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Letter from the Team

Dear Friends and Supporters of Project Muso Ladamunen,

Perhaps the best person to tell you about Project Muso’s progress in 2009 is Mamu Guindo, one of Project Muso’s Community Health Workers: “Yirimadio community members have gained so much from the Project. First, women have been educated. Second, we have improved our health. The project doesn’t work anywhere but Yirimadio. People from all over look at us and admire what we have. If our families and friends come from other areas to visit us [in Yirimadio] they ask, ‘How did you receive this? How can we get this help?’ We tell them, “Project Muso has opened the way for us.’”

As Mamu Guindo explains, the extraordinary transformation happening among the 20,000 people in Yirimadio isn’t simply a gift being received: the community has improved its own health. It is a movement, led by community members, with Project Muso providing the programs and resources to open the way. Through microenterprise, community organizing, participatory education, and community based health care delivery, the citizens of Yirimadio are taking on the interwoven, deadly crises of poverty and disease, and building a healthier future.

In this report, we share with you a brief summary of our progress in 2009:
- The Community Based Malaria Program is expanding rapidly, with 12,169 consultations to provide comprehensive free clinical care in 2009, and thousands more home visits by Community Health Workers for malaria prevention, diagnosis, and treatment. This is the only health care delivery system in Mali working to provide health care access to all patients regardless of their ability to pay. In the first year of the pilot program, Project Muso has been invited to share the Community Based Malaria Program model at 3 international conferences, 5 international and national-level best practice workshops and presentations, and international media coverage raising awareness about malaria among millions of people around the world.

- We have established a new partnership with the trailblazing international development non-profit Tostan to pilot their participatory education curriculum and community organizing structures in Mali for the first time. In partnership with Tostan, we have been preparing to open 28 new participatory education classrooms reaching 700 new students, and train 14 new Community Action Committees in Yirimadio in 2010.

- Project Muso’s Springboard Microfinance Program began to pilot an innovative no-interest loan repayment structure, specially designed to empower the poorest women to create thriving enterprises while consistently repaying their microloans. In 2009, we supported the microenterprises of 232 women.

This movement for social justice and health in Yirimadio is growing, through the efforts of Project Muso’s global community of supporters, and through the work of more than 50 members of the Project Muso Team. The coming year brings with it urgent challenges for thousands of patients in dire need of healthcare and protection from malaria, and for hundreds of women struggling to build successful enterprises amidst the enormous obstacles of poverty. These are just the first steps, but together, we have opened the way.

In Solidarity, on Behalf of the entire Project Muso Team,

Jessica Beckerman, Dr. Ichiaka Koné, and Ari Johnson
In the communities where Project Muso works, poverty and disease are inextricably linked—they create a trap that is very difficult to escape.

Project Muso creates integrated solutions to stop cycles of disease and extreme poverty. To do so, we bring together four synergistic programs: Springboard Microenterprise, Healthcare Delivery, Non-formal Education, and Community Mobilization.
Project Muso Ladamunen, the Project for the Empowered Woman, is a rapidly growing initiative aimed at transforming health crises from their roots. Founded in 2005, Project Muso is a US 501(c)(3) nonprofit and a Malian nonprofit organization.

A frequently heard proverb in Mali asserts: if you educate a woman, you educate her entire family, her entire community, and her entire country. Project Muso partners with women because in Malian society they are considered responsible for protecting the health of their families, even as they have often been denied access to the resources and skills they need to do so. Project Muso works to break the cycles of poverty, gender inequality, and disease by establishing a positive cycle of health care delivery, microenterprise, participatory education, and community organizing.

Project Muso’s efforts are implemented by a multi-disciplinary team that includes physicians, educators, researchers, health care professionals, and community leaders: 73 full time employees, part-time employees, and volunteers.

All programs are implemented in close partnership with local communities and Malian National Ministry of Health structures in order to build local and national capacity at every step. To guide the growth of this new model, Project Muso has brought together a Board of Advisors that includes trailblazing leaders in global health and development: Araceli Castro, Paul Farmer, Jim Yong Kim, and Molly Melching.

Project Muso works in Yirimadio, Mali, a peri-urban area of the capital city, Bamako. Mali is the meeting place of numerous proud West African cultures, and famous for its musical and artistic traditions. For the past 17 years, it has been a stable, peaceful, multi-party democracy. In the fifth poorest country in the world, on the outskirts of the 6th fastest growing city, Yirimadio is a place of great vulnerability. Residents of Yirimadio must struggle against the dislocations of urban poverty—overcrowding, crime, pollution—along with the challenges of rural poverty—difficulty accessing clean water, nutritious food, sanitation, electricity, and medical care. In 2009, Mali is ranked 178 out of 182 on the Human Development Index and 153 out of 155 on the Gender Development Index as published by the UNDP.
Mohammed was at a severe stage of malaria infection, in which the plasmodium falciparum parasite had invaded his brain, where it can cause permanent damage, or progress further to a lethal infection. In any other community in Mali, Mohammed’s family would have had no recourse for accessing health care, and would have remained at home, hoping and praying for his recovery.

But in the context of Project Muso’s Community Based Malaria Program, new possibilities have opened: Ma recognized that this was an emergency, and so she had Mohammed evacuated to the hospital, where he received treatment; Ma connected his family with Project Muso’s Solidarity Fund to assure them access to complete treatment free of charge.

The next morning, Ma stopped by the hospital, where she found Mohammed conscious and alert and asking where he was. Once he returned home several days later, Ma regularly checked on Mohammed’s status as he continued his medication regimen to assess his progress and to confirm adherence to the medication regimen. Two weeks later, when Ma stopped by the small shack to check on the family, Mohammed was just returning home from school with his backpack on, energetic and completely healthy.

Recently, Project Muso Community Health Worker Ma Kadidia Sounfoonea was doing morning rounds visiting patients and families door-to-door in her community when she noticed a family living in a shack that she had not visited before. She greeted the family, introduced herself, and asked if there was anyone in the family who was sick. The parents said that yes, in fact there was, and brought her into the little shack where an 8-year-old boy, Mohammed, was lying on a mat, convulsing and barely conscious.
Community-Based Malaria Program

Fighting malaria through primary care

In the 12 months before Project Muso’s Community Based Malaria Program launched in September 2008, the Yirimadjo Community Health Center was overflowing. During malaria season, there were not even enough beds to treat the patients who could afford to pay; patients received intravenous treatment lying on mats on the sand in a straw overflow shack. That year before the program launch, the clinic did not see thousands of patients who were excluded, who stayed home and received no care because they were too impoverished to pay for transport, services, diagnostic tests, or medications.

Project Muso has systematically removed barriers to care through Community Health Worker outreach, free care, a new clinical care building to accommodate more patients, and clinical capacity building to ensure high quality care at the local government-run health center.

Our Community Based Malaria Program creates a model community-based delivery system for malaria prevention and treatment that strengthens the primary health care system.

Three principle strategies

- **Community Health Workers** provide home-based diagnosis and treatment
- **A Solidarity Fund** removes financial barriers for the poor
- **Strengthening Clinical Infrastructure** builds capacity to meet increased demand

Our aim is to reduce child mortality by meeting Mali’s National Malaria Control Program goals:

- **85%** of pregnant women and under-5 children sleeping under treated bed-nets
- **85%** of under-5 children receiving ACT treatment within 48 hours of symptom onset
- **85%** of pregnant women receiving two doses of malaria prophylaxis

2007 patient overflow treatment shack

The new 2,900 square foot health center building Project Muso constructed in 2008 builds health system capacity to meet demand with high quality care
In numbers

Within the program’s first year:
- Fever prevalence in children younger than five years decreased by 36%
- The percentage of children treated effectively for malaria within 24 hours of their first symptom increased from 14% to 35%
- The percentage of pregnant women sleeping under a bed-net rose from 48% to 75%
- Health care utilization increased 93%

Our Objective: To create a model community-based delivery system for malaria prevention and treatment that strengthens the primary health care system.
Health care financing: Removing cost barriers to care

In June 2007, with the support of the Global Fund, the Malian government began providing free malaria medications at community health centers. Yet other financial, geographic, and informational barriers still prevented the poor from accessing malaria treatment. Even though malaria medicine was free, the doctor visit for diagnosis was not, and if another illness turned up, treatment required payment. During the following year, from June 2007 to June 2008, there was no change in malaria treatment access for children. The medicines were sitting unused and expiring in the health centers because there was no system to ensure that the medications got delivered to the patients who needed them.

In September 2008, Project Muso launched the Community Based Malaria Program to systematically remove financial, geographic, social, and infrastructural barriers and deliver malaria prevention and treatment tools to all who need them. We are ensuring free care for all illnesses for patients who cannot afford to pay, so that seeking treatment early is no longer a dire financial risk for patients and their families. Just 10 months after the launch of Project Muso’s new program, the rate of effective malaria treatment for children within 24 hours more than doubled, from 14% to 35%.

In the process of fighting malaria, Project Muso has also created a primary health care system that is accessible for the poor. In the 12 months following the launch of our malaria program, the health center’s attendance nearly doubled, rising to 21,288 patient visits from September 2008 to August 2009, a 93% increase in health care utilization. Of these patients, 9,562 received free comprehensive health care.

The importance of effective delivery systems: % of children <5 receiving effective treatment within 24 hours of fever onset
Community Health Workers

In Mali, most patients treat their malaria in the home instead of a clinic, relying on ineffective drugs and herbal remedies—instead of the most effective first-line treatment, artemisinin based combination therapy (ACT). When proper training and drugs are unavailable, home-based treatment of malaria can be fatally ineffective. This changed in Yirimadjo, Mali, through the Community Based Malaria Program. Rather than wait for patients to come to the health center, our team of 24 Community Health Workers are now going door to door every day actively searching for malaria cases and following a rigorous protocol of:

- Fever evaluation
- Rapid malaria antigen testing using a finger-prick assay
- On-site treatment with ACT drugs
- Home-based follow up on each day of treatment
- Accompaniment of urgent cases to the health center

In 2009, our community health workers reached an average of 6,733 households per month. They provided malaria diagnosis and treatment, bednets, support to pregnant women, counseling, health education, accompaniment, and referrals. The Community Health Worker’s impact has accelerated as Project Muso’s efforts continue to gain traction and support within the community. The number of patients they diagnose or treat for malaria rose from 329 in September 2008 to 1,746 in September 2009.

Who are our CHWs?

Our Community Health Workers provide medical, social, and economic support to their communities. They are local community members, mothers, and often patients themselves who serve as a vital link between the clinic and the community. They also team up with local faith leaders in their communities, collaborating to facilitate rapid referral of urgent cases and to reach out to the most vulnerable community members.
Community-Based Malaria Program

System Strengthening
The malaria parasite is a formidable opponent. The history of malaria eradication teaches us that a short-term, isolated campaign is unlikely to stop malaria in the long-term. Rather, durably stopping transmission and preventable deaths from malaria will likely require the sustained efforts of a strong and accessible health care system. In addition, malaria is not the only health crisis that Malians face. In our efforts to prevent and treat malaria, we have the opportunity to build a health care delivery system that can address other urgent health crises in Mali. That is why we have designed the Community-Based Malaria Program to strengthen the capacity, quality, and accessibility of the government public health system. We are building health-system capacity and public stewardship with management and clinical training to public sector clinicians, facilities enhancement, and electronic health record systems. The foundational systems we have created including infrastructure, CHW outreach, and accessible care could be extended and adapted to address other health priorities.

2009 Highlights
- Supported health center management to install running water
- Equipped and supplied new health center building
- Implemented alcohol-based hand sanitizer stations at areas of patient contact
- Instituted improved record-keeping and filing systems
- Supported ongoing quality improvement and training for health center clinicians
- Established Operational Research Pilot committee composed of public sector clinicians and government officials at local, regional, and national branches of Ministry of Health; instituted trimester meetings to review Project Muso’s Community-Based Malaria Program results
- Trained CHW’s on how to prevent, identify and treat malnutrition in their communities

The Yirimadjo Health Center clinical team
Measuring Progress

Project Muso evaluates the Community Based Malaria program using several complementary research methodologies:

**Annual malaria prevention and treatment survey**

Collaborating with faculty and graduate students at Harvard Medical School, we are measuring our pilot’s efficacy and effectiveness via an annual survey of 400 households in our catchment area using population-density weighted, satellite-map-based randomization—an evaluation process we executed in 2007, 2008, and 2009 to assess and deepen our impact. This survey is repeated annually to measure the following sentinel indicators of impact:

- Mortality of children under five;
- Percentage of children under five with reported fever in the previous two weeks;
- Percentage of children under five within diagnostic criteria who received appropriate malaria treatment within 24 and 48 hours of symptom onset;
- Percentage of pregnant women and children under five who slept under a LLIN the previous night;
- Percentage of women who appropriately took malaria prophylaxis during pregnancy.

**Clinical recording keeping systems**

Community Health Workers maintain records of births, deaths, and pregnancies in their communities, as well as a record of each patient they see in the field, documenting symptoms, counseling provided, referrals made, as well as malaria testing, treatment, and follow-up rates. This ongoing data collection is analyzed monthly, allowing us to assess the progress of each Community Health Worker, to determine where they need more training and support, as well as to document birth rates and mortality rates.
Developing Partnerships toward Policy Change, Replication, and Scale-Up

The Community Based Malaria Program, implemented in partnership with the Malian National Malaria Control Directorate, was designed to be a replicable model informing national efforts in malaria control and health system capacity building. By rigorously implementing and evaluating this pilot program over five years, the Community Based Malaria Program aims to provide a foundation for national and regional policy planning, scale-up, and replication. But the impact of the program beyond Yirimadjo has spread far more quickly than we anticipated.

In May 2009, Group Pivot Santé Population, a national coalition of NGOs, selected the Community Based Malaria Program as a model program for its best practices exchange initiative. For two days, representatives from 20 non-profit organizations from across rural and urban Mali visited Yirimadjo to study Project Muso’s strategies for fighting malaria.

In August 2009, Project Muso was invited to present the program’s progress to our partners at Mali’s National Malaria Control Program, as well as to facilitate a dialogue on the approach, strategies, and relevance of the program to Mali’s national policy decisions on malaria prevention and treatment and health care financing. The directorate invited Project Muso to participate in Ministry of Health policy reflection groups on national health care financing, user fees, and Community Health Worker training, and asked us to share our CHW training manual to use as a foundation for a national CHW training guide.

To deepen communication between partners and stakeholders, in 2009, Project Muso developed a Pilot Program Steering Committee—a group of diverse local, regional, and national leaders who meet each trimester to discuss the challenges, successes, and findings of the program, and to guide our efforts in a way that is most useful to local and national stakeholders.

In 2009 Project Muso presented its Community Based Malaria Program model at:

- 3 international conferences
- 5 international and national-level best practice workshops and exchanges
- International media coverage in Time Magazine, the BBC World Service, and BBC Radio 4, and the Berkley Center for Religion, Peace, and World Affairs

<table>
<thead>
<tr>
<th>2009 by the numbers</th>
<th>Consultations providing free care for the poor at the Yirimadjo Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,141</td>
<td>Home outreach visits by Community Health Workers*</td>
</tr>
<tr>
<td>80,797</td>
<td>Patients who were accompanied by Community Health Workers to the Health Center for care</td>
</tr>
<tr>
<td>12,152</td>
<td>Children under five years old assessed for malaria by Community Health Workers.</td>
</tr>
<tr>
<td>3,978</td>
<td>* Data on home outreach visits began to be collected in April 2009, so data is unavailable for the first quarter of 2009 and this number reflects an estimate based on the available data from April to December 2009.</td>
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</tbody>
</table>
Mobilizing Religious Communities

The communities where we work are characterized by strong religious community structures, which provide social support to vulnerable community members. Priests and Imams in Yirimadjo are often the first to be contacted when members of their congregations fall ill and are in need of help.

We have worked closely with these local religious community structures since the launch of the malaria program, as stopping preventable deaths from malaria requires both accessible health care and mobilized communities. Project Muso has paired up each Community Health Worker with the Muslim and Christian leaders in their community. Religious leaders collaborate with Community Health Workers to:

- Identify the most vulnerable members of their communities, who require additional outreach, support, and accompaniment in order to ensure access to care
- Promote the importance of nightly bednet use to prevent malaria
- Facilitate rapid referral of children with fevers to Community Health Workers for malaria testing and treatment
2009 marked a year of exciting growth for Project Muso’s Education Program. Project Muso has partnered with internationally acclaimed non-formal education NGO Tostan to bring Tostan’s participatory education curriculum to Mali for the first time. Through this partnership, we will draw together Tostan’s trailblazing curriculum and Project Muso’s microfinance and health care delivery systems, to create an integrated model for community-led development.

Project Muso and Tostan are preparing to open 14 centers and 28 new participatory education classes in Yirimadjo. The launch of these classes in January 2010 marks a large scale-up of Project Muso’s previous programs: more than 1200 community members will be enrolled in classes, including not only women, but men and adolescents as well. Project Muso and Tostan will also train more than 200 community activists to be part of 14 new Community Management Committees charged with overseeing the class’s activities and promoting community development. The collaboration of local community activists with education program participants is designed to catalyze communities to take the lead in their own development.

**In numbers**

- 16 new facilitators trained
- 14 community management committees formed

More than 1200 community members enrolled in classes to date
The Tostan curriculum provides empowering knowledge and skills for people who have had little to no formal education. It covers a range of topics, including democracy, human rights, problem solving, hygiene, health, literacy, and management skills. The program’s three-year curriculum is divided into two sections: the Kobi, which is the social empowerment portion, and the Aawde, which focuses on literacy and economic empowerment. By including women, men, and adolescents, the classes aim to create a dialogue among these different groups and to strengthen community development through youth participation.

In preparation for the launch of classes in January, Project Muso’s Education Program Coordinator and three supervisors traveled to Senegal for an intensive one-month training with Tostan. They returned to Mali inspired to share what they had learned with the rest of Yirimadjo. The team then began community mobilization, meeting with local political and religious leaders and community members throughout Yirimadjo to talk about Project Muso and Tostan and to determine the 14 sites for the education centers. Local leaders and community members alike expressed eagerness to have the education program implemented in their neighborhoods.

Most recently, Project Muso selected and sent 16 men and women to train as class facilitators in a 20-day training in Koulikoro, Mali. Through this training, participants were introduced to Tostan’s human rights-based curriculum and learned how to be effective class facilitators.

“This training changed my life. Everything I learned here I’m going to apply at home. You have to start at home, then move into the community.” - Tostan Facilitator-in-Training
The Springboard Microfinance Program was launched in 2007 through the leadership of Project Muso’s participants. As graduates of our Participatory Education program, they had developed essential skills in health, literacy, and small business management. They understood the importance of soap, nutritious foods, clean water, and education for their children, but few had the economic means to afford these essentials.

These women had the skills to manage small businesses, but they didn’t have the capital to successfully get them off the ground. Denied access to financial services, they asked Project Muso to partner with them to create a microfinance program to meet their needs. Participants sought opportunities to start new businesses or expand existing ones. Through the power that comes with an independent income, they sought to build healthier futures for their children and families.

Project Muso’s Springboard Microfinance program fills a critical gap, reaching the poorest of the poor. Our needs assessment research revealed that many women could not access loans offered by banks or other microfinance institutions in Mali. High interest rates, insufficient technical support and training, registration fees, and stringent entry requirements systematically excluded the poorest women.

Our research indicates that before our program, 18% interest was the lowest rate available to a poor woman with no fiscal collateral in Mali, which is difficult for any beginning entrepreneur to manage. That is more than twice the interest rate that wealthy entrepreneurs can negotiate at a large Malian bank. Less than 20% of our Springboard Microfinance Program participants report having previously received a loan from another institution, and many of them cited fear and low self-confidence as reasons for historically avoiding credit.
In order to make microfinance accessible to those who have the greatest need for these services, Project Muso does not require collateral, registration fees, or deposits. Our structures use social collateral instead—mutual accountability structures that promote and support on-time repayment.

This year, in consultation with local religious leaders, we developed an innovative no-interest structure to make microloans accessible to religious Muslim women in the communities where Project Muso works. Through this system, participants pay a 12% annual Community Contribution with their loan; unlike interest, women can earn back their Community Contributions through on-time loan repayments each week, so they can reinvest all their earnings for the growth of their enterprises and the health of their families. Project Muso’s loan structure promotes timely repayment while increasing access to financial services for the poor, especially religious Muslim women. Our microfinance model also includes a savings component, which is collected each week and paid back at the end of each loan cycle.

Local women are the heroes and leaders of this program’s success. Since its launch in 2007, the Springboard Microfinance Program has provided 693 cumulative loans to 247 women organized into 11 women’s cooperatives. Each cooperative is facilitated by a local female leader who is elected by her peers as cooperative president.

In numbers

- a 99% cumulative repayment rate
- 693 cumulative loans to 247 women in 11 women’s associations
- Only ONE debt partially unpaid to date
The president collects repayments from each member of her group, with support from an elected secretary, treasurer, and controller and 5-7 sub-group presidents. These women have emerged as respected leaders within their community, thereby contributing to a self-sustaining model of empowerment.

In March 2009, 139 women successfully completed their first loan cycle and an additional 107 repaid their third loan cycle in full. In April 2009, 232 women took out loans equivalent to $100 each. In a sign of growing financial independence and program sustainability, three of the older cooperatives contributed 50% of the capital for the latest round of individual microfinance loans while a fourth cooperative contributed 17%. These contributions are designed to empower borrowers to become autonomous by building up the capital necessary to function as independent informal lending institutions.

Our model integrates:

1. No-interest microloans
2. Savings structures built in to loan repayment
3. Cooperative group structures for mutual accountability and support
4. Technical support and training in financial management skills
In addition to individual enterprises, each women’s cooperative is pursuing group enterprises, such as solar powered produce drying, natural anti-mosquito repellent production, incense-making, and traditional bogolan textile production.

In the history of our program, we have only had one loan partially unpaid. Our 99% cumulative repayment rate is a testament to participants’ commitment to the program and to the efficacy of our lending model. The impacts of Project Muso’s efforts are being felt in households throughout Yirimadjo as women use their profits to buy essential items and services for their families, such as medicine, nutritious food, soap, clean water, and clothes.

Poverty puts many obstacles in the path of new microentrepreneurs as they seek to enter and succeed in the marketplace. Project Muso is currently mobilizing resources to deepen the impact of its programs by offering financial management trainings, greater technical support through rigorous monitoring and evaluation, and new microgrant and loan offerings that will enable all participants and their families to thrive.

In mid 2009, several of Project Muso’s women’s cooperatives opened their own boutique in Mali’s capital city to sell their artisanal products, which include bogolan, incense, and traditional juice mixes. All the profits go directly to the women artisans and their cooperative associations. Project Muso is currently in the process of advising the women on marketing strategies, product quality improvement, and best practices in order to promote the profitability and long-term viability of this enterprise effort.
The Community Action Committee of Yirimadjo (CAC) was formed in 2005 through a collaboration between Project Muso and our partner Tostan. The CAC is a group of male and female community leaders and activists, which prioritizes the most pressing challenges faced in Yirimadjo and develops solutions to them. It has guided the development and implementation of Project Muso’s programs since its inception.

The CAC has also moved forward its own initiatives based on community priorities, particularly the Yirimadjo Water Project. It has advocated for clean water infrastructure through marches, demonstrations, a petition, and numerous meetings with stakeholders and government officials, to pressure the government to extend clean water infrastructure into the area. After years of activism from the CAC, the municipality has begun to connect Yirimadjo with the municipal clean running water system for the first time. In 2009, the municipality began the installation of 31 public water access points throughout Yirimadjo.

Project Muso and Tostan are currently preparing to expand this community action network by launching 14 new committees for community action in Yirimadjo in 2010.

“Our lives are so much easier now with the water faucets. We always have access to clean, safe, and free water and best of all, the faucets are very close to our homes.”
The Project Muso Team

Organizational Structure
Project Muso Ladamunen is a collaborative effort of an American 501(c)(3) non-profit organization, Under the Baobab Tree, Inc (UBT), and a Malian association, Action Développement Social Musoladamouli (ADS). Project Muso partners with leaders in global health, human rights, and economic development in order to build upon the successes of their best practice models, bringing together local wisdom with international expertise.

Administrative
Ari Johnson, Co-Executive Director
Jessica Beckerman, Co-Executive Director
Ichiaka Koné, National Coordinator
Belco Cissé, Financial Manager
Mary Virginia Thur, Gifts and Correspondence Manager
Cailey Gibson, Development Coordinator
Kate Brackney, Communications and Development Specialist
Ina Traoré, Administrative Intern

Springboard Microfinance
Fatim Traoré, Economic Empowerment Programs Manager
Cailey Gibson, Microfinance Technical Support Officer
Anjali Saxena, Microfinance Technical Support Officer
Daniella Alam, Microenterprise Product Design and Marketing Specialist

Health
Djoumé Diakité, Health Services Delivery Program Manager
Ma Sise, Community Health Worker Team Leader
Rebecca Kosowicz, Health Program Technical Assistance Coordinator
Bedi Cissé, Referrals and Evacuations Coordinator
The Project Muso Team

Community Health Workers

Fatoumata Diabaté
Adamu Diabaté
Mamu Gindo
Djeneba Konate
Astan Traoré
Salimata Kamara
Mamu Koné
Zenevewe Dako
Orozali Dembele
Djeneba Diarra
Alima Kamaté
Alimata Traoré
Assoumao Yé
Djeneba Touré
Bintu Diko
Worokiya Kamaté
Umu Niaré
Kajatu Danbele
Fatumata Sanogo
Sira Traoré
Jelika Konaté
Nia Maiga
Kankuba Keyita

Class Facilitators

Hawa Coulibaly
Djeneba “Muy” Koité
Yamoussa Toure
Minata Koté
Oumou Coulibaly
Mariam Doumbia
Djeneba “Nene” Konté
Maimouna Coulibaly
Mama Diallo
Amadoun A. Cisse
Fatoumata “Tata” Koné
Juliette Dakouo Alimatou
Diallo
Nanaissa “Nani” Koné

Board of Directors

Jessica Beckerman, Co-President
Whitney Braunstein
Edward Cardoza
Ally Dick, Secretary
Kat Johnson, Treasurer
Ari Johnson, Co-President
Ethan Johnson
Patricia Symonds

Non-Formal Education

Moise Samaké, Non-Formal Education Program Manager
Kristine Johnston: Education Program Associate
Korotoumou Diarra: Education Program Field Supervisor
Fousseni Traoré: Education Program Field Supervisor
Mohamed Lamine Traoré: Community Mobilization Supervisor
Board of Advisors

Arachu Castro is a medical anthropologist trained in public health and a faculty member at Harvard Medical School (HMS) Department of Social Medicine. She is also Project Manager for Mexico and Guatemala at the non-profit organization Partners In Health (PIH). PIH, in concert with local sister organizations, aims to provide high-quality, comprehensive primary health care to people living in poverty. Dr. Castro’s work involves improving access to health care for populations living in poverty in Latin America and the Caribbean.

Paul Farmer is co-founder of PIH. Beginning in Haiti in 1987 PIH has now expanded to include programs in Peru, Russia, Rwanda, Lesotho, Malawi, and the US. Dr. Farmer is also the Presley Professor at HMS and an attending physician at Brigham and Women’s Hospital in Boston (BWH). Dr. Farmer has guided the design of Project Muso’s health services delivery program since its inception, particularly in the area of health care system capacity building.

Jim Kim co-founded PIH with Farmer, recently stepped down as Director of the World Health Organization HIV/AIDS Department and Advisor to the Director General of the World Health Organization, to become Dartmouth’s University’s 17th president. He previously directed the FXB Center for Health and Human Rights and served as Department Chair of Global Health and Social Medicine at Harvard Medical School and the Division Chief at the Division of Global Health Equity at Brigham and Women’s Hospital.

Molly Melching, the founder and Executive Director of Tostan, has pioneered a model for women’s education and community mobilization that has been implemented in thousands of villages in Senegal, Guinea, Mauritania, Somalia, and the Gambia.

She is highly regarded for her expertise in non-formal education, human rights training, and social transformation issues. Tostan is the winner of the 2007 Conrad N. Hilton Humanitarian Prize, and the 2007 UNESCO King Sejong Literacy Prize.
Despite the challenges of tumbling financial markets in 2009, Project Muso continued to grow rapidly to meet urgent demand for our programs, thanks to vital support from our community of individual and foundation supporters. As Project Muso has grown from a few staff-members reaching one hundred community members to a team of 73 part time staff, full time staff, and volunteers reaching thousands of people with transformative programs, our annual budget has grown 10-fold in the past four years.

Amidst this growth, Project Muso strengthened its financial management infrastructure in 2009 to reinforce efficiency, organization, and transparency. These measures included hiring a full time Malian accountant and financial manager, and developing a plan to transition all receipts and financial records to digital format by 2010. Project Muso’s community-based program structures work both to build sustained, durable local leadership capacity and to increase the efficiency of our work by reducing overhead costs.
Under the Baobab Tree - Project Muso Ladamunen
Financial Review: Statement of Activities
January - December 2009

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$55,321.47</td>
</tr>
<tr>
<td>Grants - Program Restricted</td>
<td>$136,617.55</td>
</tr>
<tr>
<td>Total Grants - Temporarily Restricted</td>
<td>$805.00</td>
</tr>
<tr>
<td>Grants - Unrestricted</td>
<td>$25,000.00</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>$217,744.02</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Charges and Wire Fees</td>
<td>$480.90</td>
</tr>
<tr>
<td>Program Contract Services - Transfer to ADS-ML</td>
<td>$258,519.00</td>
</tr>
<tr>
<td>Program Expenses</td>
<td>$339.76</td>
</tr>
<tr>
<td>Supplies</td>
<td>$26.99</td>
</tr>
<tr>
<td>Taxes &amp; Licenses</td>
<td>$154.72</td>
</tr>
<tr>
<td>Telephone</td>
<td>$386.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$1,841.75</td>
</tr>
<tr>
<td>Uncategorized Expense</td>
<td>$441.00</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$262,190.12</strong></td>
</tr>
</tbody>
</table>

|                      |               |
| Net Operating Income  | -$44,446.10   |
| Total Other Income    | $168.00       |
| **Net Income**        | -$44,278.10   |

2009 Spending By Expense Type

Program vs. Overhead Expenses

Overhead and Administrative Expenses
Program Expenses

Project Muso 2009 Annual Report 27
Our Partners and Major Supporters

Organizational Partners
- Group Pivot Santé Population
- InVenture Fund
- Mobilizing Together to Protect the Environment of the Sahel
- Partners In Health
- Peace Corps
- Still Harbor; The Praxis Network
- The Centre de Santé de Reference de Commune VI
- The Commune VI Mayor’s Office
- The Community Action Committee of Yirimadjo
- The Community Health Association of Yirimadjo
- The Malian National Directorate for Basic Education
- The Malian National Malaria Control Program
- The Malian National Ministry of Health
- The Malian National Ministry of Women, Children, and Families
- The Malian Regional Health Directorate
- The UNDP’s Project for Renewable Energy & Women’s Advancement
- Tostan

Major Supporters
- Bamako-Kanu Club of Mali
- Braunstein Family
- Brown University
- Capitol Hill Club of Washington DC
- C.J. Mahan Construction, LLC
- Daniel Sharfman
- Edward W. Scott, Jr.
- Ella Lyman Cabot Trust
- Foglia-Forest Family
- Friendship Heights Club of Maryland
- Fulbright Scholars Program
- Goldman Sachs
- Goldman Sachs Global Leaders Program Social Entrepreneurship Fund
- Hamilton Club of Canada
- Harrow Club of the United Kingdom on behalf of a consortium of clubs in Italy, France, Belgium, Germany and the UK
- Harvard Medical School
- Kowloon Golden Mile club of Hong Kong
- Larson Legacy Foundation
- Linda and Michael Frieze
- Moishe Foundation
- The Tony Blair Faith Foundation
- Tostan
- USAID
- Kenton and Suzanne Bowen Family Fund of the Columbus Foundation
## Thank you to our supporters.

Together, we are transforming health crises at their roots.
Our Supporters

Up to $100

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“Because of Project Muso, I look at life from a new perspective - I feel like I can do anything.”
For More Information Contact
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info@projectmuso.org

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or visit our website

www.projectmuso.org