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 combatting 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 behavioural 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. 

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
- **Support** livelihood development for families and communities
- **Promote** gender equality
- **Advance** healthy development of newborns and children
Our REACH

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

* 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).

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.
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.

The 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 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)

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

Mentor Mothers
ON THE FRONT LINES OF HEALTHCARE
IN DETAIL:

The Enhanced Programme Model

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.

Neonatal Male Circumcision (NMC)

With significant reductions of HIV transmission associated with men who are circumcised, neonatal male circumcision maximises the benefits by providing the procedure before a young man becomes sexually active. Doing this procedure during infancy is simpler and healing is more rapid. In health systems where NMC is promoted and offered, Mentor Mothers are well placed to educate their clients on the benefits of the procedure, create demand for it, and make referrals to medical facilities that offer it.

Cervical Cancer

Gender-Based Violence (GBV)

Mentor Mothers have always interacted with HIV-negative women, particularly when leading group health talks prior to HIV testing. By sharing their experiences of living with HIV, Mentor Mothers are highly effective in communicating the importance of frequent testing and protection against infection. Under m2m’s new enhanced programme, Mentor Mothers’ interactions with HIV-negative women have been formalised to reflect priority topics including HIV re-testing, partner testing, safer sex practices, and the importance of accessing regular pre- and post-natal services.

HIV-Negative Clients

Nutrition

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.

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.

HIV-Negative Clients

Malaria

Malaria is dangerous for pregnant women, causing complications during pregnancy, labour, and delivery. Furthermore, it has been found that HIV-positive pregnant women are more likely to transmit HIV to their babies if they are infected with malaria because of potential damage to the placenta.

Mentor Mothers educate clients on malaria prevention strategies, refer clients for malaria screening, and inform them about facilities distributing insecticide-treated bed nets (ITNs) and indoor residual spray (IRS).

Tuberculosis (TB)

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.

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Since 2011, m2m has supported an increase of positive behaviours among our clients.*

**m2m clients in 2011 and 2013 who...**

<table>
<thead>
<tr>
<th>Achievement</th>
<th>2011 %</th>
<th>2013 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received 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...*

- Received ARVs: 89% in 2011, 95% in 2013
- Took an early infant diagnosis (PCR) test: 65% in 2011, 87% in 2013
- Received ARVs: 3.2% in 2012, 1.9% in 2013

*m2m acknowledges the contributing role of the Global Plan in improvements in PMTCT outcome indicators.*
Where data is available, performance at sites with an m2m presence surpassed almost all national rates.

### Babies born to HIV-positive mothers who received ARVs prophylactically

#### Nationally vs. m2m clients

<table>
<thead>
<tr>
<th>Region</th>
<th>Nationally</th>
<th>m2m clients</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td></td>
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<td></td>
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<tr>
<td>Lesotho</td>
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<td>Malawi</td>
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<tr>
<td>South Africa</td>
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<td>Swaziland</td>
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<tr>
<td>Uganda</td>
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</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>Region</th>
<th>Nationally</th>
<th>m2m clients</th>
<th>Nationality</th>
</tr>
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<tbody>
<tr>
<td>Kenya</td>
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</table>

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.
TO ME

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

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.

A day I will never forget is when a man from Cape Town came looking for women who could work for mothers2mothers to support newly diagnosed pregnant women and new mothers. My life changed forever! I have been with m2m for six years now and I never get tired of meeting new women. I feel so happy when they tell me that their babies have tested HIV negative, which has become the norm. The memory of my child dying on my back lives with me day by day, but all the children whose lives we save ease the pain. Each year in November in the Botha-Bothe District we hold a celebration. We slaughter a cow, sing, dance, eat, and listen to guest speakers all in celebration of my journey with HIV. I celebrate this life because it afforded me a chance to make a difference in the world I live in. I take pride in all the lives that I and my fellow Mentor Mothers have saved. Everyone who knows me calls me MOTHER. I am a mother, not just to my children but to all the children in my country. I am a mother to all the mothers I meet and to everyone who has joined me in my efforts to do something different.

TO ALL

- By Itumeleng, a client of 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 weeks 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.

I want to say thank you. Thank you m2m! Thank you Mother!”
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—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.

### Current Assets

- **Cash and Cash Equivalents**: $6,021,306
- **Contributions and Other Receivables**: $383,426
- **Other Assets**: $343,983

**Total Assets**: $6,748,315

### Liabilities and Net Assets

- **Total Liabilities**: $3,040,099
- **Net Assets - Unrestricted**: $1,281,283
- **Net Assets - Temporarily Restricted**: $2,426,933

**Total Ending Net Assets**: $3,708,216

**Total Liabilities and Net Assets**: $6,748,315

### Revenue and Support

- **Grants and Contracts**: $12,028,844
- **Contributions**: $1,646,143
- **Other Income**: $58,812

**Total Revenue and Support**: $13,733,819

### Expenses

- **Programme Services**: $13,262,124
- **Management and General**: $561,329
- **Fundraising**: $853,053

**Total Expenses**: $14,696,506

**Changes in Net Assets**: $-962,687

### Functional Expenses

- **Programme Services**: 90%
- **Management and General**: 6%
- **Fundraising**: 4%

### Revenue by Category

- **Government Grants**: 23%
- **Multilateral Grants**: 8%
- **Corporate Grants**: 47%
- **Foundations**: 6%
- **Private Contributions**: 16%
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.

...continued on next page
The International, South Africa, and U.K. Board of Directors are comprised of a diverse group of individuals committed to the elimination of mother-to-child transmission of HIV and keeping mothers alive.

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