019, our 2018 home visit numbers decreased slightly to 1,034,954, which also affected our running cumulative total number of home visits, now 4,294,922 as of the end of 2018. Our revised estimates can be attributed to numerous improvements in the methodology of home visit calculations to improve accuracy, including: (1) the level of form submission, from patient to household; and (2) counting only one home visit per household per day, regardless of the number of forms submitted in a day. When applied to 2018 data, our new method of counting home visits lowers estimates in home visits in situations where CHWs had to batch-enter home visit forms retroactively (e.g. after major mobile application upgrades, migrations, or modified work flows due to phone battery issues).

Team

In Q2, multiple long-serving Muso staff received promotions in recognition of their leadership and contributions to the organization. Dr. Djoumé Diakité, previously Muso’s Program Director and a co-founder of the organization, was promoted to Mali Country Director. Coumba Traoré, previously Finance Manager, was promoted to Finance Director. Dr. Youssouf Keita, Training Director, was promoted to Director of Learning and Innovation, heading a newly-expanded department focused not only on staff and health worker training, but also on designing and refining programmatic, clinical, and technical innovations based on our continuous learning to support health systems strengthening in Mali and globally.

Given the launch of Mali’s massive national health care reform, and to support team and organizational health as we rise to meet this rapidly-evolving opportunity, we are making several additional hires this year. In Q2, Muso’s Board of Directors approved a supplemental spending package based on stronger-than-projected fundraising throughout the year to date. New positions include new hires in the Learning and Innovation department and Research, Monitoring, and Evaluation department, as well as the build-out of a Technical Assistance department, for which two hires have already been made. These new positions will help improve organizational capacity and support quality in Muso’s training, replication and adaptation, and research efforts.

CHW Profile

In her role as a Muso Community Health Worker, Djelika visits Muso patient Salimata and her family several times a month, checking on each household member’s health and providing care when needed. Salimata and Djelika’s relationship, the relationship between the CHW and the patient, is the crux of Muso’s Proactive Care model. Driven by trust, shared goals, and compassion, they work together to make sure Salimata and her family stay healthy. Djelika says that she is most proud of her work in prenatal and maternal care. She knows this is a critical element of ensuring maternal and child health in her community — and she’s already seen how CHWs can contribute to this vision. Read more about the work of CHWs to reimagine what is possible for women and families like Salimata’s.
In Q2 2019, revenue of $3.5M came at 150% of projections, with several renewing funding partners increasing commitments from their projected grant amount. Total Q2 expenses of $1.7M were in line with budgeted costs. Strong fundraising, as well as a favorable foreign exchange rate throughout the year to date, led to a strong cash reserve throughout the quarter.

With increased costs due to the opportunities and staffing needs of Mali’s health care reform, as well as the evolving security situation in Bankass, Muso’s Board of Directors approved a contingency budget of an additional $829k in 2019 in May.

Muso’s audit neared completion in Q2, and will be issued and shared with partners in the coming months.

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**Statement of Financial Position**

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Q2 2019*</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>3,062,045</td>
<td>2,806,927</td>
</tr>
<tr>
<td>Pledges Receivable</td>
<td>8,086</td>
<td></td>
</tr>
<tr>
<td>Prepaids &amp; Other Assets</td>
<td>302,642</td>
<td>61,906</td>
</tr>
<tr>
<td>Fixed Assets, net</td>
<td>197,335</td>
<td>96,403</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>3,570,108</td>
<td>2,965,235</td>
</tr>
</tbody>
</table>

| LIABILITIES AND NET ASSETS | | |
| Accounts Payable & Accrued Expenses | 98,783 | 177,327 |
| Other Current Liabilities | 80,680 | 62,165 |
| **Total Liabilities** | 179,462 | 239,491 |

| Net Assets | | |
| Unrestricted | 1,725,764 | 2,089,614 |
| Temporarily Restricted | 1,664,882 | 636,130 |
| **Total Net Assets** | 3,390,646 | 2,725,744 |

<table>
<thead>
<tr>
<th>Total Liabilities &amp; Net Assets</th>
<th>Q2 2019*</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2,965,235</td>
</tr>
</tbody>
</table>

* unaudited

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**Statement of Activities**

<table>
<thead>
<tr>
<th></th>
<th>Q2 2019*</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>3,520,603</td>
<td>6,396,250</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>1,712,796</td>
<td>5,819,302</td>
</tr>
<tr>
<td>Net Revenue</td>
<td>1,807,707</td>
<td>576,948</td>
</tr>
</tbody>
</table>

* unaudited

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**Total Budget Over 3 Years**

- **$30M EXPENSES (2019-2021)**
  - $10.5M Received or Committed
  - $8.3M Projected ≤ 70% Probability
  - $4.2M Projected ≥ 70% Probability
  - $7.6M Funds to Raise