Dear friends,

In early 2015, Mali and the World Health Organization declared an end to Mali’s Ebola outbreak. Muso had supported Mali’s government and The Centers for Disease Control and Prevention to train a team of frontline workers to monitor those who came into contact with Ebola-positive patients, and link those who became sick to supported isolation and life-saving care. Yet even as we declared victory against the outbreak, we knew that the crisis had been born from a larger, deeper chasm: that without access to rapid, universal health care, the daily injustices and inequalities our patients faced would remain. The same children who had been at risk of contracting Ebola were still at risk of being killed by pneumonia, by diarrheal disease, by malaria—by a health system that excludes the poor, that reaches the vulnerable too late, or not at all.

In January of 2020, shortly after the COVID-19 outbreak was first declared in China, Mali’s Ministry of Health quickly built an emergency response plan. Before a single case of COVID-19 was confirmed in Mali, the government put a number of measures in place, including monitoring returning travelers, stopping large gatherings of more than 50, and closing schools. An intensive emergency response was and remains necessary: in a country with few intensive care unit beds and little access to oxygen, community spread will be deadly, likely bringing about a much higher mortality rate than we have seen in higher-resource settings responding to COVID-19. Mali’s caseload continues to evolve rapidly. There is a real and imminent risk for Mali’s outbreak to continue its exponential growth trajectory. Research from the London School of Hygiene and Tropical Medicine suggests that countries like Mali across Sub-Saharan Africa have an estimated six-week window from their first cases before their virus caseloads could reach 10,000. (1) Pearson, C., C. Van Schalkwyk, A. Foss et al. London School of Hygiene & Tropical Medicine, “Projection of early spread of COVID-19 in Africa as of 25 March 2020”, March 25, 2020.

The stakes of this moment are immense. Muso has mobilized a COVID-19 response to support our patients, team, and government partners, with three core goals:

1. Care for all of our patients, without delay or interruption.
2. Protect our brave frontline providers - health care workers, nurses, doctors, and midwives - by ensuring they have the protective equipment to keep them safe as they serve.
3. Accelerate Mali’s national response to stop viral transmission through faster case detection, care, and isolation of COVID-positive patients.

In Q1, we adapted our protocols and curricula, trained frontline providers to provide ongoing care, worked to procure personal protective equipment for frontline workers at community and clinic levels, and supported Mali’s government to begin hiring and training dedicated teams across every district of Bamako, an area of three million people. Rising to this moment also requires radical collaboration. In Q1, we shared our best practices, new protocols, and educational tools with partners in Mali, Côte d’Ivoire, and globally through the Community Health Impact Coalition.

The global footprint of the COVID-19 pandemic has shown how bound together we are as a global community. This virus threatens us all, and thereby lays bare our interconnectedness and responsibility to one another. As we all work to flatten the curve and interrupt viral transmission, we recall a key lesson of Mali’s Ebola response: outbreaks feed on delay. Being proactive, responding with speed, and prioritizing the most vulnerable among us can stop this outbreak in its tracks, and reinforce health systems that meet everyone with the care they need. But it will take all of us.

With thanks for all you are doing in this fight,
The Muso Team
**HOME VISITS**

6,099,789

**CLINIC VISITS**

675,968

**CHWS**

429

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**MILESTONES**

**SERVICE TO DATE**

**HOME VISITS**

6,099,789

**CLINIC VISITS**

675,968

**CHWS**

429

---

**PROACTIVE CARE IN Q1**

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

358,379 HOME VISITS

Q1 2020

387,000 HOME VISITS

Q1 TARGET

**COMPREHENSIVE AND FREE CLINIC-BASED CARE**

30,680 CLINIC VISITS

Q1 2020

25,000 CLINIC VISITS

Q1 TARGET

884

New Pregnancies Detected Through Proactive Care

4,163

Family Planning Dispensed

---

**SPEED**

MUSO CHWS AIM TO REACH AND TREAT EVERY PATIENT WITHIN HOURS OF THEIR FIRST SYMPTOMS

**Of children < age 5 reached by CHWs in Q1:**

- Treated within 48 hours
  - TARGET 80%
  - 95%

- Treated within 72 hours
  - TARGET 90%
  - 98%

- Treated after 72 hours

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**PERI-URBAN**

92% TREATED WITHIN 24 HOURS

(Target 65%)

**RURAL**

67% TREATED WITHIN 24 HOURS

(Target 65%)

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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’s month runs from the 26th to the 25th.
Yirimadio

Yirimadio’s population continues to grow quickly, as urbanization, climate change, and instability in the north and center of Mali drive people into Bamako and its environs. To keep up with population growth and deliver quality care to our patients, in January 2020, 50 new Community Health Workers joined Muso’s existing 175 CHWs in our peri-urban site.

Since Mali’s first two COVID-19 cases were reported on March 25th, the outbreak has spread rapidly, particularly across Bamako, Mali’s capital region of three million people, which includes Yirimadio. Muso has worked to train and equip CHWs and clinic based providers to ensure continuity of care across in Yirimadio sites in the context of COVID-19. We’re now working with the government to train clinicians, contact tracers, and contact monitors across the nation to accelerate Mali’s national COVID-19 effort.

Bankass

In the last quarter of 2019, we saw modest improvements in security in our rural sites. Unfortunately, in Q1 2020, the conflict ramped back up. Following a redeployment by Mali’s military that removed troops from the Bankass district, we saw an immediate escalation of violence. In February, 21 of our patients were murdered in their homes in the village of Ogossagou. There were also other attacks in other communities we serve, and February was one of the most violent months of the conflict to date in Bankass and nationally.

These challenges were compounded by disruptions to the single reliable overland route in and out of Bankass. The security of this road grew increasingly compromised, leading us to temporarily shut down transport in and out of the district at various periods in Q1.

Muso’s emergency response in Bankass continues to focus on our most important mandate: that we stay. That we provide care that meets our patients where they are, at a moment where this conflict has meant access to care is more important than ever. Our Bankass emergency response has included mobile clinics to bring clinical care to the most-impacted villages. We also have a trauma-trained psychiatrist on-site providing psychiatric and trauma-informed mental health care to health providers and patients most affected by these atrocities. We have also pre-positioned emergency stocks of supplies, medicines, and gas, which has enabled us to ensure continuity of care at times when our team is unable to travel into or out of the area.

Human Rights Watch recently published a report that details the past year of conflict in central Mali. This report contains firsthand accounts from our patients, as well as photos and other documentation from the communities we serve across Bankass. Please note that the report contains vivid details of the events of the past year.

As we prepare for COVID-19 to arrive in Bankass, the same tools that have enabled Muso to deliver health care in the face of active conflict will be relevant in supporting our outbreak response. The most important of these is the foundation of trust we have built in the communities we serve. Our work in the region is supported by community members and deeply embedded in the communities we serve, which has allowed us to be resilient in the face of the conflict, continue to provide care, and keep our staff safe. We will draw on these same resources in responding to COVID-19 in the region, facing this new challenge together with our patients.
QUARTER 1 PROGRESS

Research and Data Systems

The ProCCM Trial’s final weeks of endline data collection moved forward, with surveyors completing their work in mid-April. No COVID-19 cases were identified in the Bankass district, or the Mopti region where Bankass lies, in Q1. As we would have needed to cease data collection had cases arrived in Bankass before surveyors completed their work, to protect both survey teams and community members, we accelerated data collection in Q1. Our research team expanded daily surveying hours to the maximum number possible while still adhering to security precautions and curfews in the region. We also trained surveyors in infection control measures, supplied them with alcohol hand sanitizer, and provided training on how to remain distant from survey participants as an infection control measure.

Partnerships and Advocacy

In Q1, Muso worked closely with our fellow members of the Community Health Impact Coalition (CHIC) to accelerate the global COVID-19 response. We published a position paper on the community-level investment needs and priorities for the global COVID-19 response. We are heartened by CHIC’s rapid collaboration at this moment. The response to the paper as it has widely circulated amplified the recognition that frontline health workers across the Global South must be supported to address this pandemic.

In 2019, Mali’s president committed to an overhaul of the country’s primary care system, including user fee removal for vulnerable populations, a CHW for every patient, and greater investment in health care facilities. This is supported by the country’s commitment to increase health care spending from 4% to 6% of the domestic budget by 2022. In Q1, health care reform efforts made significant progress. We supported our partners to build out the regulatory framework to move these commitments into law, and next into the national budget. We anticipate reform priorities will likely be on hold in the near-term as Mali’s government urgently responds to COVID-19.

Muso’s 360° Supervision model providing dedicated management support for CHWs rolled out across five regions of Mali in Q1, financed by the Global Fund. Over the course of 2019, Muso supported the Malian government and its partners to customize tools, curriculum, and protocols to its specifications in order to recruit, train, and equip a national team of CHW Supervisors. In Q1, these Supervisors are now at their posts across five regions of Mali, and are able to support CHWs during the critical moment of COVID-19 response and beyond.

In Côte d’Ivoire, the Muso team took critical steps throughout Q1 towards the implementation of dedicated supervision for the country’s existing cadre of 11,000 Community Health Workers. Embedded within the Department of Community Health, our team has worked to develop technical supervision tools and share our evidence-based strategies with key health system stakeholders.

When COVID-19 became the principal focus of Côte d’Ivoire’s Ministry of Health in the month of March, Muso pivoted to support the national response. Given our mandate in Côte d’Ivoire is one focused on technical assistance, rather than implementation, we have shared our COVID-19 training curriculum and protocols with our government partners and joined them in mapping out the full inclusion and protection of CHWs as frontline workers in the national pandemic response.

Q1 Successes and Challenges

+ We are mobilizing quickly to support Mali’s national COVID-19 response
+ Mali’s national cadre of CHW Supervisors was trained and deployed
+ Muso CHWs conducted a total of over 6 million home visits

- The arrival of COVID-19 in Mali by late March
- Increased violent conflict in our rural sites

CHW Draman Tangara lives in a part of Yirimadio called “Yorodianbougou”, which translates to “far away village.” Even in a dense area like Yirimadio, located on the outskirts of Mali’s capital city, Bamako, distance, cost, or availability of transportation can act as barriers to accessing health care. However, this distance does not keep Draman from his patients. In fact, he may be one of the most well-known community members of Yorodianbougou. As Draman cheerfully completes his daily rounds, he takes special care to build trusting relationships with his patients: listening to them, knowing the names of every family member, and checking to make sure that every family in his catchment area has his phone number — to call at any time. More than once, Draman has met patients in need at all hours of the night, accompanying mothers in labor or seriously ill children to receive emergency care.

Draman believes that this rapport positively affects his work as a care provider: “The more you ask about illness and truly build a relationship with those who are vulnerable to sickness, you will catch sickness fast, because your patients are your friends, family, and neighbors.” As COVID-19 spreads within Mali’s borders, CHWs like Draman continue their door-to-door visits to detect illness and treat patients in their homes, ensuring that patients who fall ill are diagnosed rapidly, and when possible are treated in the home, freeing up capacity in clinics and hospitals for the most severe cases.
Muso began the year with $6.5 million, or more than six months of cash on hand. Cash contributions totaled $1.4M in Q1, and we had $4.6 million in committed revenue for 2020 at the end of the quarter.

Muso’s COVID-19 response plan is projected to cost $1.2 million over a three-month initial response period. We expect our total COVID-19 response costs to increase to over $2 million in 2020, subject to our ability to secure additional funding. These numbers are not yet reflected in either our revenue or expenses shown below.

Expenses totaled $2.3 million, which is about 30% under our forecasted budget for Q1. This was mostly due to delays in hiring, but a favorable exchange rate also benefited Muso during the quarter.

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**Statement of Financial Position**

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<tr>
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<th>31-Mar-20</th>
<th>31-Dec-19</th>
<th>Change</th>
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<td><strong>ASSETS</strong></td>
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<tr>
<td>Cash and Cash Equivalents</td>
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<td>Other Current Assets</td>
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<td>Non-Current Assets</td>
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<td><strong>TOTAL ASSETS</strong></td>
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<td>$7,579,056</td>
<td>-$1,023,716</td>
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<tr>
<td><strong>LIABILITIES &amp; NET ASSETS</strong></td>
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<tr>
<td>Current Liabilities</td>
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<td>$220,996</td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
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<td>Unrestricted Net Assets</td>
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<td>Temporary Restricted Net Assets</td>
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<td><strong>TOTAL NET ASSETS</strong></td>
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<td><strong>TOTAL LIABILITIES &amp; NET ASSETS</strong></td>
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<td>$7,579,056</td>
<td>-$1,023,716</td>
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**Statement of Activity**

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<th>Q1 2020</th>
<th>2019</th>
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<tbody>
<tr>
<td><strong>REVENUE</strong></td>
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<td><strong>EXPENSES</strong></td>
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<tr>
<td>Program Services</td>
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<td>Supporting Services</td>
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<td>General and Administrative</td>
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<td>$780,714</td>
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<td>Fundraising</td>
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<td><strong>TOTAL EXPENDITURES</strong></td>
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<td><strong>CHANGE IN NET ASSETS</strong></td>
<td>-$284,642</td>
<td>$2,412,313</td>
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**TOTAL BUDGET OVER 3 YEARS**

- **$38.7M** Projected Expenses (2020-2022)
  - **$4.9M** Received or Committed
  - **$7.5M** Projected ≥ 70% Probability
  - **$19.2M** Funds to Raise
  - **$7.1M** Projected < 70% Probability

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1 Unaudited
2 Unrestricted; Q1 2020 cash contributions totaled $1.4 Million