

Annual Report 2009





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The beautiful images used throughout this annual report are drawn from a body of work donated to mothers2mothers by Nick Edwards (nickedw@gmail.com) and Andrew Topham (eatopham@gmail.com). mothers2mothers would like to thank Nick and Andrew for their generosity, and their skill in capturing the essence of our program and the amazing spirit of the women of the African continent.



Our Vision, Our Mission

Our Vision is a world in which babies are not infected with HIV and where mothers with HIV/AIDS live long and healthy lives, caring for their families and having hope for the future.

Our Mission is to create an effective, sustainable model of care that provides education and support for pregnant women and new mothers living with HIV/AIDS. Our goals are:

- To prevent babies from contracting HIV/AIDS through mother-to-child transmission
- To keep HIV-positive mothers and their infants healthy by increasing their access to life-sustaining medical care
- To empower mothers living with HIV/AIDS, enabling them to fight stigma in their communities and to live positive and productive lives.

Reflections from the Founders

Every year has its own distinguishing characteristics, marked by landmarks, challenges, and accomplishments. For us, 2009 represents a year of solidifying existing partnerships, establishing new creative collaborations, and strengthening our model in preparation for the innovative steps necessary to adapt to country-specific needs going forward. In a human snapshot of gains made, in 2009 we reached nearly 300,000 pregnant women and new mothers living with HIV! mothers2mothers (m2m) expanded its operations to 606 sites in seven countries while keeping almost 1,600 HIV-positive women employed. These numbers signify enormous growth.

From a global perspective, 2009 must be seen in shades of gray, having historical significance as a year racked by economic failures and political change. Yet we applaud some major positive shifts in the public health world with global attention paid to the acceleration of scale-up efforts for prevention of mother-to-child transmission (PMTCT) programs. mothers2mothers helped lead the way, strengthening our monitoring and evaluating systems, deepening our curriculum, and beginning the adaptation of our basic direct implementation model in ways that will be effective as we broaden our scope to reach mothers in low prevalence, low population density areas and explore ways to more fully integrate into national healthcare systems. These milestones position us for our future growth and we are delighted to report that we are poised to expand the program in 2010 to Uganda, Tanzania, and Mozambique.

Good news came in documentation that HIV testing among pregnant women is increasing, as is PMTCT ARV coverage. Yet enormous gaps still remain in the provision of quality PMTCT services. In response, mothers2mothers continued

to scale up services to meet that need, forming alliances that would streamline services and maximize time and talent. In this Annual Report, we strive to celebrate old friends and partners, as well as new collaborators that we anticipate will be by our side as we strengthen our services in the year ahead.

2009 brought mothers2mothers gratifying recognition as a Schwab Entrepreneurial Award winner. Being acknowledged as social entrepreneurs is something we take very seriously. It means a commitment to identifying and solving social problems on a large scale, marrying solid business practices with a public health heart and spirit, as well as coming up with innovative solutions. All that said, sometimes the most valuable accolades and validation come from remote parts of the world which meaningfully touch our hearts...

From the *Swaziland Times*, March 12

In the past eight years we have achieved the kind of growth that often takes decades. We attribute this, in part, to a model that is simple and highly replicable, and in part to a strong organization that keeps one eye on efficiency and the other on effectiveness. On a deeper level, m2m's model has flourished because its root strength comes from the women who serve it and the women whom it serves. Our culture comes from our field staff in response to clients. It is a belief in a woman's right to access reproductive health and family planning information, her right to work and get paid, her right to understand the conditions that affect her health and the therapies that can preserve it. And the right of every child to be born HIV-free and to have a healthy mother to raise him or her. This may seem innovative to some, but to us it's business as usual.



Mitch Besser

Dr. Mitch Besser
Founder/ Medical Director



Gene Falk

Gene Falk
Co-Founder/ President



Robin Allinson Smalley

Robin Allinson Smalley
Co-Founder/
International Director

Taking m2m to Scale: Social Entrepreneurship

*A young woman comes to a maternal healthcare clinic. She is excited, since she believes she is expecting a child. She sees a nurse, who confirms that she is pregnant. She also receives an unexpected and devastating diagnosis – she is HIV-positive. All too often this is where the conversation ends. But in this particular clinic the nurse walks the young woman over to a door with a sign that reads: **mothers2mothers**. As she crosses the threshold, she is greeted by a group of vibrant pregnant women who look happy and healthy. She is met by a Mentor Mother who will be her guide, who tells her: “I too am HIV-positive, and there is hope for you and your child.”*

And a process begins...

With medical intervention and PMTCT care, mother-to-child transmission of HIV can be reduced from upwards of 30% to less than 2%.

(WHO 2007: Towards Universal Access)

Innovation

Scientific advances have increased our potential to save lives and to improve quality of life in ways that were previously unimaginable. However, effective treatment often requires intensive participation and complex education of both patients and healthcare workers. Often in countries where the need is greatest, health systems are already stretched to capacity. Delivering care that requires more time, people, and money is perceived as impossible. This is where innovation is most needed: to find new ways to ensure that highly effective, yet resource-intensive treatment is delivered effectively in those places with severe resource constraints.

Innovation can be incremental, radical or revolutionary. m2m's response to the challenge of PMTCT combines best practices from the public and private sectors to develop an innovative program model of care, which is simple, powerful, and endlessly replicable. This is supported by a creative and effective institutional model to ensure its success in achieving scale, while maintaining efficient delivery.

Medicines Don't Equal Medical Care

Without support, counseling and education, the availability of effective medical protocols can become irrelevant. A woman may avoid enrolling in treatment, or she may not learn of the steps she can take to improve her baby's chances of HIV-free survival, because the success of these interventions depends on the very resource that is in such short supply: human capacity. This is not unique to PMTCT. Treatment for the world's most intractable diseases is increasingly people-intensive and requires substantially more than a short course of pills or a simple vaccination. To ensure long-term efficacy, multi-step regimens require ongoing behavioral as well as clinical interaction between health systems and patients.

The problem is therefore two-fold. First, while PMTCT treatment is increasingly available to women in the developing world, fear, ignorance and stigma create significant social, emotional and psychological barriers that exacerbate the inherent challenges in accessing and adhering to a treatment regimen. Second, on a systemic level, public healthcare systems simply do not have the resources to provide the support, education and counseling necessary to address these additional hurdles. Improving PMTCT outcomes requires solving both issues simultaneously. This is exactly what m2m aims to do.

The m2m intervention is specifically designed to address the issues preventing HIV-positive women from taking advantage of PMTCT care. By drawing on the “strategic fit” of the most uniquely qualified cohort as frontline caregivers - the mothers themselves - m2m addresses the special needs of other pregnant women and new mothers.

m2m's model helps to address the issue of chronic human capacity constraints within existing health systems by allowing for the “task shifting” of duties. In other words, client support that was previously the responsibility of overburdened doctors and nurses is now undertaken by Mentor Mothers, who are uniquely qualified to deliver education and support to HIV-positive women. Peer support is certainly not a new concept. However, the reach of traditional peer education programs is often limited because many programs are ad-hoc, staffed with volunteers or lack integration into clinical systems. From a logistical standpoint, m2m has chosen to work within existing healthcare structures, aiming to strengthen them rather than to create parallel systems. This means Mentor Mothers work alongside clinical staff as professional, integrated members of PMTCT healthcare teams as the missing resource required to educate and support pregnant women and new mothers. Mentor Mothers de-stigmatize HIV and empower other HIV-positive women to have hope and to take control of their social, economic and reproductive lives.





Supporting m2m's replicable model of peer support is its institutional model, with sophisticated Monitoring & Evaluation (M&E), curriculum-based training, Human Resources (HR), payroll and financial systems in place to ensure the smooth running of our programs.

Mentor Mothers are m2m's most valuable resource, and we choose to invest substantially in them. From the beginning, m2m has made a commitment to paying its staff a wage rather than using volunteers, and this has been critical to m2m's impact. By making staff responsible and accountable for their work and compensating them for their performance, we are able to insist upon the high standards necessary to provide a professionalized service. Paying Mentor Mothers also reinforces their status and place within the system, ensuring that their clinic colleagues, as well as their clients and communities, view them as healthcare professionals.

“Now I can care for my family through the money I get as my salary. Also, I always felt I had the brain of a leader but I could never realize this because of my status. My feelings have matured to be creative in matters related to HIV/AIDS and I always fight for the rights of mothers and babies with HIV/AIDS. It makes me feel great.” (Mentor Mother in Kenya)

Additionally, Mentor Mothers become role models for other women, reversing the worst assumptions about stigma and disempowerment, and enabling clients to envision a positive future. In 2009, m2m site staff received salaries totaling more than \$5 million. Nearly every penny goes directly into local economies as our staff purchase necessities, such as food and secure housing for their families.

GLOSSARY

KEY m2m TERMS, MATERIALS AND CONCEPTS

Client Education Cards – A set of tools developed to facilitate client education sessions. The cards, in a flipchart format, use images to illustrate key learning points for clients, while providing site staff with a list of priority talking points.

Early Infant Diagnosis Wheel - A simple tool used by m2m site staff to determine and inform mothers of the exact date of when their babies should be tested.

Helping Mothers Saving Babies Curriculum - m2m's set of training modules on the key topics necessary to support PMTCT services targeting Mentor Mothers and Site Coordinators. The curriculum includes a trainer manual, a participant manual and presentation materials.

Innovation Center – The Innovation Center is made up of ten m2m program sites located in East London, South Africa, where targeted evaluations and operations research for new program innovations are conducted.

m2m Client Records – A site-specific logbook is maintained by Site Coordinators at each site to document PMTCT information on clients living with HIV as she progresses through the m2m program over time. These draw on the notebooks used by Mentor Mothers which record information from each client interaction.

Site – Located in hospitals and clinics, the m2m site is a dedicated location where m2m program activities of support and counseling are carried out. A site is typically managed by a Site Coordinator who is supported by one to three Mentor Mothers.

Site Cluster - A group of sites managed by one Site Coordinator with various Mentor Mothers at the different sites. A site cluster is formed by considering the distance staff need to travel to work and the number of clients per area. A Site Coordinator managing a cluster of sites would typically oversee the services of two to five sites, making tasks such as coordination and reporting much easier.

Task Shifting – *A process of delegation whereby tasks are moved away from doctors and nurses, where appropriate, to less specialized, lay health workers. By reorganizing the workforce in this way, task shifting presents a viable solution for improving healthcare coverage by making more efficient use of the human resources already available and by quickly increasing capacity while training and retention programs are expanded* (WHO Jan 2008). In the case of m2m, healthcare facilities have been able to shift the tasks of PMTCT and HIV education and counseling on to m2m site staff, who support and complement medical services.

Training - Competency-based education using the *Helping Mothers Savings Babies* curriculum provided to all site staff to build the requisite skills needed to support holistic PMTCT services on site.

DATA INDICATORS

(as reflected in overview data on each country page)

Interaction – A one-on-one visit Mentor Mothers and Site Coordinators have with a pregnant woman or new mother at a health facility to discuss PMTCT issues.

New Clients - Pregnant women and new mothers living with HIV enrolled in the m2m program.

A map of Southern Africa is overlaid on a background of reddish-brown soil. The map is outlined in white. Several countries are highlighted in a darker shade of red. Lines connect these highlighted areas to text boxes on the left side of the page. The highlighted countries are Kenya, Rwanda, Zambia, Malawi, Swaziland, Lesotho, and South Africa. The text boxes provide the number of sites and new clients enrolled for each country.

KENYA

50 sites
24,200 new clients enrolled

RWANDA

35 sites
7,000 new clients enrolled

ZAMBIA

31 sites
6,500 new clients enrolled

MALAWI

46 sites
16,400 new clients enrolled

SWAZILAND

44 sites
24,000 new clients enrolled

LESOTHO

58 sites
13,600 new clients enrolled

SOUTH AFRICA

342 sites
206,500 new clients enrolled



Innovation: At the heart of mothers2mothers

m2m's program reach expanded substantially in 2009, as our existing site growth gained traction, effectively doubling the number of women enrolled in the program. In order to continually improve the quality and coverage of our program services, we adopted evidence-based approaches and identified and piloted further innovations, integrating them into successful practices.

The m2m Department of Strategic Information and Technical Support (DSITS) was created in 2009 as the engine to drive evidence-based innovations and continuous program improvements by assessing the effectiveness, feasibility and acceptability of simple interventions.

Highlights of some programmatic pilots and client initiatives undertaken in 2009 include:

- An evaluation of a programmatic intervention to enhance uptake of early infant HIV testing. This was the first study to be conducted at the m2m Innovation Center in East London and saw m2m staff at ten clinics providing targeted client education to their pregnant clients regarding the importance and availability of early infant diagnosis of HIV. As part of this study, staff at five of the sites also tracked clients who missed infant testing appointments, and initiated active client follow-up by phone at eight weeks after delivery. If the clients still did not attend, a home visit was conducted at ten weeks. The data collected from this evaluation revealed that there was a significant increase in early infant HIV testing at sites where active client follow-up was undertaken.

- An active client follow-up pilot was also conducted using cell phone texting and calls at ten sites in Nairobi, Kenya to track and reach out to clients who missed various targeted PMTCT appointments during the antenatal and postnatal periods.

Both pilot studies highlighted that the use of cell phones was feasible, effective and acceptable. Building on these studies, m2m is now working to integrate active client follow-up aided by the use of cell phones as part of its program.

"The education and the follow-up calls were very important to help clients deal with fear and denial and these barriers we are talking about (in support groups)..." (Mentor Mother)

Improved M&E Systems

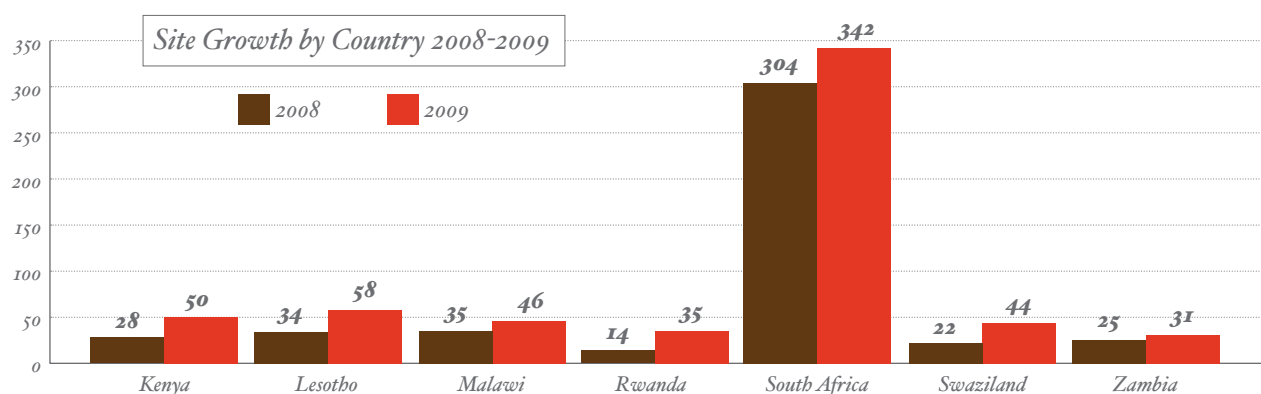
In 2009, the paper-based tools used by Mentor Mothers and Site Coordinators to collect information were extensively revised and updated, and these new tools were introduced at all sites across our seven countries. This initiative involved collaborative review, revisions, training and support to more than a 1000 site staff members. The new tools allow m2m to gather much more detailed information on the types of client interaction, allowing for the distinction between antenatal and postnatal visits, new and returning clients, and measurement of interactions with

couples and support group visits. Different data is collected monthly from facilities with m2m services, and is used at the facility, country and organizational level for planning and learning and the continual enhancement of service delivery.

Improved m2m curriculum: *Helping Mothers Saving Babies*

As part of ongoing quality assurance efforts, m2m embarked on a collaborative process to revise and update the site staff training curriculum *Helping Mothers Saving Babies*. Based on feedback from our staff in the field and our evolving programmatic needs, the revised curriculum included expanded sections on early infant diagnosis and infant follow-up, reproductive health and family planning, and couple and family issues. Additional and improved participatory exercises have also been expanded to support the participants' ability to apply what they learned during their initial training once they are back on site. Additional training support materials were introduced, including Client Education Cards, which illustrate key learning points for clients, and provide Site Coordinators and Mentor Mothers with a list of talking points for each topic. Client Education Cards are being piloted in several locations before being rolled out to all sites.

2009 Achievements	
	Cumulative 7 countries
Sites	606
Site Coordinators	432
Mentor Mothers	1,135
New clients enrolled	298,200
Interactions	2,166,800

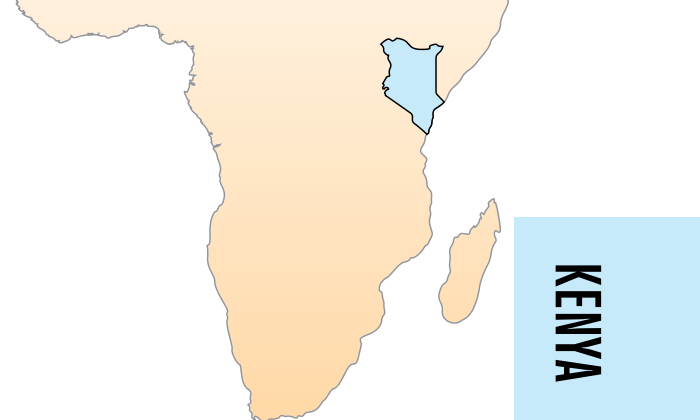




“When I was first diagnosed I felt hopeless. I can’t explain, I just felt...useless...separated from other human beings...until I had a mild stroke and landed in this facility where I met a Mentor Mother from m2m and everything changed. I thank God for that. I felt physical and mental healing from the first day of sharing my experience at m2m. I feel healthy, my hope is restored and I am now restoring hope to others.”
(Monica, m2m client in Kenya)

KENYA

Located in the heart of East Africa, Kenya is the financial and trade hub of the region. It has been critical for m2m to pursue expansion and service delivery in a country where it is estimated that 7% of adults are HIV-positive, the majority of whom are women.*



2009 OVERVIEW

Program inception	2008
Sites	50
Site Coordinators	50
Mentor Mothers	122
New clients enrolled	24,200
Interactions	194,500

The story of m2m's achievement in Kenya is emblematic of our transition from a small NGO to a multi-national organization, and the relationship m2m has with its sub-partner in the country, Catholic Medical Mission Board (CMMB), is an example of how m2m has been successful at teamwork and collaboration. CMMB has been invaluable in assisting with the adaptation of the m2m model of care to the Kenyan context, and m2m has provided support to CMMB as an implementing partner, facilitating the development of high quality m2m programming throughout the country.

This year, 22 new sites were launched in Kenya, bringing the total number of sites to 50. m2m sites are located in the Nairobi, Central, Nyanza, and Western provinces, targeting a mixture of rural and urban areas with high HIV prevalence.

The success of the m2m program in Kenya has not gone unnoticed. In 2008, the local United States Agency for International Development (USAID) invited m2m to begin planning to take the model to scale through a national approach. We were delighted by this opportunity and humbled by the potential impact it could have on women and their families.

"Through the support group I have learned how to disclose to my other family members. This was especially helpful for when I was unwell and I needed support from them and reminders to take my medication."

(Annet, m2m client)

This year m2m has begun working with stakeholders at all levels, particularly with the national government, to build a comprehensive scale-up strategy. In response, m2m is also developing a range of new service delivery models, including affiliation with local partners, to allow us to efficiently expand the reach of the program to a much greater number of women. 2010 holds great opportunity as we pilot and explore new ways of operating to meet the challenge of national scale-up.

Consulting and collaborating with other organizations is integral to the way m2m operates and we have been actively

negotiating with multiple partners in Kenya to provide integrated PMTCT services. Another unique approach to partner collaboration in Kenya has been the introduction of public Experience Sharing Events. These events bring together site and facility staff, family and community members and government officials in an open forum to discuss the m2m program and its real impact on families. A particularly moving part of these events has been the public disclosure and personal sharing by the husbands of our clients and our Mentor Mothers, breaking down entrenched barriers of stigma, and demonstrating male support for m2m's empowerment model.

The Kenya team has led the way to address one of the key challenges in PMTCT programming: retaining women

in the PMTCT cascade. Recognizing the need to develop the capacity of the m2m model to manage this issue, we launched a pilot initiative to actively follow-up clients in

10 sites in Nairobi (see Innovation: At the heart of mothers2mothers for m2m's empowerment model). We look forward to exploring the results of this initiative in 2010.

“There is hope. Hope that one day, we shall win this fight against HIV and AIDS. Each person must know their HIV status. Those who are HIV-negative must know how to stay negative. Those who are HIV infected must know how to take care of themselves. HIV-positive pregnant women must get PMTCT services in order to have HIV-negative babies. All of this is possible if we each contribute to this fight.”

(Matanki, Mentor Mother in Lesotho)



LESOTHO

In a country characterized by mountains and small rural areas, it is not uncommon for our Mentor Mothers to engage with heavily pregnant women who may have spent hours trudging through rocky terrain in order to seek medical care.



LESOTHO



m2m Lesotho is also making greater efforts to achieve full family involvement and to promote male partner involvement in PMTCT. Together with m2m's partners, we have developed couple support groups at each m2m hospital site in the Butha-Buthe, Leribe and Berea districts. These couple support groups provide educational input to male partners with the ultimate aim of encouraging couples counseling, HIV testing, and improved adherence to PMTCT treatment and education.

2009 OVERVIEW

Program inception	2007
Sites	58
Site Coordinators	21
Mentor Mothers	76
New clients enrolled	13,600
Interactions	80,900

In 2009, m2m solidified its base in the urban city center, Maseru, with an additional 20 sites being opened. However, not every woman needing PMTCT support services lives in an urban area. To broaden m2m's reach in Lesotho, we expanded from Seboche in the far north to Mafeteng in the south. Our Mentor Mothers also spend, on average, between one to two days each week on follow-up activities in an attempt to increase clients' adherence to the full set of PMTCT services available to them. At present, a client appointment book helps identify defaulters (women living with HIV who have missed their scheduled ante or postnatal clinic visits, or those who have missed infant testing) for follow-up.

m2m has reached full saturation in all Maseru's clinics and hospitals that offer PMTCT-related services.

One of m2m's responses to the challenges of transportation and outreach in Lesotho has been our collaboration with Riders for Health, an organization that trains healthcare workers to ride motorbikes in order to give them better access to difficult-to-reach locations, a hallmark of operating in Lesotho. Following the success of one Mentor Mother who in 2008 received motorbike training to allow her to conduct active client follow-up this year, four additional m2m sites were identified, and preparatory activities were undertaken towards training these additional Mentor Mothers to ride motorbikes. Riders for Health provides the motorbikes, riding gear and safety attire, training in motorbike riding, and mechanical and maintenance tuition and support. m2m staff will use motorbikes to travel to outlying areas to encourage clients to return to health facilities for ongoing clinical care and treatment and for m2m sessions. Some Mentor Mothers have successfully completed the training, have received their motorbikes and are raring to go!



Finally, an exciting new development in October saw all of m2m Lesotho's Site Coordinators start an eight-module wellness journey with LifeLine South Africa. This course allows them to build upon their debriefing and emotional wellness skills, ensuring that they maintain their positive approach to life, and are well equipped to continue offering support and counseling to others.



“Simple as I am with my little educational background, I have managed to help so many people.”

(Rose, one of the first Mentor Mothers to be hired in Malawi)

MALAWI

Malawi is one of the world's least developed and most densely populated countries, with a population of just under 14 million people. HIV prevalence rates are around **12%** and an estimated **60%** of those testing positive in Malawi are women.*



MALAWI



2009 OVERVIEW

Program inception	2008
Sites	46
Site Coordinators	39
Mentor Mothers	94
New clients enrolled	16,400
Interactions	184,400

In 2007, Janet and her husband Medson were diagnosed as HIV-positive. With a very low CD4 count, Janet was initiated on ARV treatment immediately to boost her immune system. In May of the following year, she gave birth to a baby boy, Moses, and was introduced to m2m by nursing staff. In June 2009 she gave birth to her second child, Blessings. Janet explains that m2m helped her family members live more positive lives: "So far I have joined an m2m support group where we encourage each other with experiences of real-life situations. Sometimes my husband and I get couple counseling, which has also changed our lives."

Medson feels a deep sense of gratitude for the encouragement he and his wife have received in working through their personal issues of stigma: "m2m has helped us to have Moses and Blessings tested for HIV and they are both negative. As a family we are now free to disclose our status to our children, family members and friends, which was not possible before meeting m2m, since our lives were self-stigmatized and we feared discrimination." Janet and Medson are just one of the couples that m2m has reached

out to since the program was launched in Malawi in 2008. From an initial 35 sites, m2m expanded this year to a further 11 sites, and added one more district to the original six, now providing crucial PMTCT support services across the central and southern parts of the country. With this kind of rapid growth, it has been vitally important to ensure continued cost-effective and efficient management and coordination.

Throughout 2009, it was exciting to see a significant increase in uptake of key services among clients. A review of m2m client records showed a doubling of antenatal clients learning their CD4 count and a quadrupling of women receiving therapeutic treatment with HAART within a 6-month period. This is critical as it is the women with advanced HIV that both need treatment for their own health and are also at highest risk of passing the virus to their children.

Sourcing facility space to conduct support groups is an overarching challenge in Malawi, particularly in the commercial capital, Blantyre. An innovative solution presented itself when UNICEF provided m2m with 36 tents for use at 32 sites with limited space (with four sites using two tents each). Any such challenges are

outweighed by the collaboration that m2m Malawi enjoys with the Ministry of Health (MoH) and UNICEF. The enthusiasm and support expressed by Malawi's Vice President Banda for our work at Chileka Health Centre in Lilongwe has also led to further discussions on how we might work together in the future.

At the beginning of the year we introduced a small-scale community outreach pilot project in Lilongwe, in which Mentor Mothers joined facility staff in conducting outreach visits at antenatal clinics. To date, Mentor Mothers have undertaken seven visits and have reached 291 women.

Recognizing that our caregivers themselves need care, we launched

"I was personally deeply touched by the work m2m does, especially the Mentor Mothers program. I am sure it means a whole lot of a difference to women living with HIV who just need to bear it is okay to be positive and be supported to face the next day."

Vice President Banda

yet another pilot project in Malawi, the Positive Living Plan (PLP). PLPs assist m2m's staff to live positively, and improve their overall wellbeing. The major objectives of the PLP allow

site staff to improve their physical and emotional wellbeing, their ability to act as positive role models, and therefore, better facilitate client behavior change. The pilot was initiated early in 2009, the first follow-up of four Site Coordinators and 18 Mentor Mothers from 13 health facilities was undertaken from October to December. This follow-up allows them to review their goals, pre-test the M&E component, and get feedback on positive role modelling. m2m as an organization would seek to learn institutionally both how to better support site staff and also understand common issues and priorities of our clients.



“I found comfort and support in the Mentor Mothers. They are women and mothers who themselves are living with HIV. Their testimonies showed me that they knew what it is like to hide behind the stigma of a positive status, to live in fear and to have little hope for the future. Their personal stories of triumph and empowerment made me feel that I could live a healthy, long life and so could my baby. Now we are living peacefully.”
(m2m client, Rwanda)

RWANDA

Rwanda is known as the Land of a Thousand Hills and has a population of just under 10 million. With almost **75%** earning under **\$1** a day*, the challenges of simple survival take priority over accessing PMTCT services, making m2m's program implementation both difficult and necessary.



RWANDA



2009 OVERVIEW

Program inception	2008
Sites	35
Site Coordinators	32
Mentor Mothers	29
New clients enrolled	7,000
Interactions	55,000

When Jeannette tested positive for HIV, she was pregnant with her first child. Her marriage was tumultuous, and she chose not to disclose her status to her husband for fear of causing more conflict. It was only when Jeannette became pregnant with her second child that she knew she could no longer keep her secret. Although she was positive, HIV testing revealed that her husband was negative. This further exacerbated the tense situation in her home, and she turned to m2m for support.

With the assistance of m2m, Jeanette successfully navigated the intricacies of PMTCT. Mentor Mothers educated and informed her on the steps to take to ensure her child would not be born carrying the virus. She learned about exclusive feeding and made a choice to breastfeed her newborn. She also learned how to remain healthy by eating well and making positive life choices. Most importantly the Mentors encouraged her to bring her husband to the support groups, and offered her continual advice on how to start mending her relationship.

"The Mentor spoke to us about living together, and having safe sex by using a condom. She also told us about other family planning methods," says Jeannette.

m2m Rwanda operates in partnership with the Imbuto Foundation, a local organization initiated by the First Lady of Rwanda, Mrs. Jeannette Kagame. Together, work is carried out in 35 health facilities, with plans to expand to a total of 50 sites throughout the country in 2010. The m2m curriculum was translated into the local language of Kinyarwanda and adapted to suit the socio-cultural and PMTCT contexts in Rwanda. It was also revised to include significant technical updates and enhanced focus on competency-based training. Additional modules were included on Family Planning, Couple Support, Infant Follow-up, Infant Feeding, and Malaria.

One of the notable features of the m2m Rwanda program is increased support and involvement by male partners. More than in any other country where m2m operates, we see the partners and husbands of our clients and staff benefiting from the available m2m services. Between 23% and 27% of client interactions in Rwanda

involve male partners. This is due to a combination of factors, including the Ministry of Health's innovative national policies to promote male involvement at first antenatal visits. Additionally, our program provides further support by encouraging ongoing psychosocial support and education for couples. This facilitates positive decision-making among couples and promotes joint involvement of couples throughout the PMTCT cycle.

In order for m2m to remain effective in providing PMTCT support services, it is fundamental to maintain a close working relationship with the Ministry of Health, other NGOs and major stakeholders. m2m Rwanda regularly participates in working groups, steering committees and conferences, focusing on improving service delivery and access to healthcare for the Rwandese and effectively and efficiently

address the consequences of the HIV/AIDS pandemic.

It is for women like Jeannette that m2m continues to thrive. Both Jeannette and her husband

continue to attend m2m support groups, and with the knowledge they receive from the program, are committed to helping other Rwandese in the fight against the transmission of HIV to future generations. They, like many other m2m clients, are a living testimony of triumph and empowerment, instilling hope in others that they, too, can live healthy, long lives and take the best measures possible to ensure their children are born HIV-free.

To creatively tackle some of the uptake challenges of the postnatal period, including couples education, infant feeding, and family planning, male partners of Mentor Mothers have started serving as peer leaders, creating a couples2couples strategy in support groups. This achievement has dramatically increased the attendance of postnatal couples at m2m.



“It is not the end of life being diagnosed as HIV-positive. You can still live. Mother-to-child transmission is a big problem, but it can be solved through PMTCT programs like this.”
(Princess, Mentor Mother)

SOUTH AFRICA

South Africa has the highest number of pregnant women living with HIV in the world.* 2009 saw a progressive development in the national HIV/AIDS and PMTCT strategy and policy, signaling a new era of increased treatment and care, unprecedented in South Africa's history.



m2m South Africa is enjoying more integration with government bodies and other implementing partners than ever before, particularly at the facility level. Across the country, our Mentor Mothers are being invited to participate in meetings, facility and district health activities such as open days and campaigns, and training with fellow nurses and doctors, where they play a role in educating, encouraging and informing audiences about their critical role in providing support for other women like themselves. In addition, m2m South Africa has received positive feedback from facility staff, government officials and civil society partners about the progress Mentor Mothers are making in reducing stigma, and encouraging more people to disclose their HIV status. This is testimony to the individual attention Mentor Mothers give to each client, supporting them through their own personal journey towards a healthier life.

Mentor Mothers are pillars of sisterhood, educating new mothers and supporting them every day as they confront decisions that mean the difference between illness and health.

One such mother is Princess, a 29-year-old mother living with HIV. At 28 weeks of pregnancy, Princess took PMTCT ARV treatment and was given prophylactic drugs for her infant after delivery. Her daughter, now two years old, is living free of the virus, and Princess herself is healthy and has a high CD4 count. She works at an m2m site in the township of Khayelitsha, Western Cape, and is a role model to other mothers and mothers-to-be living with HIV.

2009 OVERVIEW

Program inception	2001
Sites	342
Site Coordinators	239
Mentor Mothers	695
New clients enrolled	206,500
Interactions	1,482,800

The birthplace of the first m2m program, m2m South Africa remains our flagship program and our largest, both in terms of the size of the program and client numbers. At the end of 2009, 342 sites were in operation in both urban and rural areas, as well as in one additional province, Limpopo. Strong relationships with all levels of the Department of Health (DoH) since 2001 have resulted in m2m representation in all PMTCT technical working groups at national, provincial and district level, ensuring that the m2m program is aligned with national PMTCT policy and is working together with the DoH to improve and strengthen service delivery.

In 2009 in South Africa, great developments in the National HIV/AIDS and PMTCT policy and strategy were

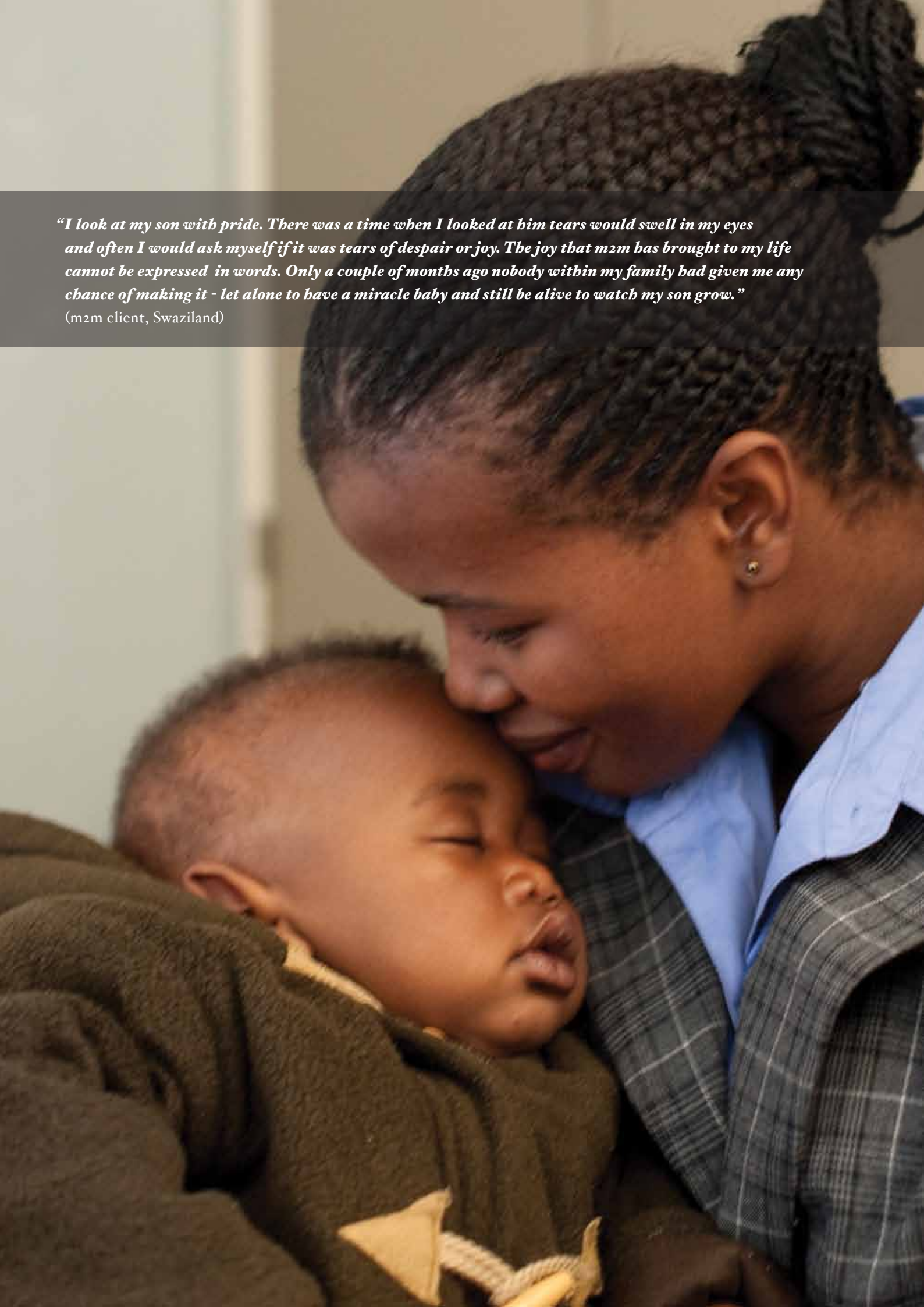
made indicating that the government - formally criticized as being unresponsive in its approach to the pandemic raging in the country - is very serious and committed to amplified delivery of national prevention and care services. Bold policy changes specifically in the areas of maternal and infant health include the availability of anti-retroviral treatment for pregnant women with a CD4 count of 350 or less (previously 200 or less) and for those who display symptoms, irrespective of their CD4 count. Additionally, the plan will allow all pregnant women living with HIV to receive treatment at 14 weeks to protect the baby, compared with previous guidelines that provided treatment only during the last term of pregnancy.

The province of KwaZulu-Natal is regarded as the epicenter of the HIV pandemic in southern Africa and has the highest HIV prevalence rate in the country, with estimates

that almost 38% of the population is HIV-positive (South African DoH Study 2007). As such, KwaZulu-Natal remains a focal point for expansion of the m2m program and is the province with the greatest number of sites in the country, totaling 165 sites at the end of 2009.

Where m2m was once confronted with resistance and doubt, today we face opportunities for improvement and growth.

*UNICEF 2008: Tracking progress in maternal, newborn and child survival

A close-up photograph of a woman with dark skin and her hair in a large, intricate braided bun. She is wearing a light blue collared shirt under a grey and white plaid jacket. She is holding a young child with dark skin, who is sleeping peacefully with their eyes closed. The child is wearing a dark brown, textured cardigan with a light-colored rope tie. The woman is looking down at the child with a gentle expression, her face close to the child's head. The background is a plain, light-colored wall.

“I look at my son with pride. There was a time when I looked at him tears would swell in my eyes and often I would ask myself if it was tears of despair or joy. The joy that m2m has brought to my life cannot be expressed in words. Only a couple of months ago nobody within my family had given me any chance of making it - let alone to have a miracle baby and still be alive to watch my son grow.”

(m2m client, Swaziland)

SWAZILAND

A small, landlocked country, Swaziland has one of the highest HIV prevalence rates in the world, with one in four people infected*. With a **100%** increase of sites in 2009, **m2m** has the ability to reach approximately **75%** of HIV-positive women who are attending antenatal and postnatal clinics throughout the country.



2009 OVERVIEW

Program inception	2008
Sites	44
Site Coordinators	23
Mentor Mothers	67
New clients enrolled	24,000
Interactions	101,400

By the end of 2009, m2m Swaziland was operating in 44 sites across the country, deploying, where applicable, a site cluster approach in order to maximize cost-effectiveness. The m2m curriculum has been adapted for the local context, and m2m has been working in partnership with Swaziland Infant Nutrition Action Network (SINAN) and the Nutrition Council of Swaziland to integrate an infant feeding/early childhood nutrition package into its training curriculum. This adaptation is particularly important as it strengthens client adherence to exclusive feeding techniques, a key element of preventing mother-to-child transmission of HIV.

Building on the successful partnership m2m South Africa and Lesotho enjoy with LifeLine, m2m Swaziland also introduced a skills-building and care-for-caregivers

program aimed at addressing personal life challenges site staff face. This program, known as the LifeLine Emotional Wellness Journey, teaches staff to develop personal coping skills, both at work and at

home. Since October 2009, LifeLine has sent a training consultant to Swaziland to conduct these sessions.

“There are times when we see critically ill clients and during those times a process of self-reflection begins. You begin to remember that you live with HIV and that at some point you may become critically ill. This is the time when I feel I am at crossroads and the need and pressure for counseling mounts a lot. The LifeLine programme has taught me some valuable lessons about managing my life and handling my emotions through the phases that I go through.”

(Sentiments of a Site coordinator on the LifeLine program)

“m2m has come at a time when we thought that we had been defeated - when we thought there was no hope for the pregnant mothers and their babies within the provision of PMTCT, as there were gaps. Without m2m we would have not achieved the high rate of children testing negative.”
(Senior Sister at Good Shepherd Hospital, Lubombo Region)

UNICEF has been a critical partner for m2m in Swaziland, providing key financial and institutional support. By brokering initial introductions with Swaziland's key stakeholders,

UNICEF has been a pivotal alliance for m2m's presence and success in this country.

With the highest HIV prevalence rates in the world, m2m has identified Swaziland as a priority for PMTCT services. 2009 marked a turning point for m2m Swaziland as the number of sites doubled and the number of HIV-positive women and new mothers reached increased substantially. Together with our various partners, m2m Swaziland is making a significant contribution to PMTCT support services, empowering women and their families in turning the tide against HIV/AIDS.



“The m2m program is unique because it is the only organization that has special interest in mothers that are HIV-positive and practically provides HIV/AIDS and PMTCT education in order to help mothers to give birth to HIV-negative babies and remain healthy.”

(Lovely, Mentor Mother in Zambia)

ZAMBIA

Ranked by the United Nations Development Program as one of the poorest countries in the world, Zambia is also one of the countries in sub-Saharan Africa worst affected by the HIV/AIDS pandemic. Nationwide, **20%** of all HIV transmissions are due to mother-to-child transmission*, making access to PMTCT services an urgent priority.



2009 OVERVIEW

Program inception	2008
Sites	31
Site Coordinators	28
Mentor Mothers	52
New clients enrolled	6,500
Interactions	67,800

A 24-year old HIV-positive pregnant mother gives birth to her first baby. The clinic informs her that it may take up to six weeks to receive her baby's HIV results. The mother leaves the clinic feeling hopeless and terrified, and decides not to return to collect the results because she just cannot face what she fears might be her child's death sentence. She returns home unsure about how to feed her baby as she has received conflicting messages from various healthcare workers. Within two months her baby is admitted to the hospital with severe infantile malnutrition.

Since 2008, m2m has been putting measures in place to prevent scenarios such as this by making PMTCT support services available to HIV-positive pregnant women across the country. Program implementation and expansion has not been an easy feat in Zambia as we face various institutional, financial and practical obstacles. This woman, like so many others in her position, was defeated by a structural obstacle – an overburdened healthcare infrastructure – resulting in a general lack of awareness and

understanding among pregnant women about PMTCT services.

m2m began working in Zambia in 2008 through a partnership with Development Aid from People to People (DAPP), with funding from the President's Emergency Fund For AIDS Relief (PEPFAR) New Partners Initiative (NPI) grant. As we expect the program to continue to grow and expand throughout the country, m2m has decided to establish an m2m Zambia branch. m2m Zambia will allow us to implement the program directly, and be more responsive to the needs of the country. Over time, this will also allow for improved service provision, and allow for more responsive and efficient program expansion.

In 2009 planning was undertaken with UNICEF and other major donors to determine how m2m could help women living with HIV who are accessing PMTCT services at the busiest, highest-need facilities in Zambia. This planning took place in response to a need to increase PMTCT education and support including targeted, practical infant feeding and basic family nutrition. Planning was also spurred by a Rapid Assessment conducted by UNICEF in December 2008 which concluded that confusion

amongst health staff and clients about infant feeding messaging, coupled with food insecurity and the high numbers of women accessing PMTCT services in the Assessment catchment, had led to emergency level numbers of babies and young children being admitted to the University Teaching Hospital for malnutrition. From January 2010, UNICEF will be funding m2m activities in 10 sites in Lusaka Province, in an

attempt to help address the problems highlighted above.

Over the course of the year, m2m's objectives in Zambia were aimed at consolidating program activities

in the Southern Province where all our sites are located and where there is the highest HIV prevalence rate in the country. We also undertook sustainability planning at regional and site level; implemented practical infant feeding demonstrations at all sites to ensure that infant feeding choices are Acceptable, Feasible, Affordable, Safe and Sustainable (AFASS) as guided by WHO; conducted staff training; scaled up our full array of program services to 31 sites; and further built the capacity for quality delivery of services.

m2m Zambia has seen major developments over the past year, and by the end of 2009 m2m PMTCT support services were available in 31 sites across six districts in the Southern Province.

Events & Achievements

Robin with First Lady of Lesotho, her Excellency Mathato Mosisili, at the first ever African First Ladies Summit held in Los Angeles



m2m staff meet with UK Prime Minister's wife, Sarah Brown, at 10 Downing Street in London



Kenyan Site Coordinator Emily Owino is invited as a guest of honor to Sir Elton John's annual charity ball held at his house in Old Windsor, UK



Annie Lennox visits an m2m site in Cape Town, treating the women to a song in Xhosa

m2m has the opportunity to meet Western Cape Premier Helen Zille at the 4th of July celebrations held at the US Embassy in Cape Town

South African Site Coordinator Nozi Samela addresses doctors and scientists attending the International AIDS Society conference held in Cape Town, South Africa



Gene and Mitch receive a Schwab Foundation Africa Regional Social Entrepreneurs Award at the World Economic Forum in Cape Town and meet former UN Secretary General Kofi Annan and South African President Jacob Zuma

Alberta Mayberry, new US Consul General to Cape Town, along with other US Embassy and Consular Staff, visit one of m2m's first program sites in Khayelitsha, Cape Town



HSH Prince Max of Liechtenstein, CEO of wealth and asset management group LGT, and a supporter of m2m, visits mothers2mothers in Cape Town



Zambian First Lady, Thandiwe Banda, visits m2m Zambia



David Beckham, UNICEF Goodwill Ambassador, visits an m2m site in Cape Town to learn about the program

Guests including Annie Lennox and the Duke of Kent attend an m2m presentation at the Royal Institution of Great Britain

Malawian Mentor Mother Maria Posita is invited to speak about living with HIV at the Africa Forum hosted by Project Concern International

Former First Lady Laura Bush attends an m2m fundraiser in Texas, where Babalwa Mbono, (ex-Site Coordinator and now Trainer) tells her story



m2m Fellows: A Tapestry of Talent

After a year concentrating on program growth in 2008, 2009's organizational focus turned to consolidation and program absorption. New accounting systems were built and integrated, a social networking campaign was developed, new HR and payroll systems were put in place, and new M&E systems were rolled out. 2009 also proved to be a year where we gained a new-found respect for a sometimes undervalued form of support - our fellowship programs. m2m has always strived to create partnerships that allow for significant organizational development, and last year's focus on infrastructure strengthening reaffirmed the holistic impact and contribution our non-financial partnerships have on the organization.

m2m has long benefited from the consistent input of talented and dedicated fellowships (long-term, often mid-career professionals on loan from partner organizations). Fellows are provided from a wide variety of areas, including the corporate, financial and academic sectors. Tapping into these valuable professional skills affords m2m with a unique opportunity to enhance our capacity and access an expert human resource pool which is often outside the normal reach of a not-for-profit's budget. Residing with m2m for a minimum placement of six months, fellows provide strategic input, focused research, and develop projects that drive our organizational growth and efficiency.

LGT Venture Philanthropy Fellowship Program

In 2009, m2m was the grateful beneficiary of a multi-year grant through LGT Venture Philanthropy. This relationship not only includes a meaningful financial contribution, but is also enhanced with a Fellowship Program. LGT says of the fellowship:

"The initiative to offer a Fellowship Program emerged from LGT Venture Philanthropy's guiding principles and wishes to endow its portfolio organizations with the best support possible, not only through financial, but also through intellectual (know-how) and social (network) capital."

"As a former management consultant, I find the work remarkably similar to my previous career, but with something a little extra. The major difference is while still working to find ways of saving cents on the dollar, I am also trying to increase the number of women who are able to access life-saving care. Spreadsheet models become infinitely more interesting and rewarding when applied in that context!" (Cynthia Schweer, LGT Fellow, 2009)

The LGT Fellowship Program was created for highly qualified mid-career professional candidates. LGT Fellows bring both high academic credentials and a strong work ethic, enabling them to fuse their experiences into a significant contribution to m2m. In doing so, LGT Fellows not only add high value to m2m, but they are also provided with an avenue to achieve their potential and optimal development, profiting from an enriching experience in a foreign culture and working environment, and gaining skills in the fields of social entrepreneurship and venture philanthropy.

It would be impossible to imagine m2m achieving the tremendous strides it has made without the active and continuing participation of the above cadre of irreplaceable fellows and the generous organizations that provide them. Fellowship programs represent a significant investment in the fellow, the human capital investment by the sponsoring organization, and undeniably, priceless rewards for m2m.



Pfizer Global Health Fellows Program

Another thriving formal partnership for m2m is with pharmaceutical giant, Pfizer. The Pfizer Global Fellows Program provides m2m with a steady stream of seasoned executives in fields ranging from Finance to HR and Communications. These fellows join m2m for six-month terms, and invariably, they have an enormous impact on the program. The first Pfizer volunteer joined m2m in the spring of 2005 as a Financial Officer and established the organization's first financial management system.

This past year, Robin Smalley joined a Pfizer-sponsored panel at the Africa Business Summit in Washington, D.C. and shared Pfizer's cumulative contribution to m2m. *"When we sat down and calculated the contribution in dollars, it came out to well over a \$1 million in donated salaries. This figurative financial contribution is of course further enhanced for m2m by the incredible skills these fellows offer, providing long-lasting sustainable contributions that can then be handed over to a full-time m2m employee or new fellows."*

"Coming to mothers2mothers on a Global Health Fellowship through Pfizer has been both inspiring and rewarding on numerous levels. Not only does it represent a tangible investment in m2m from Pfizer in effectively lending out my skill set, but it also demonstrates that I work for a company with a conscience, which holds great currency for me as an employee."

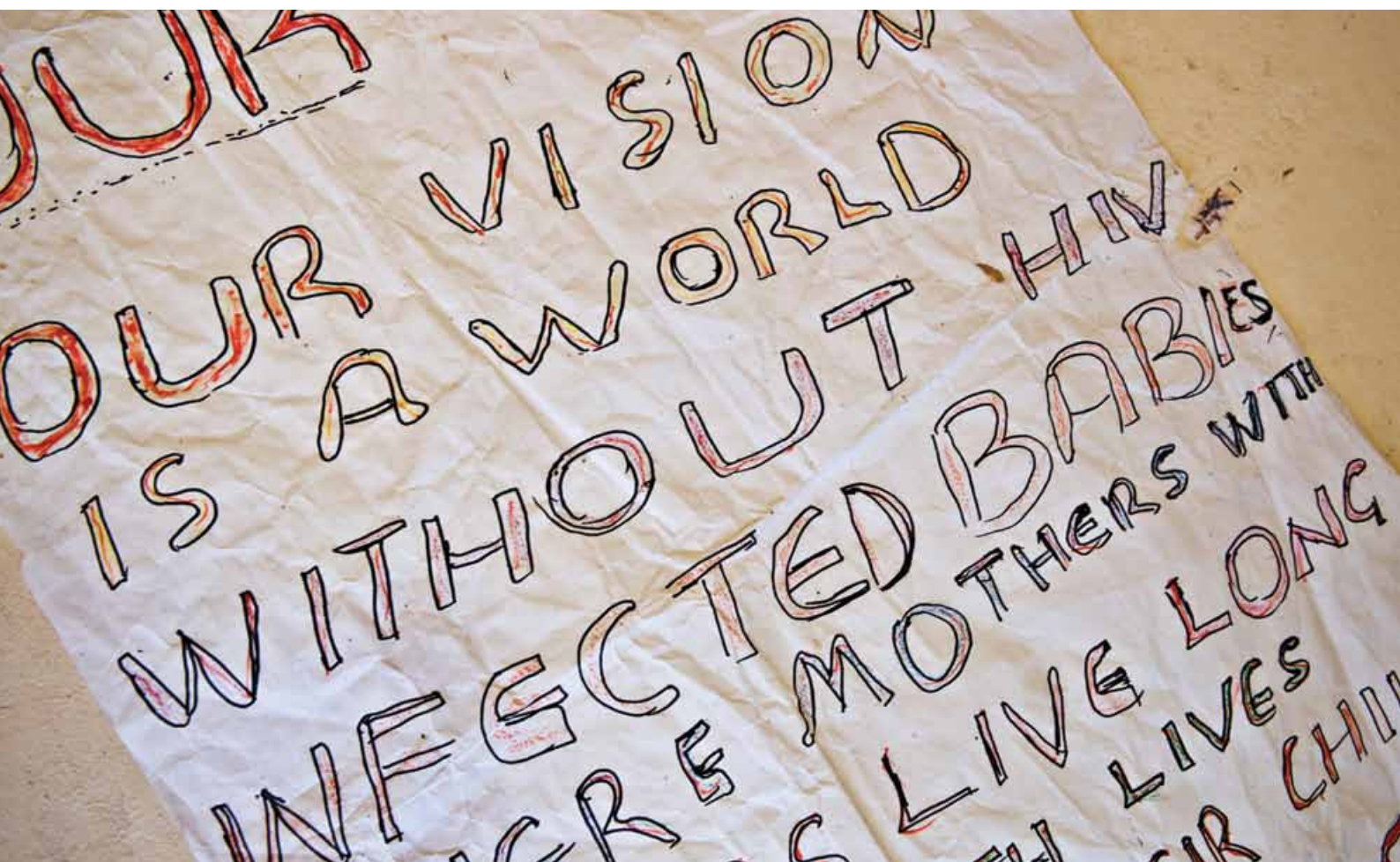
(Heather Thorkelson, Pfizer Fellow, 2009)

Princeton in Africa Fellows Educational Exchange Program

Since 2004, m2m has been fortunate to receive the support of Princeton University through its Princeton in Africa Fellows (PiAf) Program. As one of our valued partners, every year PiAf provides m2m with at least one, and often three, top-ranking Princeton graduates, each serving a one-year fellowship, and filling a variety of functions. In the early days when m2m operated with very few paid staff members, PiAf Fellows often found themselves filling program manager roles. More recently, their skills have been devoted to the enhancement of initiatives such as curriculum development and program administration. For the PiAf Princeton grad, the experience of living in Africa further enhances the development of emergent minds. Most, if not all, of our PiAf Fellows have gone on to advanced degree programs at extremely competitive schools, and used their experience with m2m to springboard into internationally-focused careers in global health and service.

"My experience at m2m indelibly shaped my current academic path and my aspirations for the future. Moreover, it inspired me to explore the intersections between public health and management science. Growing up, I had always imagined pursuing a career in medicine. But it was not until my fellowship year that I began to appreciate the critical relevance of business training to medical and public health practice."

(Steven Porter, Harvard Medical School and Harvard Business School Dual Degree, m2m PiAf Fellow, 2005)





A Financial Overview: 2009 Financial Trends and Analysis

REVENUE

Total revenue increased again in 2009, and continued to support the broadening and deepening of program activities within our existing countries. Additional revenue also allowed us to prepare for country expansion to Mozambique, Uganda and Tanzania. Total revenue receipts for 2009 increased by \$6.2 million (+67%) to \$15.6 million. The US Government, in support of USAID, (\$6.9 million) and the PEPFAR New Partners Initiative (\$2.7 million), was our largest single donor once again in 2009. We also continued to receive solid support for all our programs from our Corporate (revenue increasing by \$0.6 million over 2008), and Foundation (increasing by \$1.8 million over 2008) partners. Although we were not immune to the impact of the general economic downturn over the period, a year-on-year decline in revenue from private funders in 2009 mostly reflected the fact that we received a large multi-year grant from a private funder in 2008. Early funding prospects from all our major sources of funds appear to be favorable for 2010 despite continued uncertainty about the global economy. New sources of funds will be used in support of existing activities and the above new country expansion initiatives.

EXPENDITURE

Total Expenditure in 2009 increased to approximately \$14.7 million. The growth in expenditure reflects our investment in program infrastructure, and in a year following significant program expansion we also invested in our development initiatives, management systems, and support services for all our countries and program initiatives. mothers2mothers continues to direct over 89% of revenue to program activities and direct program support, whilst administration and general expenses, plus fundraising expenditure remain under tight control. Fiscal restraint will remain a priority during 2010, with every effort being made to ensure dedicated funder dollars go further in meeting and supporting m2m program objectives.

CASH

Cash on hand increased over the course of 2009 by \$1.5 million to a total of \$3.091 million. This increase was due primarily to the receipt of funding towards the end of 2009 in advance of 2010 program expenditure.

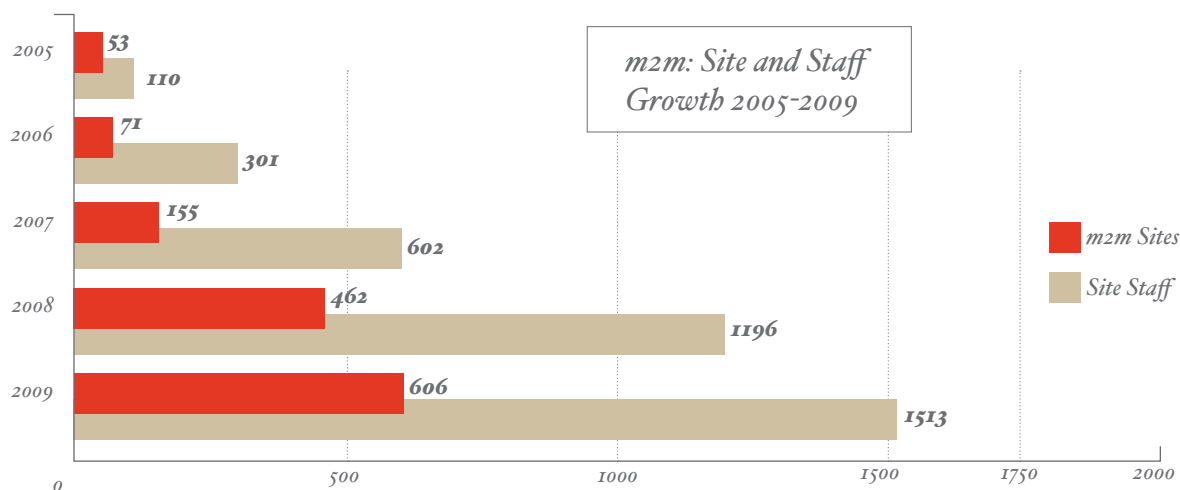
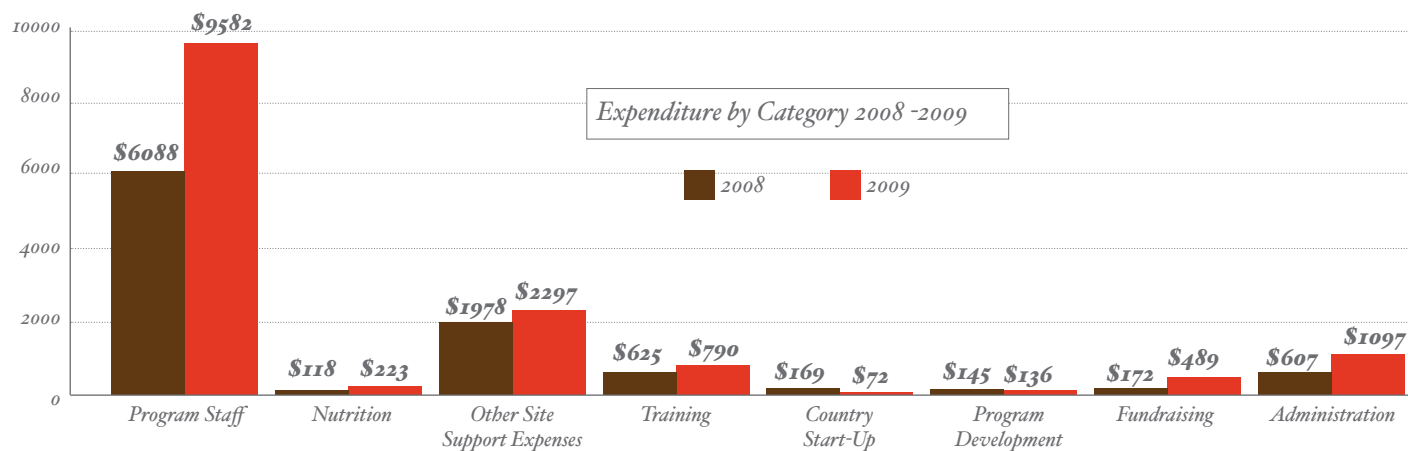
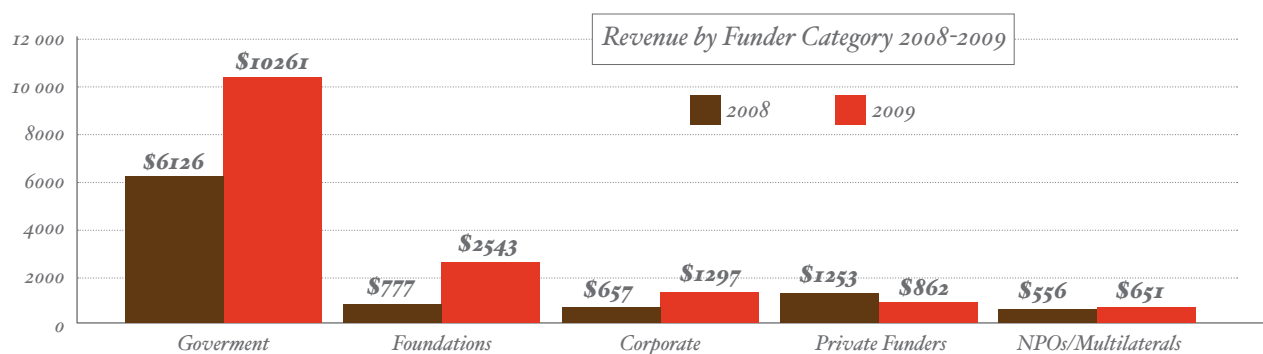
m2m Revenue & Expenditure 2008 - 2009 (US\$, 000s)

Recognized Revenue	2008	2009*
Government	6,126	10,261
Foundations	777	2,543
Corporate	657	1,297
Private Funders	1,253	862
Not-for-Profit Organizations/Multilaterals	556	651
Revenue Total	9,370	15,614

Expenditure	2008	2009*
Program Staff	6,088	9,582
Nutrition	118	223
Other Site Support Expenses	1,978	2,297
Training	625	790
Country Start-up	169	72
Program Development	145	136
Program Sub-Total	9,122	13,100
Fundraising	172	489
Administration	607	1,097
Expenditure Total	9,901	14,686

*Unaudited, pro-forma 2009 figures. Audited financial statements to be posted on our website.





Donors

ACKNOWLEDGING OUR SUPPORTERS

We wish to extend thanks and sincere appreciation to the United States Government, in particular the United States Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief (PEPFAR) for their substantial and ongoing support of m2m.

We also would like to thank the following people and organizations for their long-standing support and spirit of partnership

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Bickerstaff Family Foundation
Elton John AIDS Foundation
Johnson & Johnson
Mrs Laura Bush
Lex Mundi Pro Bono Foundation
LGT Venture Philanthropy
Pfizer
Princeton in Africa
The Skoll Foundation
The Starr Foundation
UNICEF

mothers2mothers gratefully acknowledges all of the many individual supporters who have contributed to the organization. All donors listed made gifts of \$100 or more between January 1, 2009 and December 31, 2009

Over \$500,000

Bickerstaff Family Foundation
Johnson & Johnson
PEPFAR New Partners Initiative
The Skoll Foundation
The Starr Foundation
UNICEF
USAID

\$100,000-\$499,999

Anonymous Foundation
Clinton Foundation HIV/AIDS Initiative
Department of Health, Mpumalanga
Elton John AIDS Foundation
LGT Venture Philanthropy

\$25,000-\$99,999

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