



Project Muso Ladamunen

Progress Report 2007



Letter from the Directors

July 2007

Dear friends and supporters,

It is a great pleasure to share with you the progress of our organization's efforts over the past year, enabling women to solve crises of poverty and disease in Mali, West Africa.

Picture this: Several women gather around a table in a dusty clearing. In the past 18 months, their lives have changed profoundly; they have learned to read and write, calculate, manage savings and credit, and launch and manage their own small enterprises. They have also become Community Health Promoters, teaching life-saving health skills in their communities. Now, at this table on the outskirts of Mali's capital city, they are working on a new enterprise they have created, painting intricate Malian designs onto finely woven cotton that will soon be sown into handbags and purses. They are participants of Project Muso Ladamunen, the Project for the Empowered Woman.

By bringing together access to health resources, education, microfinance, and community mobilization we are creating an integrated model for transforming community health. In 2007, Project Muso tripled in size. In February, 108 Community Health Promoters graduated from Project Muso's **Women's Education Program**. At the same time, Project Muso opened seven new women's education classes for more than 200 new participants. Our network of Community Health Promoters has distributed more than 1,400 insecticide-treated bednets to pregnant women and children through our **Integrated Malaria Prevention Program**. Through loans provided by our new **Springboard Microfinance Program**, participants have launched more than 100 small businesses, earning income that supports the health of their families.

Project Muso's team has also grown this year. Our new Board of Advisors includes four of the world's leaders in global health and women's empowerment: Dr. Arachu Castro, Dr. Paul Farmer, Dr. Jim Yong Kim, and Molly Melching. They bring to our team an unparalleled wealth of wisdom to guide Project Muso's development.

These life-changing programs have been made possible through the collaborative efforts of all members of the Project Muso community, particularly our courageous and inspiring participants, our supporters, our organizational partners, our board of advisors and directors, and our dedicated operational team. It is a great privilege to be part of this dynamic community and the transformations we are creating together.

With thanks and warm wishes,




Jessica Beckerman and Ari Johnson
Co-Executive Directors
Project Muso Ladamunen
Co-Presidents, Under the Baobab Tree, Inc.



Ichiaka Koné
Program Coordinator
Project Muso Ladamunen
President, ADS Musoladamouli

Our Mission

Improving community health by enabling women to fight poverty



Who We Are

Project Muso partners with women to help them fight crises of health and poverty. Through three principle initiatives—the Women’s Education Program, the Springboard Microfinance Program, and the Community Action Committee—Project Muso equips participants with skills and resources to resolve the root causes of disease.

We work in Yirimadjo, an area of Mali, West Africa in which many families cannot access the essential tools we all need to protect our health. Seventy-two percent of the population lives on less than \$1/day. Consistent access to nutritious food, clean water, safe mosquito-proof housing, education, and medical care is often beyond their reach.

Two years ago, a group of alumni and students of Brown University began collaborating with Malian graduate students, educators, and health professionals to address this dire situation. This group recognized that crises of poverty and disease are inextricably bound together, and that effective health programs must also change conditions of poverty that cause health vulnerability. We launched Project Muso Ladamunen, the Project for the Empowered Woman, in June 2005, to address this connection between conditions of poverty and health.

Where We Work

Ranked 175 out of 177 countries on the United Nations Development Programme’s Human Development Index, Mali is the third poorest country in the world. Within this context, Malians face

numerous health crises, particularly for women and young children. Out of every 1,000 children born alive in Mali, 218 do not survive until their fifth birthday. Mali is the meeting place of numerous proud West African cultures, famous for its musical and artistic traditions. For the past 15 years, it has been a stable, peaceful, multi-party democracy.

Yirimadjo is a peri-urban area in a particularly vulnerable position: its residents must face the dislocations of urbanization, including social fragmentation, overcrowding, and pollution. At the same time, they confront the challenges of rural Mali, as municipal services of water, electricity, and sanitation lie just beyond their reach.

Agents of Change

A commonly 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 Bamanan society they are considered responsible for protecting the health of their families, even as they often lack access to the resources and skills they need to do so. Malian women have historically had limited access to formal education—by one estimate, 88 percent of Malian women are not literate.

Men play an essential role in every stage of Project Muso. The Community Action Committee includes both male and female community leaders, who collaborate to guide the implementation of all of Project Muso’s efforts according to the priorities and values of the community.





Learning to be Leaders

Women's Education

In Project Muso's Women's Education Program, participants learn and apply the skills they need to improve the health and quality of life of their families. Training intensively 10 hours per week for 15-18 months (depending on the needs and pace of the class), participants develop creative solutions to crises of poverty and disease that they face. In order to achieve these goals, participants develop a broad foundation of skills, including:

H ealth skills to aid in the prevention and treatment of deadly illnesses in their communities, including malaria, diarrheal disease, and AIDS.

E nterprise skills, to enable women to launch small business through Women's Cooperative Associations.

A ctivism skills, so that they can teach and mobilize their community around crises of health and development, through an Organized Diffusion Model.

L iteracy and math skills, which underlie and support each of these goals.

Classes are taught by a team of Peer Educators, women from Yirimadjo who have been intensively trained by experts in each of these fields. The education program has three

2007 Impact At A Glance

- * 108 Graduates Trained as Health Promoters
- * All 108 Became Literate in Bamanankan
- * 7 New Classes, 200 New Participants Enrolled

phases, each coupled with an action component, and explained in the table below:

This past winter, Project Muso celebrated the graduation of 108 women from its first four classes. To mark the completion of their in-class training as Community Health Promoters, participants created theater pieces about the importance of women's literacy as well as about pressing community health issues, including HIV/AIDS, family planning, potable water, sanitation, and diarrheal disease, which they performed for an audience of over 1,000 people at their graduation.

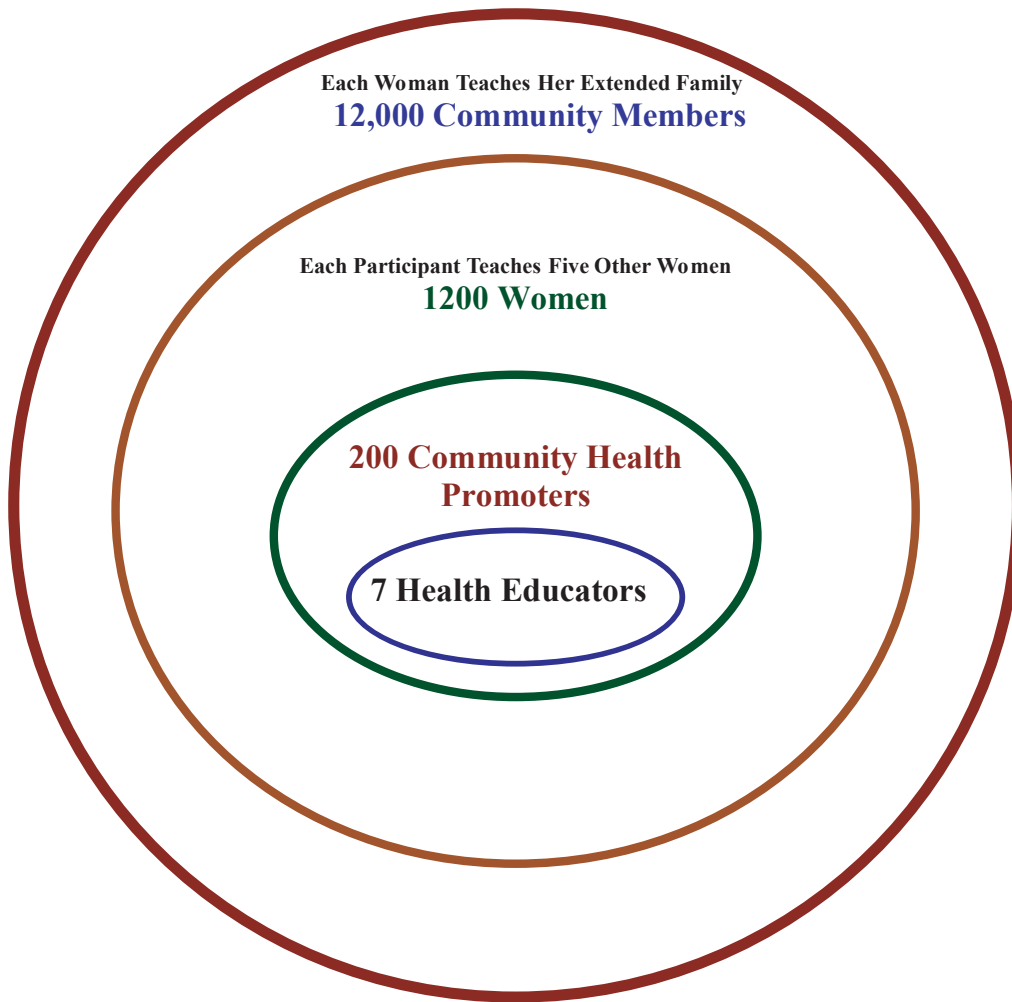
In February, the Women's Education Program enrolled 200 participants in seven new classes. While Project Muso had originally capped its registration at 180 and begun a long waiting list for the following year, numerous women who were not enrolled continued to arrive in class each day. Having been denied access to education their entire lives, they declared they would not wait for formal enrollment, books, or other supplies in order to begin. Inspired by their dedication, Project Muso mobilized to raise sufficient funding to open a seventh class.

	Education	Action
Phase I : Health Literacy Fundamentals	<ul style="list-style-type: none"> ☞ Health ☞ Literacy ☞ Math 	<ul style="list-style-type: none"> ☞ Each participant teaches and applies health skills with family, with friends, and the community as a whole
Phase II : Advanced Health- Literacy and Economic Empowerment	<ul style="list-style-type: none"> ☞ Health ☞ Literacy ☞ Math ☞ Organizational and Financial Management ☞ Professional Skills Training 	<ul style="list-style-type: none"> ☞ Each participant teaches and applies health skills with family, with friends, and the community as a whole ☞ Participants form autonomous associations
Phase III : Toward Autonomy	<ul style="list-style-type: none"> ☞ Each association of women independently continues organizing literacy and health learning sessions 	<ul style="list-style-type: none"> ☞ Each association of women organizes a community action project ☞ Each participant launches a small business through the Springboard Microfinance Program

“Project Muso has helped me endlessly. They taught us how to make re-hydration fluid for when a child has diarrhea. One day, I went and visited somebody in the neighborhood and I saw that her baby was lying down, with bad diarrhea. I said to the woman, ‘Your baby is sick – you have to take her to the hospital.’ And the woman said, ‘Well, my child’s only been like this since last night. Maybe she’ll get better.’ In truth, she didn’t have the money to take her child to the hospital. So I came home, got some water from the pump, boiled the water, got my textbook from Project Muso, and I made the re-hydration fluid from water, salt, and sugar. I gave it to the mother. Believe it or not, that treatment helped the baby so much, he didn’t even have to go to the hospital. I believe that Project Muso helped me save that child’s life.”



**Increasing Impact
Creating Health Networks**



Organized Diffusion

Over the past 12 months, Project Muso's 108 recently graduated participants have reached out to thousands of community members, **teaching essential life-saving health skills** to their families and neighbors, and organizing educational performances for the entire community. Mali's rich performance traditions have proved a particularly potent way to teach community members about sensitive issues such as gender inequalities, sexual health, and other health vulnerabilities.

Encouraged by these successes, Project Muso has restructured and expanded the Organized Diffusion Model for the 2007-2008 education year, drawing upon the highly successful community mobilization models of Tostan and World Relief. Each new participant in the education program has taken responsibility to train five other women, each from a different household, visiting them twice each month to teach the key health skills they are

learning. Each woman, in turn, teaches and applies these skills with their families. In addition, participants continue to teach about health in public forums by creating performances.

Through the Organized Diffusion Model, participants are creating an efficient and far-reaching community health network that is reaching thousands of community members this year. This network facilitates sharing of knowledge and skills, and also enables the community to mobilize quickly around interventions such as bed-net distribution to prevent malaria (see page 15). Given access to free bed nets through Project Muso, the network of Community Health Promoters have been using the Organized Diffusion Model to teach and mobilize the community, ensuring efficiency, accountability, and efficacy of net distribution through their educational and organizing activities.



Launching Small Enterprises

Enterprise Training and Microfinance

To support the health of their families, women in Yirimadjo must overcome conditions of poverty that restrict their access to clean water, nutritious food, safe housing, and medical care. Through the Women's Education Program and Springboard Microfinance Program, **Project Muso provides participants with the training and financial support they need to establish small businesses to improve the health and well being of their families.**

By February, the beginning of Phase III of the Women's Education Program, participants had become literate, mastered key health skills, and developed essential skills in organizational and financial management. They had learned how to manage savings and credit, how to start and manage a small enterprise, and how to form partnerships. Each class had also established itself as an independent Women's Cooperative Association, with elected officers, common objectives, bylaws for internal regulation, and systems of saving. The names of the associations founded by Project Muso's first four classes evoke their dynamic approach:

- * Cesiri: "Fasten Your Seatbelts and Get Ready For Action!"
- * Sigitemogon: "You Can't Make Any Progress Just Sitting Around!"
- * Yeelenton: "The Illumination Association"
- * Yerenye: "Advancement"

2007 Impact At A Glance

- * **4 New Women's Cooperative Associations**
- * **More than 100 Small Businesses Launched**
- * **100% Loan Repayment Rates**

Building upon this foundation, Project Muso established a **Springboard Microfinance Program**, providing triple matching grants, low-interest loans, and training support to our participants to enable them to start small businesses. One hundred and seven women have enrolled and each of them has individually established a small business. The structures of their associations create multiple levels of mutual accountability to ensure a high rate of loan repayment. Since the Springboard Microfinance Program launched in February, these structures have been highly successful, yielding 100% repayment rates. In September, participants are due to finish repaying their first loan cycle (\$60) and begin repaying their second loan cycle (\$100).

In addition to the 107 businesses started by individual participants in the past 5 months, several of the Women's Cooperatives have begun collaborating on group enterprises: one association has begun to design and sell clothing and handbags that are a unique fusion of traditional and modern designs. Other associations are also pursuing cooperative enterprises, including produce-drying and cereal making.

"One of my students had a small business, but she never knew how to write, how to read, or how to count. When a customer came to pay her, she just tried to remember their name, and then she would just put a mark, a straight line, somewhere on a piece of paper to know that someone came and paid her once. And when that person came a second time for her second payment, this woman made a second line. But how much payment? It was impossible to remember. Project Muso has been a tremendous help to that woman. She says it everywhere, all over town: because of Project Muso, I know how to read and write, and my business is better now than ever."



**Fighting Poverty
Fighting Disease**

Community Action Committee

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. With the support of Project Muso over the past year, the CAC has coordinated hundreds of community-based medical consultations with free medicine, catalyzed the construction of **new clean water infrastructure** in the community, and created a system of bed net distribution to prevent malaria infections.

2007 Impact At A Glance

- * CAC mobilizes \$60,000 to launch construction for clean water project
- * CAC distributes more than 1,400 long-lasting three-person bed nets to fight malaria among children and pregnant women

Medical Consultations

Many people in Yirimadjo cannot afford to pay for medical care and essential medicines, and this puts them and their families in life-threatening situations when they get sick. Since the launch of the program in 2005, the Community Action

Committee has coordinated medical consultations days with Project Muso medical staff. **One-thousand five hundred and fifty consultations**, at sites distributed throughout Yirimadjo, have provided medical care and free essential medicines.

The Yirimadjo Water Project

In Project Muso's 2005 baseline household survey of Yirimadjo, community members identified access to clean water as the greatest and most pressing difficulty that they face. With approximately one potable water source for every thousand people, residents expend hours of their day and a large portion of their small daily income trying to access clean water for their families. The difficulty of accessing clean water hinders the economic development of Yirimadjo and severely endangers the health of its residents.

The Community Action Committee identified this as their primary priority and took definitive action. They evaluated several potential solutions and developed a

plan with the National Ministry of Water to extend the municipal running water system into Yirimadjo. The proposed system creates a water pipeline and public fountains that will serve as the backbone of a running water system for all of Yirimadjo in the future. By mobilizing the community and demanding action from their elected representatives, the CAC was able to secure government support for the first three steps of their plan, for which the Malian department of Socio-Urban Development and municipal government committed \$60,000. Water pipelines are currently being laid in the community and the Community Action Committee is monitoring the progress of construction.





Preventing Malaria

Integrated Malaria Prevention

Malaria is a primary cause of death of children in Yirimadjo. Each year, malaria kills more than one million people, most of them children living in sub-Saharan Africa. Malaria is the most commonly diagnosed illness in Yirimadjo—the Yirimadjo health center reported more than 3,000 cases of malaria in 2006, and this is likely to be a considerable underestimate of the total prevalence in the community. Sleeping under insecticide-treated bed nets is a demonstrated way to dramatically reduce the number of child deaths from malaria.

This year, the Community Action Committee collaborated with the Project Muso team to develop a new Malaria Prevention Initiative, which includes the distribution of free bed nets to children five and younger and pregnant women. In partnership with the local health center, the CAC has set up eight bed net distribution sites to increase ease of access. Nets are being distributed in conjunction with vaccinations for children and prenatal consultations in order to cross-promote these essential services for maternal-child health. Project Muso's Community Health Promoters have distributed more than 1,400 bed nets to date.

The network of Community Health Promoters trained by Project Muso have been vital to this effort, creating efficient

systems for distribution and organizing teaching and training for the community. Community Health Promoters teach essential skills in the prevention and treatment of malaria, and provide training in the use of nets. They provide such training via original theater pieces at community wide performances, they provide one-on-one training to every community member who receives a net at bed net distribution sites, and they provide complementary training with community members in their homes.

Project Muso participants launched the Malaria Prevention Initiative on June 16, 2007 with a kick-off educational event attended by over 1,000 community members, as well as the chief of Yirimadjo, key religious leaders, representatives from the regional and local mayor's offices, the National Ministry for Women, Children, and Families, the Yirimadjo Community Health Center, the Regional Health Reference Center, local and international NGOs, and the Malian national television. Project Muso's Community Health Promoters created original theater performances to teach about the significance of malaria in the community and the role of bed nets in blocking malaria transmission. In the weeks that followed, participants organized six other performances throughout the community in conjunction with the distribution, each attended by hundreds of people.





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.

ADS: The Malian Team

Ichiaka Koné *President, Program Coordinator*
Fatim Traoré *Director of Economic Empowerment Programs*
Moise Samake, *Director of Educational Programs*
Aminata Koné, *Financial Director*
Fousseni Traoré, *Field Supervisor*

UBT: The American Team

Board of Directors

Jessica Beckerman, *Co-President, Co-Executive Director*
Whitney Braunstein
Ally Dick, *Secretary*
Rebecca Fox, *Treasurer*
Ari Johnson, *Co-President, Co-Executive Director*
Ethan Johnson
Patricia Symonds

Volunteers

Lucas Foglia
Adeline Goss
Katie Panella
Amanda Sellers

Educators:

Korotoumou Diarra
Hawa Coulibaly
Djeneba Koité
Minata Koté
Kadidia Sounfountera
Nana Touré
Djeneba Traoré

All photos by Lucas Foglia. All quotes were collected from Project Muso participants and educators by Adeline Goss. To protect anonymity, quotes do not correspond to any names or photos in this report.

The Project Muso Team

Board of Advisors

To guide its exciting growth, Project Muso has established a Board of Advisors this year. The Board of Advisors consists of four international leaders in global health and women's rights.

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).

Jim Kim, who 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 return to Harvard, where he is now directing the FXB Center for Health and Human Rights. He is also the Chair at the Department of Social Medicine at HMS and the Division Chief at the Division of Social and Health Inequalities at BWH.

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.

Financial Efficiency

To enhance the efficiency and organization of Project Muso's financial book-

keeping system, our team works closely with Kevin Hepner, CPA, Vice-President of the Judge Baker Children's Center, and an instructor of non-profit accounting and finance at Boston University. He has played a vital role in developing organized and extendable accounting structures for Project Muso.

Monitoring and Evaluation

Monitoring and evaluation are vitally important to the progress of our organization. We aim for our programs to be dynamic, responsive to the needs of the women we work with, and always improving and deepening our impact. Project Muso is currently pursuing multiple modalities of evaluation, to rigorously assess its impact and guide the development of its efforts. We take the results of these ongoing evaluations very seriously, and we are continually revising our programs according to their feedback.

1. Maternal-Child Health Survey

This survey is based closely off of previously validated tools of Child Survival Technical Support, adapted to Project Muso's program goals with the guidance of advisors at Harvard Medical School and the Harvard School of Public Health. The survey tracks 29 key maternal and child health indicators among Project Muso participants before and after their participation.

2. Literacy Evaluations

Conducted by our partners at the Malian National Directorate for Basic Education, our participants' literacy and math skills are evaluated at baseline, mid-program, and at the conclusion of Phase II training.

3. Ethnographic Life Histories and Focus Group Discussions

These methods provide an in-depth qualitative understanding of participant experiences and nuanced feedback on how best to improve the program. Project Muso will conduct 40 life histories with Project participants over the summers of 2007 and 2008. Focus groups are held with each class every six months.

4. Microfinance Evaluation

Repayment records are tracked and participants provide weekly feedback to project coordinators detailing the challenges and successes of their enterprises.

“My hope for the future is a bigger Project Muso. I hope the project will grow bigger, and help more and more women, so that eventually the whole Yirimadjo area will get out of poverty. It will take time, but it’s not impossible... Slowly and surely.”



Investing in Our Future

Under the Baobab Tree: Project Muso Ladamunen

Budget Overview FY06 FY07

Fiscal Year Ended December 31, 2006

REVENUE

<i>Institutional and Family Foundation Grants</i>	58,510
<i>Individuals</i>	16,545
Total Revenue	75,055

EXPENSES 2006*

Personnel

Stipends for American Team	0
Stipends for Malian Educator Team Trainings	1,037

Other than Personnel (OTPS)

Bank Charges	180
Miscellaneous Program Expenses	1,938
Office	240
Printing, publications, postage and shipping	206
Telephone	905
Travel	94

Independent Contractor: Action Développement Social Musoladamouli (ADS)

Personnel

Stipends for Malian Team	8,412
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Other than Personnel (OTPS)

Communications	469
Materials	10,027
Office	1,064
Transport	722
Miscellaneous	2,301

<i>Total Contracts with ADS</i>	22,994
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Total Operating Expenses	27,594
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Budget Surplus for 2007 Expansion	47,461
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Fiscal Year Ending December 31, 2007

ESTIMATED EXPENSES 2007

Personnel

Stipends for Malian Team	22,375
Stipends for American Team	0

Other than Personnel (OTPS)

Communications	825
Materials	27,486
Microloans	10,417
Mini-grants	2,604
Office	726
Transport	2,417
Miscellaneous	

Total Estimated Operating Expenses 2007	66,850
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* The categorical breakdown of 2006 expenses for ADS is based on contracts between UBT and ADS, each based on a prospective budget. Thus the actual categorical breakdown of ADS expenses may differ slightly from the breakdown in the prospective budget. Further, the budget above includes funds transferred from UBT to ADS in 2006 for January 2007 expenses.



Our Supporters

Major Financial Supporters

*Brown University
Fulbright Scholars Program
Goldman Sachs Global Leaders Program Social-
Entrepreneurship Fund
Kenton and Suzanne Bowen Family Fund of the Columbus-
Foundation
Larson Legacy Foundation
Harvard Medical School*

Organizational Partners

The Malian National Directorate for Basic Education
The Malian National Ministry of Women, Children, and Families
The Malian National Ministry of Health
Mobilizing Together to Protect the Environment of the Sahel
Tostan
The United Nations Development Program's Project for Renewable
Energy and the Advancement of Women
World Education

With Special Thanks To

The Communities of Yirimadjo
Barry Shrage
David Shean
Dickstein Shapiro, LLP.
Falilou Cissé
The Foglia-Forest Family
Harvard Medical School Class of 2010
Kevin Hepner
Moishe House Boston: The Kavod Jewish Social Justice House
The Students of Temple Beth Avodah
The Many Individuals and Families Who Have Given Their Time
and Resources to Make Our Efforts Possible.

Thank you to our supporters. Together, we are transforming health crises at their roots.

\$1000 and above

Ronald and Deborah Fellman
Heather Forest and Lawrence Foglia
Lucas Foglia
Linda and Michael Frieze
Ethan Johnson
George and Ayah Johnson
Alan and Ruth Larson
Joseph P. Mahan
Daniel Sharfman
Edward and Mary Wendell

\$500-\$999

Robert Agus and Rochelle Helzner
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Achyot Or
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Pamela Edison
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Daniel Krifcher

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Aharon Varady

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\$100 to \$249 continued

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 David Shean
 Peter and Dana Singer
 Sol and Rochelle Sobel
 Matthew and Judy Sonfield
 Suzanne Stutman
 Phil and Margot Sunshine
 Craig T. Szela
 David Taplin
 Bruce Waxman and Sarah Elpern
 Anne Zenn

Up to \$100

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 Abigail Bellows
 Joshua Biber
 Susan B. Blumberg
 Steven and Rachel Braun
 Paul and Rachel Cohen
 Aretha Delight Davis
 Jennifer and Joe Dickerman
 Benjamin Dreyfus
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 Michelle Sternthal
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 Johanna Vine
 Cordelia Wreathall
 Chi-fu Yang
 Marc Zweben and Lynn Charytan
 * *This list includes donations received from individuals by July 30, 2007.*

“I became a new woman after Project Muso.... Now, I have a job, and people know me – they come to my house with their clothes, which I dye. They appreciate my work... They see the change Project Muso has brought to my life, and now they want to join.”

**“Project Muso came into my life
and changed it.”**

For More Information Contact

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To Donate

Send a check to the above address, payable to
“Under the Baobab Tree, Inc.”
Or visit our website at
<http://www.ProjectMuso.org>