Dear m2m Family,

Recently a mother approached me after hearing that her baby had tested HIV negative, and with tears in her eyes said, "this baby will have a better life than me or my husband, he will be a strong leader, a President of South Africa, a future Mandela." It is a dream that our clients – HIV-positive and negative mothers in sub-Saharan Africa – share with mothers the world over, to "love and raise [their] babies... and make sure that their babies have a chance for life."

Thank you for all of your hard work, commitment, and dedication to mothers2mothers and the women and families that we support. From donors to partners, to national and local governments, local implementers, head office and country teams, and especially, our Site Coordinators and Mentor Mothers, mil gracias!

Never underestimate the power of a woman. Every day in communities and villages across sub-Saharan Africa, m2m Mentor Mothers work tirelessly to make sure that mothers and their families can live their dreams. Development experts widely recognize the economic impact women can have in their communities and beyond when they are empowered financially. At m2m, we believe these same principles hold true for health and when combating the HIV epidemic. We have seen that when mothers are trained and employed to provide other mothers with essential health education and support, they can improve the health of other women, their children, families, and even their communities.

This year in our Annual Report, we celebrate the Power of Women. Since m2m was founded in 2001, mothers have proven to be an effective force in reducing the number of new HIV infections and promoting maternal health... so effective in fact, that our Mentor Mother Model was included as a key strategy in the UNAIDS Countdown to Zero: Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive.

Mothers living with HIV are getting us closer to zero. The power of Mentor Mothers in helping other mothers is clearly demonstrated with our HIV-positive clients. In 2013, clients with two or more visits with Mentor Mothers were more likely to report behaviours outcomes linked to a reduction in mother-to-child transmission of HIV compared to clients with only one visit. They were:

- five times (5x) more likely to report having disclosed their HIV status
- almost twice (2x) as likely to report exclusive breastfeeding practices up to 6 months
- almost three times (3x) more likely to use ARV or ART prophylaxis antenatally

Mentor Mothers’ growing role as frontline healthcare workers. We are now harnessing the power of Mentor Mothers by enhancing the services they provide in order to increase demand for prevention of mother-to-child transmission (PMTCT) services, ensure that women adhere to their anti-retroviral therapy, and better engage and retain women in healthcare.

In 2013, m2m launched two major new initiatives focused on deepening our relationship with HIV-positive and negative mothers and our ability to engage with them over the critical first two years of their babies’ lives. Our new Enhanced Programme Model (story on pp 10-13) provides stronger motivation for mothers to continue engaging with Mentor Mothers during their PMTCT services, ensuring that critical health issues are addressed. The establishment of a Community Mentor Mother (CMM) program (story on pp 18-19) engages mothers where they live, love, work, and stay, and supports national Option B+ efforts.

A salute to all women, especially those mothers living with HIV. Through them, more mothers and babies can access medical care and services... through them, more families will thrive.

Abrazos,
Frank Beadle de Palomo
President & Chief Executive Officer
Each day in sub-Saharan Africa, nearly 600 children are needlessly infected with HIV.

At mothers2mothers (m2m), women are at the heart of our work to promote healthy motherhood, families, and communities. These women include both the mothers living with HIV who are employed as Mentor Mothers and Site Coordinators at m2m sites, as well as the amazing women who lead our programmes in all the countries where we operate – Kenya, Lesotho, Malawi, South Africa, Swaziland, and Uganda.

Today, there is no reason for any baby to be infected with HIV or for any mother to die of AIDS. Effective and inexpensive medical interventions are available that can keep mothers and babies healthy. Yet the stigma of HIV and a severe shortage of doctors and nurses in sub-Saharan Africa make it difficult for women to access the care they need. m2m places women on the frontlines of healthcare. We train, employ, and empower Mentor Mothers to support doctors and nurses in understaffed health centres. They provide other mothers with essential health education and support on how to protect their babies from HIV transmission and keep themselves, their children, and families healthy. Mentor Mothers’ ties to the community and first-hand knowledge of HIV make them highly effective peer mentors. Furthermore, their employment empowers them financially and transitions them into role models in their communities, thereby reducing the stigma associated with HIV.

We believe women have the power to end this tragedy and create a generation free of HIV.
We believe in the power of women to **eliminate** paediatric **AIDS** and create health and hope for themselves and their babies, families, and communities.

**Our mission** is to impact the health of mothers by putting them at the heart of improving reproductive, maternal, newborn, and child health. Our Mentor Mother Model empowers mothers living with HIV, through education and employment, as role models to help other women access essential services and medical care.

Through this **Mentor Mother Model**, we work with governments, local partners, and communities to:

- **Eliminate** HIV infections in children
- **Reduce** maternal and child mortality
- **Advance** healthy development of newborns and children
- **Improve** the health of women, their partners, and families
- **Promote** universal access to reproductive health and family planning
- **Reduce** stigma and discrimination
- **Promote** gender equality
- **Support** livelihood development for families and communities

**Improve** the health of women, their partners, and families

**Promote** universal access to reproductive health and family planning

**Reduce** stigma and discrimination

**Promote** gender equality

**Support** livelihood development for families and communities
Since our founding in 2001, m2m has reached 1,200,000+ HIV-positive women in 9 sub-Saharan African countries.

In 2013, m2m...

operated in 348 sites in seven countries.

employed 981 HIV-positive women as Mentor Mothers and Site Coordinators.

conducted 1,543,870 one-on-one and group support sessions.

mentored 99,450 HIV-positive women on how to protect their babies from HIV, and improve the health and wellbeing of themselves and their families.

educated & supported 374,637 HIV-negative women on keeping themselves HIV negative.

provided technical assistance to 250 sites in Kenya, employing 275 Mentor Mothers, as part of the national Kenya Mentor Mother Program (KMMP).

Countries m2m has operated in:

1. South Africa
2. Lesotho
3. Swaziland
4. Zambia
5. Malawi
6. Tanzania
7. Rwanda
8. Uganda
9. Kenya
10. Nigeria

Disclaimer: mothers2mothers strives to present the most accurate and current measures of our programme’s performance. However, it is a challenge to collect reliable data in many of the places where we work. We update programme output and outcomes as frequently as our data collection and analysis systems permit, and closely monitor the quality of our data.

* Our programmes in Rwanda, Zambia, and Tanzania closed in May 2011, January 2012, and September 2013, respectively, after successful completion of project objectives.

** In 2014, m2m hopes to begin working in Nigeria, which has the second largest number of people living with HIV (after South Africa).
Yet, the information she shares with them about HIV and other critical health issues doesn’t stop there. Her messages reach far beyond the walls of the health centre, out into the community. We estimate that Khetsekile reaches at least 1,700 people* over the course of a year, including the male partners of her clients who visit the clinic, and her clients’ family members and confidants to whom her clients disclose their status. And those are just the people that m2m can count and don’t include the many people in the broader community who hear Khetsekile’s messages from her clients, their male partners, and family members. Most important are the hundreds of HIV-free babies born to the women Khetsekile has educated and supported throughout their pregnancies.

Now that’s the power of one! 
m2m’s Enhanced Programme Model (EPM) harnesses the effectiveness of Mentor Mothers in providing peer support and essential health education, by equipping them with tools to address broader areas of reproductive, maternal, newborn, and child health (RMNCH). While preventing mother-to-child transmission is still at the core of Mentor Mothers’ mission, they now have the technical knowledge and skills to provide education and support services for other maternal and infant health challenges. The goal of the EPM is to enable m2m to better respond to the needs of both HIV-positive and HIV-negative pregnant women, new mothers, and their families, increase their engagement with the healthcare system, and promote an improved continuum of care for them and their families.

m2m’s Enhanced Programme Model was developed in response to the United Nations’ recommendations to better integrate HIV interventions with RMNCH, thereby improving the survival of mothers and children. Throughout 2014, m2m will be integrating the enhanced programme at all of its sites, adapting services in collaboration with local Ministries of Health for each environment in which it works.

In 2013, mothers2mothers launched a new initiative to enhance the role of Mentor Mothers as frontline healthcare workers.

In addition to the traditional education and support around PMTCT, these are the enhanced services Mentor Mothers now offer:

- Cervical Cancer
- Gender-Based Violence (GBV)
- HIV-Negative Clients
- Malaria
- Neonatal Male Circumcision (NMC)
- Nutrition
- Tuberculosis (TB)
Many women living with HIV are also infected with human papillomavirus (HPV), which can cause cervical cancer. They are more likely to develop cervical cancer due to their weakened immune system, which allows HPV to survive in the cervix and cause pre-cancerous lesions. Mentor Mothers educate women about cervical cancer and refer them for screening. They also provide support so that women return to the clinic to get their pap test results, a critical step to catching this cancer early and treating it successfully.

Nearly half of women living in Africa experience physical or sexual violence. Recent research has established a clear association between domestic violence and HIV, with female victims facing a 50% increased risk of acquiring HIV directly through physical trauma and, indirectly, by limiting their ability to negotiate safe sexual practices, disclose their HIV status, and access services.

Addressing gender-based violence is therefore critical to preventing new HIV infections among women. m2m is planning an integrated programmatic response, incorporating GBV awareness-raising and referrals into existing Mentor Mother interventions in coordination with partners, organisations, and networks of support already active in the field.

Pregnant women living with HIV are up to 10 times more likely to be infected with active TB than pregnant women who are HIV negative. Maternal TB is associated with a 2.5-fold increased risk of transmission of HIV from mother to unborn child. Mentor Mothers educate clients on TB prevention strategies, support adherence to TB treatment, and proactively identify clients who should be referred for TB screening.

Nearly half of all deaths among children under five – about 3 million deaths a year – are attributable to undernutrition. Mentor Mothers are trained to educate clients on the importance of good nutrition, safe food handling, and how they can improve nutrition for themselves and their families. They also pre-screen mothers and infants for malnutrition using mid-upper arm circumference (MUAC) and, when necessary, refer clients for further nutritional assessment and assistance with food security issues.

Good nutrition is especially important for pregnant women, people living with HIV, infants, and young children. However, many women in Africa suffer from chronic undernutrition, leading to increased complications during pregnancy and childbirth. Nearly half of all deaths among children under five – about 3 million deaths a year – are attributable to undernutrition.
Since 2011, m2m has supported an increase of positive behaviours among our clients.*

<table>
<thead>
<tr>
<th>m2m clients in 2011 and 2013 who...</th>
<th>2011</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiving anti-retroviral (ARV) drugs during pregnancy</td>
<td>72%</td>
<td>95%</td>
</tr>
<tr>
<td>Took a CD4 Test while pregnant</td>
<td>78%</td>
<td>90%</td>
</tr>
<tr>
<td>Delivered in a health facility</td>
<td>79%</td>
<td>93%</td>
</tr>
<tr>
<td>Disclosed their HIV status</td>
<td>70%</td>
<td>91%</td>
</tr>
<tr>
<td>Exclusively breastfed</td>
<td>56%</td>
<td>80%</td>
</tr>
<tr>
<td>Received ARVs after birth</td>
<td>76%</td>
<td>83%</td>
</tr>
</tbody>
</table>

All statistics on these two pages are from 2011, 2012, and/or 2013 Internal Programme Evaluations.

Babies of m2m clients in 2011 and 2013 who...:

- Took an early infant diagnosis (PCR) test: 65% (2011) vs. 87% (2013)
- Received ARVs: 89% (2011) vs. 95% (2013)
- Babies of m2m clients who tested positive for HIV at 6-8 weeks: 3.2% (2012) vs. 1.9% (2013)

*m2m acknowledges the contributing role of the Global Plan in improvements in PMTCT outcome indicators.
ACHIEVEMENTS IN-COUNTRY

Where data is available, performance at sites with an m2m presence surpassed almost all national rates.

HIV-positive women taking ARVs/ART during pregnancy

<table>
<thead>
<tr>
<th>Country</th>
<th>Nationally</th>
<th>m2m clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>53%</td>
<td>96%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>58%</td>
<td>94%</td>
</tr>
<tr>
<td>Malawi</td>
<td>60%</td>
<td>92%</td>
</tr>
<tr>
<td>South Africa</td>
<td>83%</td>
<td>96%</td>
</tr>
<tr>
<td>Swaziland</td>
<td>83%</td>
<td>94%</td>
</tr>
<tr>
<td>Uganda</td>
<td>72%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Babies born to HIV-positive mothers tested at 6-8 weeks to determine if they had been infected with HIV

<table>
<thead>
<tr>
<th>Country</th>
<th>Nationally</th>
<th>m2m clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>53%</td>
<td>96%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>not avail.</td>
<td>96%</td>
</tr>
<tr>
<td>Malawi</td>
<td>54%</td>
<td>95%</td>
</tr>
<tr>
<td>South Africa</td>
<td>84%</td>
<td>99%</td>
</tr>
<tr>
<td>Swaziland</td>
<td>69%</td>
<td>91%</td>
</tr>
<tr>
<td>Uganda</td>
<td>not avail.</td>
<td>85%</td>
</tr>
</tbody>
</table>


OUR COUNTRY PROGRAMMES

The women who lead

Kenya / Nicole Sijenyi Fulton

“I was so proud of the entire Kenya team in 2013 for supporting the national design of the Monitoring & Evaluation system for the Kenya Mentor Mother Program (KMMMP). Although it’s not always glamorous, integrating indicators for peer education and psychosocial support into a national health information system is extremely challenging and absolutely necessary. With this system finally in place, the Ministry and m2m can now start tracking progress of the programme and the clients it aims to reach.”

Lesotho / Mphokong Mholwa

“In 2013, Lesotho rolled out Option B+ and I was delighted that m2m was able to play a vital role by educating and supporting our HIV-positive mothers so they could understand and accept this important new protocol that I know will save so many lives!”

Malawi / Veena Sampathkumar

“m2m Malawi has played a vital role in the uptake of Option B+, providing support to pregnant women newly diagnosed and being initiated on the same day on life-long therapy. It is truly inspiring to work with colleagues at m2m and in the PMTCT sector in Malawi, sustaining this initiative that is radically transforming how Malawi and other low resource countries eliminate MTCT.”

South Africa / Shungu Gwarinda

“After years having the m2m South Africa programme housed in our Cape Town headquarters, it was so exciting to move the South Africa team to new offices in Pretoria where we could be closer to our key partners in Johannesburg and Pretoria, as well as Provinces that we are supporting with integration of the Mentor Mother programme.”

Swaziland / Sibongile Maseko

“I will always remember 2013 because it was the year we explored the combined impact of an Early Childhood Development programme with our PMTCT programme in Swaziland. Thanks to USAID funding, m2m is able to participate in an implementation research project that ultimately, we hope will have a positive impact on thousands of children in my country!”

Uganda / Marjorie Mbule

“2013 was an important year because we established an independent presence in-country by registering with the local NGO board as a not-for-profit organisation, a process which was completed in February 2014. We now have a beautiful programme office in Jinja and a liaison office in Kampala where the Country Lead is based and look forward to working with our partners on behalf of the women of Uganda.”

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m2m meeting with village chiefs

m2m’s new Community Mentor Mothers (CMM) programme launched at five health facilities in Lilongwe, Malawi, with 13 women recruited and trained to support 50 surrounding villages. The CMMs received the same training that is provided to facility-based Mentor Mothers, with the addition of new community-focused modules that cover a range of topics, including client and community engagement and household visits. In order to increase the acceptance and effectiveness of the new CMMs, m2m held a three-day orientation for Village Chiefs on HIV/AIDS and PMTCT issues. The Chiefs agreed to help sensitize community members on the roles of CMMs, support them as needed, and allocate time for them to speak at all their community meetings. While the Malawi pilot will continue well into 2014, preliminary data indicates that the CMMs have been successful in identifying the homes with pregnant women and new mothers in their villages, and enrolling hundreds of new antenatal and postnatal clients in m2m’s health services. The community engagement strategy has also demonstrated early signs of success in reaching male partners, so important given their role in making decisions about reproductive, maternal, newborn, and child health. Throughout 2014, m2m will continue to use the teamings of the Malawi pilot to launch similar community engagement programmes in Lesotho, South Africa, Swaziland, and Uganda.

m2m meeting with village chiefs

Community outreach and engagement have become even more essential in countries attempting to implement Option B+.

m2m meeting with village chiefs

The early results of the Malawi programme have been impressive, indicating a six-fold increase in the number of pregnant or breastfeeding HIV-infected women starting ART. However, this success has not been without massive challenges.

Research indicates that pregnant and breastfeeding women in Malawi are either significantly less likely to initiate their medications or continue their treatment after their babies are out of danger from transmission, than HIV-positive women who are initially put on ART for their own health. This highlights the need for greater education and support to help women commit to treatment for life even after their pregnancy and breastfeeding period is completed. Mentor Mothers are well placed to support, educate, and encourage women on Option B+. With increased knowledge and support, clients are empowered to make lifesaving health decisions for themselves and their babies. m2m’s annual programme evaluations have demonstrated that the more interactions a client has with Mentor Mothers, the more likely she is to uptake PMTCT services. The new community engagement component is designed to make Mentor Mothers even more effective in reaching women to ensure they access care in a timely manner and stay in treatment for the months and years to come.

Explained:

**OPTION B+**

Option B+ is a universal treatment approach supported by the WHO that recommends all HIV-positive pregnant and breastfeeding women start triple anti-retroviral therapy (ART) and continue this therapy for the rest of their lives.

This treatment option enables significantly more HIV-positive women to access anti-retroviral drugs by providing easy-to-use, single dose combination pills at a wider variety of health facilities, including primary healthcare clinics. This is important because 40–60% of HIV-positive women accessing treatment for PMTCT need long-term treatment for their own health, even after their pregnancies and breastfeeding periods are over. Additionally, keeping women on ART after they cease breastfeeding both protects them against HIV transmission in future pregnancies, and lowers the risk of infecting HIV-negative male partners.

The Option B+ treatment protocol was first introduced two years ago in Malawi. Prior to then, developing countries relied upon Options A and B, both of which require ongoing medical oversight as well as operational labs to test for CD4 counts, which determined eligibility for treatment. Although Option B+ was considered an ambitious goal for such a resource-constrained country, the Malawian government recognised that with its shortage of CD4 machines, coupled with its high fertility rates and scarce human resources, it was the best choice as it would simplify the delivery of treatment. With this new protocol, as soon as a pregnant woman or breastfeeding mother in Malawi tests positive for HIV, she is immediately initiated on ART for life.

**Mentor Mothers**

BRIDGE COMMUNITIES & CLINICS

Mentor Mothers took an exciting step in 2013, piloting an initiative that, for the first time, brings Mentor Mothers out of health centres and places them in communities. From this pivotal position, they are better able to identify and support pregnant women and new mothers who have not engaged with the health system, and encourage them to seek medical care. The goal of this innovative community-based effort is to address several of the challenges facing all PMTCT programmes: convincing women to begin antenatal care in the first trimester of their pregnancy, attend the four antenatal visits recommended by the World Health Organization (WHO), and stay on treatment throughout their pregnancy, birth, and their child’s early years. All of these behaviours are critical to keeping HIV-positive mothers healthy and reducing the risk that they will transmit the virus to their babies.
“Thank you m2m! Thank you Mother!”

Our clinic is far and I had to walk about an hour to get to my first antenatal visit. Being surrounded by many pregnant women, I felt nervous for the first time. Then, a Mentor Mother talked to us about all that we would do that day and made a special emphasis that we should get tested for HIV. She said a Mentor Mother would be there for us no matter what our results were.

My results came back positive and I just felt numb. I was too shocked to feel any pain.

A Mentor Mother, who I later learned was called “Mother,” asked to talk to me in another room. She explained to me how HIV works and what I would need to do to protect my baby from being infected.

What came as a big shock to me was when Mother told me that she was also living with HIV. To me, she seemed too healthy and happy to be living with the virus. I only believed her when she showed me a box with her HIV medication.

I took my baby for an HIV test when he was three months and Mother told me to come back in two week for the results.

I couldn’t believe how slowly the time moved. I would look at my son and feel tears threatening my eyes. It was so hard to believe that the one pill I took everyday could protect him from HIV.

Finally, the two weeks were over. I woke up that morning; my stomach was knotted from stress. Luckily, Mother called us in to see the counsellor in just an hour. I could not believe my ears and asked her to repeat herself many times. My baby was HIV negative!

I know I will have to test my baby again at 18 months and I am ready for that because I know Mother will be there with me. I just wish all mothers had someone like Mother, someone who can be there with them on those very scary days.

TO ME

A Mother

- By Itumeleng, a client of Mother.

Life was hard. I had no money and no one wanted to be seen near me. Even in the clinic, most nurses didn’t want to work with people living with HIV with fear of being infected. I started selling fruits just so my two remaining children and I could survive but people in the market avoided my stall like the plague.

TO ME

A Mother

- By Mamahlosi “Mother” Lerotholi, an HIV-positive Mentor Mother in Lesotho.

My baby daughter was infected with HIV and when she was three years old, she became really sick. On the way to the doctor, I was this frail woman, baby on her back, and no one to help. I soon realised something was wrong. My baby’s weight felt like it had doubled. I stopped to listen to her breathing but I could hear nothing. I wanted to believe nothing had happened but I knew, deep inside me, that my baby had died. Right on my back!

I returned home with a sore heart and my baby was laid to rest a few days later.

...continued on next page
With the generous support of our donors, mothers2mothers continued to play a vital role in achieving the goal of the United Nations Global Plan to eliminate paediatric AIDS and keep mothers alive.

In 2013, mothers2mothers spent nearly $14 million to eliminate paediatric AIDS and improve maternal health, investing 90 cents of every dollar on programmes and operations to achieve our mission. m2m continued its strategic shift to build the capacity of governments and local implementers to deliver psychosocial support services for HIV-positive pregnant women. While institutional funding for PMTCT services tightened and decreased, affecting our revenues—e.g., resulting in closing sites in some countries even as we expanded in others—our financial position has stabilised and begun to strengthen over the last two years. We have adjusted structurally and in doing so have created a strong platform of people and systems to position ourselves for future growth. The organisation has secured healthy pipelines for programmes in 2014.

Our largest donor remained the United States Government—primarily the U.S. Agency for International Development (USAID) through the President’s Emergency Plan for AIDS Relief (PEPFAR). m2m continued its efforts to raise funding towards its mission to impact the health of mothers by putting them at the heart of improving reproductive, maternal, newborn and child health. These revenues represent the contributions of loyal supporters, individuals, corporations, foundations, and international organisations.

Separate audited financial statements for m2m’s three global entities (South Africa, U.K., and U.S.), prepared in accordance with International Financial Reporting Standards (IFRS), U.K. Generally Accepted Accounting Principles, and U.S. Generally Accepted Accounting Principles, are available upon request.
Donors listed here made gifts of $500 or more between January 1–December 31, 2013.

Thank you to all our additional donors listed at www.m2m.org.

With gratitude from mothers2mothers.
We wish to extend special thanks to the following individuals and organisations for their exceptional help and support in 2013.

Dr. Nicola Abbasah
Nadya Abela, Morton’s Club
Poppie & Tony Adams
Anna-Maria Arriagada
Isabel Barnes
Tisa Barrios Wilson
Raphael Baschien
Sarah Bascombe
Grace Belgravia
Dagmar Bealesdale
Bono
Samuel Bowden
Brit Row
Emma Burton
Josefina de Achaval & Gonzalo Camacho
Cantalis Limited
Kim Chappell, Chappell Productions
Dr. Madhav Chavan, Pratham
Elizabet Clap
Claremont McKenna College
Mr. Chris Corbishley
Claremont McKenna College
Mr. Simon Crow
John Cutler & Geoff Rigby
Robin D’Alesandro
Naomi & Richard Davis
Baris De Bourget
Dipityque Paris
Adriana Einan
Bob Fitz
Livia & Colin Firth
Freshly Ground
Perry Friedlander

Nancy Friedman
Giving Women
Jeremy Gleeson
Richard E. Grant
Lauren Gray
Muriel Gray
The Guildhall School of Music and Drama
Sir John Hegarty, BBH
Philip Jackson
EJ Jacobs
Leila Jore
Peter Joss, One Marylebone
Oscar Karius
Michelle Kendrick
Anne Kiguta
Mollie King
Lapostelle Wine
Anne Kihagi
Mollie King
Lapostelle Wine
Annie Lennox
Lapostelle Wine
Lapostelle Wine
Mollie King
Lapostelle Wine

Mothers2Mothers
Global Ambassadors
Anonymous
Debbie Bickerstaff
Leslie Brinner
Kurt Chapman
Marty Condes
John Cutler & Geoff Rigby
Naomi & Richard Davis
Nancy Gibson & Mark Bergman
Holly & Robert Gregory
Suzie Brandeis-Lee
Derek & Janet Lubner

Jane Nogallo Peric
Jacquely Nyamwende
Darren O’Keeffe, The Mill
Amy Otten
Tara Goldsmid Paterson
Berenger & Fransisco Pictet
Adam Power
Production Network
Christina Ritchie-King
Barbara Rose
Holly Rosen Firth
Carol & Martin Schwab
Maartje & Esteban Skare
Shelley Smoler
Carl Stewart
StuU lal
Substance Films
Cynthia Sward
Charlie Thomas, Bonhams
Hanna Traft
Robert Treilek, Gucci
Vestra Wealth Management
Roger Vivier
Anna Vogt
Victoria Wall & Jason Bacon
Shaw Eames
White Light
Mowwnna White-Thomas
Women’s Worldwide Web
Cora Yang
Zafiarenos

A gift in tribute is a life-saving way to celebrate a special event or honour a loved one.

Athenahealth
Jason Bacon
In memory of Karen Besser
Dr. Mitch Besser
Ruth Besser
Debbie Bickerstaff
Mary Blaska
Isabelle Block Kaplan
Sue Brinner & Helen Wise
Jonathan Bush
Suzie Byers
Gabby Chudnow
Kristy Cunningham
Marguerite Etkin
Mary & Stephanie Fox
Judy Gluckstern
In memory of Maria Grazia Fedon Ghaissem’s Parents
Holly Gregory

Jeanne L. & Richard Besser
Catherine Billington & Dr. Paul Hodgkin
Molle Boerma
Sarah Bowman
Julie A. & Lois G. Brodsky Foundation
Mark Chudnow
Anna Dahar
Carolyn Danspeckgruber
Audra Devekis
Bonnie Erbe
Deirdre Ferry
Annie Gateswood
Amika & Matt Gibbs
Ann & Walter Gips
Jean Gough
Erik Holton
Eve T. Horwitz
Annie & Paul Hudnut
Peter Isler
Heidi Kampcke
Elizabeth Lander
Gina Levett
Roger Lennemann
Heather Maslyeva

Wendy McDowell
Jason Owen
Philanthropy Indaba Fund
Douglas Polunin
Julie Shafer
Sooptimist International of Lakewood (Long Beach)
Victoria Sykes Thompson
Vestra Wealth
Wirkshop Productions
Women’s Worldwide Web
Zeitlin Family Foundation

In memory of Terrell M. Griggs
Laura Hill
Flo Hoffmeister
Ashley Hoopes
Kevin Horst’s Daughters
Jean O’Connor
Marsha Klein
Marilyn Lafferty & Ruth Williams
Monica Lafferty
Dora Mandel
Mothers Against Mothers, Mothers, and all African women living with HIV/AIDS
James Miller
Linda Miller
mothers2Mothers outgoing Board Chairs
Jean O’Connor
Paulsons & Rakesh Patel
Amy & Steve Porter

The birth of Eloise Aurely Zola Porter
James Puerta
In memory of Ruth Beckman
In memory of Winwold Rome
In memory of Rosaria
Ellen Santiors
Gynetha Shackelford
Julia Sigal’s 21st Birthday
Barbara Siler
Robin Allinson Smalley
Gloria Jane Sobhani
Amy Stern
Andrew Stern
Nancy Stern
Juddi Synk
Caroline Vander
In memory of Craig W. Virden
Martha Williamson

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