

2011
Annual Report



*Moving forward
& giving back*

01 Letter from our Founders **02** The Challenge & the Opportunity **05** Our Aspiration
06 Strategy & Achievements **08** Model & Initiatives **10** Where We Work
14 Financial Information **16** Donors **20** Board of Directors



Dear Friends,

The theme for this year's Annual Report '**Moving forward & giving back**' reflects this unique and hopeful moment in our history.



In June 2011 the United Nations launched the '*Global Plan Towards the Elimination of New Infections among Children by 2015 and Keeping Their Mothers Alive*' (see pages 6-7). Central to this Global Plan is the recognition that Mentor Mothers, the staff that is the heart of mothers2mothers, are key to these efforts.

It was only 10 years ago that our office resided in a rust-speckled 1985 Mercedes and m2m was little more than a dream, fueled by aspirations. What began as a tiny grassroots endeavor is now an effective

operation employing close to 1,500 mothers living with HIV in nearly 600 sites in seven countries. Most extraordinary, however, is that our dream is now so close to reality and in accomplishing the Global Plan's goals, we will achieve what we set forth to do a decade ago.

We celebrate our 10-year anniversary with heartfelt gratitude for everyone who has helped the mothers and babies we serve throughout the years. We also bid adieu to CEO Gene Falk, our longtime friend and co-founder, whose leadership and dedication have

brought us to where we are today. His legacy at m2m will live on in the healthy lives of hundreds of thousands of mothers and babies.

And our thanks to all of you – for your generosity and for your unwavering faith in m2m and the mothers of Africa. The end of pediatric AIDS is in sight. Together we can make what was once a dream... a reality.

Dr. Mitch Besser
Founder / Medical Director

Robin Allinson Smalley
Co-Founder / International Director

Celebrating 10 Years

2001

The first ever **mothers2mothers** site was opened at Groote Schuur Hospital in Cape Town

2002

Mentor Mothers are invited to present at the **International AIDS Conference** in Barcelona





Every day in the U.S. & Europe,
1 baby is born with HIV.

Every day in Africa,

1000 babies are born with HIV.

*It's unnecessary. It's preventable. **The time is now.***

mothers2mothers (m2m) uses a simple and proven model to eliminate transmission of HIV from mothers to their babies and sustain the health of women and children. We educate, employ, and empower mothers living with HIV to work alongside doctors and nurses in understaffed health centers to provide life-saving information and one-on-one support to other women.

2004

m2m
expands into
KwaZulu-Natal,
Mpumalanga and
the **Eastern Cape**
in South Africa

2005

First Lady
Laura Bush visits
m2m in Cape Town
and reciprocated
with an invitation to
the White House.









Our Vision is a world in which babies are not infected with HIV and where mothers with HIV/AIDS live long and healthy lives.

Our Mission is to improve the health of mothers living with HIV, putting them at the heart of efforts to eliminate pediatric HIV/AIDS.

Our Goals

- 1 To **prevent transmission of HIV** from mothers to their babies.
- 2 To improve the well-being of mothers by facilitating access to **life-sustaining medical care**.
- 3 To empower mothers living with HIV to overcome stigma and **live positive and productive lives**.

2006

*m2m receives its first US Government funding through **PEPFAR***

*Future U.S. President **Barack Obama** visits m2m in Cape Town*

“Mentor Mothers and other women openly living with HIV play a central role in communication campaigns to reduce stigma and discrimination and to mobilize the demand for and sustained use of services.” (Global Plan)

Together we can put an end to pediatric AIDS and keep mothers alive. We're positive.

2011 was a year of great progress and renewed hope for mothers living with HIV and their children. In June 2011, the 'Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive' was launched at the United Nations.

m2m was honored to contribute to the development of the Global Plan and was enormously gratified that the Mentor Mother model of care was viewed as essential to the health and well-being of mothers living with HIV and their babies.

Just a few years ago the elimination of pediatric HIV seemed impossible. However, with increased HIV testing and wider availability of affordable and effective drugs that prevent mother-to-child transmission, low-income countries are increasingly able to respond to the pandemic.

In high-income countries the rate of mother-to-child transmission is approaching zero. The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United States' Office of the Global AIDS Coordinator (OGAC) are working closely with UN and U.S. government agencies, donors, implementing organizations and civil society groups to bring the same results to countries hardest hit by the epidemic. The goal is to reduce the number of pediatric HIV infections by 90 percent and to halve the number of women dying from AIDS in 21 African nations and India by 2015.

2007

m2m rates in *Financial Times'* **Top 100 NGOs** for public-private partnerships



2008

m2m launches in Malawi, Swaziland, Rwanda, Kenya, and Zambia

The Mentor Mother model has been recognized as integral to achieving these goals. m2m was also selected as one of 13 members of the Global Steering Group to oversee the Global Plan's implementation.

As former U.S. President Bill Clinton stated at the Global Plan's UN launch, it is essential for global agencies to think local:

"We have to learn from local successes. In the end, PMTCT and anti-retroviral treatment programs ...are intensely personal. So, we need to do it in a way that is consistent with what local people tell us will work and be accepted. Groups like Partners in Health and mothers2mothers have shown us how critical it is to do that and how successful they have been because they did."

Mentor Mothers – working within their communities to educate, inspire and support other HIV-positive

women – are the embodiment of this notion. The Global Plan states that:

"Countries must harness the capacities of communities by involving, for example, women living with HIV and mentor mothers – a mother living with HIV who is trained and employed as part of a medical team to support, educate and empower pregnant women and new mothers about their health and their babies' health – to extend capacity, provide education and support and address the complex psychosocial issues many women face in the community and in health services."¹

Since 2001, m2m has put mothers living with HIV at the center of the solution. Paid and trained Mentor Mothers have reached over one million pregnant women and new mothers with their messages of education and empowerment. They are leaders in their villages

and townships – encouraging HIV testing, the use of antiretroviral treatment, disclosure of HIV status and healthy infant feeding options. They proudly represent what the world has now acknowledged – this is a fight that can and must be won ... one mother at a time.



¹ 'Global Plan for the Elimination of New HIV Infections Among Children and Keeping Their Mothers Alive' pg 27.

2009

m2m
awarded **Skoll
Award** for
Social
Entrepreneurship

600th
site
opened

mothers2mothers is focusing the next phase of its strategic development on the initiatives we do best – reaching greater numbers of women living with HIV and their infants with life-saving services. We take our role in the UN Global Plan very seriously. To achieve its ambitious goals, m2m is developing several multidisciplinary initiatives to improve the overall m2m experience for our clients and Mentor Mothers.

Expanding the Mentor Mother model

In order to reach greater numbers of women and children and expand the scope of our services, we are expanding our program models to include care for HIV-negative women and provide more guidance for reproductive, maternal, newborn and child health. We are also adapting our model to deliver m2m services in the most effective, scalable and sustainable way possible within each country's unique framework.

While we will continue to deliver program services in countries, we will also engage in capacity development with local implementing partners and health systems strengthening for governments and ministries of health. Capacity development within countries allows for sustainability by putting ownership of the Mentor Mother model where it belongs – with national stakeholders who will both administer and benefit from it.

Capacity Development and Health Systems Strengthening

To further our commitment to the Global Plan, we are working with local governments to adapt the Mentor Mother model and introduce it into national policies. Kenya provides an example where, with support from USAID, m2m and the Government of Kenya have drafted guidelines for a Kenya Mentor Mother Program (KMMP). KMMP offers m2m a unique opportunity to explore our potential to support the development of a program with national coverage. It also aspires to place Mentor Mothers in every health facility providing PMTCT care. Since 2010, m2m has been working with Kenya's Ministry of Health to develop policies, guidelines, job descriptions and a budget for these services. m2m Kenya is now identifying local implementing partners with whom it can work to advance this program.

2010

*m2m wins
Global Health
Council's **Best
Practices in
Global Health**
award*



Active Client Follow-Up (ACFU)

In 2011, m2m's ACFU initiative helped m2m site staff improve client retention by following-up with clients after missed appointments using phone calls, SMS and home visits. Clients and site staff involved in the ACFU pilot in Lesotho, Malawi, Swaziland, and Zambia deemed ACFU both feasible and effective in reaching clients and bringing them back to the health care facility. ACFU is currently being scaled up for implementation in all m2m sites.

Let's SOAR (Strengthening Outcomes by Analyzing Results)

Reliable data collection for program monitoring has traditionally been challenging for most NGOs in the field. Let's SOAR is a quality assessment and improvement initiative that m2m

designed to help site staff understand and own the client and program data they are collecting. This initiative has shown that individual site performance and client health outcomes can be improved. Program learning is facilitated as lessons learned in one health facility can inform program improvements elsewhere. Let's SOAR has demonstrated that when Mentor Mothers have the opportunity to own, analyze, and use data they are collecting, they can influence program quality. As a result, monitoring and evaluation are embraced and better integrated into daily activities. Let's SOAR is currently being rolled out across all m2m sites.

Looking Back, Moving Forward (LBMF)

During an organizational assessment of Mentor Mother training, a need was identified to create a safe space and a supportive process that allows Mentor Mothers to process their own personal

journey with HIV and PMTCT, so that they are in a better position to educate, support and inspire others on that journey. In collaboration with Creative Heartwork Inc., and in honor of m2m's original "angel" Marie Matthews, a new training module entitled "Looking Back and Moving Forward" (LBMF) was created and field-tested. The content of LBMF allows Mentor Mothers to reflect on their personal experience living with HIV, assess and promote self-care needs and identify how to use their experiences in a transformational way with clients. Participants gave it a rave review, strongly indicating that they benefited both professionally and personally from the training and that the topics should be integrated into m2m's Mentor Mother training. Always striving to be responsive to mothers' needs, m2m is planning to pilot LBMF in each country to inform integration of the module into m2m's standard Mentor Mother training.

2011

Global Plan
to eliminate
mother-to-child
transmission is published
and the Mentor Mother
model is noted as
key to success

More
than **1 million**
HIV-positive women
enrolled into the
program since
2001



My once lost hope was found in mothers2mothers

– a mother's story by **Nalumu Vivien Juliet** (Site Coordinator, Uganda)

When I was tested and found HIV-positive, I thought that would be the end of the world for me. All my plans and dreams were shattered; I had no hope for the future and just waited to die. This was during my antenatal visit of my first pregnancy in 2005. I had just lost my mother a year before and all my brothers and sisters rejected me. When I disclosed my HIV status to my then boyfriend, he refused to go with me for a test, and so did not get treatment.

To make the situation even worse, when my baby was tested after birth she also tested HIV-positive. At this point I had lost everything: no mother, no father, no sister, no brother around me. Even the only child was going to die of HIV before me because she kept falling sick very often and was later diagnosed with TB. My life was totally hopeless and really had no meaning.

My baby and I were enrolled in ART clinic at Kamuli Mission Hospital in Uganda and we got treatment.

We improved slowly by slowly and when mother2mothers program started in Uganda in 2010, the health workers advised me to apply. I was fortunately given a job as a Site Coordinator and this was a turning point in my entire life. I was more so surprised to know that this organization gave me a job because of my HIV status, because elsewhere when bosses discover one's HIV-positive status, they just look for means of getting rid of the staff. In other words, m2m took or picked what other people looked at as useless or less important.

During my training I talked to the regional trainer about my husband's refusal to take ARV drugs and she offered to talk to us as a couple. I invited him to where we were training and the three-hour counseling session she gave us produced various fruits: my husband agreed to take ARVs that later improved his life and made him look healthy again.

After regaining hope of having a HIV-negative baby despite my status,

we decided to try things out again and we had a baby girl on February 22, 2011 whose PCR test results read negative. Throughout the year in service I have saved from my salary for my childhood dream of acquiring a university education and with the assistance of my manager I was accepted to Busoga University's weekend program, and I am pursuing a Bachelor degree in Social Work and Social Administration. I am not yet there but I have hope that I will get my childhood dream some day!! I have come to accept HIV is just a status but does not stop me from planning for the future.

I am therefore very grateful to mothers2mothers for giving me such a platform to work among my people who have in turn come to love me again. Thank you mothers2mothers for changing not only the lives of our clients but have also empowered the Mentor Mothers. I am personally proud to be associated with an organization that restores hope and changes people's lives.

589
sites in 2011

2,914, 000
total interactions
with pregnant women,
new mothers and
couples in 2011

242,000
pregnant women
& new mothers
enrolled in m2m
programs in 2011

Current Countries:

(total sites as of end of 2011)

- **Kenya (KE)** 2007 – present: **31** sites
- **Lesotho (LS)** 2007 – present: **74** sites
- **Malawi (MW)** 2008 – present: **57** sites
- **South Africa (ZA)** 2001 – present: **315** sites
- **Swaziland (SZ)** 2008 – present: **60** sites
- **Uganda (UG)** 2010 – present: **28** sites
- **Tanzania (TZ)** 2011 – present: **24** sites

Past Countries:

- **Rwanda (RW)** 2007 – 2011
- **Zambia (ZM)** 2008 – 2011

Our programs in Rwanda and Zambia, funded by USAID's New Partner's Initiative (NPI), closed in May 2011 and January 2012 respectively after successful completion of the project objectives.

m2m inspired

Mentor Mothers programs*:

- **Botswana (BW)** 2005 – present
- **Ethiopia (ET)** 2005 – present

**m2m, through its work with Pathfinder International (BW) and IntraHealth International (ET), inspired and assisted with the development of Mentor Mother programs which continue to this day.*





"Now that eradication of pediatric AIDS is possible, we can't slow down our efforts, let us keep the momentum going! I wake up every day to help women to fight against HIV/AIDS, to stay alive so that they can see their children grow up, and dream about all that they can become."

Tlalane Phafoli
Site Coordinator, Lesotho



A Financial Overview:

2011 Financial Trends & Analysis

Revenue

mothers2mothers' combined entities experienced an 8% annual decline in total revenue in 2011 to U.S. \$19.38 million. This decline was due to the expiration of the organization's second largest US Government award and the impact on overall giving resulting from the economic downturn. Financial support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) accounted for 52% (U.S. \$10.0 million) of total revenue for the organization, despite a 18% decline in overall U.S. government funding.

Foundation giving continued to represent a substantial share of m2m's total funding (27% of combined revenue). Despite the global economic decline, revenue from corporate partners remained stable at U.S. \$1.6 million. In response to continuing uncertainty in the funding environment, m2m has expanded its efforts to pursue new U.S. government, other

bilateral, and multilateral funding opportunities in Global Plan countries. In 2011, the organization opened a development office in the UK to pursue European sources of funding.

Expenditure

Total expenditure increased by 4% to approximately U.S. \$20.4 million in 2011. The slight overall increase in spending reflects a significant reduction in operating expenses, which was offset by investments in vertical program expansion, increased business development initiatives, as well as management systems and support services for our country programs. m2m directed 81% of 2011 expenditures to program activities, with both management & general and fundraising costs remaining well within levels for similar organizations.

In 2012, m2m will endeavor to do even more to support m2m's program

objectives with fewer resources by increasing the level of financial reserves and continue to provide essential services and maintain core capabilities.

Financial Position

The combination of the 2011 drop in revenue and operating deficit, along with prior year and intercompany adjustments, resulted in a sizeable decrease in total net assets across all mother2mothers organizations from U.S. \$3.8 million in 2010 to approximately U.S. \$900 thousand in 2011. However, with liquid assets amounting to U.S. \$3.98 million and a projected operating surplus in 2012, m2m believes that the organization is adequately positioned to support future program and support activities, while energetically expanding its business development efforts in pursuit of Global Plan opportunities.

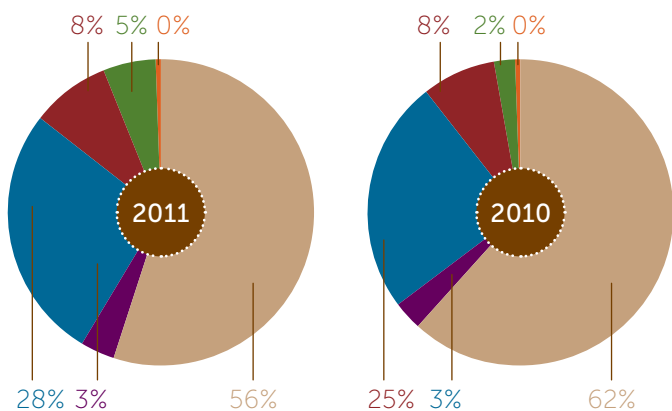
*m2m's financial overview represents a compilation of combined (unaudited) financial information for m2m International, m2m South Africa, and m2m United Kingdom. Separate audited financial statements for each of these autonomous non-profit organizations are available upon request.

m2m Revenue & Expenditure 2010 – 2011* (USD, 000)

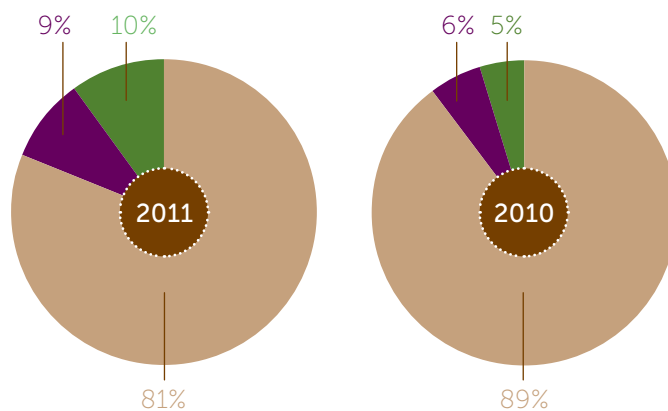
Revenue	2011	2010	Change	% Change
Government Grants	\$10,698	\$13,013	-\$2,315	-18%
Multilateral	\$664	\$666	-\$2	-0%
Foundation	\$5,252	\$5,170	\$82	2%
Corporate	\$1,631	\$1,634	-\$3	-0%
Private Contributions	\$1,061	\$521	\$540	104%
Other income	\$78	\$64	\$13	21%
Total Revenue	\$19,384	\$21,070	-\$1,685	-8%

Expenses	2011	2010	Change	% Change
Program Services	\$16,562	\$17,688	-\$1,125	-6%
Management & General	\$1,832	\$1,100	\$731	66%
Fundraising	\$1,997	\$895	\$1,102	123%
Total Expenses	\$20,435	\$19,683	\$708	4%

Revenue by Funder Category (USD, 000)



Functional Expenses (USD, 000)



● Government Grants
 ● Multilateral
 ● Private Contributions
● Foundation
 ● Corporate
 ● Other Income

● Program Services
 ● Fundraising
● Management & General

mothers2mothers gratefully acknowledges all of the many supporters who have contributed to the organization. All donors listed made gifts of \$500 or more between January 1, and December 31, 2011.

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

Over \$500, 000

Bickerstaff Family Foundation
Department of Health, Mpumalanga
Elton John AIDS Foundation
Johnson & Johnson
PEPFAR
The Starr Foundation
Starr International Foundation
U.S. Agency for International Development

\$100, 000-\$499, 999

Anonymous (2)
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\$10, 000-\$24, 999

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MaryAnne & Tony Watt
Kevin Wells
Brigid & Dr. James D. Wethe
Gayle Wright
Ellen & David Zinn

A **gift in tribute** is a life-saving way to celebrate a special event or honor the memory of a loved one.

Ellen & Shar Afshar
All moms everywhere who do their best by their children
Rhett & Barbara Austell
Arnetha Ball
Virginia Behr
Dr. Mitch Besser
Debbie & Glen Bickerstaff

The Chamberlain Family
Donald & Shelli Corcoran
Arlene & Danny Dayton
Colleen Dockerty
Gene Falk
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Steven Gluckstern
Holly Gregory
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Lillian 'Diamond Lil' Steiner
David Torres
Craig W. Virden

We wish to extend **special thanks** to the following individuals and organizations for their exceptional help and support in 2011.

Geraldine Bedell & Charles Leadbeater
Debbie & Glen Bickerstaff
Senator Richard Blumenthal
Senator John Boozman
Paul Boskind
Isabel Calo
Chappell Productions
Senator Yvette Clarke
Barbara & John Franklin

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The Women of mothers4mothers2mothers:

Linda Adeson
Christine Falkner
Janet Lubner
Carolina Manhusen Schwab
Amy Oman
Maartje Skare-Hessels
Naomi Zimba Davis



We would also like to give special thanks to our **pro-bono partners** for their long-standing support and spirit of partnership.

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BUPA
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Steven Gluckstern

Finance Committee Chair
Chairman & CEO, Ivivi Health Sciences

Brad Herbert

CEO and Founder,
Brad Herbert Associates

Dr. Marjorie Hill

CEO, Gay Men's Health Crisis

Derek Lubner

Marketing Director,
Innovate Services Limited

Dr. Francoise Ndayishimiye

Senior Gender Advisor,
Global Fund to Fight AIDS,
Tuberculosis and Malaria

Carl Stewart

Audit Committee Chair
Global Head of Hedge Funds
Coverage, HSBC

Non-voting Members

Dr. Mitch Besser

Founder and Medical Director, m2m

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Co-Founder and CEO, m2m

Robin Allinson Smalley

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International Director, m2m

Officers of the Corporation

Mark Heffernan

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Chief Financial Officer, m2m

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Secretary
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SA: mothers2mothers South Africa

78 Darling Street
Cape Town 8001
South Africa

office: +27 (0)21 466 9160
contact: info@m2m.org

USA: mothers2mothers International Inc.

7441 W. Sunset Blvd, Suite 205
Los Angeles CA 90046
United States

office: +1 323 969 0445
contact: US.info@m2m.org

UK: mothers2mothers (UK) Limited

3 Cromwell Place
London SW7 2JE
England

office: +44 (0)207 589 8254
contact: Europe.info@m2m.org