Dear friends,

The past few months have laid plain the interconnectedness of our world, and the risks weak public health systems pose to us all. Pandemics feed on delay. The global COVID-19 pandemic has thrown into sharp relief the danger of delayed access to testing, diagnosis, supplies, and treatment. Muso’s COVID-19 strategy has focused on the following three aims:

1. **Care** for all our patients, without delay, without interruption
2. **Protect** our brave health care providers on the front lines
3. **Accelerate** the government's national response to stop viral transmission through faster case detection, faster care, and faster isolation

Muso has provided uninterrupted care for the 350,000 patients we serve directly in our sites throughout the outbreak. Muso Community Health Workers (CHWs) reached 90% of children in our peri-urban site within 24 hours of symptom onset on average in Q2, the same speed rate as in Q2 of last year, despite the arrival of COVID-19 in the community. To ensure providers are protected as they care for their patients, we sourced funding for, identified, and procured personal protective equipment (PPE) for our frontline providers. We also supported Mali and Côte d’Ivoire’s governments to quantify national PPE needs and to mobilize new sources of PPE for providers beyond Muso sites.

In Mali and Côte d’Ivoire, our government partners have been working with urgency to stop the spread of COVID-19 nationally since the first cases reached both countries in March. To improve patient survival, Muso built the training curricula that both countries have since rolled out to train frontline providers across the health system in COVID-19 protocols. In Mali, our team led these trainings at the behest of our government partners, rolling out trainings to government hospitals, district hospitals, and primary care clinics responsible to care for 80% of Mali’s 19 million people.

Outbreaks also kill by reducing access to care across other health conditions, as we saw during West Africa’s Ebola outbreak, where the three hardest hit countries in the region saw an estimated reduction of 50% in access to essential health services. Early care for all, our core commitment, becomes more difficult to achieve in the setting of COVID-19, but also more vital than ever. During a time when access could have plummetted, Muso exceeded its Q2 targets for clinic visits and home visits (see next page for details).

Muso and government partners have been working with urgency to stop the spread of COVID-19 nationally since the first cases reached both countries in March. To improve patient survival, Muso built the training curricula that both countries have since rolled out to train frontline providers across the health system in COVID-19 protocols. In Mali, our team led these trainings at the behest of our government partners, rolling out trainings to government hospitals, district hospitals, and primary care clinics responsible to care for 80% of Mali’s 19 million people.

At the Malian government’s request, Muso has built the national curricula and system for contact tracing and monitoring as well as training, equipping, and supporting all the contact tracers, monitors, and supervisors in the country. Faster diagnosis, faster care, and faster isolation equal fewer deaths and fewer new infections. To stop the spread of COVID-19, this system aims to test patients the same day they develop their first symptom, to evacuate patients to care centers the day they test positive, and to isolate contacts days before they develop their first symptom, to prevent asymptomatic transmission.

Weak health systems fail their patients every day, not only when pandemics emerge. Strategies that build capacity and increase access to care can also stop pandemics in their tracks. While rich countries take oxygen access for granted, little oxygen access exists in Mali. Without expanded oxygen access, the death toll from COVID-19 will be far higher than we have seen elsewhere. Through an in-kind partnership, Muso has procured 54 multi-patient oxygen concentrator machines for deployment to hospitals across the country. We’ve also built out curriculum and training programs to accompany the rollout of oxygen for the first time in regional hospital centers. Oxygen systems are key to saving lives both from COVID-19 and from chronic killers in Mali, including pneumonia, one of the leading causes of child death.

Thank you for standing alongside our patients in this moment of global crisis, for affirming the importance and interconnectedness of health for all.

In solidarity,

The Muso team
**MILESTONES**

**SERVICE TO DATE**

- **HOME VISITS**: 6,537,475
- **CLINIC VISITS**: 703,884
- **CHWS**: 426

**PROACTIVE CARE IN Q2**

- **CHW HOME VISITS FOR ACTIVE CASE FINDING, DIAGNOSIS, TREATMENT, AND FOLLOW UP**
  - Q2 2020: 437,686 HOME VISITS
  - Q2 TARGET: 387,000 HOME VISITS
- **COMPREHENSIVE AND FREE CLINIC-BASED CARE**
  - Q2 2020: 27,916 CLINIC VISITS
  - Q2 TARGET: 25,000 CLINIC VISITS
- **NEW PREGNANCIES DETECTED THROUGH PROACTIVE CARE**: 851
- **FAMILY PLANNING DISPENSED**: 4,347

**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:

- **PERI-URBAN**
  - 90% TREATED WITHIN 24 HOURS (TARGET 65%)
  - Treated within 48 hours: 94%
  - Treated within 72 hours: 96%
- **RURAL**
  - 62% TREATED WITHIN 24 HOURS (TARGET 65%)
  - Treated within 48 hours: 74%
  - Treated within 72 hours: 87%

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* Muso's rural sites consist of passive and proactive workflow arms due to the ProCCM Trial, the Randomized Controlled Trial embedded in our rural care delivery sites. The results of this trial, available in 2021, will inform the ultimate workflow Bankass sites adopt. We anticipate some indicators listed here are lower than they might be otherwise, as our rural 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.
Q2 Successes and Challenges

Yirimadio

Muso’s household survey, which takes place from June-July annually, is continuing as scheduled, with surveyors following PPE and distancing protocols. The survey provides an annual snapshot of population-level child mortality in our sites, as well as the opportunity to learn from trends in health care access in the context of the pandemic.

Care provision in the home remained the same throughout Q2 as previous comparable periods, despite the arrival of COVID-19 in the communities of Yirimadio at the start of the quarter. However, there has been a slight decrease in clinic visit volume for preventative services like prenatal care. With the Yirimadio primary care clinic overwhelmed by a growing population, social distancing measures have been a challenge at the crowded clinic.

In 2019, Muso began collaborating and building consensus with community groups to mobilize government approval for a new Community Health Center, the site of which has now been identified. We are working with our partners at MASS Design Group, which rehabilitated and redesigned the Bankass clinics in 2016-2017, to design the second Yirimadio clinic.

Bankass

Conflict continued in central Mali in Q2, with continued attacks by extremist groups and militias in the region. Our emergency response plan is in full effect, including:

- Mobile clinics are currently active to bring care to the villages most severely impacted by violence, which represent approximately 10% of the rural communities we serve, when patients cannot safely travel to the clinic.
- Emergency stocks of medications and supplies are in place to ensure continuity of care in case supply chains are interrupted.
- Supplemental stipends for CHWs and staff cover the increased cost of essential goods in the setting of conflict.
- We provide mental health first aid for victims of trauma, including hundreds of consultations by a trauma-trained psychiatrist for patients and our frontline providers.
- All eight rural health centers remain open, providing uninterrupted care.

+ Muso established Mali’s national contact monitoring and tracing system.
+ The COVID-19 curricula we built supported Mali and Côte d’Ivoire to train health providers.
- COVID-19 cases grew in our partner countries throughout Q2.
- Armed conflict in central Mali continues.
In mid-April, Muso’s field team completed endline data collection for the ProCCM Trial, one of the world’s largest randomized controlled trials in community health. More than 200 surveyors worked tirelessly to outpace COVID-19 and finish data collection before the virus arrived in the Mopti region.

The ProCCM Trial surveyed more than 100,000 people over three years, to learn if proactive, door-to-door case detection by CHWs saves more lives than a passive workflow for CHWs, which is the current global standard.

Mali’s national health care reform has essentially been put on pause as the government focuses on responding to COVID-19. The team members we’ve embedded on the in the Ministry of Health have pivoted to build national COVID-19 systems, with a focus on systems that will serve the additional purpose of building toward long-term, early access to care for all.

Muso is currently working as a technical assistance partner to the Ministry of Health of Côte d’Ivoire, focusing initially on building a performance management system for the country’s more than 11,000 trained Community Health Workers. Over the last quarter, Muso team members in Côte d’Ivoire have worked with the Ivorian Department of Community Health to plan the adaptation and scale-up of Muso’s 360° Supervision model, working on the adaptations necessary to roll out the model in a new context.

In collaboration with our government partners, we have drafted an adapted Implementation Guide for dedicated supervision in the country, and have held initial meetings to workshop the draft with the Department of Community Health and the key NGO implementers.

I grew up in this neighborhood, I know everyone here. I’ve been here since my childhood.... I’ve seen Muso, and seen their work and how they treat people for free. When I saw their work, I decided to be a part of this.

Adele Coulibaly, CHW
Muso’s 2019 audit was completed at the end of June. Please reach out to jberman@musohealth.org with any questions or for a copy.

Our community has rallied alongside us in light of the pandemic, and by the end of Q2 we brought in $1.7M in dedicated funding for our COVID-19 response, from both longtime and new partners. Muso’s cash balance at the end of Q2 2020 increased to $7.3 million, providing more than six months of cash on hand and a significant amount of the cash required for Muso’s response to COVID-19 over the remainder of 2020.

Year-to-date expenses totaled $5.2 million, which is about 24% under our original forecast. This was in large part due to delays in spending and a continued favorable exchange rate. For the six months prior to June 30, 2020 Muso recognized $6 million of unrestricted revenue (GAAP basis). On a cash basis, donations YTD totaled $6.3 million, about 55% of the target for the year.

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**Statement of Activity**

<table>
<thead>
<tr>
<th></th>
<th>Q2 2020¹</th>
<th>2019²</th>
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</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong>²</td>
<td>$6,074,735</td>
<td>$8,613,912</td>
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<td><strong>EXPENSES</strong></td>
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<tr>
<td>Program Services</td>
<td>$4,285,610</td>
<td>$5,414,063</td>
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<td>Supporting Services</td>
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<tr>
<td>General and Administrative</td>
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<td>$798,947</td>
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<tr>
<td>Fundraising</td>
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<td><strong>TOTAL EXPENDITURES</strong></td>
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<td><strong>CHANGE IN NET ASSETS</strong>³</td>
<td>$950,757</td>
<td>$1,886,641</td>
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¹Unaudited  ºAudited
³Unrestricted; Q2 2020 cash contributions totaled $6.3 Million

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**Statement of Financial Position**

<table>
<thead>
<tr>
<th>ASSET</th>
<th>30-Jun-20¹</th>
<th>31-Dec-19²</th>
<th>Change</th>
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<tr>
<td>Cash and Cash Equivalents</td>
<td>$7,833,553</td>
<td>$6,508,945</td>
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<td>Other Current Assets</td>
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<td>Non-Current Assets</td>
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<td>$216,077</td>
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<td><strong>TOTAL ASSETS</strong></td>
<td>$8,240,519</td>
<td>$7,578,885</td>
<td>$661,634</td>
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<tr>
<td>Current Liabilities</td>
<td>$450,317</td>
<td>$179,421</td>
<td>$270,896</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>$450,317</td>
<td>$179,421</td>
<td>$270,896</td>
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<tr>
<td>Unrestricted Net Assets</td>
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<td>Temporarily Restricted Net Assets</td>
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<td><strong>TOTAL NET ASSETS</strong></td>
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<td>$7,399,464</td>
<td>$390,738</td>
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<tr>
<td><strong>TOTAL LIABILITIES &amp; NET ASSETS</strong></td>
<td>$8,240,519</td>
<td>$7,578,885</td>
<td>$661,634</td>
</tr>
</tbody>
</table>

¹Unaudited  ºAudited

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**TOTAL BUDGET OVER 3 YEARS**

- $12.6M Funds to Raise from New Sources
- $13.6M Received or Committed
- $40.4M PROJECTED EXPENSES (2020-2022)
- $5.7M Projected ≥ 70% Probability
- $8.5M Projected < 70% Probability

*Due to clerical error, the 2021 Received or Committed amount was inaccurately stated in our Q1 2020 Impact Report, which has now been adjusted [here](#). We regret the error.