Annual Report 2014 | 2015

Financial Year 2014

Health + Hope = Life

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Dear m2m Family, Friends, and Supporters,

mothers2mothers (m2m) creates *Health* and nurtures *Hope* for hundreds of thousands of new mothers and their families each year. As we look back over 2014, we are seeing improvements in nearly every country deeply impacted by mother-to-child transmission of HIV. Looking forward, we stand eager and ready to continue the push towards accomplishing the goals set forth in the United Nation's *Countdown to Zero: Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive.*

Changing lives by reaching those most in need. Working in six countries with more than 1,200 Mentor Mothers in 611 health facilities—350 supported by m2m through direct service delivery and another 261 supported by m2m through technical assistance to implementation partners—key highlights for 2014 include:

- Enrolling almost 484,600 new clients in health facilities supported by m2m, of which nearly 100,500 were HIV-positive women
- Engaging almost 29,500 families and 1,400 villages in four countries through our new community engagement programme
- Reaching almost 106,700 HIV-exposed infants through the Mentor Mother Model

Creating impact through scale of service delivery and reach. m2m has reached an incredible scale of service delivery. One in four HIV-positive women delivering babies in countries supported by m2m (Swaziland was not included in the analysis) have been seen by a Mentor Mother! Imagine a world in which every mother has access to the transformative power of m2m's flagship intervention...we strive for that each and every day.

m2m makes elimination of mother-to-child transmission both possible and achievable. Drumroll please... we proudly share that mother-to-child transmission has been virtually eliminated among m2m clients. On average, we achieved the Global Plan goal of less than 5% HIV transmission rates among m2m clients in 2014, a full year earlier than Global Plan targets. Mother-to-child transmission rates among infants whose mothers were supported by m2m were lower than national rates (e.g. Lesotho, 3.15% HIV-positive vs. 21.7% nationally; Malawi, 4.56% vs. 12.7%; and Swaziland, 2.49% vs. 10.3%, respectively). And, our Peer Mentor Approach has been proven via an external cost-benefit analysis to have a high return on investment: for every USD $1.00 spent on m2m's Mentor Mother Model, there is $11.40 savings in averted treatment costs (story on pp 10-12).

We know that m2m provides two of the key ingredients of *Life* to our clients: health and hope. This year, our Annual Report—in pictures and words—provides testament to the life-changing work that m2m accomplishes each and every day. Our growing set of services is designed to complement our flagship prevention of mother-to-child transmission (PMTCT) Peer Mentor Approach (story on pp 8-9). Beginning with early childhood development, through paediatrics and adolescent outreach, to community engagement and focused interventions in adherence and stronger client retention, we are committed to seeing the end of paediatric AIDS. Moreover, we are working hard to nurture a healthier and more hopeful world for the thousands of women, children, and families we proudly call clients.

Asante sana, ke a leboba, zikomo kwambiri, ngiyabonga, enkosi, siyabonga, gracias...

Abrazos,

Frank Beadle de Palomo
President and Chief Executive Officer

Mentor Mothers = Health + Hope

When others saw African women living with HIV as powerless and in need of charity, mothers2mothers (m2m) recognised them as the greatest resource available to ending paediatric AIDS and creating healthy families and communities.

Since our founding in Cape Town, South Africa in 2001, m2m has placed HIV-positive African mothers from local communities at the heart of our efforts – employing, training, and empowering them as Mentor Mothers, frontline healthcare workers.

Mentor Mothers' intimate understanding of the social and cultural challenges of living with HIV gives them a unique ability to form trusted relationships and common bonds with other pregnant women and new mothers that are unparalleled in maternal and child healthcare in Africa. By sharing their own experiences with HIV and providing education and support, Mentor Mothers are vital links in helping women access care early in their pregnancies and stay on treatment for the best possible health outcomes for themselves and their families.

Formerly marginalised and disempowered by their HIV status, Mentor Mothers work side by side doctors and nurses in understaffed health centres and within communities that have been hardest hit by the pandemic. They are professionalised, employed, and economically independent, fighting stigma and discrimination through example and sharing with other HIV-positive mothers the courage to live positively.

Role models and leaders in their communities, Mentor Mothers embody the health and hope that all African women and their families deserve.

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

Support livelihood development for families and communities

Overcome stigma and discrimination

Champion gender equality

Reaching MOTHERS, BABIES, AND FAMILIES

Since our founding in 2001, m2m has **reached more than 1,300,000 HIV-positive women** across 9 sub-Saharan African countries.

In 2014*, m2m...

employed
1,200

HIV-positive women as Mentor Mothers and Site Coordinators to work at health facilities and within communities

enrolled
484,600

new clients at health facilities in six countries, including: **100,500 HIV-positive** women and **384,100 HIV-negative** women

conducted
1,515,500

one-on-one and group support sessions

reached
106,700

HIV-exposed infants through our Mentor Mother Model**

** direct service delivery and technical assistance

* rounded to the nearest hundred

engaged
29,500***

families through Community Mentor Mother outreach

impacted
1,400***

villages and communities

*** Community programmes in Malawi and partially rolled out in Uganda, Swaziland, and Lesotho in 2014.

Countries m2m currently operates in:

1. South Africa
2. Lesotho
3. Swaziland
4. Zambia*
5. Malawi
6. Kenya
7. Uganda

* In 2015 m2m will resume programmes in Zambia.

1 in 4 HIV-positive women who delivered their babies in countries supported by m2m received education and support from a Mentor Mother.**

** direct service delivery and technical assistance

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.

An HIV-free generation starts at birth...

IT DOESN'T END THERE

A baby born HIV negative is just the **first step** to creating an **HIV-free generation.** A negative 18-month HIV test to confirm the baby's status is a milestone; **success** is a mother living a long, positive life with HIV, raising a healthy child who reaches reproductive age with the skills and knowledge necessary to make the right choices to protect the next generation from HIV.

The trusted relationships that Mentor Mothers develop with the women they serve provide a unique opportunity to turn that **first step** into **success** by addressing a number of barriers to creating an HIV-free generation, including:

New HIV infections among children:

When m2m was founded almost 15 years ago, more than 1,500 babies were infected with HIV each day globally. That number has been reduced to 600 new infections a day, almost 90% of them in sub-Saharan Africa.* Tremendous progress, but there is still much to be done.

Maternal mortality:

AIDS is a leading cause of maternal mortality in sub-Saharan Africa, leaving many children without their mothers when they need them most.

Adherence to treatment:

Far too many HIV-positive mothers drop out of treatment before their babies reach their 18-month milestone.

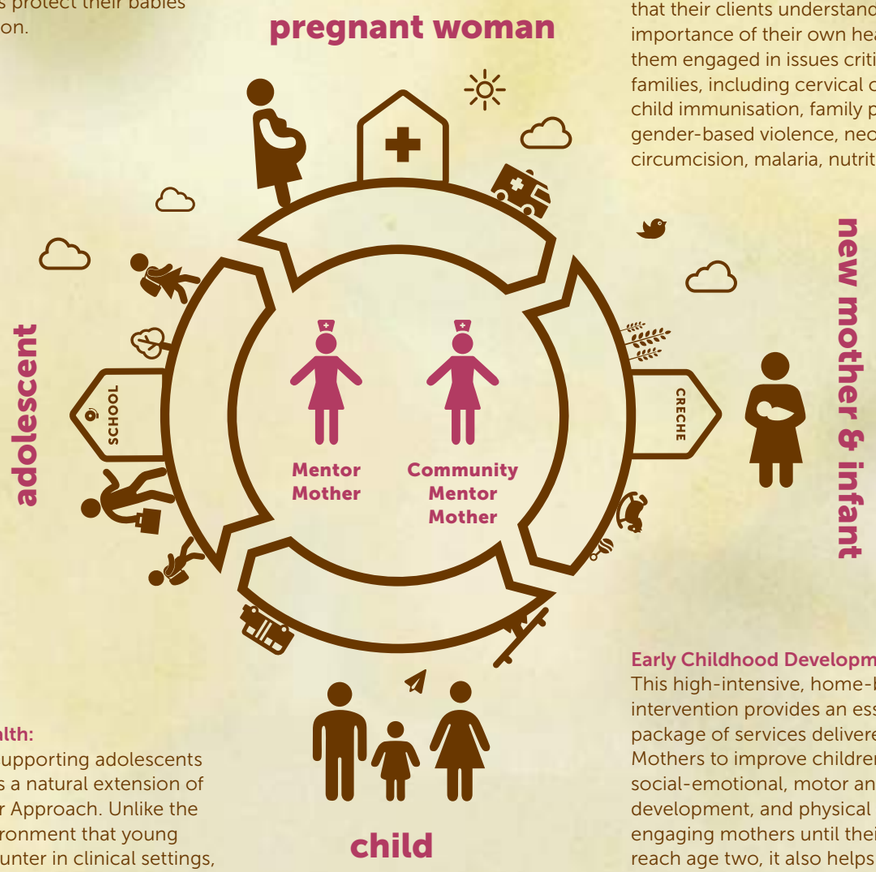
Adolescent HIV infections:

3.9 million young people, aged 15-24, are living with HIV, 58% of them are female. HIV prevalence is 1.7 times higher among adolescent females than among adolescent males in sub-Saharan Africa.*

* UNAIDS Report: How AIDS Changed Everything

The m2m cycle of success:

HIV Care and Treatment:
Mentor Mothers provide essential health education and peer support critical to helping mothers protect their babies from HIV infection.



Reproductive, Maternal, Newborn, Child Health (RMNCH):
Once a child tests negative, it is all too easy for a new mother to ignore her own health. Mentor Mothers ensure that their clients understand the importance of their own health, keeping them engaged in issues critical to their families, including cervical cancer, child immunisation, family planning, gender-based violence, neonatal male circumcision, malaria, nutrition, and TB.

Adolescent Health:
Educating and supporting adolescents living with HIV is a natural extension of our Peer Mentor Approach. Unlike the frightening environment that young girls often encounter in clinical settings, age-appropriate services provide sensitive and empathetic sexual and reproductive health services in safe and confidential environments.

Early Childhood Development:
This high-intensive, home-based intervention provides an essential package of services delivered by Mentor Mothers to improve children's cognitive, social-emotional, motor and language development, and physical growth. By engaging mothers until their children reach age two, it also helps address the challenge of retention in care by encouraging women who show up for their children, to stay on treatment themselves.

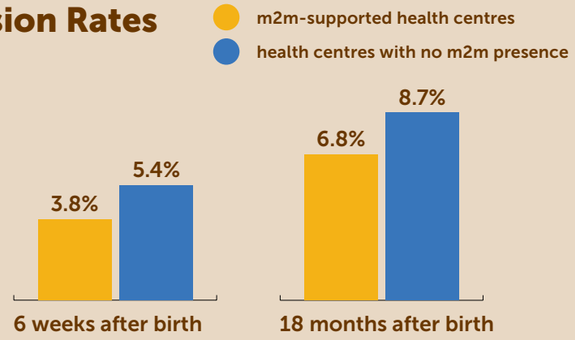
Our Impact

MENTOR MOTHERS=HEALTHIER MOTHERS AND CHILDREN

m2m's Mentor Mother Model has proven to reduce mother-to-child transmission rates and achieve better health outcomes, while at the same time creating significant savings through averted HIV treatment costs.

Lower Mother-to-Child Transmission Rates

In 2014, independent researchers* found that m2m's Mentor Mother Model, implemented as part of the USAID-funded JSI Research & Training Institute Inc's STAR-EC Project in **Uganda**, significantly reduced the number of babies who tested positive for HIV, compared to babies at health facilities with no m2m presence:



m2m's 2014 **annual evaluation**** shows that, according to UN Global Plan guidelines, m2m has achieved, on average, the elimination of mother-to-child transmission of HIV.

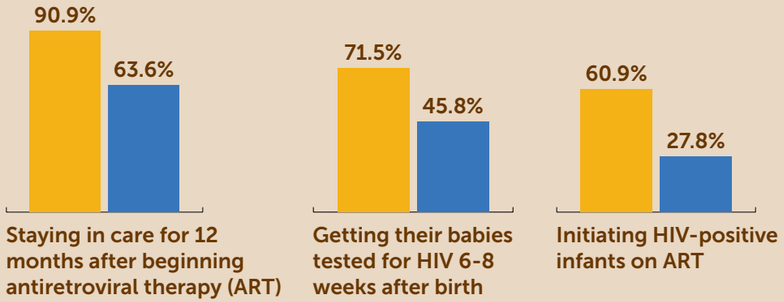
3.73% of babies of m2m clients tested positive for HIV 18 months after birth

<5% standard by which the UN determines elimination of paediatric AIDS

* External Evaluation and Cost-Benefit Analysis of mothers2mothers' Mentor Mother Programme in Uganda
** mothers2mothers 2014 Internal Evaluation

Improved Maternal and Infant Health Outcomes

Women attending m2m-supported health facilities in **Uganda** are more likely to take healthy actions, including:

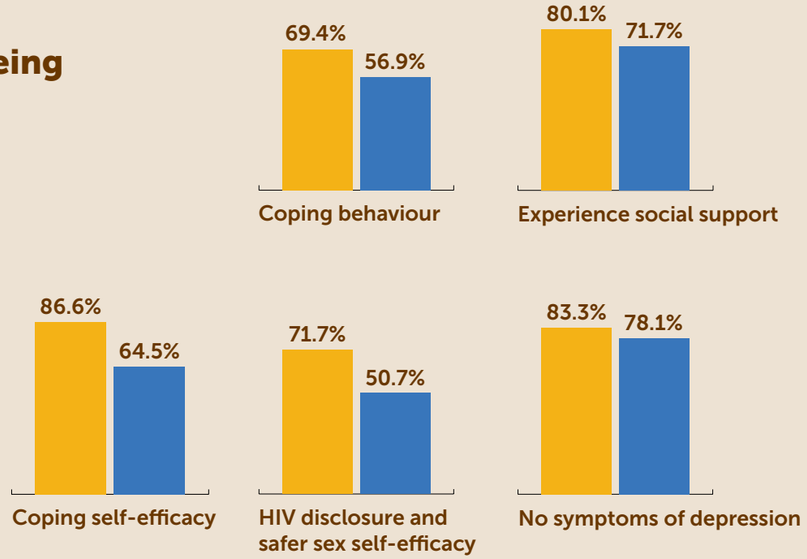


According to m2m's **annual evaluation,** m2m clients who met two or more times with Mentor Mothers are:

- **over 3 times** more likely to disclose HIV status
- **almost 2 times** more likely to exclusively breastfeed during first six months
- **almost 4 times** more likely to take antiretroviral drugs (ARVs) during pregnancy to protect their babies from HIV infection
- **more than 2 times** as likely to take ARVs after giving birth
- **over 1.5 times** more likely to give their babies ARVs after birth prophylactically
- **more than 2 times** as likely to test their babies for HIV at six weeks

Better Overall Psychosocial Wellbeing

Women seen by Mentor Mothers in **Uganda*** are more likely to develop attitudes, beliefs, and skills necessary to overcome social pressures that can prevent them from adopting healthy behaviours, including:



Cost Savings

As shown in **Uganda**, m2m's intervention has a high return on investment when compared to the cost required to implement it:

$1 spent on m2m's Mentor Mother Model = **$11.40** in savings of averted treatment costs

If m2m's programme were to be implemented on a national level in Uganda:

1,724 paediatric HIV infections would be prevented each year = **$51 million** in savings on treatment costs over lifetime of HIV-negative infants

* External Evaluation and Cost-Benefit Analysis of mothers2mothers' Mentor Mother Programme in Uganda

Mentor Mothers in CLINICS + COMMUNITIES = BETTER RESULTS

Since launching a Community Mentor Mother (CMM) programme at five health facilities in Lilongwe, Malawi, in 2013, m2m has expanded the innovation throughout Malawi and to three additional countries – Uganda, Lesotho, and Swaziland. For the first time, the CMM initiative brings the power of trusted relationships that have proven so effective in clinics to the intimate surroundings of home and community. The benefits include:

Linking clinics with communities:

- CMMs work hand-in-hand with traditional Mentor Mothers, identifying women in communities who have not accessed medical care and referring them to their colleagues at nearby health centres to ensure their visit is a success.
- CMMs support Mentor Mothers by following up at home with clients, encouraging them to return to the health centre and stay in treatment.

Supporting the successful outcome of Option B+:

- By engaging with women where they live, CMMs are able to provide ongoing support to those on treatment through Option B+, a protocol that recommends all HIV-positive pregnant and breastfeeding women be put on triple antiretroviral therapy (ART) for the rest of their lives.

Utilising their position as frontline healthcare workers to:

- identify women of reproductive age who are at risk of HIV and encourage them to be tested;
- encourage pregnant women to access antenatal care within their first trimester as recommended by the World Health Organization for optimal maternal and infant health outcomes;
- engage with male partners to educate them about prevention of mother-to-child transmission (PMTCT) and the importance of testing;
- support women who are afraid to disclose their status to their partners or families and help them do so;
- identify HIV-exposed children who have not been tested.

Working Together for Better Results AT THE BHALEKANE CLINIC IN SWAZILAND

Nelisiwe, Mentor Mother

I was diagnosed with HIV in 2008 when pregnant with my first child. All I heard at the time was that HIV kills and one gets very sick after starting those tablets, and I thought it was the end of me. Luckily, I met with a Mentor Mother on the day I was diagnosed. When the Mentor Mother told me that she was also living with HIV, I found it hard to believe. She looked very healthy and happy. I decided then that I wanted to be like her and live to share my story with other women. I took my treatment correctly and did everything she told me, and now I, too, have an HIV-negative child.

Last year, I got my chance to share my story when I was employed as a Mentor Mother at the Bhalekane Clinic. I teach women about the importance of testing for HIV, how to adhere to their medication, and many other things. But more than that, I am there to support them throughout their journey with HIV.

Most of our clients are started on treatment the same day they are tested for HIV, which can be very difficult without ongoing support. This is where the help of Community Mentor Mothers, like Nonhlanhla, comes in. She visits all my clients who have not returned to the health centre to continue with their treatment. She is able to talk to the mothers in an environment they are comfortable in and find out the true reasons why they do not come back. Most of the women come back to the clinic after that.

If Community Mentor Mothers were not there, I would end up missing a lot of women who really need our support. I don't even want to think what would happen to their children.

I remember one of the clients I asked Nonhlanhla to visit. Nonhlanhla found out that she had stopped coming to her appointments because she was scared her husband would throw her out if he discovered her status. Nonhlanhla helped my client tell her husband, and then educated them both about the importance of supporting one another and for the husband to be tested, and how to protect their baby from infection. Luckily, the husband took it well and encouraged Nonhlanhla to come to their house more often.

When the client returned to the health facility she told me, "I hope you ladies do what you have done for me for all the other pregnant women. I would not have had the courage to tell my husband about my diagnosis if you had not come to our house."

When clinic-based Mentor Mothers and Community Mentor Mothers work together, there is very little chance that any of our clients will suffer in isolation. That is the power of our relationships. We are there for our clients, wherever and whenever they need us.

Nonhlanhla, Community Mentor Mother

Nelisiwe *(left)*, **Nonhlanhla** *(right)*

My role is to go out to the community every day and visit homes of pregnant and lactating mothers who have not visited the health facility or who have stopped treatment. I encourage them to go to the health facility for care and educate them on all they need to know about prevention of mother-to-child transmission (PMTCT).

When I am at a home, I talk not only to the woman I have come to visit, but also to her partner and the rest of the family. I encourage the partners to test, educate them on how they can better support their wives, and answer whatever questions they may have.

The Mentor Mothers at Bhalekane Clinic send me many women to visit, usually the ones who have not gone back to the clinic for care. The clinic Mentor Mothers and I keep in constant contact by phone. That is how we update each other on the clients we see. The women I visit in the community give me many reasons as to why they did not return, but most of the time it is because they have not disclosed to their families and they fear that going to the clinic many times will make people suspect something is wrong.

I understand their fears. I was diagnosed with HIV in 2008 while I was pregnant with my last-born, and had a hard time accepting my status. I was in denial for a long time. I always thought that HIV would not happen to me. I thought it was for women whose husbands were sleeping around and because I thought my husband was faithful, I did not see myself with HIV, even in my nightmares.

I found it very hard to disclose to my family because I thought they would judge me the same way I had been judging other women. It was only after many meetings with Mentor Mothers at m2m that I finally found courage to tell my husband. He was very supportive, and he also got tested and was diagnosed with HIV. Together we took our treatment and did all we were told to protect our baby from HIV. Indeed, our child tested HIV negative.

I share my story with these women. If they need me to, I help them disclose to their partners.

I am not only doing what I love, but I am also getting paid for it. I am now a supportive wife to my husband, because I have an income. I feel like I am now his partner because I am able to assist him as much as he helps me with housework and bringing up our children.

I also feel so grateful that I am able to help other women going through what I did when I first found out I had HIV. Alone, we are frightened. But together we are strong.

Memorable MOMENTS

No one is more effective at explaining the power of the Mentor Mother Model than the Mentor Mothers themselves. So in 2014, m2m trained eight extraordinary spokeswomen and took them on the road. First airplane rides, first hotel stays... so many firsts, so much excitement!

This image cannot be reproduced without permission.

Victoria Beckham met with South African Mentor Mothers on two separate site visits, and partnered with THE OUTNET to sell 600 pieces from her iconic wardrobe to benefit m2m.

Spokeswomen Training

Hlengiwe *(left)*
Moms +SocialGood Summit

Irene
Healthy Women & Children +SocialGood event

m2m staff presented at the International AIDS Conference in Australia.

Crown Princess Mary of Denmark toured a m2m site in Khayelitsha, South Africa.

Violet
Johnson & Johnson U.N. General Assembly Week event.

Juliet *(centre)*
Fundraiser hosted by Debbie Bickerstaff, Brian Grazer, and Veronica Smiley.

Johanna
Interviewed by BBC and Sky News on World AIDS Day.

27 Cyclists + 500 km = Cycle to Zero

CYCLE TO ZERO
mothers2mothers
4 DAYS
2 COUNTRIES
0 TRANSMISSION

THE ROUTE:

DAY 1 — Swaziland
DAY 2 — Malolotja National Park
DAY 3 — Mpumalanga
DAY 4 — Kruger National Park
M — Cycle to Zero **Malawi 2016**

In October 2014, 27 intrepid cyclists set out from Swaziland's peaceful Usutu Forest on a breathtaking 500km journey across the Kingdom. Their journey ended four days later in Mpumalnga, South Africa, "the place where the sun rises," on the doorstep of one of the largest game reserves in Africa, Kruger National Park.

It was an unforgettable experience as cyclists had the rare opportunity to visit m2m sites, meet with Mentor Mothers, and witness the inspiring work they do. Pedaling along side them was m2m President and CEO Frank Beadle de Palomo and four m2m staff, sponsored to ride as Buddies.

2014 TEAM: Frank Beadle de Palomo, Giulia Candiago, Josefina de Achaval, Joubert Dlamini, Katinka Donagemma, Damiana Foscari, Garrit Gerke, Joelle Jennison, Tom Keeter, Derek Lubner, Dughall MacDonald, Kuty & Christer Manhusen, Stephanie & Kamal Moukheiber, Rus Nerwich, Irene Nkosi, Matt Norris, Aidan O'Neill, Sue Richardson & Peter Coward, Carolina & Martin Schwab, Veronica & Luis Segui, Maartje & Esteban Skare, David Torres, Joy Zhang

m2m Malawi will host the second **Cycle to Zero** in **2016!**

The FINANCIALS 2014

The last five years has seen demand for m2m's services outstrip resources. 2014 was no exception; m2m's revenue grew by 25%, in line with planned annual revenue.

The increase in demand was far greater due to an evolving landscape across public health policies, HIV epidemic, demographics, and needs of our core beneficiaries. To address these changes head-on, m2m engaged in developing a new three-year strategic plan, outlining a clear path for revenue growth and strategic investments in programmes and operational expansion.

m2m's largest donor is still the United States Government—primarily the U.S. Agency for International Development (USAID) through the President's Emergency Plan for AIDS Relief (PEPFAR). However, 2014 saw increased support from longtime donors such as the Bickerstaff Family Foundation, Comic Relief, Johnson & Johnson, MAC AIDS Fund, and Segal Family Foundation, as well as donors supporting core operations through unrestricted grants and individual giving. Funding source diversity and robust revenue streams are a major priority for m2m as we continue to build a diverse donor base to create a stronger platform for dynamic programming to meet the critical needs of our beneficiaries.

m2m has been, and always will be, committed to effective, efficient programmes. We are proud to say that we spend more than 90% of our revenue on service delivery, and we are always looking for ways to improve efficiency and invest in operational systems and monitoring and evaluation to ensure the highest quality and standards of our programme implementation.

Separate audited financial statements for m2m's three global entities (South Africa, International, and U.K.), prepared in accordance with International Financial Reporting Standards (IFRS), U.S. Generally Accepted Accounting Principles, and U.K. Generally Accepted Accounting Principles, are available upon request.

Statement of Financial Position

Current Assets	
Cash and Cash Equivalents	5,729,023
Contributions and Other Receivables	1,104,149
Other Assets	381,077
Total Assets	**$7,214,249**

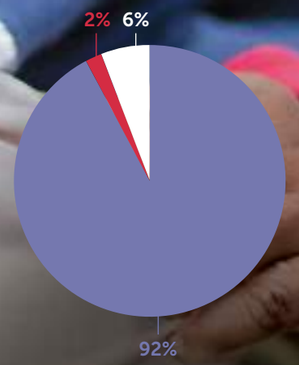
Liabilities and Net Assets	
Total Liabilities	3,385,613
Net Assets - Unrestricted	2,017,886
Net Assets - Temporarily Restricted	1,810,750
Total Ending Net Assets	3,828,636
Total Liabilities and Net Assets	**$7,214,249**

Statement of Activities

Revenue and Support	
Grants and Contracts	14,853,741
Contributions	2,410,408
Other Income	169,693
Total Revenue and Support	**$17,433,842**

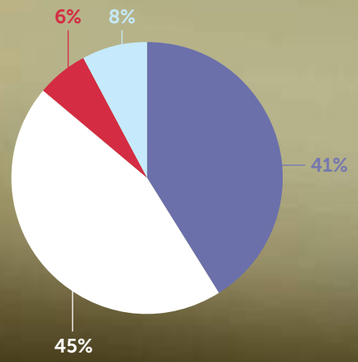
Expenses	
Programme Services	16,172,573
Management and General	308,188
Fundraising	1,048,977
Total Expenses	**$17,529,738**
Changes in Net Assets	**$-95,896**

Functional Expenses



• Programme Services • Management and General
• Fundraising

Revenue by Category



• Government Grants • Multilateral Grants
• Corporate / Foundation Grants • Private Contributions

DONORS

With gratitude from mothers2mothers

Donors listed here made gifts of $500 or more between 1 January-31 December 2014.

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

Over $500,000

Bickerstaff Family Foundation
Department of Health, Mpumalanga Province
Department for International Development (DFID)
Elton John AIDS Foundation (EJAF)
Johnson & Johnson
Skoll Foundation
United Nations Children's Fund (UNICEF)
U.S. Agency for International Development (USAID)
Prime Award:
Reducing Paediatric HIV/AIDS Through Education and Psychosocial Support in Africa
HIV-Innovations for Improved Patient Outcomes in South Africa
Sub-award:
Strengthening Tuberculosis and HIV & AIDS Responses in East Central Uganda (STAR EC) Project (via a sub-award from JSI Research & Training Institute, Inc.)

$100,000-$499,999

Barr Foundation
Victoria Beckham Charity Sale in partnership with THE OUTNET
Bohemian Foundation
Comic Relief
Jasmine Charitable Trust
LGT Venture Philanthropy Foundation (Germany) GmbH
MAC AIDS Fund
Mulago Foundation
National AIDS Commission of the Republic of Malawi (NAC)
Segal Family Foundation

$50,000-$99,999

Anonymous
Anonymous
Anonymous
bet365 Foundation
Centers for Disease Control and Prevention (CDC)
Sub-award:
Improving Maternal and Infant Health Outcomes at 11 Sites in Mzimba, Dedza, and Ntcheu Districts (via a sub-award from Elizabeth Glaser Pediatric AIDS Foundation (EGPAF))
Lighthouse Trust
Edward E. Matthews
Gillian McCain
Merck & Co. Inc.
Nduna Foundation
The Elizabeth Taylor AIDS Foundation (ETAF)

$25,000-$49,999

Anonymous
BabyCenter
Michael & Susan Dell Foundation
Stephen Lewis Foundation
MAC AIDS Fund
Nickless Family Charitable Foundation
Carolina & Martin Schwab
Wallace Global Fund

$10,000-$24,999

Anonymous
Leslie Brunner & Ryan Wise
Cecily Cameron & Derek Schrier
Kurt Chapman
Discovery Fund
William H. Donner Foundation
Dr. David Fett
Nancy J. Gallt
The globalislocal Fund
Judith & Steven Gluckstern
Carol Hill & Richard R. Pickard
Caroline Janda & Michel Glouchevitch
Derek Lubner
Celia & David McCarty
The Curtis W. McGraw Foundation
Miura Private Equity
Susan & William Oberndorf
Red Ribbon Foundation
Veronica Smiley & Brian Grazer
Women's WorldWide Web

$5,000-$9,999

Aid for Africa
Dominique & Guy America
Anonymous
Anisa & Malachi Bazan
David Blair
Jonathan Bush
Louis Dreyfus Commodities
Mary C. Foley
Susan Gibson & Mark Bergman
Holly & Robert Gregory
Dr. Susan Horsewood-Lee
Kathryn E. D. & Thomas J. Knox
Robert Michael Manschot
Barbara March
Carolyn Reckman
Manon Slome, Benjamin Slome Charitable Foundation
Sondra & Marvin Smalley
Marex Spectron
Carl Stewart
Kathryn & David Torres

$1,000-$4,999

Millie Allinson
Anonymous
Anonymous
Robin Beningson & Salvatore Yannotti
Ruth & Dr. William Besser
Rachel Brown
Joannie Burstein & Andrew Besser
Francie Calfo & Trent Jones
Giulia Candiago
Kathryn Clubb & Linda Reid
Sabina & Santiago Corral
Suzanne Coulter
John Cutler & Geoff Rigby
Will Dayble
Mary Jane & William J. Driscoll
Patrick Eldon
Kent & Scottie Faerber
Shirley Baskin Familian
Damiana Foscari
Cheri Fraiman
Barbara & John W. Franklin, Jr.
Dr. Donna Futterman
Kelsey Glynn
Google.org
Lisa Gruenberg & Martin Carmichael III
George Grunebaum
Madeline Gussman
Fred Hassan
Martin Heavens & all his kind supporters
Diane Hessan
Tara Hirshberg
Julie Jaffe
Alysha & Joseph E. Jannotta III
Joelle & David Jennison
Douglas Kepple
Diane & Gerard Koeppel
Dave Koz
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Kay Madati
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The Bickerstaff family
Nora Bolthouse
Yvonne Bryson & Mark's wedding
Mary Byrnes
Colleen Castle
Mary A. Castro
Isabella Chavira
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In memory of Arlene & Danny Dayton
In memory of Jason Dessel
Shirley Baskin Familian
Kate Folb
The birth of Rafferty Moses France
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Judy Gluckstern
Morgan Goheen
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Steven Guy
Mrs. Laura Hill
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Lorraine Janda & Barbara Nugent
Jessica
Joy
Mary Juavinett
Brent Koshman
Nancy Lott
Derek Lubner's bike ride
Jesica MacLeod
Kay Madati
Roy March's birthday
In memory of Marie Lewis Matthews
Greta Mikkelsen
Ann Morgan
Mothers everywhere
Dennis Norick
Jean O'Connor
Mary Grace O'Shea
Carol, Rich, & Jamie Pickard
Patricia Rosa
Louis Russell
Geri Shadrow's 60th birthday
Shannel
Robin Smalley
In memory of Frances Smith
In memory of Rose Speechley
Francis Tankersley
Judy Tenney
Marcia Treat
In memory of Lottie & Nathan Tucker
Dorrie Virden
Patricia Woodley
Madeline Zook

We wish to extend **special thanks** to the following individuals and organisations for their exceptional help and support in 2014.

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Claremont McKenna College
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Cordes Foundation
Susie Coulter & Michael Maslansky
Simon Crow
Dalberg Global Development Advisors
Alena Davies
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Caitlin Poole
Princeton in Africa Fellowship Program
Amalie Molhant Proost
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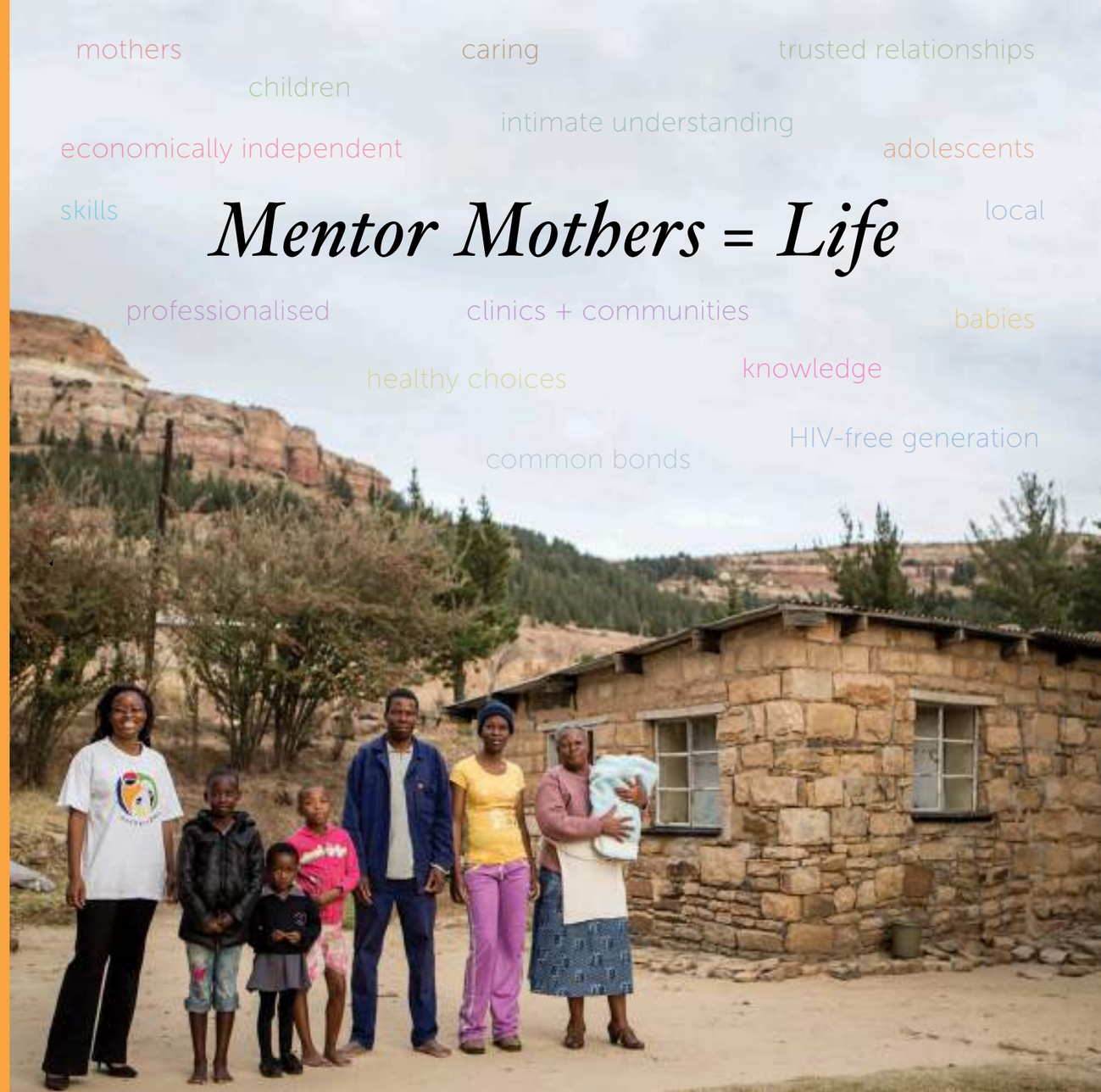

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