

MISSION

Rooted in the healing ministry of Jesus, Catholic Medical Mission Board works collaboratively to provide quality healthcare programs and services, without discrimination, to people in need around the world.

VISION

A world in which every human life is valued and quality healthcare is available to all.

VALUES

As members of a universal Church, we believe we are called to live in global solidarity and justice with the people of the world.

Our primary values are:

- Building Individual and Community Capacity
- Accountability
- Social Justice
- Integrity
- Leadership

- Quality Collaboration
- Courage and Risk-Taking
- Compassion

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A JOINT MESSAGE FROM OUR PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE CHAIRMAN OF OUR BOARD OF DIRECTORS

Dear Friend of CMMB,

This Annual Report presents our accomplishments and milestones for 2009. We also take this opportunity to share with you our response to the disaster that struck Haiti, where CMMB began. The strength of the help we delivered is a testimony to the generosity of our donors and to the heartfelt dedication of our staff.

As of March 1st, six weeks after the Haiti earthquake, CMMB had raised more than \$16.7 million to directly facilitate the immediate- and long-term recovery of the Haitian people. That figure represents cash and donated medicines and medical supplies. In addition, with our partners, we have assisted with the placement of more than 235 volunteers for tours of duty in Haiti, most of them medical professionals. CMMB has been in Haiti since 1912. Our staff suffered through the earthquake with their fellow Haitians, and we have no intention of ever leaving. We are committed to Haiti. The following two pages feature quotes and pictures from our staff and volunteers. Your support and their efforts have been extraordinary. Thank you.

In 2009, CMMB continued to execute our 2008-2012 Strategic Plan: we grew in resources, which was highlighted by a record-breaking achievement of more than \$285 million in cash gifts, donated medicines and medical supplies. We further honed our programmatic direction by naming three areas of priority: maternal and child health, HIV/AIDS and neglected tropical diseases. They, along with our legacy medical volunteer and donated medicine programs, define our path forward. With this framework as a guide, we established operations in two additional countries—Peru and Southern Sudan. Our work received increased support from the U.S. government, reflected by an increase in funding of 28%.

The economic downturn of the last year, however, did have an impact on CMMB. We are gratified to report that—even in an era of great fiscal volatility—CMMB met its private revenue goals and expanded its programs. We were able to do this through the steadfast support of our donors and we are deeply appreciative. CMMB also took steps to reorganize in order to meet the future on a sound financial footing, and comes through the year rated top notch by charity watchdog organizations.

It would be wonderful to end this letter by declaring that CMMB's mission and vision had been achieved. Unfortunately, the need is never ending. We continue our work of providing healthcare programs and services, without discrimination, to those in need. And, we look towards a world in which every human life is valued and quality healthcare is available to all.

Thank you for your support,

In F. Salbrand

John F. Galbraith

CMMB

President & Chief Executive Officer

Hoseph M. Sullin

Most Reverend Joseph M. Sullivan

Auxiliary Bishop (Retired) Diocese of Brooklyn

Chairman, CMMB Board of Directors





"WE WERE IN HAITI IN 1912. WE ARE IN HAITI NOW. WE ARE NOT GOING AWAY."

- CMMB PRESIDENT & CHIEF EXECUTIVE OFFICER, JOHN F. GALBRAITH



"While everyone was grieving, Mom went to work."

- Regine Jean-Francois, daughter of CMMB Haiti Country Director, Dr. Dianne Jean-Francois, speaking of her mother



"... With help and positive attitude, we will get through this and build Haiti."

-Syndia St. Hilaire, CMMB Haiti Program Manager

Dr. Lisa Medvetz, a Global Health Ministry-CMMB volunteer, with a woman she helped and her family.

Paulette Schank, Global Health Ministry-CMMB volunteer, with a child she helped.







"Once we move beyond the present tragedy of this earthquake, we need to focus on the long-term."

-Jeff Jordan, CMMB Senior Vice President of Programs



"This is my work."

- Dr. Dianne Jean-Francois, CMMB Haiti Country Director

"The first couple of days I didn't think I could make it ...

They were showing strength so why should I give up when they are not."

-Jessica Schuster, Bicol Foundation-CMMB Volunteer

MOVING TOWARDS THE CENTURY MARK

In its 97th year, CMMB stood solid on the foundation of strong service in spite of the economic challenges facing the country. Our sound reputation and strong experience allowed us to meet goals in serving the underserved, achieving funding targets, and setting records. We remain thankful for the resources that allowed us to do that.

Most of all, our work allowed us to help hundreds of thousands of men, women and children via our HIV/AIDS, maternal and child health, and neglected tropical disease programs. Even more were helped via the 431 shipments of medicines and medical supplies we provided. And, countless persons were served via MVP, our medical volunteer program that reached 27 countries.

As always we are struck by the stories of those we have been able to help. Their words and experience when coupled with objective measures like increased access to services, reduction of disease prevalence, and greater health-seeking behaviors, all paint a picture of improved health and well-being. So, in the following pages, you will hear about them, and in some cases, from them. Know, too, that at CMMB we follow standards in delivery of health services and measure our effectiveness and impact using peer–reviewed indicators and methodologies in an effort to make continued and sustainable improvements in the lives of the persons whom we serve.

As you read, please know that your support and prayers helped to heal and provide healthcare to each of those about whom you read—and countless others reflected in our overall numbers.



CMMB'S WORK WITH MOTHERS AND CHILDREN

Often when you help mothers and children, you also help the immediate and extended family. That's why CMMB is proud to report that our program reached a targeted 20,955 mothers and 9,724 children under-five in 2009. In addition, many of our HIV/AIDS programs also include the strengthening of health services for pregnant women and children.

Countries: Haiti, Kenya, Southern Sudan, and Zambia

Programs: Accion Por La Salud Familiar (Action for Family Health), Back To Haiti, CHAMPS, Unidos Contra La Mortalidad Infantil

CMMB'S HIV/AIDS WORK

CMMB's HIV/AIDS programs reached 258,635 people in 2009—women, children and men. Through all our HIV/AIDS work, we seek to remove the stigma that prevents so many affected by HIV and AIDS from meeting the challenges to this devastating global public health issue. Through our AIDSRelief program and Born To Live, we also administer antiretroviral therapy. In the past, CMMB has also conducted HIV/AIDS work in India, Namibia, Nigeria, Papua New Guinea, and Swaziland.

Countries: Haiti, Kenya, South Africa, Southern Sudan, and Zambia

Programs: Adolescent Lifeskills and Male Circumcision, AIDSRelief, ANISA (Together), Born To Live, HIV and AIDS Orphans and Vulnerable Children, Men Taking Action, Mentor Mothers

CMMB'S FOCUS ON NEGLECTED TROPICAL DISEASES (NEW PROGRAMMATIC PRIORITY)

In the summer of 2009, CMMB added a focus on Neglected Tropical Diseases as a strategic programmatic priority. Our first program in this area focuses on leprosy. This focus builds on our legacy — Dr. Flagg's work with lepers in Haiti. And, in the last decade we had a highly successful program, in Ghana, that provided healing education about and treatment of lymphatic filariasis, another neglected tropical disease. That program became a national model reaching 444.957 people over 5 years. Under Action for Family Health, which addresses the integrated management of childhood illnesses in Haiti, Nicaragua, Honduras, El Salvador and the Domican Republic, CMMB provided de-worming medicines to countless children in the region.

Programs: Haiti De-worming, Zambia Leprosy

CMMB'S LEGACY MVP (MEDICAL VOLUNTEER PROGRAM)

2010 marks MVP's 98th year! Our founder, Dr. Flagg, was CMMB's first volunteer. The program places licensed healthcare professionals—doctors, nurses, nutritionists, laboratory technicians, and others—at faith-based facilities in countries

with extreme need. Most of our long-term volunteers serve a minimum of one year. In addition, CMMB arranges the deployment of teams of short-term volunteers, mostly for intense service lasting approximately two weeks.

Countries: 27 countries around the world

Volunteers providing help to those in need in 2009: 73 long-term and 475 short-term volunteers

CMMB'S LEGACY HEALING HELP PROGRAM

Healing Help is one of two CMMB "legacy" programs, having been in operation almost from our beginning. It is our medical donations program, delivering much-needed medicines and medical supplies to hospitals and clinics throughout the world. In the latest fiscal year, Healing Help set a record, delivering supplies valued at more than \$265 million.

Countries: 39 countries around the world

Healing Help in 2009: 431 shipments were delivered to 161 hospitals, clinics and other health facilities.



TOUCHING LIVES, BRINGING HOPE - A GLOBAL PICTURE CMMB is present with on-the-ground programs, medicine and medical supply donations, and medical volunteer service in the following countries: Dominican Republic Niger Belize Jamaica Guatemala Honduras St. Lucia El Salvador Nicaragua Nigeria Ghana Panama Liberia Cameroon Ecuador Peru Brazil Bolivia Paraguay

Accion Por La Salud Familiar (Action for Family Health) — An integrated approach to child health in order to increase child survival

Adolescent Lifeskills and Male Circumcision — A family-centered approach targeting the counseling of parents, guardians, and all men on male circumcision, reproductive health and HIV education.

AIDSRelief — A consortium of five organizations that delivers and administers antiretroviral therapies to HIV-infected individuals, with funding by the U.S. President's Emergency Plan for AIDS Relief.

ANISA (Together) — Reduces the incidence of HIV/AIDS and improves care and support in Western Equatoria State. Southern Sudan

Back To Haiti — Provides primary healthcare and HIV/AIDS prevention and treatment programs for women and children.

Born To Live — Voluntary counseling and testing of expectant mothers and administration of medication prior to and following delivery to help prevent mother-to-child transmission.



Healing Help — CMMB's pharmaceutical and medical donations

HIV and AIDS Orphan and Vulnerable Children — Support for affected and infected children in South Africa.

Men Taking Action — A program to address male attitudes and practices in order to positively impact women's access to antenatal clinics and services to prevent the transmission of HIV from mother to unborn child, funded by the USAID Washington in Zambia and South Africa.

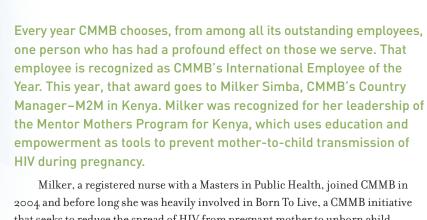
Mentor Mothers — Using education and empowerment as tools to prevent mother-to-child transmission of HIV during pregnancy

MVP — CMMB's medical volunteer program.

Unidos Contra La Mortalidad Infantil (United Against Infant Mortality) — Aims to decrease morbidity and mortality in children under five years of age in three key regions of Peru.

Zambia Leprosy — Presents leprosy-reducing training and programs in remote, high-prevalence regions of Zambia.

Meet CMMB's International Employee of the Year



Milker, a registered nurse with a Masters in Public Health, joined CMMB in 2004 and before long she was heavily involved in Born To Live, a CMMB initiative that seeks to reduce the spread of HIV from pregnant mother to unborn child. As she worked to expand the program, time and again, she came face to face with the fears that strike both the pregnant mother and her partner. She saw, firsthand, how lack of knowledge and stigma could provide serious barriers that would prevent positive action.

Perhaps that is why Milker embraced the Mentor Mothers concept with such fervor. In 2006, Milker visited an initiative in South Africa called Mothers 2 Mothers (M2M). What she saw there seemed to provide a way to eliminate those barriers of fear that she encountered in her day-to-day work with Born To Live. The premise of M2M is very simple: employ HIV positive mothers, who had successfully received care via Born To Live, to counsel women and their partners who were facing HIV and pregnancy for the first time in a clinical setting.

Milker returned to Kenya and began to work. She lobbied local health authorities and faith-based partners to accept the Mentor Mothers model. In the end, the U.S. Agency for International Development (USAID) awarded a regional grant to M2M South Africa for work in Kenya and two other countries. Milker's work helped position CMMB as the implementing partner for M2M in Kenya, establishing services in Nairobi and the Central, Western and Nyanza provinces of Kenya. Today, that work is being shepherded in 50 sites.



"WHEN COUPLES LEARN THAT THERE IS SOMETHING
THAT THEY CAN DO TO HELP THEIR CHILD,

THEIR LIVES BECOME BRIGHTER

AND LESS FEARFUL."

- MILKER SIMBA

Milker did not stop there: Her knowledge and leadership has led her to be a chief advocate of the Mentor Mothers concept at forums throughout the world. She has also networked effectively within the Kenya Ministry of Health, and now the program can be found in government health facilities as well as those of faith-based organizations.

CMMB has expanded its portfolio of work with Mentor Mothers beyond the clinical setting through a community outreach component. With support from the Abbott Fund, CMMB now has mentors serving as community information officers (CIO). These women reach out into the communities where they were formally stigmatized to draw expectant mothers and couples to understand and seek counseling, testing and services in an effort to reduce stigma, increase service utilization and ultimately reduce the transmission of HIV and AIDS.



CMMB SALUTES MILKER SIMBA AND JOINS THE THOUSANDS SHE HAS HELPED IN SAYING THANK YOU



FACTS ABOUT CMMB'S FOCUS ON THE HEALTH OF MOTHER AND CHILD

The Mentor Mothers program is just one of the ways in which CMMB serves women and children. Indeed, they benefit from activities in all of CMMB's areas of focus.

The United States Agency of International Development reports that each year more than 500,000 women, 99% of them in developing countries, die from pregnancy and childbirth-related complications. In addition, for every woman who dies in childbirth, around 20 more suffer injury, infection or disease — approximately 10 million women each year.

Ten and a half million children will die this year from easily preventable causes such as diarrhea, pneumonia, and malaria. Many of these children would survive if they were treated with inexpensive, effective, lifesaving interventions such as oral rehydration therapy and zinc.

Source: usaid.gov/maternal and child health overview, 2010



ANISA in South Southern Sudan

Coming Together To Meet The Challenge Of HIV/AIDS Prevention

ANISA, in Zande, means together. CMMB team members in Southern Sudan felt ANISA would be the perfect name of a new HIV/AIDS initiative launched in Western Equatoria State.

It was a very apt choice, and never was that more apparent than on World AIDS Day. The national celebrations for 2009 World AIDS Day in Southern Sudan took place in Yambio, the site of CMMB's newly established office. On that day, CMMB came together with government and non-government organizations to meet the challenge of HIV/AIDS.

ANISA aims to reduce the incidence of new HIV infections through HIV testing and counseling, prevention of mother-to-child transmission and behavior change to prevent sexual transmission. The program will also improve care and support to people living with HIV/AIDS and strengthen the local capacity in Western Equatoria

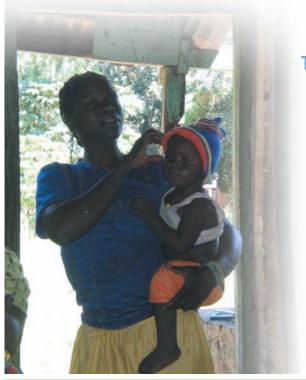


State to deliver health services related to HIV/AIDS. CMMB's partner organization, World Vision, will provide community outreach in HIV prevention and ensure that care and support is available for people living with HIV/AIDS.

On World AIDS Day, ANISA's opening ceremony was launched into action. The opening ceremony brought in hundreds of people who participated in the event. Five hundred educational brochures on the ANISA program were given to attendees. Under a banner introducing the ANISA program, a popular draw at the event was CMMB's Voluntary Counseling and Testing mobile center. A large number of attendees participated in the testing.

CMMB and partner organizations came together and created an event that attendees enjoyed, participated in and left well-informed on the ANISA program.





THE EVENT ILLUSTRATED CMMB'S COMMITMENT TO THE EDUCATION AND PREVENTION OF HIV/AIDS IN SOUTHERN SUDAN.

FACTS ABOUT CMMB'S FOCUS ON HIV/AIDS

For nearly a decade, CMMB has been a leader among faith-based organizations, in meeting the challenge of HIV/AIDS. Its first HIV/AIDS program, Choose To Care, has been sited by UNAIDS as a best practice and former President Bush commended CMMB for its HIV/AIDS work when he signed the President's Emergency Plan for AIDS Relief (PEPFAR) into law.

HIV/AIDS continues to be one of the world's significant health problems. It's the only infectious disease that kills 2 million people a year. Still, 7.400 people become infected with HIV every day.

According to a 2008 World Health Organization report, sub-Saharan Africa is the region most affected by HIV/AIDS and is home to

67% of all people living with HIV worldwide and 91% of all new infections among children. However, due to the availability of antiretroviral therapy there has been an 18% decline in annual HIV-related mortality since 2004.

There are more than 2 million children living with HIV/AIDS. Most of the children live in sub-Saharan Africa and were infected by their HIV-positive mothers during pregnancy, childbirth or breastfeeding. Mentor Mothers, Born To Live and AIDSRelief are programs that CMMB undertakes in sub-Saharan Africa to increase prenatal education to HIV positive mothers and provide antiretroviral therapy to mothers and their newborns as well as counseling.

Sources: UNAIDS/WHO AIDS Epidemic Update, 2009; UNAIDS Outcome Framework - Joint Action for Results, 2009; WHO - Ten Facts on HIV/AIDS, 2009

That Stubborn .01 Just Won't Go Away



In 1991, The World Health Organization adopted a resolution to eliminate leprosy as a public health problem by the year 2000. The resolution defined "eliminate" as a level of prevalence below one case per 10,000 population.

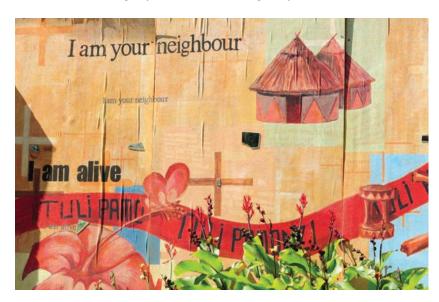
Despite making great strides towards this goal, Zambia's national level of prevalence has stubbornly remained at 1.01 per 10,000. CMMB is working hard to eliminate leprosy as a public health issue in Zambia.

Thanks to a generous grant by a private donor, CMMB is assisting the Zambian Ministry of Health and the Churches Health Associate of Zambia by conducting leprosy-eliminating programs in remote, hard to reach Zambian districts that are still reporting prevalence rates as high as 17.2 per 10,000 population.

CMMB is doing this through training of clinical and community health workers and supervisory visits to health facilities in these regions. At the training sessions, health workers are given access to information, and instruction in the diagnosis and treatment using Multi-Drug Therapy. This treatment is a simple yet highly effective cure for all types of leprosy.

During a visit to the Senanga District to see CMMB's program in action, District Director of Health, Mr. Henry N. Sitali, stated: "This is a very important program for Senanga District because, since training, we have seen the results. While leprosy is a big health problem, the district has had no funds to train people. Now we are able to do so, and cases are being registered immediately following training." In thanking CMMB, he continued: "Because of the trainings provided by CMMB in the community, the number of suspected cases refered to health centers is increasing. I strongly recommend that CMMB should continue to assist the government."

CMMB is working very hard to make the .01 go away in Zambia.



THIS IS A VERY IMPORTANT PROGRAM FOR SENANGA DISTRICT BECAUSE

SINCE TRAINING, WE HAVE SEEN THE RESULTS.



FACTS ABOUT CMMB'S FOCUS ON NEGLECTED TROPICAL DISEASES

Building on its highly effective program to treat lymphatic filariasis in Ghana, CMMB has initiated a new area of programmatic activity, focusing on Neglected Tropical Diseases.

There are 14 primary diseases that fall under the World Health Organization's list of Neglected Tropical Diseases. The diseases are called 'neglected' because they have largely been eliminated and are often forgotten. However, they still persist and are concentrated almost exclusively in populations in the developing world. Most Neglected Tropical Diseases can be prevented and eliminated. For some, there are simple and affordable diagnostic tools which cost as little as 4 cents per test. For the rest, the currently available diagnostic tools require skilled health workers and hospitalization.

Leprosy is one of the 14 primary Neglected Tropical Diseases. Over the past 20 years, 116 of 122 endemic countries have eliminated leprosy as a public health problem. Since the introduction of Multi-Drug Therapy in 1985, 14.5 million people have been cured of leprosy. The best way to eliminate leprosy and the other Neglected Tropical Diseases is by developing community awareness programs that are aimed at removing social stigmas and ensuring that adequate services and Multi-Drug Therapy is available. Dengue fever, Guinea worm disease, and lymphatic filariasis are other examples.

Sources: WHO.org-Questions & Answers, Ten Facts on Neglected Tropical Diseases, Leprosy Fact Sheet No. 101

Kayla in Kenya



From New Orleans to a remote village in Kenya, Kayla Bronder is discovering how to live out her vocation with simple, humble service to others. Kayla is a 22-year-old graduate with a degree in Public Health and Spanish. She has traveled to and worked in many countries such as Mexico, Chile, and Bolivia. When she applied for a volunteer position with Catholic Medical Mission Board she requested placement in Africa and is currently working with St. Camillus Hospital in Karungu, Kenya from October 2009-June 2010. Her blog, "Kayla in Kenya", documents her experiences and growth as a medical volunteer. Here is one of her inspiring stories:

"No pictures or words can describe the beautiful landscape and people of the Rift Valley. We saw Massai men herding their cattle, women carrying any variety of heavy objects on their heads, and children smiling and waving wildly as the "Mazungus" (White people in Kiswahili) drove by." Karungu is a rural fishing town on the shore of Lake Victoria in the southwest corner of Kenya. Despite its aesthetic beauty and rich culture, the people of Karungu live without basic medical assistance. Malnutrition, malaria, tuberculosis and AIDS are the area's biggest medical issues. St. Camillus Mission Hospital, where Kayla is working, was founded by the religious congregation of The Servant of the Sick, and provides care for the surrounding population. St. Camillus believes in "treating with love" and Kayla embodies this vision.

A mere month into her work, Kayla heard about the Wombogo family from a co-worker and was immediately drawn to their story. "The moment I met Mary, Michael, and Gaston, something in me knew this is why I had come to Karungu. They are the widow, the orphan, the poor, the hungry, and the sick that Christ talks about in the Gospels. How could I leave them in their abject poverty and go to sleep at night calling myself a Christian?"



Sixteen years ago, Mary was widowed after the birth of her second son. One of her sons is epileptic and the other mentally handicapped. With few resources and options Mary, Michael and Gaston lived without medical care and were severely infected by jiggers, flea-like bugs that live in the soil and burrow into your hands and feet causing unbearable itching and pain. The moment Kayla met the family, she knew she could help and thus began the "Extreme Home Makeover Kenya Edition". With the help of a Community Health Worker, fellow nurses, and Father Mario from the hospital, the group devised a two part program to end the suffering of "The Jiggers Family". Part one: build the family a new home with a sturdy, hole-free roof and a cement floor to keep the jiggers in the soil and out of their feet and hands. Part two: bring the family to the hospital and in a painful and slow process remove the existing jiggers and provide the family with much needed nourishment and love.

Kayla gives a detailed description of the long process. Their efforts have paid off: the family is rid of the infection and has been given a fresh start. "Multiple people have removed jiggers for countless hours over the past three days and still some remain. But Mary, Michael and Gaston silently suffer as we attempt to rid them of this horrible

ch co wi eff eff the pe

affliction. They are becoming more animated and cheerful, especially Gaston. He can't read or even count to ten, but he constantly smiles and jokes with me whenever I come to visit them." Kayla's efforts with the Wombogo family created a ripple effect and countless families were discovered with the same infection. Through hard work and persistence Kayla and others have developed the Karungu Jiggers Eradication Campaign (KJEC) and hundreds are being helped. Although working in such a difficult environment can be trying,

Kayla finds that it is also the most rewarding: "With most of the horrible stories come heroic, compassionate, and loving action on behalf of the nurses, doctors, public health officials, and community members. I've seen people go above and beyond every single day to help this orphan, that pregnant mother, this sick old man. I'm honored and humbled to work with these incredible people. I pray that I can continue to learn from them and to serve with the same sacrificial love."



I'M HONORED AND
HUMBLED TO WORK
WITH THESE
INCREDIBLE
PEOPLE.

FACTS ABOUT CMMB'S MVP (MEDICAL VOLUNTEER PROGRAM)

CMMB began with a volunteer's effort, when our founder, Dr. Paluel Flagg, went to Haiti in 1912 to minister to those afflicted with leprosy. The program places licensed healthcare professionals—doctors, nurses, nutritionists, laboratory technicians, and others—at faith-based facilities in countries with extreme need. Most of our long-term volunteers serve a minimum of one year. In addition, CMMB arranges the deployment of teams of short-term volunteers, mostly for intense service lasting approximately two weeks.

Countries: 27 countries around the world

Volunteers providing help to those in need in 2009: $73 \log$ -term participated in the program, as did 475 short-term volunteers. They were placed in 55 facilities. An estimated 314,000 were helped via their efforts.

Those helped by MVP since 1912: CMMB can only estimate for the early years, so our very conservative number for 98 years of volunteer service is 30,772,000.

Healing Help



In a ceremony at the Presidential Palace in Manila, Filipino President Gloria Macapagal-Arroyo presented CMMB with the *Kaanib ng Bayan Award* in recognition of its service, advancement and improvement of the lives of Filipinos. President Macapagal-Arroyo, in her remarks, praised CMMB's "humanitarian efforts for the poorest of the poor of developing countries around the world, especially in the Philippines."

Since 1995, CMMB has donated medicines and medical supplies, through its Healing Help initiative, to organizations and hospitals in the Philippines, who in turn have helped over 500,000 patients. Vital primary healthcare medicines have been donated to 64 partners over the last 10 years, among them Home Reach Foundation, mission clinics, Tanglaw Filipino American Society, and Philippine Medical Associations. Since 1999, CMMB has provided them, as well as other organizations, medicines and medical supplies valued at more than US\$135.5 million.

Just one of CMMB's many successful aid endeavors in the Philippines was the "Mama Make Me Healthy" program that was implemented with the help of the Home Reach Foundation. The program was a maternal health initiative undertaken in partnership with the Provincial Government of Bohol, through the Provincial Health Office, the City Government of Tagbilaran and 10 district hospitals. This three-year project provided roughly 300,000 pregnant and lactating women in Bohol with vitamins and micronutrients. The program was conducted by Barangay health workers who were trained through a grant from CMMB. The results of the



initiative were astonishing. There was an increase in overall birth weight and child development and a decrease in birth anomalies and mortality.

CMMB has also provided much needed medical assistance to other areas of the Philippines such as Bulacan, Cebu, Iloilo, Nueva Ecija, Southern Leyte and Tawi-tawi. These areas were hit by natural disasters, such as typhoons and floods, and the residents were given free medicines. These are but a handful of examples of how CMMB is providing aid to the people of the Philippines. The recognition of this work at the esteemed Presidential Awards ceremony has affirmed CMMB's passion and dedication to social justice for all.

THE RESULTS OF THE INITIATIVE WERE ASTONISHING.

THERE WAS AN INCREASE IN OVERALL BIRTH WEIGHT
AND CHILD DEVELOPMENT AND A DECREASE
IN BIRTH ANOMALIES AND MORTALITY.



FACTS ABOUT CMMB'S HEALING HELP PROGRAM

2009 was a record-breaking year, once again, for Healing Help, CMMB's pharmaceutical and medical supply donation program: 431 shipments, valued at US\$265,142,972 were provided to 161 healthcare facilities in 39 countries in Africa, Asia, Europe, Latin America, the Caribbean, and the Middle East.

We estimate that 13.9 million people were helped via this legacy program. That averages approximately US\$19 per person.

2009 STEWARDSHIP

Catholic Medical Mission Board is thankful for the generosity of its supporters. With their donations, CMMB strives to be courageous and collaborative in ways that build healthcare capacity in communities around the world.

SUPPORT

Net Assets as of September 30, 2009		\$	10,930,947
Net Assets as of September 30, 2008 Change in New Assets		\$	14,441,328 (3,510,381
NET ASSETS			47.774.000
Total Allocations		\$	289,102,172
		\$	6,371,637
Fundraising Administration	3,408,130 2,963,507		
		Ψ	202,700,000
Support for Health Projects Global Aid	10,434,593	\$	282,730,535
Medical Volunteer Services	6,222,375		
Pharmaceuticals and Medical Supplies	\$ 266,073,567		
ALLOCATIONS			
Total Support		\$	285,591,301
		\$	(154,466)
Unrealized Gain/(Loss) on Investments	413,572		
Realized Gain/(Loss) of Marketable Securities	(686,001)		
Income from Dividends, Interest and Sales of Investments	117,963		
Cash Contributions		\$	18,119,521
Trusts & Estates	1,907,483		
Corporations, Foundations & Organizations	1,401,837		
Government ndividuals	8,453,157 6,357,044		
Oonated Goods and Services		\$	267,626,246
Medical Volunteer Services	5,724,219		0.5.0.0.0.
Pharmaceuticals and Medical Supplies	\$ 261,902,027		

The above represents the audited financial information for the 12-month period that ended September 30, 2009. Complete audited financial statements are available upon request.

CMMB is pleased to have received high ratings from the following:

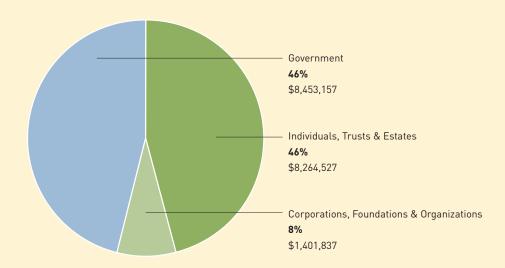




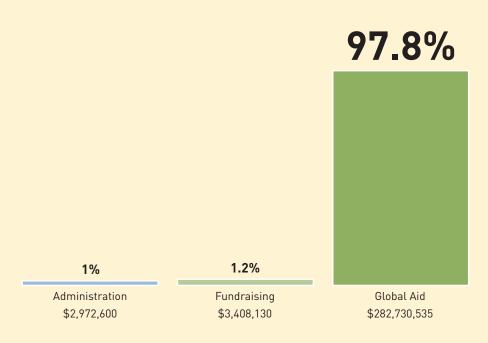




SOURCES OF FUNDS



USES OF DONATIONS



CONTRIBUTORS

We are grateful to the thousands of friends who support our healthcare programs and make our work possible. We offer our sincere thanks to each and every friend who supported us. Space limitations permit us to recognize by name only those with cumulative contributions of \$1,000 or more and include all donations made between October 1, 2008 through December 31, 2009.

\$50,000 & Above

Individuals

Anonymous

Mr. Michael Deck

Mrs. Robert C. Graham, Jr.

Mr. Charles H. Hoeflich

Lt. Col. Robert S. Zbylut, USAF, (Ret.)

Corporations, Foundations & Organizations

Abbott Laboratories Boehringer Ingelheim

Pharmaceuticals, Inc. Bon Secours Health System

Bristol-Myers Squibb Foundation

Combined Federal Campaign

J. Homer Butler Foundation

Johnson & Johnson Contribution Fund

Porticus North America Foundation

Trusts & Estates

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\$10,000+	
\$5,000+	
\$2,500+	191
\$1,500+	340
\$1,000+	494
\$500+	1,416
\$250+	2,733
\$100+	8,107
\$1-99	33,359
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