

Who We Are

Project Muso is a community-led organization in Yirimadjo, Mali. We are registered as a 501(c)(3) non-profit in the United States.

Local women lead our programs. Our team consists of 82 healthcare professionals, educators, researchers, activists, economists, businesspeople, and community leaders from Mali and the United States. We share a common conviction that human life is sacred and that human dignity for all is possible.

Where We Work

In the tenth poorest country in the world, on the edge of the 6th fastest growing city, Yirimadjo, Mali is a place of vulnerability. The 20,000 residents here struggle against the dislocations of urban poverty – overcrowding, crime, pollution – along with those of rural poverty – difficulty accessing clean water, nutritious food, sanitation, electricity, and medical care.

Mali is ranked lowest of all countries in the world on the physical integrity of women index (OECD). Malaria in Yirimadjo is a primary cause of suffering and death, accounting for 63% of healthcare demand.



What We Do

1. We ensure access to universal, high quality, comprehensive healthcare including primary care and care for infectious diseases such as malaria.
2. We integrate healthcare with education, microfinance, and community mobilization to address the root causes of poverty and disease.
3. We partner with the poor in destitute communities. We listen to their needs, assets, and priorities. We bring together local wisdom and international expertise.
4. We strengthen and compliment the public sector, avoid building parallel systems, and advocate for evidence-based policy change.
5. We are serious about measuring impact and we practice evidence-based development.

Our Partners

Our partners and supporters include: The Asen Foundation; Conservation, Food & Health Foundation; the Columbus Foundation; Edward W Scott; Ella Lyman Cabot Trust; Group Pivot; InVenture; Mali's Ministry of Health; Mali's National Malaria Control Program; Harvard Medical School; Larson Legacy Foundation; Partners In Health; Rotary International Future Visions; Still Harbor; The Praxis Network; Tony Blair Faith Foundation; Tostan/USAID; the UC Center of Expertise in Women's Health and Empowerment; and Ve'Ahavta.



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“Project Muso has opened the way for us.”

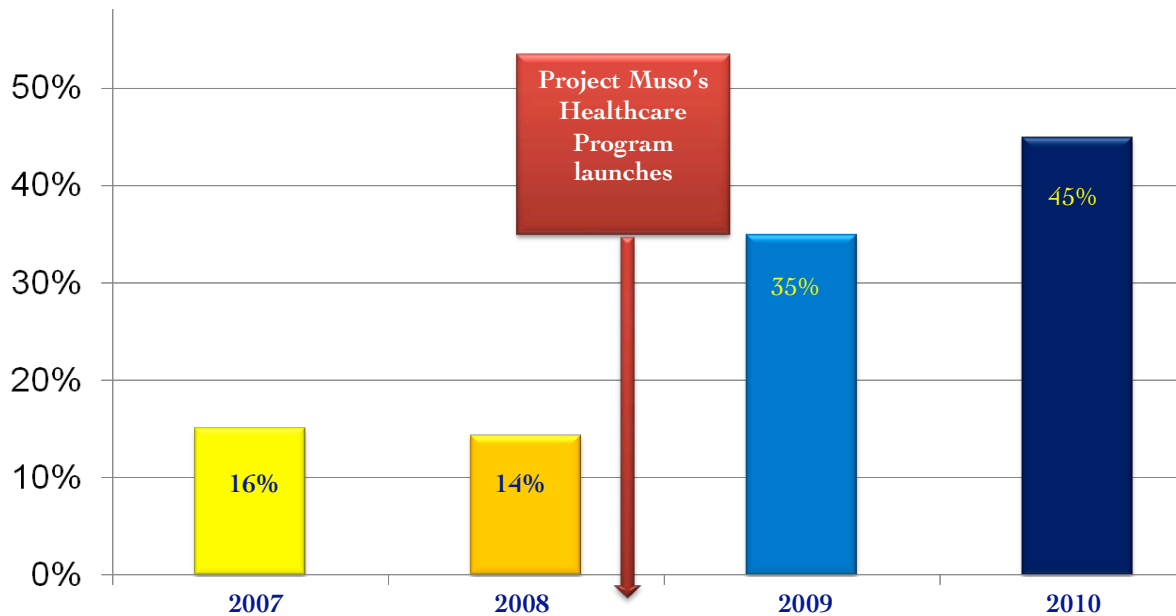
Mamu Guindo, mother of four, Community Health Worker

Health Impact

In the first 2 years (2008-2010) of Project Muso's healthcare program:

- Fever prevalence in children younger than five years **decreased from 46% to 26%**;
- The percentage of children treated for malaria within 24 hours of their first symptom **tripled from 14% to 45%**;
- **Health care use increased 136%**, from 11,056 to 26,135 health center visits/year;
- We documented a large **decrease in child mortality** (validation in process).

Increasing Early Access to Care



% children < 5 years starting an effective antimalarial treatment within first 24 hours of symptom onset. Mantel-Haenszel Chi-Square(1, N=521) = 38.5, p<.0001



Local Mothers Fighting Disease

In 2010, our 24 Community Health Workers:

- Performed 99,277 household visits.
- Assessed 4,621 children for malaria.
- Identified 1,689 children with danger signs for urgent referral to the health center for care.
- Tested 2,796 children for malaria with a finger prick test.