“The health of Yirimadjo is so different now. People are more at ease, because they know that they do not need to suffer in their homes anymore now. They used to say, what use is it for me to go to the health center? All I’ll get is a piece of paper [because they can’t afford to pay for medications or treatments]. Now, they know they don’t have to suffer in their homes—that they have a right to access health care—and they come to see me to claim that right...”

—Mah Cisse Muso Community Health Worker
“In all my years of public service I have never seen work like this. What Muso is doing here with us has no precedent—not in Yirimadjo, not anywhere in Mali. The primary care center has grown so large, serving so many patients, that it could be mistaken for a hospital center. Our primary care center has become a pilot—a model for the whole nation!”

—Mayor of Yirimadjo

Until last spring, Badji, her mother, her eight-year-old daughter Lala, and her extended family lived in the village of Nyafunke, at the gates of the Niger River and Timbuktu. They earned their livelihood farming maize and vegetables. One day this past year, heavily armed men arrived, driving armored vehicles. Carrying rocket launchers and other weaponry, they took control of Nyafunke. “We were very scared, so we fled, in the middle of the night.” They packed up what they could, and used the little money they had to pay for travel toward the capital city. Since then, they have been living in Yirimadjo, in the communities where Muso works.

Refugees and internally displaced people are particularly vulnerable to illness. Many of them must cope with fragmentation of their social support networks, extreme poverty, and difficulty accessing the most basic necessities of health like food, housing, clean water, and health care. But in Yirimadjo, Badji and her family have encountered a different kind of health system. Muso’s health care delivery system is community-based, and does proactive door-to-door case finding, which enables our team to find even the most marginalized patients and connect them with care early. When Badji’s daughter, Lala, started vomiting and developed a high fever, she was connected with a Muso Community Health Worker the same day. Lala was diagnosed with malaria and started treatment within 12 hours of becoming sick.

Badji’s family has recently heard the news that Nyafunke has been liberated and that all is calm there now. After months of homelessness, they are tired but healthy. They have started saving up for their ride home.
Dear Friends,

As the sun takes its place over the surrounding hills, Yirimadjo is already booming with the voices of Community Health Workers in training. A group of women sit beneath a tree, animatedly discussing the proper protocol for malaria treatment as they refresh their memories of the previous days’ lessons. This exemplifies the remarkable year that 2012 has been for Muso. We have grown from a small group of inspired changemakers to a model community-based healthcare system with global potential. Thank you for partnering with us—and for believing in a world where people do not die just because they are poor.

In the face of Mali’s 2012 political crisis, including a coup d’état in March, Muso’s services were called upon more than ever. As hundreds of thousands fled the crisis in northern Mali, the communities of Yirimadjo served as a safe haven, a refuge for internally displaced families. Muso’s team provided wrap-around services for these families who could have otherwise fallen through the cracks. Community health workers and community organizers collaborated to find patients from internally displaced families who were in crisis and connect them with lifesaving care.

In 2012, we connected patients with health care through 60,354 home visits and 10,939 clinic visits at the Yirimadjo health center. 189 women received microloans for business activities that support the health and well-being of their families. 778 community members participated in participatory education classes, and 238 community organizers created initiatives to make their communities safer, healthier, more dignified places to live.

The impact of your support is greater than these numbers. It is the spirit that moves through the neighborhoods of Yirimadjo. It is the dignity and value of each and every life, and the power of each mother moving her family and her community towards the health and well-being deserved by all.

Thank you for continuing to support the changemakers of Yirimadjo.

Kimberly Sama
International Managing Director
Muso

WE BELIEVE:

No Child should die from treatable disease.

No Woman should die from preventable childbirth complications.

Every person has a right to health.
Our mission is to eliminate preventable deaths in the world’s poorest communities.

**Our Story:**

Muso was founded in 2005 by young physicians and researchers who lived and worked together in some of Mali’s poorest communities. They found themselves regularly attending funerals for young women and children—and wanted to create a different kind of world for their children and grandchildren to live in. Together with the Ministry of Health and with Malian women struggling to keep their families alive in Mali’s urban slums, they created Muso.

Muso is a different kind of organization: data-driven, community-led, high impact, efficient, and transparent. Today, we are registered as an association in Mali, a 501(c)(3) nonprofit in the United States, and a charity in the United Kingdom. Our team includes 93 staff and volunteers who bring to Muso their expertise as health care professionals, educators, researchers, and community leaders. Community members lead each of our programs.
Mali
A West African country with one of the highest maternal and child death rates in the world.

16-years-old
average age girls are married

72%
of girls are child brides

8th country
in the world in gender inequality

1/22
women die from pregnancy or childbirth-related complications

8th highest
child death rate in the world

ranked 182/186
countries on the Human Development Index

6th poorest
country in the world

Yirimadjo
A destitute slum on the outskirts of Mali’s capital.

77,132
community members

16,172
kids younger than age five

17,240
reproductive-aged women
At Muso, we believe we can change this. We believe another reality is possible. And in Yirimadjo, Mali, we are proving it is.

How we do it:

**Doorstep Care.**
We hire, train, and equip local women to identify sick patients and rapidly deliver lifesaving healthcare to every doorstep.

**Early Warning Systems.**
We build community rapid referral to care networks.

**Root Causes.**
We solve the root causes of disease through community organizing, education, and employment opportunities that transform local economies.

**Government Partnerships.**
We partner with the Malian government to strengthen public sector health clinics and accelerate global efforts to improve health and survival.
WE BRING HIGH QUALITY, ACCESSIBLE HEALTHCARE SERVICES TO EVERY DOORSTEP

We train and employ local community members as Community Health Workers (CHWs) to:
- actively search door-to-door for cases of illness
- diagnose disease in the home
- treat simple infections
- triage danger signs
- accompany patients to the health center when care is needed from nurses, midwives, or doctors.
- identify pregnant women and connect them to prenatal care in the first trimester

We provide free care to the poor.
We strengthen government-run health centers through:
- evidence-based clinical care protocols
- ongoing trainings and quality improvement initiatives for doctors, nurses, and midwives
- improving medication, supply procurement, and pharmacy systems
- improving infrastructure and equipment for patient hospitalizations
- constructing and equipping a new on-site laboratory for diagnostic testing
- building systems for electronic health and administrative record-keeping

2
WE BUILD COMMUNITY EARLY WARNING SYSTEMS

Through non-formal education centers affiliated with the leading non-profit Tostan, we train community members to recognize disease danger signs, to prioritize rapid treatment, and to navigate the health care system. Each participant makes a commitment to share what they learn every week with their friends so that their knowledge spreads through organized diffusion.

We partner with religious leaders, traditional leaders, community action committees, women’s cooperatives, schools, and Tostan’s education centers to mobilize traditional social systems and create rapid referral networks that connect sick community members and pregnant women to care on time.

With a well informed, empowered population, if somebody gets sick or doesn’t know how to access treatment, a sister, neighbor, or local business owner who notices can provide knowledgeable advice.

Our multi-faceted approach seeks out those in the greatest need and diminishes the barriers that block their access to quality health care.

3
WE SOLVE THE ROOT CAUSES OF HEALTH CRISSES.

By integrating community organizing, non-formal education, and microenterprise programs into our health system, Muso empowers community members to overcome the conditions of poverty that cause disease.

4
WE ADVOCATE FOR JUST, EVIDENCE-BASED HEALTHCARE.

While we can’t be everywhere in the world, our research can be. We rigorously evaluate our model in collaboration with researchers at the University of California, San Francisco and Harvard and share the lessons we learn (about what works and about what doesn’t?) on a national and international level.

We aim to impact global policy frameworks in order to make our vision of equal opportunity to survive childhood a reality everywhere.

In 2012, researchers at Harvard and Muso together published a study, Hidden Costs, in one of the world’s leading medical anthropology journals, Social Science and Medicine. The study illustrates the multifaceted barriers that mothers face as they seek health care for themselves and their children. Our team used the findings of the study as a roadmap for the health system we’ve designed so that we could systematically overcome each barrier our patients face to rapid, effective access. We have published these results so they can inform health system design within Mali and beyond.
OPTIMIZING THE MUSO HEALTH SYSTEM

Our ongoing research, monitoring, and evaluation allow us to systematically identify ways we can improve. Based on this, in 2012 we made several key improvements to our health system model.

1. Tripling the size of our Community Health Worker team. In 2012, we began the process of expanding our CHW team from 23 to 75, in order to deliver faster care to all members of the growing communities of Yirimadjo. We have recruited Muso’s new CHWs. They will complete training and fully deploy by July 2013.

2. Expanding the CHW portfolio of home healthcare. Dehydration associated with diarrhea is one of the leading causes of mortality amongst children in Mali and around the world. In 2012 we expanded our CHW portfolio of home services, to include diagnosing diarrhea and treating such cases in the home using oral rehydration salts and zinc. We are moving this lifesaving care proactively from the clinic into the home so we can reach children more quickly, before these illnesses can reach more dangerous and lethal stages. What’s more, we expect to decrease healthcare costs and protect doctor’s time for more complex illness.

3. Transforming CHW supervision. What motivates our CHWs to do quality work? We studied this question through CHW interviews and shadowing, and learned that more frequent, high-quality supportive supervision makes a big difference. So in 2012, we promoted four of our highest-performing CHWs to supervisor positions and trained them in supportive supervision techniques.

Each supervisor is responsible for strengthening the efforts of 19 CHWs through one-on-one meetings, observational shadowing, and the provision of technical information and psychosocial support.

“With these new Community Health Workers, our program will become stronger. Our ability to care for the sick will be greater. Our program must ensure that all the needs of the community are addressed. With these new CHWs, we will be able to do that.”

—Kajatu Dembele,
Muso Community Health Worker
In 2012, we:

- Provided free treatment for 10,939 patient visits at the health center
- Promoted 4 Community Health Workers to CHW Supervisors and trained them in supportive supervision techniques
- Tripled the size of our CHW team from 23 to 75
- Trained CHWs in home management of diarrhea

Our dedicated team of 23 Community Health Workers:

- Performed 60,354 home visits
- Evaluated 4,030 children for malaria and danger signs of the leading causes of childhood mortality
- Reached 71% of children evaluated within 48 hours of illness onset
- Referred 503 children with danger signs for rapid transport to the primary health center
- Tested 3,395 children for malaria using finger-prick rapid antigen tests
- Treated 542 children for malaria with artemisinin-based combination therapy
In Mali, women have limited access to employment and economic opportunities, impairing their ability to feed their families, send their children to school, and pay for healthcare. This also makes women economically dependent on men and, thus, less free to make their own choices.

Muso’s Springboard Microenterprise Program was launched in response to demand from local women for affordable credit so they could build their own enterprises. Other microfinance institutions in Mali were not accessible to the most vulnerable women because of high interest rates and fees—charged without the provision of training and support to promote women’s success in the marketplace. Our program fills a critical financial access gap, enabling poor women with no assets to successfully enter the marketplace and earn incomes, so they can invest in better health and well-being for themselves, their families and communities.

We foster participants’ economic self-sufficiency by providing savings structures, low and no-interest credit, technical support, and training. Muso has successfully partnered with the women of Yirimajdu since 2007 with the completion of seven loan cycles.

In February 2012, the Springboard Microenterprise Program provided $100 loans to 189 women organized into 11 women’s cooperatives. In October 2012, 111 women successfully completed their fifth loan cycle and 78 completed their seventh loan cycle.

Each women’s cooperative selects one member to serve as their president. The 99.6% repayment rate we recorded during 2012 is a testament to participants’ commitment to the program and to the efficacy of our lending model. In program evaluations, participants report frequently investing their income in areas that promote the health of their families, such as nutritionally rich foods and soap. The political tensions of 2012—which increased the cost of living and worsened food insecurity—made our microfinance program even more essential this year.

**MICROENTERPRISE THE MUSO WAY**
- No interest microloans with on-time repayment
- Savings structures built into loan repayment
- Cooperative group structures for mutual accountability and support
- Technical support and training in financial-management skills
PARTICIPANT PROFILE:
BADIALLO DIAKITE

When Microenterprise Program participant Badiallo Diakite came to Yirimadjo in 1991, she would collect wood in the fields each day because she could not afford to buy it.

She used the wood to cook and collected extra to sell in the market. Then she started a garden, growing greens, which she still picks fresh, dices, and sells in Yirimadjo’s open-air market. With the loan capital she received through Muso, Badiallo opened a second table at her station in the marketplace, where she now sells durable plastic housewares, such as basins for bathing babies.

Even as this new microenterprise has increased her income, Badiallo has more ambitious plans in the works. Her big dream enterprise, she explains, is to run a major events equipment rental company to supply weddings and baby naming ceremonies, which are at the center of Malian cultural life. Over the course of each loan cycle, Muso supports Badiallo in saving up to $28. At the end of each loan cycle, Badiallo invests her savings in rental equipment for her new business. She has already purchased 60 serving bowls and a large cauldron for cooking ceremonial meals. As she builds her savings, she plans to invest in more cooking equipment and chairs, so that she can offer customers a more complete package.

Badiallo is the mother of five children, ages four to 18, and she has been using her growing income to purchase vegetables that improve the nutritional content of her family’s meals. “My goal with this work,” she explains, “is for my children not to experience the suffering that I have lived through—for them to have a better life.”

NUMBERS AT A GLANCE:

99.7% cumulative repayment rate

1302 cumulative loans to 252 women in 11 women’s associations

$15,300 revolving loan capital fund
For the past eight years, Muso has been partnering with the award-winning organization Tostan to empower people in Mali who want to transform public health, government, education, and economic systems in their communities. Women and men who previously had limited access to education are now able to attend classes and develop key skills that enable them to make profound practical changes in the daily life and development of their neighborhoods.

**COMMUNITIES TRANSFORMING**
Based on participatory activities such as dance, storytelling, artwork, and small group work, Tostan’s curriculum is designed to promote participants’ self-confidence, motivation, and problem-solving skills to enact change in their communities. A human rights foundation is incorporated into each module and galvanizes participants’ realization and actualization of their rights, including their right to healthcare. As a result, participants have actively mobilized their communities to create rapid-referral networks for accessing healthcare. This means that community members now have the knowledge and capacity to recognize signs of illness and connect with Community Health Workers within hours of symptom onset.

**IN 2012:**
- Introduced basic math and phone use to participants
- Participants began learning to read and write in the local language, Bamanankan, with a curriculum that emphasized human rights while utilizing local proverbs and stories.

**2012 NUMBERS AT A GLANCE:**

14 classrooms strategically located throughout Yirimadjo
14 classes led by trained community members in the local language of Bamanankan
778 adolescents and adults enrolled
91% of participants are women and girls
OUR TEAM

COMMUNITY HEALTH WORKERS
Mah Cissé, CHW Team Captain
Zeneviève Doko
Kajatou Danbele
Rosali Danbele
Adama Diabate
Bintu Diko
Mamu Gindo
Djeneba Jara
Fatumata Jalahate
Salimata Kamara
Alima Kamate
Rokia Kamate
Kanku Koyita
Djeneba Konate
Jelika Konate
Mamu Kone
Uma Niare
Fatumata Sanogo
Alimata Sarravele
Austar Tarawelee
Sira Tarawelee
Jeneba Ture
Assourmaa Yo

NON-FORMAL EDUCATION
Moïs Samaké, Non-Formal Education Program Coordinator
Mohamed Lamine Traoré, Community Mobilization Supervisor
Molly Lauria, Non-Formal Education Technical Assistance Fellow
Korotoumou Diarra, Field Supervisor
Mamadou Bana Traoré, Intern
Yamoussa Traoré, Field Supervisor

CLASS FACILITATORS
Amadou A. Cisse
Awa Coulibaly
Maimouna Coulibaly
Oumou Coulibaly
Juliette Dakouo
Halimatou Diallo
Mama Diallo
Mariam Doumbia
Dijoumba Knéi
Fatoumata Kone
Nanaïssou Kone
In memory Dijoumba Knéi
Minata Knéi
Yamoussa Touré

OUR TEAM

DEVELOPMENT & COMMUNICATIONS
Lucas Foglia, Communications Coordinator
Molly Lauria, Development Coordinator
Mary Virginia Thur, Gifts Coordinator
Kate Brackney, Communications Volunteer
Elisa Pilanes, Communications Volunteer
Natasha Steele, Development Volunteer

MONITORING & EVALUATION
Djoumou Djakité, Monitoring and Evaluation Coordinator
Mamary Koné, Lead Analyst
Ian Alley, Monitoring & Evaluation Fellow
Mohamed Bana Traoré, Data Entry Specialist

SPRINGBOARD MICROENTERPRISE
Fatim Traoré, Economic Empowerment Programs Manager
Martha Franquemont, Microfinance Technical Assistance Advisor
Catherine Thomas, Microfinance Technical Assistance Fellow

HEALTH
Djoumou Djakité, Health Programs Director
Michaela Kupfer, Health Program Technical Assistance Fellow
Bedi Cissé, Referrals & Evacuations Coordinator
Fousseni Traoré, Pharmacy and Quality Care Specialist
Sangvyeta Tripathi, Senses Advisor, Health Care Delivery Systems and Public Sector Advocacy

ADMINISTRATIVE
Amber Oberc
US Managing Director

Kimberly Sama
International Managing Director

Jessica Beckerman
Co-Founder

Ari Johnson
Co-Founder

Ichiaka Koné
National Coordinator, Co-Founder

Belko Cissé
Financial Manager

Jon Miller
Interim Financial Director

Aminata N'Diaye
Financial Director

Ina Traoré
Finance Intern

NON-FORMAL EDUCATION

Moïs Samaké, Non-Formal Education Program Coordinator
Mohamed Lamine Traoré, Community Mobilization Supervisor
Molly Lauria, Non-Formal Education Technical Assistance Fellow
Korotoumou Diarra, Field Supervisor
Mamadou Bana Traoré, Intern
Yamoussa Traoré, Field Supervisor

CLASS FACILITATORS

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Awa Coulibaly
Maimouna Coulibaly
Oumou Coulibaly
Juliette Dakouo
Halimatou Diallo
Mama Diallo
Mariam Doumbia
Dijoumba Knéi
Fatoumata Kone
Nanaïssou Kone
In memory Dijoumba Knéi
Minata Knéi
Yamoussa Touré
united kingdom Board of Trustees
Joia Mukherjee, MD, MPH
Chief Medical Officer, Partners In Health

united kingdom Board of Directors and Advisors
Jessica Beckerman
Co-Chair, Muso
Edward Cardoza, MA Min.
Executive Director, Still Harbor
Robert Emmanuel, LLM
Consultant, McKinsey & Company
Ari Johnson, MD
Co-Chair, Muso and Physician, UCSf

ARachu castro, PhD, MPH is the Samuel Z. Stone Chair of Public Health in Latin America at Tulane University School of Public Health and Tropical Medicine. She also serves as Senior Advisor for Mexico and Guatemala at the internationally renowned non-profit organization, Partners in Health. A medical anthropologist trained in public health, Dr. Castro’s work and research focuses on infectious disease, women’s health, and the impact of social inequalities and health policy on the health of poor populations. Dr. Castro guides Muso’s ethnographic research on health care access barriers.

Paul Farmer, MD, PhD is chief strategist and co-founder of Partners In Health, the Kekstcrones University Professor and chair of the Department of Global Health and Social Medicine at Harvard Medical School, and chief of the Division of Global Health Equity at Brigham and Women’s Hospital in Boston. Dr. Farmer, an anthropologist and physician, additionally serves as the UN Special Advisor to the Secretary-General on Community-based Medicine and Lessons from Haiti. Dr. Farmer has guided the design of 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 the World Bank Group. An anthropologist and physician, Dr. Kim is a founding director of Partners in Health. Prior to leading the World Bank, he served as the President of Dartmouth University, the Director of the World Health Organization HIV/AIDS Department, and Advisor to the Director General of the World Health Organization. Dr. Kim has also held professorships at Harvard Medical School and the Harvard School of Public Health. Dr. Kim provides strategic guidance regarding Muso’s advocacy and public sector partnership efforts.

Molly Melching, is the founder and Executive Director of Tostan, which has pioneered a model for non-formal education and community empowerment that is being 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 and the 2007 UNESCO King Sejong Literacy Prize. Molly Melching advises Muso on synergies between education, community organizing, and health care delivery.

ORGANIZATIONAL PARTNERS
The Community Health Association of Yirimadjo
The District Hospital and Health Referral Center of Communauté VI
The Federation of Community Management Committees of Yirimadjo
Group Pivot Santé Population
Harvard School of Public Health
Harvard Medical School
InVenture Fund
The Malian Ministry of Health National Malaria Control Program
The Malian Regional Health Directorate, Bamako
Mobilizing Together to Protect the Environment of the Sahel
Partners In Health
Peace Corps
Praxis Network
Still Harbor
Tostan
University of California San Francisco Global Health Sciences
Ve’ahavta

FINANCIAL PARTNERS
The Asen Foundation
Brenner Family Foundation
Brown University
Care Source
Claremont McKenna Social Enterprise Group
Connect4Change / ICD
Conservation, Food, and Health Foundation
Dining for Women
Fabranget Tzedakah Collective
GleasonSmithKline Foundation
Goldman Sachs Matching Gift Program
Harvard Medical School, Scholars in Medicine Office
Jewish Communal Fund
Jewish Women’s Foundation of New York, Inc.
Kahan Family Foundation
Larson Legacy Foundation
Anna Ludington Sullivan Foundation
Parnassus Investments
—Employer Match
Rotary Club of Hamilton, Ontario, Canada
Rotary Club of L’Amisté, Mali
Rotary Club of Harrow, UK
USA Rotary Club of Friendship Heights
USA Rotary Club of Kowloon Golden Mile, Hong Kong China
T & J Meyer Family Foundation
University of California San Francisco Medical School
University of California Center of Excellence for Women’s Health and Empowerment
USAID (sub-recipient through Tostan)
Vanguard Charitable Endowment Program
Ve’ahavta
Vitol Foundation
Skoll Global Threats Fund

PARTNERS CIRCLE
$1,000 and Above
Andrew Albeinstein
Anonymous
Aryeh Aslan
Benjamin Bechtolsheim
Kathryn S. Beckney
Robert Emmanuel
Lucas Foglia

SPECIAL THANKS TO THE CARRBORO HIGH SCHOOL GLOBAL HEALTH CLUB
Leah Berolzheimer
Hannah Camp
Katie Caruso
Eleanor Costley
Amelia Covington
Elisa Filene
Anna Knotek
Kristen Lee
Vivian McElroy
Ellie McWilliam-Grench
Jordan Owen
Tali Tuderyn

This dynamic and dedicated group of students organized a walk that raised over $33,000 for Muso! We’d like to express our recognition and appreciation for the student organizers that made this happen.
Our Supporters

We are grateful to the many awe-inspiring supporters who are making this change possible. There are so many hundreds of wonderful individuals that have invested in the health and dignity of Yirimadjo, that we are not able to list them all here.
Amidst dire crises of poverty and disease, the demand for Muso’s programs is urgent. We are one of the only providers of comprehensive, free health care in the country for those who cannot afford to pay, and we offer no-interest loans with built-in savings structures to some of the poorest women. To meet this urgent situation, Muso has continued to grow rapidly, even in difficult financial times. Muso’s annual expenses have grown more than ten-fold in the past eight years.

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.

To further build the the transparency of our financial management systems in 2012, Muso underwent a successful audit of the 2011 finances of its US and Mali offices.

### Statement of Activities
For the year ended December 31, 2011

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
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<tr>
<td>Grants</td>
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<tr>
<td>Contributions</td>
<td>$235,830</td>
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<tr>
<td>Total revenue and support</td>
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<tr>
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</thead>
<tbody>
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<td>Program</td>
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</tr>
<tr>
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<tr>
<td>Total Expenses</td>
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Change in net assets: ($20,814)

Net assets, beginning of year: $129,737

Net assets, end of year: $108,923

### Revenue and Support

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### Expenses

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Change in net assets: ($20,814)

Net assets, beginning of year: $129,737

Net assets, end of year: $108,923

---

### Annual Expenses

#### By Type

- **US**
  - 39,017.5
  - 8%
- **Mali**
  - 437,107.86
  - 92%

#### By Year

- 2006: $27,594
- 2007: $43,155
- 2008: $56,620
- 2009: $61,052
- 2010: $55,779
- 2011: $476,125
- 2012: $437,107.86

#### Expenses Breakdown

- **SALARIES & BENEFITS**: 23%
- **RESEARCH**: 1%
- **MEDICAL CARE / SUPPLIES**: 51%
- **PROGRAMS**: 20%
- **OFFICE**: 5%
For more information

IN THE UNITED STATES:
Muso
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:
Muso
ADS-ML
Yirimadjo—République du Mali
+223.7546.4460

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