



**2008**  
ANNUAL  
REPORT



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The baby portraits framing each page of this year's Annual Report represent just a few of the thousands of HIV-negative babies that were born into the **mothers2mothers (m2m)** program in 2008. Their images are the faces of a future HIV-free generation. They are living proof that mother-to-child transmission of HIV/AIDS can be prevented. Our hope is that their faces and the stories of **m2m** programs and mothers will inspire you to support **mothers2mothers** and its vision for the future.

Cover photo by Celestial Meeker

Annual Report design by allbrandnoflakes.co.za (Cape Town) and freedesignstudio.com (Los Angeles)





## OUR VISION:

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 with hope for the future.

## OUR MISSION:

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:

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



# WELCOME FROM THE FOUNDERS

Dr. Mitchell Besser, Founder/Medical Director  
Gene Falk, Co-Founder/Executive Director  
Robin Smalley, Co-Founder/International Director

Compiling an Annual Report is always a fascinating job. Reviewing the year's accomplishments and challenges provides a unique snapshot into an organization's soul. It is a year frozen in time, with its own drive and context, its own ethos and character. For **mothers2mothers**, 2008 was an extraordinary period. While senior management focused on creating plans to carry us strongly toward the future, the staff as a whole was rolling out new programs, in new locations at an unprecedented pace. We have never been more active or had more energy.

At the end of 2007, we had just begun our first international operations with 34 sites in Lesotho. We are proud to report that 2008 ended with 158 sites in Lesotho, Kenya, Rwanda, Zambia, Swaziland, and Malawi. In 2007 we had 118 sites across South Africa; 2008 ended with 304! Staffing for this growth kept pace – 1,300 HIV-positive mothers were hired to operate the programs, and a further 54 staff were hired to work at our headquarters in Cape Town. Together we have conducted over one million client encounters. We think we may have broken some kind of record - certainly our own!

The challenge is to consistently improve and deepen the program even as we grow it. **mothers2mothers'** hallmark has traditionally been an approach that is both entrepreneurial and creative, and our new Innovation Center, inaugurated this year, is just such a venture. It provides us with a place to pioneer exciting ideas to improve our delivery and follow-up care, and to find new solutions for difficult dilemmas in the field.

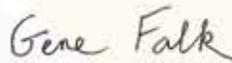
Yet none of this expansion of program and ideas could have been accomplished without the funding to support it. The 2008 budget tallied in at \$11,449,000 – a 104% increase from the previous year. Our donor family has traveled over every exhilarating crest of this roller coaster year with us, and, as always, our gratitude, like our vision, is boundless.

And, finally, there are the mothers themselves, who provide inspiration and meaning to every endeavor we approach. When we think of them, so many memories come flooding: the new Mentor Mother in Lesotho who had recently buried her baby, yet with tears in her eyes, told of her joy in helping others; the Site Coordinator in Kenya who braved the violence and destruction around her to walk six miles to the clinic so “her” mothers would know they could count on her; the young mother in South Africa who beamed as she held up her baby proudly, proclaiming “negative!” to everyone who passed by.

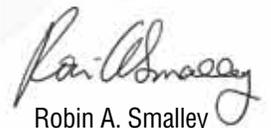
Thank you all... for your faith in us, your passion for this program, and your commitment to our future.



Dr. Mitch Besser



Gene Falk



Robin A. Smalley





## MEETING CHALLENGE WITH INNOVATION

Every NGO expects challenges - in the developing world they are a way of life. Topping the list: reaching clients in rural areas without access to basic necessities; providing follow-up care and treatment to HIV-positive women who have delivered babies; and working within fractured healthcare systems. Too often, organizations stumble upon solutions through trial and error, rather than through careful and thorough investigation and creative approaches.

Early this year, with the support of Johnson & Johnson, **mothers2mothers** inaugurated a new venture called the Innovation Center (IC). This is a collection of ten geographically-linked sites based in East London, in the Eastern Cape province of South Africa. It encompasses two tertiary hospitals that serve eight primary health centers, reaching more than 10,000 pregnant women each year.

Essentially the Innovation Center is a program laboratory which operates within the larger **m2m** program without disrupting the flow of our overall service. It is a space in which we can conceive, explore and implement new ideas. It affords us the opportunity to evaluate new services, activities, training modalities, monitoring tools, and staffing constructs. We can investigate what it takes to implement a service, and what resources are needed to overcome obstacles. Outcomes can be tracked to determine what works, how different interventions can be implemented in all our sites, and how they can contribute to more effective care for mothers and babies. Successful solutions and models can be shared with other organizations; government services and care providers in the field.

### First Priorities

HIV prevalence among women attending prenatal clinics in the Eastern Cape is 26%. The Innovation Center will allow us to explore creative interventions to not only address the issue of transmission, but also to keep the babies of these women enrolled in ongoing clinical care.



And so, with the enthusiastic endorsements of local stakeholders, the Innovation Center's first priority is an **Early Infant Diagnosis** initiative. The focus will be on supporting HIV-positive mothers who have attended **mothers2mothers** services during pregnancy and childbirth, and who bring their infants back to health facilities for HIV testing six weeks after delivery. Related initiatives are planned to ensure that those mothers eligible for antiretroviral therapy are enrolled in treatment programs, and that all mothers are supported in adherence to their choice of infant feeding.

The hallmark of any successful NGO is that it continually strengthens and improves its service delivery, and that it is always seeking creative and workable solutions to challenges. The Innovation Centre sets out to do just this. Our expectation is that it will help raise the bar in a way that will make everyone's work more effective and responsible, that it will contribute to better results, and that ultimately, it will help to save more lives.





## STRATEGIZING FOR THE FUTURE

**“A GOOD HEART AND A GOOD MIND  
ARE A FORMIDABLE COMBINATION.”**

Nelson Mandela

**mothers2mothers** was “born” in 2001 from a good idea that was striking in its simplicity: Hire and train new mothers living with HIV to inspire, mentor and counsel pregnant women newly diagnosed with the virus.

In only seven years we have grown from a tiny grassroots organization to a multi-national NGO that operates in almost 500 sites in seven countries. Through our Mentor Mothers program we have extended our reach from just over 2,000 to almost 81,000 HIV-positive pregnant women. In their cycle of care and support, each of these women will have potentially motivated countless others to keep themselves and their babies healthy.

Today **m2m** is not only recognized for the success of its efforts, but also for its operational excellence, and increasingly, for the technical assistance provided to those who partner with it in implementing its program.

**m2m**'s program development hasn't happened accidentally or thoughtlessly. All expansion decisions have been based consistently upon two key concerns: Will growth have strategic benefits and



promote **m2m**'s vision? Is the new proposed country willing to embrace **m2m**'s commitment to women's empowerment, our Mentor Mothers' ability to bolster an overstressed medical system, and the importance of preventing transmission of HIV to infants, as the front line in the war against AIDS in Africa?

**THROUGH OUR MENTOR MOTHERS  
PROGRAM WE HAVE EXTENDED OUR  
REACH FROM JUST OVER 2,000 TO  
ALMOST 81,000 HIV+ PREGNANT  
WOMEN.**



We have had to weigh disparate options, evaluate the implications of challenging decisions, and make some tough choices. Realizing that a framework was needed to guide future planning, in 2008 **m2m** retained the services of Dalberg Global Development Advisors. Their task was to provide a “roadmap”—essentially a guide to helping us achieve our goal of reaching as many HIV-positive pregnant women as possible, with the highest quality intervention, and the greatest efficiency. All this, while ensuring that the program remains sustainable in the long term...It was a tall order!

## ALL THIS, WHILE ENSURING THAT THE PROGRAM REMAINS SUSTAINABLE IN THE LONG TERM...IT WAS A TALL ORDER!

### Our Process and Results

Over a six month period, and with the support and cooperation of all levels of staff, key donors and partners, the Dalberg team delved deeply into **m2m**'s mission and program activities, assessing our operational strengths and weaknesses, and evaluating our core competencies. The results endorsed the essential ingredients of our unique program of action:

- The Mentor Mothers model – a simple, replicable design that relies on an infinite resource – the mothers themselves;
- The well-constructed, comprehensive Mentor Mother training curriculum;
- The importance of achieving measureable outcomes;
- The professionalization of Mentor Mothers to further reinforce their empowerment; and
- The unusual blend of people and processes brought to the organization by a variety of dedicated staff from many areas of the private sector.

### The Way Forward

There is no question that the need to prevent mother-to-child transmission of HIV in Africa remains critical – in sub-Saharan Africa, mother-to-child transmission accounts for 90% of pediatric infections and up to 15% of new HIV infections worldwide each year. [Source: Joint UN Program on HIV/AIDS & WHO – 2006]

#### **Understanding the injustice and tragedy of the situation:**

Of the 1,500 new HIV infections in infants each day: Less than 1 is in the United States; 1 is in Europe; 100 are in Asia and the Pacific; while 1,400 are born in Africa. With full medical intervention and care, mother-to-child-transmission (MTCT) could be markedly reduced to less than 2%.

To most effectively address this crisis, Dalberg's recommendation was that **m2m** continue to directly implement its core Mentor Mothers model, but that it also undertake key initiatives to strengthen the model. To address the challenge of accessing women in both high and low population/prevalence areas, **m2m** will develop a portfolio of delivery models to complement direct implementation by **m2m**. These will include providing technical assistance and capacity development to governments and local organizations, encouraging the inclusion of **m2m** mentoring into national health plans, and devising effective training plans for workers in isolated areas where the dedicated core model is not economically feasible.

Additional strategies to enhance the **m2m** model will include:

- Enhancing our post-natal programs and finding creative ways of retaining new mothers and their babies;
- Increasing our community outreach where appropriate;
- Developing a “graduation” strategy to provide **m2m**'s Mentor Mothers with employment opportunities in government and NGO health programs; and
- Where appropriate, including partners and families as a way to improve results.

### Our Immediate Goals

Over the next three years **m2m**'s goal is to expand its outreach to those countries in sub-Saharan Africa most affected by the pandemic, where its interventions will be effective and sustainable. **mothers2mothers** has already made a notable impact in seven of these 15 countries. By building on its success in the past, and with the guidance provided by comprehensive plans for the years ahead, **m2m** looks forward, with a “formidable combination” of “a good heart” and “a good mind”, to making Africa a place where all babies can be born free of HIV.

An Executive Summary of the **mothers2mothers** Strategic Plan will be available on our website, [www.m2m.org](http://www.m2m.org).

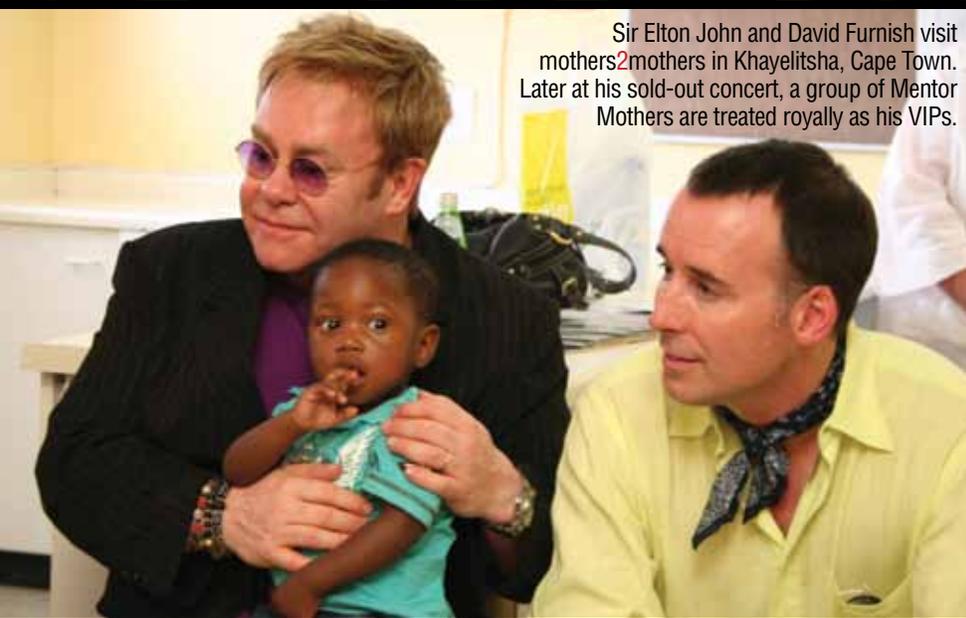




Oxford, England: mothers2mothers' Mitch Besser and Gene Falk are awarded the prestigious 2008 Skoll Award for Social Entrepreneurship (which comes with a \$1 million prize). This award supports social entrepreneurs whose work has the potential for large-scale influence on critical challenges of our time. L to R: Author David Bornstein, President/CEO Skoll Foundation Sally Osberg, Mitch, Gene, former President Jimmy Carter, Founder of ebay and Participant Films Jeff Skoll.



Grammy Award nominated jazz vocalist Tierney Sutton, connects with other mothers at m2m's Site B in the Western Cape, en route to performing at the Cape Town Jazz Festival.



Sir Elton John and David Furnish visit mothers2mothers in Khayelitsha, Cape Town. Later at his sold-out concert, a group of Mentor Mothers are treated royally as his VIPs.



Lesotho Site Coordinator Mathakane Metsing visits the UK, joining UNICEF UK ambassador Jemima Khan to speak at a special UNICEF forum on HIV and PMTCT.

Johnson & Johnson is awarded the 2008 Global Business Coalition (GBC) Award for its work with mothers2mothers. Robin and Mitch congratulate Sylvia Lin, Brian Perkins, and Anu Gupta from Johnson & Johnson at the New York City gala



m2m supporters Nina Girvitz, Peter Nelson, and Martha Williamson host the first Los Angeles friend-raising gala.



Cape Town friends, Eric De Siena, and Ingrid and Jack Gasparre, throw a fundraising celebration for mothers commemorating the 10th anniversary of their popular local eatery, Posticino.



Mitch Besser is awarded the Presidential Citizens Medal, one of the highest honors the U.S. President can confer upon a civilian.

# THE YEAR'S MEMORABLE MOMENTS

186 new sites are rolled out in South Africa, and operations begin in five new countries – Kenya, Rwanda, Zambia, Swaziland and Malawi, bringing the total mothers2mothers sites in 2008 to 462!

mothers2mothers' Robin Smalley is feted at the annual White House Luncheon on Literacy, hosted by First Lady Laura Bush at the Metropolitan Museum of Art in New York.



Gene Falk receives the prestigious Joseph Wharton Award, given to distinguished Wharton alumni for his work with mothers2mothers, as well as for a lifetime of commitment to social service and public policy endeavors. L to R: James Tisch WG '76, Gene Falk WG '80, Ken Beck WG '87, Michelle Peluso W '93, Bill Mack W '61

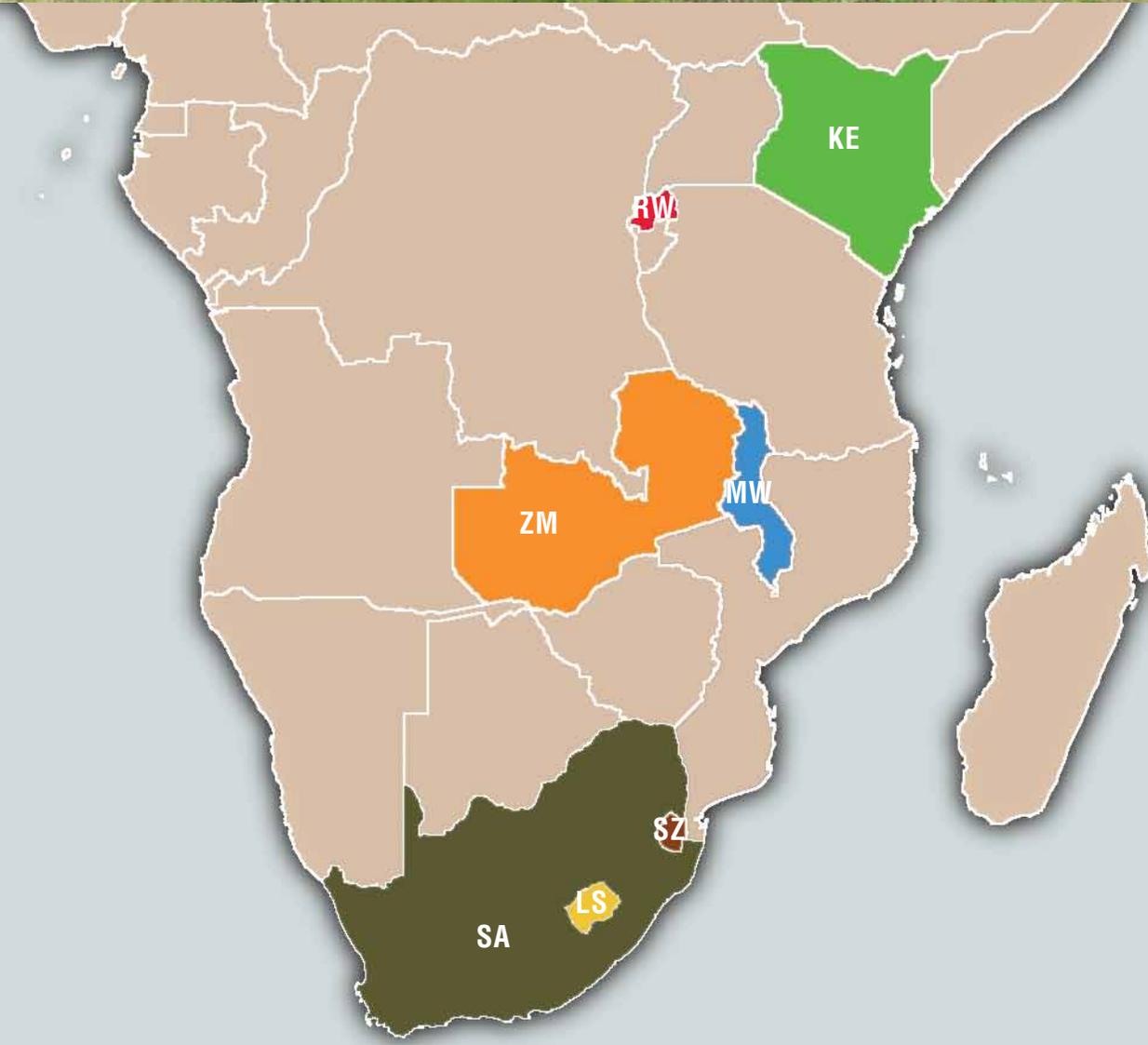


Robin Smalley's work with mothers2mothers is included as a chapter in designer Kenneth Cole's new book, *Awareness: Inspiring Stories about How to Make a Difference*. m2m co-chair Andrew Stern (L) joins her and Kenneth (R) for the San Francisco book launch gala





# MAPPING OUR YEAR



m2m Sites Year End 2008	
SA: South Africa	304
LS: Lesotho	34
SZ: Swaziland	22
ZM: Zambia	25
MW: Malawi	35
RW: Rwanda	14
KE: Kenya	28
<b>TOTAL:</b>	<b>462</b>





## SWAZILAND: A CROWNING ACHIEVEMENT

Generally regarded as a middle-income country, Swaziland has struggled to attract funding and attention from many philanthropic organizations and NGOs. Since 1986, the effect of HIV/AIDS has destroyed entire communities, and has left the country in dire need of emergency funds and desperate for NGO support. The HIV prevalence rate is 25.9% among adults [2006/2007, Demographic and Health Survey (DHS), Swaziland], and nearly 70% of the population lives on less than a dollar a day. [UN Food and Agriculture Organization, 2005]. A recent report by the Swazi government stated that 42% of all women in Swaziland are HIV-positive, up 3% from last year.

**mothers2mothers** initiated the Swaziland program in May 2008. The launch culminated in a vibrant celebratory ceremony with appearances by Chief Qomintaba of the Matsanjeni village, the Deputy Director: Public Health Rejoice Nkambule, and PMTCT focal person, Bonsile Nhlabatsi...all intended to show confidence in **m2m** and demonstration of its acceptance into the Swaziland public health arena.

**SWAZILAND IS A SMALL COUNTRY, NOT UNLIKE A NEIGHBORHOOD WHERE EVERYONE SEEMS TO KNOW ONE ANOTHER.**

Taking advantage of its tightly knit environment, **m2m** hired a Country Manager that already had strong ties and relationships with the central, regional and facility level staff in public health-care circles. She was well received and so was the program. In a period of eight months, **m2m** opened 22 sites in four regions across the country – Lumbombo, Shiselweni, Manzini and Hhohho. The sites currently reach over 1,200 HIV-positive women per month, both during pregnancy and post-delivery.

We believe that our exponential growth in Swaziland was largely a result both of early planning and successful discourse with all levels of governance. Beginning with the Ministry of Health, followed by the regional and municipal stakeholders, and lastly the relevant Chiefs and their communities, **m2m** met and consulted with people at all levels. This, coupled with the commitment of the mothers themselves who draw women into the continuum of care and support necessary to make PMTCT a success, will continue to enable us to serve as many women as possible including those who live in underserved areas.

### **From a young Swazi Mentor Mother:**

*"Clients want to hug us in town and some go to the extent of wanting to buy us gifts. They consider us as people who came to save their lives and their babies. They say when the counselor or nurse told them their results it was like their world had collapsed. They say the state of despair brought about by the word HIV positive was enough to kill them in that instant. But our support and care that we give brings about so much courage and a new sense of renewal and wanting to live."*





## SOUTH AFRICA: A YEAR OF UNPRECEDENTED GROWTH

**“WOMEN MUST BE AT THE FOREFRONT OF NATION-BUILDING TO BRING THE SOUTH AFRICAN CITIZENRY TOGETHER AND, THEREFORE, DEVELOP A WHOLE NEW ETHOS OF HUMAN CO-EXISTENCE.”**

Political Activist Steve Biko (1946 -1977)

The story of **mothers2mothers** in South Africa is one of a simple idea that caught both the imagination and attention of an unusually wide scope of funders. From humble beginnings in 2001, **m2m** is now supported by a multi-layered funding base that includes international and U.S. government donor agencies, as well as local government departments, the private sector, individuals and foundations. This co-funding and the variety of partnerships that have been established, have provided the fuel for the **m2m**'s services that are urgently needed by the thousands of HIV-positive pregnant women who have one simple wish for themselves and their unborn infants: long and healthy lives.

2008 represented a huge leap forward for **m2m**'s programs in South Africa. We started the year working in 118 sites across four South African provinces. Within a few months, our staff, working with unparalleled passion, vision and energy, had rolled out the Mentor Mothers program to an additional 186 sites and had added three new provinces to our portfolio – Gauteng, Limpopo and North West. 2008 ended with a total of 304 **m2m**'s sites across urban, peri-urban and rural settings in seven of the nine

South African provinces. In just 12 months we had nearly tripled the number of sites as we had launched in the previous six years combined!

This record growth was extraordinary considering the time, energy and commitment that goes into **mothers2mothers**' pre-launch processes. Prior to opening new sites and commencing operations, **mothers2mothers** invests in a thorough analysis and planning period. This includes comprehensive data analysis to determine best site suitability, as well as the most appropriate and effective services to offer in each local start-up. Extensive planning allows **m2m** to set-up the necessary systems and infrastructure in advance, ramp up and then launch to scale.

Essential to our service delivery is our commitment to on-going consultations and collaboration with key stakeholders. Before launching new provinces and sites, **mothers2mothers** management invests enormous time and effort in strengthening already established relationships, fostering new networks, consulting and engaging with key stakeholders, such as the local Departments of Health, and collaborating with district and facility staff. It is important to us as an organization that all our partners are familiar with, and committed to, **m2m**'s vision, goals, values and program.

We are often questioned about lessons learned. Rapid expansion, while having inherent risks, is truly an exercise in patience and perseverance. It is a delicate balance between reaching as many women who need PMTCT care as possible, while maintaining program quality. It often requires careful thinking and reorganization to ensure proper oversight of operations. And, it cannot happen at the expense of already-existing sites that need consolidation and continuing care.





## LESOTHO: AGAINST THE ODDS

Fate and good fortune brought a volunteer, Shaun Church, to the program (read more about Shaun's extraordinary adventures on the following pages). With his strong strategic leadership, Shaun helped initiate **m2m**'s first program outside South Africa. And with support from the Clinton Foundation and the Stephen Lewis Foundation, the program was unstoppable.

The severe landscape and remote settlements mean that client flow differs dramatically from one site to another. Women are forced to travel for miles to access services and this affects the number of clients who can simply attend **m2m** at will. A cost-effective creative approach was found to overcome this hurdle – placing Site Coordinators at specific low population and remote sites, at allocated times on rotating schedules, to ensure that all mothers in the area had the opportunity to take advantage of **m2m** program support and education.

In January 2008, our Mentor Mothers launched a new project – active client follow-up to visit the homes of those HIV-positive mothers who had failed to attend their scheduled follow-up care visits. The initiative has already exceeded expectations and **m2m** is now exploring cost-effective ways to extend its resources into the community.

This tiny landlocked country, with its many geographical, cultural and programmatic hurdles, has challenged us to create new models for low prevalence regions. These models will now ripple out to the new initiatives in other countries across the **m2m** landscape.



### **BASOTHO ARE KNOWN FOR THEIR TRADITIONAL PROWESS. A NATION OF PONIES, SONG AND DANCE - A TRUE 'MOUNTAIN KINGDOM'.**

Meandering roads, hilly terrain, and inaccessible mountain huts are the marks of Lesotho. It is a country completely surrounded by neighboring South Africa, yet much of the country lacks the most basic resources, such as water and sanitation – services freely available in nearby South African provinces.

In this vast rural setting we are constantly adapting the **m2m** model to meet the needs of those HIV-positive Basotho women who seek help in sites often so remote that only a four-wheel drive can negotiate the undulating route to their mountain huts.





## A LIFE-CHANGING JOURNEY: FROM THE TRADING FLOOR TO A TOWNSHIP CLINIC

### Shaun Church, Volunteer Director of Program Development

Shaun Church was only in his 30s when he retired from a successful career in finance. Seeking fresh challenges, he spent several years in India on projects supporting street children before making his way to Africa where mothers2mothers caught his attention. As a volunteer for m2m from January 2007 to December 2008, his contributions to the program are beyond measure. As Director of Program Development, he led an extraordinary period of international expansion and his personal commitment has left an indelible impression on the organization. We are grateful that Shaun feels that his valuable time was well spent...these are his words.

*Working for mothers2mothers took me into a whole new world. I had previously spent little time in Africa and had no exposure to Public Health. Yet, the two years I spent with m2m were among the most enjoyable, meaningful years of my life. Without doubt, the experience has indelibly changed me.*

*Prior to m2m I knew little of HIV. However, certain statistics on prevalence and life expectancy in southern Africa had stuck in my mind. I tried to get them in perspective: What if one in four Europeans had HIV? What if the average American died at 32? The vast calamity of the epidemic dawned on me slowly, then, in a hurry, I decided to act. I did a little research then flew to Africa in search of a way to somehow help.*

*Of the various organizations I met, m2m shone by far the brightest. I was hugely impressed at their combination of a powerful, compassionate program and dynamic, highly competent organization. I immediately knew it was where I wanted to be and they welcomed me warmly.*

*Mind you, as an ex-trader from the financial markets I wasn't sure what use I would be. A few years earlier I'd briefly volunteered for Greenpeace and had mostly done photocopying. I would have been content doing more of the same at m2m and maybe, with time, even moving on to faxing or, if things went really well, on to scanning too. Well, by my third week I was living in Lesotho and setting up m2m's first ever program outside South Africa. Now that I've left m2m I think I can admit I felt just a little out of my depth! There I was, armed only with enthusiasm, yet meeting with the Ministry of Health; negotiating with partners; designing operations; driving up mountainous dirt tracks; introducing the program to over-worked nurses at remote clinics; hiring staff and delivering furniture. It was great fun, enormously satisfying and a near-vertical learning curve.*

*Once the program in Lesotho was established, I took on responsibility for setting up and managing all of m2m's international programs. Before 2007, m2m had only operated in South Africa. Lesotho was the first 'international' program, but was soon followed in early 2008 by new programs in Kenya, Malawi, Rwanda, Swaziland and Zambia. This was an exciting period to work for m2m. Within two years the total number of sites and staff grew seven-fold and m2m had matured into a thoroughly multinational organization.*

*It was a pioneering time. One of us would fly into a country where m2m was virtually unknown and would then, meeting-by-meeting, presentation-by-presentation, lay the foundations for a new program. A few months and a thousand action-items later, there would be local Mentor Mothers supporting new clients in hospitals, clinics and even villages. What Mitch, Gene and Robin had founded in Cape Town was now forging its way across Africa. And the program blossomed wherever it grew. It seems strange now to think that it could possibly have done otherwise, but initially we weren't sure if what had worked so well in South Africa*



would be as effective elsewhere. It absolutely was. For, despite thousands of kilometres, unique cultures and myriad languages, there is something universal about one mother sharing her knowledge and experience with another.

Although *m2m* reaches mothers on an increasingly large scale, it supports them individually and with personal compassion. To me, the big numbers are most comprehensible when I think of the program one woman at a time. There were occasions in Lesotho where I was surrounded by mothers and babies in a tiny clinic or hut, and in that hot, intense, unfamiliar air – even as a white, male, ex-banker from London – I would feel the borders between me and them dissolve. What if one of the women was my sister? What if one of the babies was mine? Or actually me? How valuable would the Mentors' work seem then? Realizing that each one of the hundreds of thousands of mothers and babies that *m2m* impacts is immeasurably precious brings enormous satisfaction at what is currently being achieved, but also enormous unease at the many people we are still not reaching.

I don't think I've ever worked harder than I did at *m2m* – fast-pace, lost weekends, endless travel. But it never seemed like a job; it felt necessary and urgent. And I'm sure that's how it feels to everyone across the organization: from Mentors to Program Managers to Finance staff to the guys in IT.

## **MY COLLEAGUES' DEDICATION IS BREATH-TAKING AND I AM SO PROUD AND GRATEFUL TO HAVE BEEN A SMALL PART OF SOMETHING SO UNCOMMONLY GOOD.**

They will, for sure, take *m2m* on to even greater things in the future. As I write this, I am on a plane leaving Africa, and already the memories are rushing in: intense, gloomy antenatal waiting rooms over-flowing with anxious mothers and crying babies; the rapturous singing and dancing of new Mentors at their training graduation celebration; profoundly moving conversations with staff and clients, one inspiring mother at a time. And so many, many more. My only regret is that I never did get to use the scanner!

And, of course, I have learned so much. Most importantly, I have learned that we are not separate, we are all related. Our actions and inactions matter. We are responsible and we are powerful.

When I left the financial markets I thought that my years as a trader were what would always define me. I believed that nothing personally would match the fulfilment and excitement I had experienced and that the rest of my life would be less significant. I am delighted to say that my time with *mothers2mothers* in Africa has proved me very wrong.





The women of Malawi recently honored their President by presenting him with a cow. Although unusual, it was a meaningful tribute for his efforts to uplift the country's women. In a nation where gender inequality has been the norm, President Bingu wa Mutharika's campaign to promote equal opportunity between men and women marks the beginning of a new era for this nation. It was against this backdrop of progressive national strategies that **mothers2mothers** launched a record-breaking 35 sites in just six months.

However, rapid expansion of this scale does not just happen. Many people and systems need to be in place and each challenge needs to be met in an innovative and effective way.

## THE MINISTRY OF HEALTH'S FULL COLLABORATION AND SUPPORT OF THE **m2m** MODEL FACILITATED OUR SMOOTH ENTRY TO THE DECENTRALIZED LEVELS WHERE WE OPERATE.

Partnership with UNICEF led to generous financial and logistical support that helped to successfully launch a new organizational branch. And just sometimes, providence brings a special individual to advance the process: in this country, it was donor Debbie Bickerstaff, whose contribution and commitment helped jump-start our success.

# MALAWI: CREATIVE PARTNERSHIPS

With the support of these three valuable partners, **m2m** was able to ensure that vital structures were firmly in place before services and operations commenced. We hired, trained and set up a team of diligent Malawian management and administrative staff to provide support to in-the-field operations. With logistical assistance, we set up our new office, and established decentralized workspaces with the Ministry of Health. It was this combination of a creative partnership with UNICEF, the Bickerstaff Family Foundation, and the Ministry of Health that led to a seamless roll-out process.

**m2m** Malawi operates as its own entity, with its own in-country Human Resources, Finance and Monitoring and Evaluation divisions. These are in turn supported by 'sister' departments at the Head Office in Cape Town. With its dynamic program and energized staff, between June and October of 2008, **m2m** Malawi reached more than 1,800 HIV-positive pregnant women. By the year's end this figure had grown to almost 3,500. We have already identified our new districts for rollout in 2009 and mothers eagerly await the comfort and care those **m2m** services will provide.



### I Have Life

*My name is Ephrida Dzewela, I am HIV-positive. Following **mothers2mothers** training my baby had a PCR test at six weeks, it was negative. The baby is now 7 months old and has never been breastfed because I chose infant formula as my infant feeding method. I started ARVs. Everything changed when I joined **m2m** as a Site Coordinator for Mlambe Mission Hospital. My appetite and physical well-being have been restored. I work very hard to meet as many pregnant women in a day that I can and motivate them to go for HIV testing and counseling.*





## KENYA, RWANDA & ZAMBIA: PARTNERSHIPS TO REACH WOMEN IN DIVERSE CONTEXTS

**mothers2mothers** launched its program in Kenya, Rwanda and Zambia after identifying the need for our services in consultation with host governments and key stakeholders and mobilizing funds through PEPFAR's New Partners Initiative (NPI). Our first priority was to select credible local implementing partners to replicate, scale-up and roll-out **m2m** programs in these diverse demographic, epidemiological and socio-cultural contexts. We have created and built partnerships with the Catholic Medical Mission Board (CMMB) in Kenya, Development Aid from People to People (DAPP) in Zambia, and the First Lady's Imbuto Foundation in Rwanda.

### **KENYA: The courage and spirit of HIV+ Mentor Mothers**

It was in January 2008, in the midst of the civil turmoil following the Kenyan Presidential election in December 2007, that we launched the **m2m** program in partnership with CMMB. Despite the violence erupting in the slum areas targeted for the first **m2m** program, the newly trained Mentor Mothers would not accept prolonged delays to starting the services. Milker Simba, CMMB **m2m** Programme Manager in Kenya, recounts her determination to open sites despite unrest.

*"It was a time of crisis for Kenya, the incumbent was declared the winner. All chaos broke loose. Shops were closed and all public transport stopped operating since demonstrating youths had barricaded most major highways. Soon they were burning cars on sight and burning down commercial buildings. My husband was stranded many miles away in Western Kenya and we could not communicate because there was no airtime being sold*

*anywhere so no mobile communication. My husband survived on a meal of black tea and groundnuts once daily as he could not risk running out of the little food he had. I was lucky, I had little food reserves in the house and my children and I also ate only one meal a day. After some days, though, my husband was able to return to Nairobi and we were reunited.*

*The first sites were planned to launch on 7th of January 2008. By this date some parts of the capital could be accessed, but in talking with my **m2m** colleagues at the Head Office we delayed further so as to be very careful even though the hospitals of the sites stayed open. We eventually launched by the 21st of January because the Mentor Mothers could not wait when they knew their services were so badly needed. Now our sites have all become strong and the Mentor Mothers are happy to be focused on their work."*

**THANKS TO THE COURAGE, ENERGY AND COMMITMENT OF THESE HIV POSITIVE MOTHERS, PROGRAM SERVICES BEGAN IN MID-JANUARY.**

By the end of 2008 **m2m** program services were provided at 28 health facilities in Nairobi, Central, Western and Nyanza Provinces. Plans for 2009 include deepening of program services with a family approach, expanding services to the 50 facilities targeted as part of the NPI project, and further collaborative planning for scale-up of **m2m** services to the national level.





## RWANDA: Couple and family involvement

In Rwanda, **m2m** is particularly honored that our implementing partner is Rwandan First Lady Madame Kagame's organization, Imbuto Foundation, which has focused on HIV/AIDS, gender, stigma and social inequities since its inception in 2001.

## RWANDA REPRESENTS A UNIQUE ENVIRONMENT WHEN COMPARED TO THE OTHER COUNTRY CONTEXTS IN WHICH **m2m** OPERATES.

This includes a lower HIV prevalence than in most other southern African settings, a single language spoken across the country (Kinyarwanda), a densely populated yet predominantly rural population, and unique political, economic and socio-cultural contexts.

These elements required significant work to adapt and translate our **m2m** program design and tools, including our training curricula before launching initial services.

Another feature particular to Rwanda is both the high couple involvement in prenatal care, and the high uptake of couple HIV testing. We seek to take full advantage of this opportunity by building the capacity of our Mentor Mothers to offer meaningful support and education services, not only to women, but also to couples throughout the PMTCT program cycle, from infant diagnosis to ongoing family care. Male involvement also provides new opportunities for enhanced support and adherence of the female partner to PMTCT interventions, including institutional delivery and family planning. In addition, there are unique opportunities to help prevent sexual transmission within discordant couples, including cases when the woman is HIV-negative, thus protecting both her and her baby. We seek to take the lessons we are learning in Rwanda to other country programs to enable us to identify opportunities to enhance male involvement and provide support to couples, as part of **m2m** services.



## ZAMBIA: Collaborative partnership with government

Integral to our program implementation in Zambia is the close collaboration we have established with the Ministry of Health (MOH) and the Zambian NGO, Development Aid from People to People (DAPP). We rapidly demonstrated the effectiveness of the **m2m** program by increasing the level of maternal Nevirapine uptake to two/three times the baseline levels. These dramatic results helped to strengthen and sustain our partnership.

At site level, we have fostered a climate where Mentor Mothers and Site Coordinators feel ownership of the program and are building their skills at a local level. The demands they are faced with challenge them to think critically about factors that are causing or contributing to problems at their specific sites, and to find strategies to address these issues. The lessons we are learning as we implement and adapt the **m2m** program to fit the Zambian context, are being translated into workable solutions which empower Mentor Mothers to better counsel and serve other HIV-positive women.





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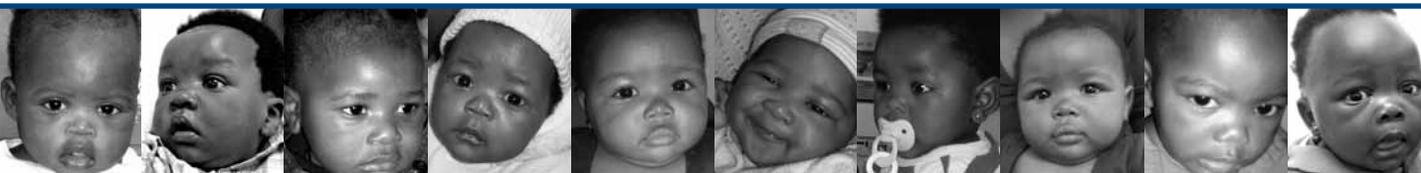
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Friends of **mothers2mothers** is a registered non-profit 501c3 in the U.S, ID# 20-0882735, **mothers2mothers** is a registered Section 21, Number 025-359-NPO in South Africa, and is a Registered Charity in the UK, Number 1119721 as Friends of the Mothers Programmes (UK), LTD.

At the time of printing, we are in the process of registering as a new 501c3, **mothers2mothers** International. When this registration is complete, the new ID number will be posted on our website, [www.m2m.org](http://www.m2m.org).





# FINANCIAL OVERVIEW

## 2008 FINANCIAL TRENDS AND ANALYSIS

### REVENUE

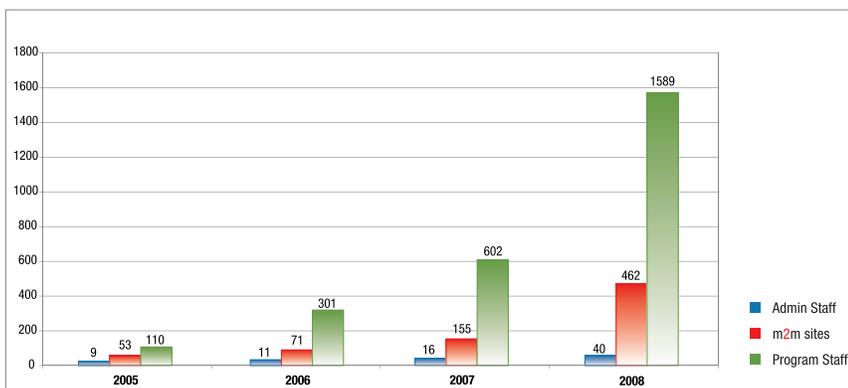
Revenue trends for 2008 continue to support the further development of program activities within South Africa, Lesotho and Swaziland and regional expansion and development initiatives in Kenya, Zambia, Rwanda, Malawi and Mozambique. Total Revenue receipts for 2008 increased to \$9.4 million. This represents a 99% (\$4.6 million) increase over the previous year. The bulk of these funds were provided by sources in the United States with 66% coming from the US Government in support of the PEPFAR (40% \$3.6 million) and New Partners Initiative (26% \$2.3 million) Programs. Solid support for both local programs and regional expansion continues to be provided by our corporate partners with revenue increasing by \$0.5 million over 2007. The overall decline in revenues from Foundations and Not For Profit Organisations represents a strategic realignment of funding commitments with **m2m** planned program development in 2009. Funding prospects in public and private funds continue to remain favourable for 2009 despite the current global economic outlook. These will be used in support of existing activities and new regional expansion initiatives.

### EXPENDITURE

Total Expenditures in 2008 increased to approximately \$9.9 million. This represents an increase of 143% (\$5.8 million) over the previous year. Program support and activities in South Africa accounted for almost 62% (\$6.1 million), while support, development and expansion

costs in all other countries accounted for approximately 38% or \$3.8 million. The growth in expenditure is in line with the ramp up of personnel, development initiatives, infrastructure build and support services to meet the needs and requirements of **m2m** programs in all countries and across all existing and new program activities. **m2m** continues to allocate over 90% of total revenue to direct program support and keeps administration and general fundraising expenditure under tight control. Fiscal restraint will continue to remain a priority during 2009, with every effort being made to ensure dedicated funders dollars go further in meeting and supporting **m2m** program objectives.

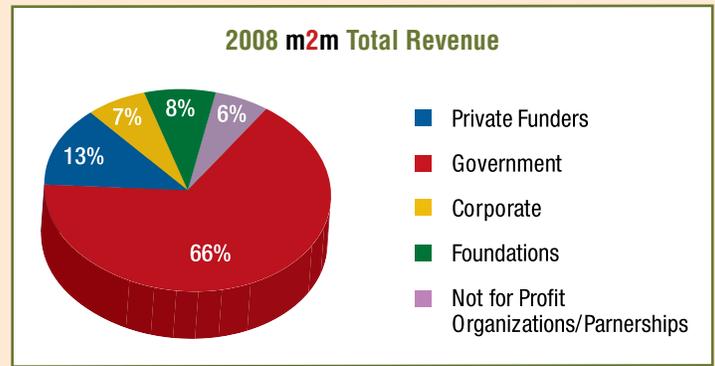
**m2m: Site and Staff Growth (2005-2008)**



# m2m REVENUE & EXPENDITURE 2007 - 2008

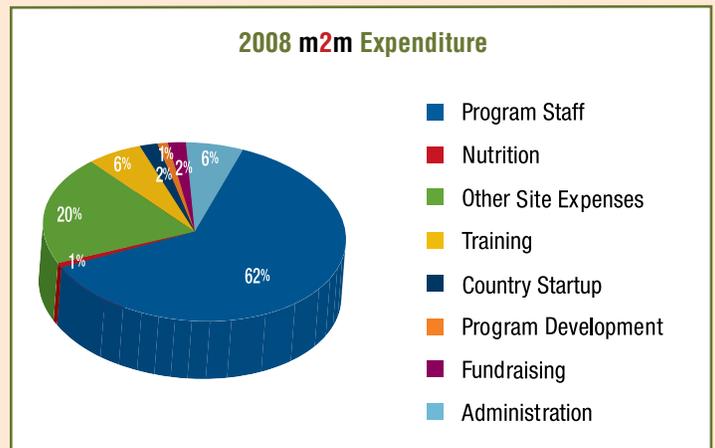
## Recognized Revenue

	2007	2008*
Private Funders	\$764	\$1,253
Government	\$878	\$6,126
Corporate	\$96	\$657
Foundations	\$2,200	\$777
Not for Profit Organizations/Partnerships	\$772	\$556
<b>Revenue Total</b>	<b><u>\$4,710</u></b>	<b><u>\$9,370</u></b>



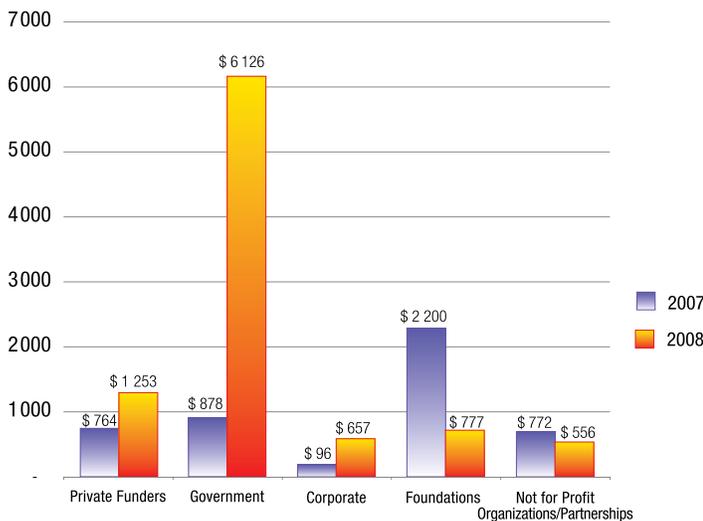
## Expenditure

	2007	2008*
Program Staff	\$2,029	\$6,088
Nutrition	\$69	\$118
Other Site Expenses	\$614	\$1,978
Training	\$311	\$625
Country Startup	\$349	\$169
Program Development	\$159	\$145
Program Sub Total	<u>\$3,531</u>	<u>\$9,122</u>
Fundraising	\$143	\$172
Administration	\$404	\$607
Expenditure SubTotal	<u>\$,547</u>	<u>\$779</u>
<b>Expenditure Total</b>	<b><u>\$4,078</u></b>	<b><u>\$9,901</u></b>
<b>Cash on hand end of year</b>	<b><u>\$1,813</u></b>	<b><u>\$1,599</u></b>

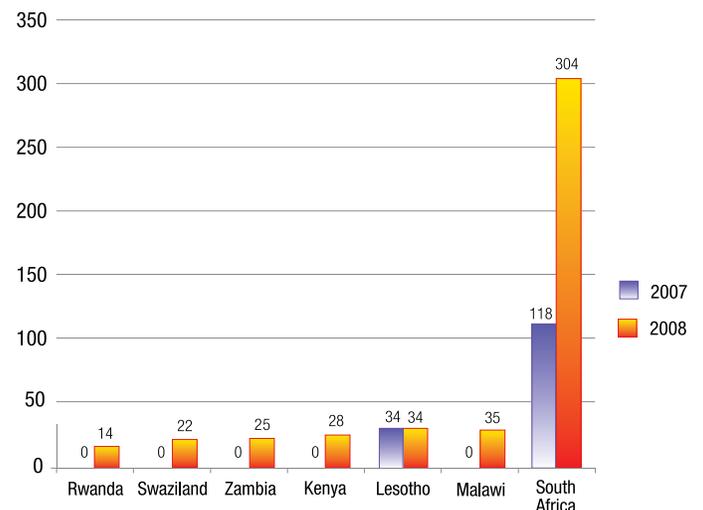


\*Unaudited Audited financial statements expected in May 2009

## Income by Funder Category



## m2m Site Growth by Country



# ACKNOWLEDGING

## Over \$500,000

The Atlantic Philanthropies  
Bickerstaff Family Foundation  
Johnson & Johnson  
PEPFAR- New Partners Initiative  
PEPFAR- South Africa  
Skoll Foundation  
Starr Foundation  
USAID

## \$100,000-\$499,999

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South African Children's HIV/AIDS Fund established  
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Arlene and Danny Dayton- In memoriam  
Claire Ferguson's birthday  
Catalina Garcia- In honor of The I Do Foundation  
Helena Kardassis' birthday  
Klimbing for Kids- Ryan Noel  
Sue McNab's birthday  
Roz Morgan- In memoriam  
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Transnet National Ports Authority  
Sally Wilfert  
Martha Williamson  
Michael Winther

R&L Architects for overseeing and arranging the refurbishment of our Cape Town offices. R&L assembled more than 20 international and local businesses who contributed time, materials and labor towards the completion of the project.



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