“Looking at Yirimadjo in 2005 and at Yirimadjo today, I see a tremendous change. Before, we were all neighbors, and we would pass each other and say hello, but we did not know each other. Now, we are organized—we understand the problems and challenges we need to overcome for our community. This in itself has been a profound change, a sort of consciousness-raising for us all. The most important change in this time is that people now have access to health care. Other communities look at what is happening in Yirimadjo and, astonished at what we have accomplished, they hope to see the access to health care we have here happen in their communities as well.”

— Sidiki Diakite,

* a member of the Federation of Community Management Committees
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Dear Friends and Supporters,

Early one morning this year, I visited Community Health Worker Captain Mah Cisse at her home. After we greeted each other with traditional morning blessings, another community member stopped by and indicated to her, “It’s time. We’re ready to start.” Mah asked me, “Would you like to come with me?” Not quite sure where we were going, I told her, “Absolutely.” We walked out of her home and into the central gathering space of the community, where we found hundreds of community members had begun to arrive with their children. “What is happening?” I asked her. “We are treating schistosomiasis,” she replied. She explained to me how community health workers, community organizers, Ministry of Health doctors and nurses, and education program participants had all been collaborating to mobilize the community around a national campaign to stop this dangerous parasitic infection.

Witnessing this gathering that Project Muso staff had neither planned nor funded, created through the initiative and partnership of Project Muso participants, it became clear to me: the cycle of organized communities, health care access, education, and economic empowerment was starting to turn on its own, creating synergies and opportunities beyond our anticipation. The residents of Yirimadjo now have the power to lead transformation in their communities.

In our 2010 annual report, we will share data with you on our progress:

- early malaria treatment rates for children have tripled;
- the number of sick patient visits at the health center has increased 136%, rising from 11,056 to 26,135 consultations/year
- Community Health Workers actively searched for cases of malaria and other illness through 99,277 household visits;
- 238 newly trained organizers led dozens of community actions;
- 1,245 education program participants learned foundational skills in problem solving, democracy, and human rights;
- 219 women worked to advance their microenterprises, achieving a 99.6% cumulative loan repayment rate to date.

We take the process of measuring impact seriously—because just as a patient whose life hangs in the balance should have a doctor who practices evidence-based medicine, community members whose lives hang in the balance should have partners that practice evidence-based development.

But the numbers barely begin to capture the transformation that is happening in Yirimadjo, through the partnership, solidarity and support of hundreds of people on four continents. In this 2010 report, we will also introduce to you some of the heroes leading this change, community members who are struggling against some of the world’s most dire poverty—and who are starting to win.

The coming year brings with it many challenges, which we will meet together. The injustice could not be more urgent and the potential could not be greater. With partners like you, we have great reason for hope.

In Solidarity and Gratitude,

Ari, on Behalf of the Project Muso Team
Our Model

In the communities where we work, poverty and disease are inextricably linked—together, they create a trap that is very difficult to escape.

- Decreased work productivity
- Inability to attend school
- Health care costs and medical debt

- Malnutrition
- Insecure housing
- No healthcare
- No clean water
- Illiteracy
- Reduced agency
Project Muso creates integrated solutions to stop cycles of disease and extreme poverty. To do this, we bring together four synergistic programs: Springboard Microfinance, Healthcare Delivery, Non-formal Education, and Community Mobilization.
Who We Are

Project Muso Ladamunen, the Project for the Empowered Woman, is a high-growth initiative that focuses on ending the mutually reinforcing cycle of poverty and disease. Founded in 2005, our team consists of 82 full time employees, part-time employees and volunteers who bring to Project Muso their expertise as physicians, educators, researchers, healthcare professionals and community leaders. What’s more, our team includes hundreds of community members who are actively transforming their neighborhoods through Project Muso’s programs. The Project Muso community also includes the hundreds of individuals and organizations that contribute resources to make Project Muso’s work possible.

Where We Work

Project Muso works in Yirimadjo, Mali, an urban slum area on the outskirts 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 18 years, it has been a stable, peaceful, multi-party democracy. In the tenth poorest country in the world, on the edge of the 6th fastest growing city, Yirimadjo is a place of great vulnerability. Residents of Yirimadjo 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 2010, Mali ranked 160 out of 169 on the Human Development index and 135 out of 138 on the Gender Development Index as published by the UNDP.

What We Do

It is challenging to be a mother in Mali. Although Malian women are viewed as the caretakers of their family’s health and wellbeing, they must also struggle with dire poverty, lack of access to health care and education, and profound gender inequality. Project Muso partners with the families of Yirimadjo, Mali to address and overcome these injustices. Through Project Muso’s Community-Based Malaria Program, Springboard Microfinance Program, Non-Formal Education Program and community organizing, we work with the citizens of Yirimadjo to transform crises of disease and poverty into a synergistic cycle of health, economic development, education and community action.
Community Based Malaria Program

Malaria is a leading cause of illness and death in Mali, particularly for children and pregnant women. It can kill rapidly—frequently within just two days of symptom onset. Yet it is a preventable and curable disease. In September 2008, Project Muso joined forces with the Malian Ministry of Health to launch a Community Based Malaria Program, committing to take on malaria. Together, Project Muso and the Ministry of Health are pursuing malaria prevention and treatment goals and working to build a model for comprehensive, accessible primary care.
This program is removing the barriers to healthcare through Community Health Workers, a progressive health care financing system, and clinical capacity strengthening.

Project Muso and the National Malaria Control Program aim to reduce child mortality by 50% by achieving:
- 85% of children younger than 5 treated for malaria within 24 hours of symptom onset
- 85% of pregnant women and children younger than 5 sleeping under impregnated bed-nets
- 85% of pregnant women receiving malaria prophylaxis

COMMUNITY HEALTH WORKERS
Our CHWs are local mothers who work in their own communities to overcome the multiple barriers—such as cost, geographic distance, and lack of information and social support—that prevent members of their communities from receiving appropriate, timely prevention and treatment services for malaria and other illnesses.

A day in the life of a Community Health Worker
- Every day, our CHWs conduct door-to-door health assessments in their communities, actively searching for new cases of malaria, diagnosing malaria with finger-prick rapid antigen tests, and supervising malaria treatment in the home with artemisinin-based combination therapy (ACT).
- They ensure that pregnant women in their communities receive appropriate pre- and post-natal care, including medication to prevent malaria during pregnancy.
- They work with families to overcome barriers to bed net utilization, and to help those who need malaria-preventing bed nets to access them.
- They assess households for the presence of patients in need of medical care for any condition, and accompany patients to the health center to assist them in navigating the care system.

PARTNERING WITH RELIGIOUS LEADERS
Community Health Workers collaborate closely with the Muslim and Christian religious leaders of Yirimadjo. Religious leaders are many times the first to be contacted by vulnerable patients. By connecting with CHWs, religious leaders support and broaden the network for rapid referral of vulnerable patients in need of care. This is particularly important for treating malaria, which can progress rapidly—the majority of children who die from malaria loose their life in the first 48 hours of symptom onset.

In 2010 our 24 Community Health Workers conducted 99,277 household visits, or an average of 8,273 household visits per month. They tested 2,796 children under 5 for malaria. They identified 1,689 children with danger signs for rapid referral.
In 2007 the Malian government introduced free malaria ACT medications for children. Nonetheless, early malaria treatment rates for children did not change. However, in the two years since the launch of our program, the percentage of children starting early effective treatment for malaria has tripled, from 16% in June 2008 to 45% in June 2010.
HEALTH CARE FINANCING
Even with a well-informed understanding of illness and mortality, many Malians cannot afford to pay the mandatory fees for doctor’s consultations, tests, and medicines at government health centers. Through Project Muso’s Solidarity Fund, the Community Based Malaria Program works to provide universal access to care, enabling community members of Yirimadjo to receive free care for malaria and other illnesses if they cannot afford to pay.

The effect on healthcare accessibility is considerable: the number of patients visiting Yirimadjo’s Health Center to seek treatment has more than doubled from 11,056 the year before the Solidarity Fund’s introduction to 26,135 in the most recent year. Of the 57,917 sick patient visits at Yirimadjo’s clinic since the program’s launch, Project Muso financed 27,683.

SYSTEM STRENGTHENING
As the CBMP gains momentum, Project Muso and our partners at the Ministry of Health have been deliberate in our efforts to ensure that we are not only achieving our goals, but more importantly sustaining our achievements. We work in close partnership with Malian Ministry of Health structures to build the capacity of Yirimadjo’s healthcare delivery system, so that as access to health care increases, the quality of care being provided also improves.

Key capacity building activities since September 2008:
- Constructing and equipping a new health center building
- Partnering with clinicians to improve stock management and record keeping systems
- Supporting ongoing training and quality improvement efforts of medical staff and Community Health Workers
- Opening the first diagnostic laboratory in Yirimadjo

Our Operational Research Pilot Committee includes representatives of local, regional, and national branches of the Ministry of Health who meet regularly to review Project Muso’s CBMP results. This Committee enables government officials to stay up-to-date from the CBMP and enables them to use those findings to inform evidence-based policy decisions.

In June 2010, Yirimadjo Health Center and PML opened a new laboratory. The laboratory provides essential diagnostic tests, including malaria blood smear diagnosis. Over the course of 2010, PML brought together CHWs, clinical staff, pharmacists, and patients to collaborate in quality improvement. Together they developed new systems to streamline patient intake and pharmacy protocol, helping the clinical team to more efficiently and effectively care for the increased number of patients accessing care at the Yirimadjo Health Center.
SICK PATIENT VISITS, YIRIMADJO HEALTH CENTER

- Baseline: 11,056
- Year 1 CBMP: 20,988 (136% increase)
- Year 2 CBMP: 26,135
Deep within Yirimadjo’s sprawling maze of cement block buildings, on a nameless road, in an unremarkable house, lives Rosali Danbele. During the twenty-two years that Rosali has called Yirimadjo her home, she has thought often of the story of the Good Samaritan, and the importance of helping one’s neighbor. People would come to her for help, and all she could do was to listen to their stories and their suffering. She explains that she felt like she was stuck with her hands tied behind her back, because she did not have the resources to address the suffering around her.

A top graduate of Project Muso’s Education Program, Rosali then trained as a Community Health Worker. Now, as a CHW, she tests and treats children in her community for malaria, she provides counseling and support to her neighbors, and she works to ensure that everyone in her community has access to health care.

One day during her daily outreach, she visited a family in her neighborhood and discovered that their 4-year-old son, Amadou, had developed a fever two days before and had become very ill. Amadou’s family had not sought care because of economic difficulties. Amadou’s father, who formerly worked at the mayor’s office, was injured and permanently disabled in a car accident, and had been unable to work. Amadou was manifesting signs of severe malaria, and so Rosali brought him immediately to the health center for urgent care. Rosali encouraged the family to seek early treatment for malaria in the future. She explained that this was both for their safety and to protect other community members from being infected.

The next time Amadou had a fever, Amadou’s mother brought him to Rosali within the first few hours. Rosali found Amadou to have a high fever, and so accompanied him for treatment at the health center. This time, Amadou was able to receive treatment early, before his malaria infection progressed to advanced stages. Rosali also helped Amadou’s family access a bed net and explained effective bed net use techniques to prevent malaria. Today, Amadou is healthy and attends kindergarten, and Rosali continues her daily rounds, reaching out to ensure access to healthcare for patients like Amadou.
Six years ago Ousmane moved to Yirimadjo with his wife and six children to work as a mechanic. Constantly striving against the dual challenges of poverty and illness, Ousmane’s family found a key source of support in Bintu Diko. Bintu is a Project Muso Community Health Worker who regularly does door-to-door visits in Ousmane’s neighborhood.

“[Bintu] comes by our house from time to time to check to see if any of our children are sick. Every time that our children are sick, we bring them to Bintu’s house and each time she brings them to the Community Health Center to get care.”

While Bintu is particularly focused on saving children’s lives from malaria by finding, diagnosing, and treating pediatric malaria patients in the community, she also works to enhance the quality and accessibility of the health care system as a whole. Community Health Workers like Bintu collaborate closely with civil society and religious community leaders, creating a rapid referral network to ensure access to care for the poor.

In December of 2010 Ousmane became increasingly unwell with a hernia. Although he initially attempted to ignore the overwhelming pain caused by the hernia, he soon realized that he needed to seek the support of his greater community, turning to the religious community of his mosque and to Bintu. Together, the Imam, Bintu, and Dr. Djoumé Diakité, who leads Project Muso’s health team, facilitated his admittance into the local hospital for an operation, along with follow-up consultations to ensure proper healing.

Ousmane explains that the Community Health Center, Bintu, and Project Muso have done more than provide medical care for Ousmane’s children, arrange and subsidize his operations, and cultivate a community in Yirimadjo. Ousmane believes that Project Muso has empowered him and provided a renewed sense of dignity: “It helps us, as people living in poverty, to care for ourselves as well as our children. Not all projects take this approach.”
Springboard Microfinance

Malian women living in poverty face many barriers to earning an independent income, including lack of access to start-up capital, credit, and training. Finding that Malian microfinance institutions feature entry requirements and high interest rates that can be prohibitive to poor clients, Project Muso partnered with the women of Yirimadjo to create the Springboard Microfinance Program.

The program is designed to fill this critical gap to enable women living in poverty to successfully enter the marketplace. PML fosters participants’ economic self-sufficiency through training, savings, and low and no-interest loans. Supported with technical assistance and trainings, participants can grow their individual enterprises and therefore better the health and well-being of their families. Project Muso has successfully partnered with the women of Yirimadjo since 2007 with the completion of five cycles.

Local women are the heroes and leaders of this program’s success. In February 2010, 137 women successfully completed their second loan cycle with Project Muso while 95 women fully repaid their fourth loan with PML. In March 2010, the Springboard Microfinance Program provided $100 loans to 219 women organized into 11 women’s cooperatives. Each cooperative is facilitated by a local female leader who is selected by her peers as cooperative president. Our 99.6% cumulative repayment rate is a testament to participants’ commitment to the program and to the efficacy of our lending model.

In April 2010, Project Muso held accounting and leadership workshops for its participants aimed at better equipping them to manage their microloans and build successful enterprises. Major themes included leadership, how to manage a team, and financial management. In particular, participants learned to track enterprise expenses and revenue and translate this information to financial management records. This enabled PML’s participants to visualize and calculate family, enterprise, and savings activities.
Project Muso’s 11 women’s cooperatives made strides in the area of product development and sales in their 2010 income generating activities. Through training with PML, cooperatives have specialized in various trades, such as bogolan, incense, and fruit drying. In 2010, the women of Yirimadjo improved product quality and variety, diversified their specialties, and generated over $3,000 in revenue through local and international sales, local sales expositions, and program partnerships. Project Muso’s partnership with InVenture Fund opened new opportunities for international sales of participant products.

For 2011, Project Muso is currently mobilizing resources to conduct an annual evaluation of the Springboard Microfinance program, building capacity for program expansion, enhancing technical support, and exploring international partnerships.

Key features of the program:
- No interest microloans with on-time repayment
- Savings structures built in to loan repayment
- Cooperative group structures for mutual accountability and support
- Technical support and training in financial management skills

NUMBERS AT A GLANCE:

99.6% cumulative repayment rate¹

912 cumulative loans to 247 women in 11 women’s associations¹

¹ Visit our website for detailed statistics on reimbursement and Project Muso methodology for calculating reimbursement rates, at www.projectmuso.org/repayment
Astan Touré participates in the Springboard Microfinance Program as a member of the Yelenton women's cooperative. The word “Yelenton” in Bambara means “light.” The women of Yelenton chose this name because they believe Project Muso has helped them to see the world more clearly.

Astan spent her childhood in the Ségou region of Mali, but has lived in the Bamako area for over 20 years. Among the first of Project Muso’s microfinance participants, she has completed five lending cycles to date, using each loan to grow a business selling charcoal and bread. Astan’s small enterprise serves as the only regular source of income for her family. When asked what she does with the profit from her business, Astan points to her baby daughter, who never leaves her side, and states, “I’m going to go to the market and buy potatoes and vegetables for her.” She also explains that with the profits from her enterprise, she is able to buy essentials for her husband and four children, like healthy foods, soap, clothing, and clean water.

More than just providing financial opportunities, Astan has found that Yelenton serves as a source of essential social support. At their weekly meetings, she and her fellow participants discuss their struggles, like the monthly cost of school fees, their responsibilities as wives and mothers, and difficult decisions about family finances. This newfound community is one reason why Astan believes that Project Muso provides a safe and supportive environment for growing her enterprise and accessing credit. For the future, Astan aspires to own a boutique selling children’s clothing and to work with her husband on reconstructing their home. Above all, she hopes to give her children opportunities to thrive, by educating them and keeping them healthy.
Non-Formal Education Program

Since 2005, Project Muso’s Non-Formal Education Program has been empowering participants to become leaders who work to improve the health and well-being of their families and their communities. Classes are taught in the local language by community members who have received intensive training in the course material. Education centers are strategically located throughout Yirimadjo to ensure accessibility to all students, whether they are a busy mother of eight, a local mechanic, or an adolescent girl.
In these classes, participants cover topics ranging from basic literacy to conflict resolution to instruction on how to prepare oral rehydration solution for those suffering from diarrheal diseases, the second greatest killer of children younger than 5 worldwide.

Starting in 2009, Project Muso began a partnership with the internationally-renowned organization Tostan to pilot Tostan’s award winning curriculum in Mali for the first time, through support from USAID.

Together, Project Muso and Tostan launched 28 classes in the 14 education centers in 2010. **Enrollment in 2010 sessions stood at 1,245 participants with an attendance rate of 91.6%**. Amidst the severe gender inequalities that exist in Mali, this program provides important opportunities for women’s education: Of these 1,245 participants, 301 were male and 944 were female.

**During the 2010 sessions, each facilitator provided 12 hours of instruction each week.** In June, participants completed the first module of the Tostan curriculum, learning skills in grassroots democracy, human rights, problem solving, and conflict resolution. The second module, which will conclude in June 2011, addresses reproductive health, malaria, and community hygiene.

The health focus of this module has presented a unique opportunity to **integrate the efforts of Project Muso’s Education Program and Community-Based Malaria Program**. In December, education facilitators and Community Health Workers met to discuss current challenges and strategies for further collaboration. Given the extensive interaction that facilitators have with education program participants, they are uniquely positioned to collaborate with CHWs in promoting health practices and advancing community health initiatives in Yirimadjo. In recognition of this fact, representatives from the Malian Ministry of Health visited one of Project Muso’s classes in Yirimadjo to offer participants encouragement and comment on the importance of non-formal health education in improving health conditions in Mali.
Since its launch in Yirimadjo in 2005, Project Muso has worked with Tostan to train and support local Community Organizers to identify and develop solutions to the most dire challenges within their communities.

In 2010, Tostan and Project Muso’s joint community organizing efforts expanded dramatically, as we trained 238 community organizers. These 238 Community Organizers have established a Federation of 14 Community Management Committees (CMCs). In March, each committee participated in a four-day training guided by Tostan’s curriculum on leadership techniques, social mobilization, and financial and material management. Thirteen CMC members were also selected to participate in further training in Senegal. Through these experiences, Community Organizers developed vital skills for launching high-impact development projects.

Within each CMC, seven sub-committees focus on specific domains of community development, such as health, the environment, education, and economic development. Through these smaller working groups, sub-committee leaders mobilize residents to identify, join, and support new community projects.

In addition to their community organizing activities, each CMC partners with one of the 14 education centers, thereby reinforcing the positive synergies between education and community action.

In 2010, their first year, the 14 new CMCs have already achieved ambitious goals within their communities.

Throughout the year, CMCs paired community initiatives with ongoing public health campaigns. Members of eleven CMCs successfully organized community vaccination events in partnership with local Ministry of Health structures, providing essential support to Ministry of Health partners and raising awareness about the safety and benefits of vaccination. Their joint efforts resulted in more than 9,000 meningitis vaccinations, 1,945 treatments for schistosomiasis, 7,600 vitamin A supplements, and 7,300 de-worming treatments. The CMC’s visible endorsement of these public health campaigns promoted participation among those who were suspicious or unaware of the benefits of vaccination.

CMCs also joined forces with Project Muso’s Community Health Workers to mobilize the community around malaria prevention and to distribute 1,730, long-lasting insecticide treated bednets (LLINs) that can protect up to 5,190 people from malaria. This collaboration is an essential component of Project Muso’s strategy to stop preventable deaths from malaria.

To protect the environment and community resources, five committees coordinated the planting of 284 trees and bushes, mobilizing resources from within the community and securing a donation of 50 trees from the Department of Water and Forests. Additionally, Yirimadjo residents came together for twenty-nine CMC-organized clean-up events of neighborhoods and public spaces. These activities promoted dignity, neighborhood hygiene, and prevented pooling water which can lead to disease.

As education program participants learned about the rights of the child, they decided to take action through their CMCs to acquire and distribute birth certificates. In Mali, a birth certificate is required for essential life events such as school enrollment, opening a savings account, and marriage. However, not all parents are able to access a birth certificate when their child is born. In coordination with local authorities, the CMCs obtained birth certificates for 822 individuals.

(See photo at left).
COMMUNITY-LED BRIDGE CONSTRUCTION: Yirimadio Nord is home to one of Yirimadjo’s fourteen Community Management Committees (CMCs). With their CMC serving as an organizing force, the people of Yirimadio Nord successfully mobilized $2,080 for the construction of a bridge that the community had previously believed would never be built without help from the Mayor’s office. The construction of this bridge and the refilling of nearby roads have linked the community to a major national thoroughfare and allowed public transportation to enter into the heart of Yirimadjo for the first time. In addition to the economic opportunities associated with this development comes a sense of pride for residents, who through their collective efforts have put their community on the local map.

IN NUMBERS:

1,730 bed nets distributed

284 trees & bushes planted

29 community clean-up events organized

822 birth certificates secured

4 roads repaired

More than 9,000 meningitis vaccinations,
7,600 vitamin A supplements, and
7,300 de-worming treatments administered

Certain communities identified infrastructure needs as crucial for their economic development. Four communities organized road refilling and repair after the rainy season—an expensive undertaking that required significant fundraising within the community. One CMC also constructed a bridge to pass over a stream and connect five Yirimadjo neighborhoods with a major road, increasing automobile and public transportation access to these communities. This outcome will greatly advance both the physical safety and economic opportunities of local residents (see above photo).
Our Team

ORGANIZATIONAL STRUCTURE
Project Muso is registered legally both in the United States and in Mali. In the US, we are incorporated as the 501(c)(3) non-profit Under the Baobab Tree. In Mali, we are registered as a legal association under the name Action Développement Social Musoladamouli. Guided by leaders in global health and development and local communities, Project Muso brings together local wisdom with international expertise.

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ARACHU CASTRO, PHD, MPH is a medical anthropologist and an Assistant Professor of Social Medicine at Harvard Medical School (HMS). She is also Senior Advisor for Mexico and Guatemala at the non-profit organization, Partners in Health. 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. Dr. Castro guides Project Muso’s ethnographic research addressing health care access barriers.

PAUL FARMER, MD, PHD 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. As a medical anthropologist and physician, Dr. Farmer is the Kolokotrones University Professor at Harvard University and Chair of the Department of Global Health and Social Medicine at HMS. He also serves as the UN Deputy Special Envoy to Haiti, under Special Envoy Bill Clinton. 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, MD, PHD is the President of Dartmouth University. A founding director of PIH, former Director of the World Health Organization HIV/AIDS Department and Advisor to the Director General of the World Health Organization, he also previously directed the FXB Center for Health and Human Rights. He has served as the Department Chair of Global Health and Social Medicine at HMS and the Division Chief at the Division of Global Health Equity at Brigham and Women’s Hospital. Dr. Kim provides strategic guidance regarding Project Muso’s advocacy and public sector partnership efforts.

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 Burkina Faso, Djibouti, The Gambia, Guinea, Guinea Bissau, Mali, Mauritania, Senegal, Somalia, and Sudan. 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, the 2007 UNESCO King Sejong Literacy Prize, and the 2010 Skoll Award for Social Entrepreneurship. Molly Melching advises Project Muso on potential synergies between education, community organizing, and health care delivery.
Special Thanks to The Tony Blair Faith Foundation Faiths Act Fellows.

After an intensive training in malaria advocacy with Project Muso in Mali, this group of dynamic Buddhist, Muslim, Jewish, and Christian young leaders organized interreligious efforts to raise awareness about malaria and funding for Project Muso’s Community-Based Malaria Program:

Hafsa Arain
Benjamin Bechtolsheim
Tim Brauhn
Areeba Jawaid
Jem Jebbia
Hilary Keachie
Amy Mcnair
Katie Myers
Rebecca Oyen
Sara Baker
Nicholas Pang
Danny Richmond
Miranda Rosenberg
Maya Smith
Erica Spracklin
Natasha Steele
Erin Toolis
Myriam Volk

Project Muso’s team is grateful for their partnership, sacrifice and dedication to ending the injustice of needless deaths from malaria. Their efforts, and the efforts of their communities, changed the lives of thousands of people, and proved what is possible when communities of faith work together for the cause of justice. In addition, Projet Muso thanks all the players, volunteers and donors of the Intercamp Classic, with special mention to the organizers Josh Howard, Noah Slisin, Spencer Hoffman, and Michael Grundman. Project Muso would also like to extend a special thank you to former British Prime Minister Tony Blair, who generously matched the funds raised by the Faiths Act Fellows.
Partners Circle, $1,000 and Above
All Churches Trust limited
Scott Asen
Jessica Beckerman
Prime Minister Tony Blair
Harriet Bograd and Ken Klein
Anna Cable and Aaron Weinblatt
Ethan Johnson
Karen Lindsay and Alan Kurz
Chantal McGill
Daniel Sharfman
Patricia and Alan Symonds

Solidarity Circle, $365 - $999
Aryeh J. Aslan
Heidi Behforouz
The Brackney Family
Michael Braunstein
Kelly Dobitz
Cory B. Emil
Fabrangen Tzedakah Collective
Forest-Foglia Family
Jonathan Gibson and Eliza Mabry
Sol and Nina Glasner
Joceyln Guyer and Joshua Seidman
Robert and Sarah Hyams
George and Ayah Johnson
Sheela Maru and Duncan Smith-Rohrberg
Maru
Stephan Strand II
St Margaret’s Bushey
Julie S Suh
Stephen Symonds
Larry Paul
Ruth Turner

Supporters, $100 - $364
Miriam Achtenberg and Michael Morse
Robert Agus and Rochelle Helzner
Anonymous Donors
Eric Barkin
Jessica and Ari Beckerman Johnson
Thatcher Bell
Sonja F Biorn-Hansen
Carole Brown-McCrindle
Church of St. Stephen & St. Bede
Pieter Cohen
Mark Duntley Jr
Diana Eck
Diana S. Eisenstat
Sharon Gelboin-Katz
Emily R. Gill
Barbara and Richard Glick
Michael Goldman and Janet Sobel
Barbara Gorson
Alan Handel
Telitha Hight
Michael Hirschhorn and Jimena Martinez
Interfaith Council of Greater Portland
Trudy and Howard Jacobson
Benjamin Kamm
Susan and David Kertzer
Susan Lyons
Allan Matthews
Annie T. Maxwell
Bruce and Kathy McGee
Lindsay McLean
Karen G Meister
Kiki Mulliner
New Lisbon Presbyterian Church
Andrea Olinger
Catherine Oswald
Rajesh Panjabi
Mark Perlis and Ruth Lis
Ira Polon
Jodi Lyn Rintelman
Gerald and Diane Rogell
Dorothea Rose
Sandra Sabzevari and Joshua Schuman-Marcus
Amy B Saltzman
Nathan Schneider
Marjorie Share and Joel Swerdlow
Shir Hadash Social Action Committee
Timothy Hampton and Lori Leibowitz
Carl and Michelle Schoenberger
Paul Schulstad
Dan Schwarz
Ruth and Aaron Seidman
Benjamin Solomon-Schwartz
Matthew and Judy Sonfield
Lisa Strucken
Sue Sutton
Sue Toolis
Murray and Karen Vasilevsky
Becca Weaver
Sarah Zaman
Molly M Zeff

Supporters, Up to $100
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Abigail S. Bellows
Edward Bernstein
Matya and Anna Boonin Schachter
Elhai Braun
Jim Cavanaugh
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Alexandra Dick
Elizabeth Dickinson
Jake Dodge
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Lucinda A Gibson
G&J Gruder
Steve and Irene Guertin
Benjamin Healey
Rebecca Herst
Deidre Hogue
Gina Hurley
Mary Ellen Jebbia
Sylvia L. Johnson
Kristine E. Johnston
Hannah L. Lantos
David Larson
Yael Levey
Jack Lewis
Melani Laeleen Litwack
Peter Wass Luckow
Kirk Mann
Randolph Owen Marcus
Adrienne McCabe
Lev and Eliana Meirowitz Nelson
Thank you for your solidarity and partnership. You have made this change possible.
Amidst dire crises of poverty and disease, the demand for Project Muso’s programs is urgent. We are one of the only providers of comprehensive, free health care in the entire country for those who cannot afford to pay; we, working with Tostan, provide free, non-formal education in a country with a 23% literacy rate; and we offer no-interest loans with built-in savings structures to some of the poorest of the poor in Mali. To meet this urgent situation, Project Muso has continued to grow rapidly, even in difficult financial times. Project Muso’s annual expenses have grown more than 10-fold in the past five years.

Project Muso commits to the highest level of efficiency and transparency in its work through its financial management system. Our community-based methodology minimizes overhead costs and maximizes the impact of funds contributed in the communities we serve. Project Muso continued to streamline its accounting process in 2010 by introducing new techniques for budget planning and expenses reporting, with digital and hard-copy justification of the expenses we incur.

To strengthen the transparency of our financial management systems, Under the Baobab Tree underwent a successful audit of our 2010 financial statements by an independent CPA firm. We are happy to provide the full report upon request.

### UNDER THE BAOBAB TREE, INC.
#### Statement of Activities
For the year ended December 31, 2010

<table>
<thead>
<tr>
<th>REVENUE AND SUPPORT:</th>
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<tbody>
<tr>
<td>Grants</td>
<td>$198,075</td>
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<tr>
<td>Contributions</td>
<td>$127,783</td>
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<td>Other Income</td>
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<td><strong>Total revenue and support</strong></td>
<td><strong>$326,388</strong></td>
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<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>$</th>
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<tbody>
<tr>
<td>Contract services</td>
<td>$320,566</td>
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<tr>
<td>Program expenses</td>
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<td>Wire fees</td>
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<td>Taxes and licenses</td>
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<td>Processing fees</td>
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<td>Bank charges</td>
<td>$290</td>
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<tr>
<td>Other operating costs</td>
<td>$5,714</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$329,052</strong></td>
</tr>
</tbody>
</table>

Change in net assets           ($2,664)

**Net assets, beginning of year**   $46,778
**Net assets, end of year**       $44,114
For more information

IN THE UNITED STATES:
Project Muso Ladamunen
A Project of Under the Baobab Tree Inc.
1380 Monroe Street, NW Box 309
Washington DC 20010
+1.202.657.MUSO
info@projectmuso.org

IN MALI:
Project Muso Ladamunen
ADS-ML
Rue 104 Porte 155 Daoudabougou
Bamako—Republique du Mali
+223.7546.4460

TO DONATE:
Send a check to 1380 Monroe Street, NW Box 309, Washington DC 20010, payable to “Under the Baobab Tree, Inc.” or visit our website.
www.projectmuso.org