



2007 Annual Report



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# Vision and Mission



**OUR VISION** is a world without HIV infected babies, where mothers with HIV/AIDS live long and healthy lives, raising their children and caring for their families.

**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.
- To empower mothers to battle the stigma associated with HIV/AIDS in their families and their communities.

# An Update from the Founders



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

We are delighted to present this update on **mothers2mothers**, as 2007 was a year of unprecedented growth and expansion. With last year's report, we shared a plan that everyone thought was ambitious. Thanks to an extraordinary team of dedicated, committed staff and caring, supportive friends and funders, we have managed to reach and exceed every goal.

In southern Africa, **mothers2mothers**' reach has more than doubled, from 72 sites at the end of 2006 to 155 at the end of 2007; with services initiated in Lesotho in May - our first truly "international" expansion. How does this translate in human terms? Each month we are seeing more than 40,000 clients...and each woman stands a better chance of having a baby born without HIV and staying healthy to raise it...and this is something to celebrate!

Across Africa, foundations were strategically laid for program expansion in 2008 - into Kenya, Rwanda, Zambia, Swaziland, and Malawi. Together with program partners PEPFAR, USAID, UNICEF and the Clinton Foundation (CHA) and with the support of our local implementing partners as well as our many generous funders, **m2m** has hired and trained teams in each of these countries and South Africa to rollout an additional 300 sites in 2008! Particularly gratifying have been the relationships we have built in each of these countries - with local governments and community organizations - allowing us to help build capacity for services that will be sustained into the future, enabling us to reach greater and greater numbers of women. To support these efforts, we hired new management staff, strengthened our infrastructure in the critical areas of site management, monitoring and evaluation, curriculum development, human resources, and information technology.

While organizational expansion has been at the forefront of 2007, equally important has been maintaining the quality of our program, adapting it to the unique needs of country customs and challenges. In this report, we will elaborate on the expanding scope of our service model, the attendant developments in our curriculum as well as the efforts put into monitoring and evaluating our program's performance. And finally, we will share the results of an independent evaluation of **mothers2mothers** conducted by the Population Council's Horizon Project, which provided striking evidence of **mothers2mothers**' profound impact; increasing the numbers of mothers and babies receiving PMTCT treatment, mothers disclosing to partners and family members, mothers choosing exclusive infant feeding methods that are best for babies sustained health; and mothers feeling more hopeful and positive about living with HIV.

However none of the achievements described in the following pages could have been accomplished without the courageous, inspiring women who are the heart and soul of **mothers2mothers**. Proudly we employ nearly 600 women living with HIV as Mentor Mothers and Site Coordinators. These extraordinary mothers provide inspiration to everyone fortunate enough to work with them and boundless strength and love to the thousands of women who rely on them for support.

*In the words of one mother, "I was inspired to get on my feet at the time when I had lost hope. I was taught how to protect my unborn baby from getting infected with HIV, and how to adhere to my own treatment, to live long and watch my baby grow. I am proud to say that my baby tested HIV negative. Hae Hole **mothers2mothers** ea rona! (Let it grow, Let our **mothers2mothers** grow!)"*

The mothers we serve are ordinary, yet extraordinary women, faced with life challenges that demand faith and courage. We, at **mothers2mothers**, are grateful to everyone that shares our dreams - giving mothers and children hope for a long and healthy future.

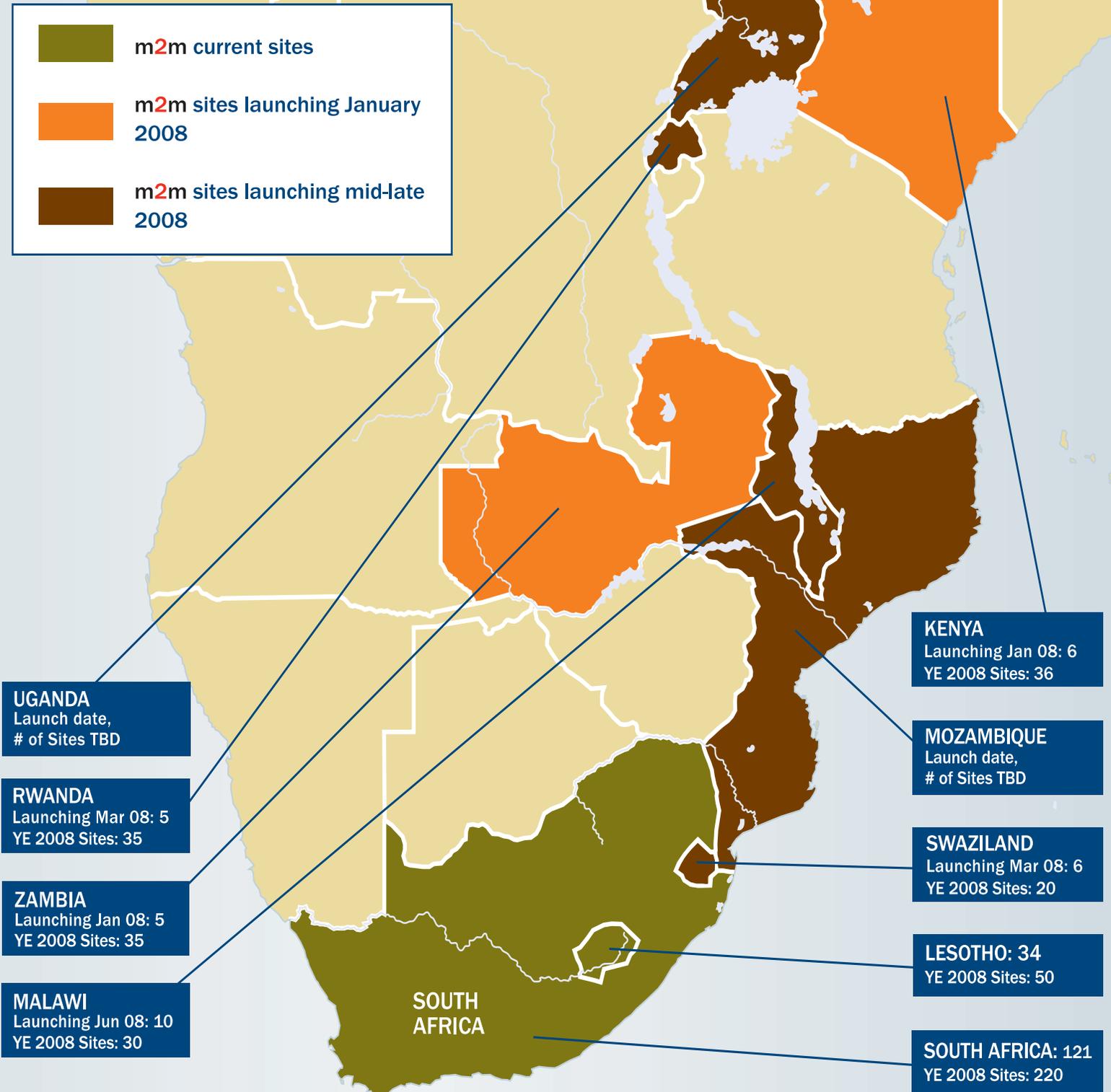
Gene Falk

Robin Allinson Smalley

Mitch Besser

# Mapping Out the Future

## CURRENT AND PROJECTED m2m SITE LOCATIONS



Launch dates and Year End [YE] 2008 sites based on current projections

# Employing Mothers Protecting



Mothers, more often than babies, are lost to follow-up; often re-entering care only when critically ill. **mothers2mothers** steps in and ensures that women and babies after delivery are linked with necessary preventive and supportive health care services.

**When it comes to battling HIV/AIDS, medical care is important, but only if accessed.**

Anti-retroviral therapy and protective infant feeding practices are effective, but only if adhered to properly. Additionally, the stigma associated with HIV/AIDS, the lack of women's empowerment, and the deficiency of appropriate, culturally-sensitive clinical support services, mean that many women go through painful experiences and make difficult decisions alone, confused and afraid. Disclosure is an important factor in a mother's success...if she can't disclose to a partner or family member she will be unable to explain the most important choices she needs to make for her own and her baby's health...an exclusive infant feeding choice and adherence to her medication regime. **mothers2mothers** staff work with mothers to support them as they disclose and encourage partners to seek testing and treatment as well.

**mothers2mothers** starts with a simple idea...hiring new mothers living with HIV ("Mentor Mothers") and training them to provide information and support to other similarly affected mothers. With excessive work loads burdening an ever depleted corps of health care providers common throughout Africa, **m2m** provides a critical service in the provision of prenatal care and post-delivery HIV/AIDS care for mothers and infants. Site Coordinators, also mothers living with HIV/AIDS, supervise Mentor Mothers and manage daily site operations.



The statistics are daunting. Sub-Saharan Africa is home to more than two-thirds of the people living with HIV/AIDS globally. Three-quarters of the world's children infected with HIV/AIDS live in the region. In South Africa alone, an estimated 500,000 babies born to HIV-positive mothers are at risk of dying from HIV/AIDS-related illnesses. But while statistics can be mind and heart numbing, each mother's story is one of courage, and each baby's face is filled with untold possibilities. While the immensity of the epidemic seems insurmountable, the transmission of HIV/AIDS from mother to baby is preventable. Babies can be born virus-free and mothers can be supported to stay alive to raise them. And that is the beginning of the **mothers2mothers** story.

**mothers2mothers** was born in 2001 to meet the needs of pregnant mothers with HIV seeking help at health care facilities providing prenatal care and prevention of mother-to-child transmission (PMTCT) services. Its goal was to prevent babies from contracting HIV; to keep mothers living with HIV and babies exposed to or living with HIV alive and healthy by increasing their access to health-sustaining medical care; and to empower mothers to battle the stigma associated with HIV/AIDS. Primarily designed as a hospital or clinic-based program, **m2m** staff assists over-burdened and frequently overwhelmed health care providers by educating and supporting clients living with HIV. As most women find out their HIV status during pregnancy, this presents a key opportunity not only to link PMTCT programs with anti-retroviral treatment services, but also to provide family planning and reproductive health information and counseling. While **m2m** services begin in the prenatal period, the program recognizes that many of the interventions that contribute to better outcomes for mothers and babies must be delivered in the weeks and months following delivery. It is during this time, after delivery, that health care facility based services typically become more disjointed as mothers and babies receive care from different providers on different schedules.

# Protecting the Vulnerable

Women employed as Site Coordinators and Mentor Mothers must meet three basic criteria -they are HIV-positive; have delivered at least one baby; and have had first-hand experience with PMTCT services. Site Coordinators and Mentor Mothers receive two weeks of intensive initial training on the basics of PMTCT, HIV/AIDS, and antiretroviral therapy, while Site Coordinators receive an additional week of management training to support their role supervising **mothers2mothers'** program sites. Top-up training continues throughout the year during monthly meetings with regional program managers.

*The Helping Mothers Saving Babies* curriculum is the core of the three-week training program. The curriculum trains Site Coordinators and Mentor Mothers to educate and support patients coming to the clinics and hospitals for care. The curriculum focuses on HIV/AIDS-related medical services as well as best infant feeding practices; safer sex; strategies for disclosure; the importance of good nutrition to sustain a healthy body and mind; and responding to the stigma associated with HIV/AIDS in the family, community and workplace.

**Site Coordinators and Mentors support women, helping them understand how they can have a healthy pregnancy; take advantage of interventions to increase the chances of having a baby born free of HIV; and embrace medical services that will allow them to remain healthy to raise their children.**

The **mothers2mothers** curriculum was developed with the recognition that while the overarching principles of HIV/AIDS care may be constant, in each country national policy, treatment protocols and the cultural considerations that underpin patients', families' and communities' response to living with HIV will be different. The **mothers2mothers** curriculum is designed to be adapted for every country where the program is introduced. The adaptation is overseen by senior managers in Cape Town and guided locally by in-country **m2m** staff - the in-country manager and national trainer - with input from local experts and service partners. This dynamic approach to curriculum development, staff training and educating patients will contribute to the impact of **m2m's** international expansion in all of the countries in which it works.

By the end of 2007, over 600 HIV positive mothers were employed by **mothers2mothers** in South Africa and Lesotho. These dedicated, highly trained women were reaching over 40,000 women each month; irrevocably changing the lives of mothers and babies affected by HIV.



# 2007 Events and Acc



Former South African Deputy Minister Nosizwe Mdlala-Routledge joins Mitch, Gene, and Site Coordinators Kunene and Gloria at the Impumelelo Awards

**mothers2mothers** is honored with South Africa's prestigious Platinum Impumelelo Award for outstanding innovations that reduce poverty and address key developmental issues of national concern.

Our first international programs are opened with 34 sites in Lesotho.

50 new **mothers2mothers** sites are opened in South Africa - 33 sites in Kwa Zulu Natal province, 9 in the Western Cape province, and 8 in the Eastern Cape province.

Staff is hired in Swaziland, Zambia, Kenya and Rwanda to commence **mothers2mothers** services in early 2008. Funding is received to launch services in Malawi.

Founder/Medical Director Dr. Mitch Besser is honored by the American College of Obstetricians and Gynecologists with the Distinguished Service Award for his work with **mothers2mothers**.

The exciting results of the Population Council's Horizon's Project evaluation of **mothers2mothers** are released at a Washington DC event. (More details on page 11)



Site Coordinator Gloria briefs UK Prime Minister Tony Blair in Johannesburg

A bi-partisan Senate briefing on **mothers2mothers** is co-hosted by Senator Joseph Biden (D-Del.) and Senator Richard Lugar (R-Ind.). Site Coordinator Nozandulele Samela is the featured speaker.

Site Coordinator Gloria meets with Prime Minister Tony Blair in Johannesburg to discuss HIV/AIDS policy.

Site Coordinator Aunt Kunene and her son, Baron, join President George Bush in the White House Rose Garden as he formally requests a \$30 billion reauthorization for PEPFAR funding.



Kunene Aunt and her son, Baron, join President Bush in the Rose Garden

# Accomplishments

President Bill Clinton, Robin, and Global Business Coalition Executive Director John Tedstrom at the GBC gala in New York



In New York, President Bill Clinton is presented with a beautiful beaded quilt made by the mothers of **mothers2mothers** in recognition of the Global Business Coalition Award.

Representing **m2m**, Co-founder/Executive Director, Gene Falk is one of five NGO leaders in South Africa asked to meet with Robert Zoellick, the new President of the World Bank.

In a study conducted for the UN and published in the Financial Times, **m2m** is selected as one of the top 100 NGOs in the world (and the only African based organization) for public private partnerships.

Co-founder/International Director, Robin Smalley, representing **m2m**, is a guest of First Lady Laura Bush at the White House Luncheon on Literacy and Health in New York.

**m2m** Lesotho is visited by Stephen Lewis, former UN Special Envoy for HIV/AIDS in Africa and founder and head of the Stephen Lewis Foundation (SLF) which helps to ease the pain of HIV/AIDS in Africa by fuding grassroots projects such as **m2m**.



Stephen Lewis celebrates with **m2m** Lesotho

**m2m** launches the first telephone hotline dedicated to PMTCT in South Africa - linked to the top rated South African television show, "Soul City", which features a plot line involving **mothers2mothers** services.

UNICEF Executive Director Anne Veneman visits **m2m** sites in Cape Town.

**m2m**'s Technical Advisor for Kenya, Pumla Malebogo is nominated by Johnson & Johnson for the 2007 Amcham "Star of the Community" Award.



UNICEF Executive Director Ann Veneman visits **m2m** in Cape Town

# Monitoring and Evaluation



The past year has seen remarkable development and expansion of the monitoring and evaluation (M&E) systems for the **mothers2mothers** program. Monitoring involves collecting information and data about all of our program activities at our service sites. Evaluation takes that data and analyzes it for the purposes of program management and reporting. The importance of an on-going monitoring and evaluation system can't be minimized. It is the most valuable tool an organization can utilize to provide regular feedback to service providers and managers, thereby helping to determine whether progress towards achieving program objectives has been met. Over the course of 2007, **m2m** developed a more structured monitoring and evaluation framework with more robust tracking systems which will enable quicker diagnosis and closer follow-up of problems... leading to more timely interventions to improve the activities and outputs from our programs.

As the basis for the enhanced M&E system, new materials were developed for tracking program activities and impact at sites, including Antenatal and Post-natal Logbooks which record individual patient information. On a local level, with the implementation of these logbooks, our Mentor Mothers and Site Coordinators will know the number of visits a woman has with the program and the educational sessions she has received. This will guide them on what additional education and support needs to be provided. The logbooks also capture patient data on the critical PMTCT actions each woman takes, including disclosure of HIV status, whether she received a CD4 test during pregnancy, information

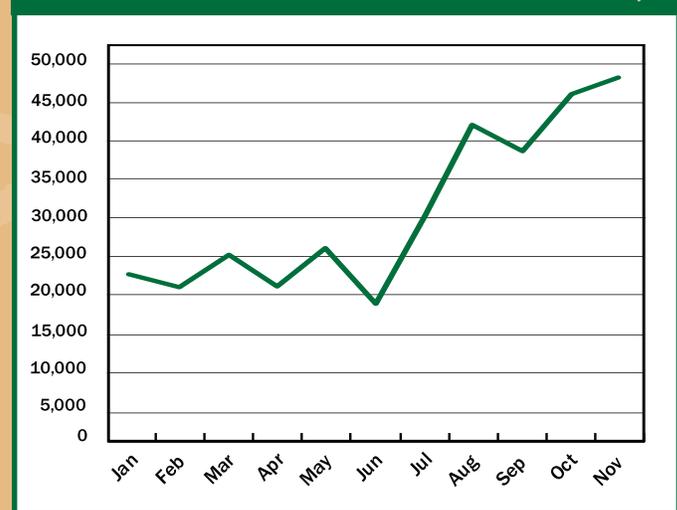
on what PMTCT regimen was received, and what type of infant feeding method was selected. On an institutional level, the logbooks will allow us to collect site specific data that can be analyzed for multiple purposes. To aid in a comprehensive overview, **mothers2mothers** has also begun compiling data from the healthcare facilities where the programs are located, using this information to complete a comprehensive evaluation.

The new forms and logbooks, which will be implemented at **m2m** sites in all countries where we provide service, were developed in order to continuously improve management and implementation of the program. These new tools have also enhanced capacity to demonstrate the impact of the program and the importance of the **m2m** intervention model. The information gathered through **m2m**'s M&E system is shared with various stakeholders on a regular basis, including healthcare facility managers, Provincial and National Departments of Health, **m2m** funders and wider audiences at conferences and meetings

## 2007 RESULTS

Over the course of 2007, **mothers2mothers** in South Africa had more than 300,000 patient interactions. By the end of the year, the program was operating in 121 sites in South Africa and 34 in Lesotho. With the opening of 32 new sites over the year, the average number of patient interactions in South Africa alone surpassed 45,000 women per month. Of these, 18,000 new women initiated service with **m2m** each month - new mothers reached for the first time in antenatal clinics, hospital wards and in post-delivery settings.

### TOTAL **m2m** PATIENT INTERACTIONS 2007



\*\*there was a healthcare workers strike in June throughout South Africa which reduced the number of women who were able to receive care antenatal clinics.

# A Study in Success

## HORIZON/POPULATION COUNCIL'S EVALUATION OF **m2m**

In 2005, Population Council's Horizon Project, a highly respected international NGO and research organization and Health Systems Trust (HST), an independent South African research organization, together with funding from the United States Agency for International Development (USAID), initiated an independent evaluation of the **mothers2mothers** program. Results from the study were released on May 11, 2007 in Washington, DC followed on June 27th by a bipartisan Senate briefing on Capitol Hill sponsored by Senator Joseph Biden (D) and Senator Richard Lugar (R). Below are a few of the highlights.

The results confirm that **mothers2mothers** is having a substantial impact on PMTCT services, contributing to a reduction in the number of babies born with HIV and to improving the health of their mothers.

Focusing on key indicators for the prevention of mother-to-child (PMTCT) programs, the evaluation showed that **mothers2mothers** (**m2m**) has a positive effect on efforts to prevent the transmission of HIV from pregnant women and new mothers to their babies. The research also indicates that PMTCT care substantially improved at sites after **m2m** services were introduced.

The study found that **m2m's** programs have a significant impact on key factors involved in preventing mother-to-child transmission of HIV:

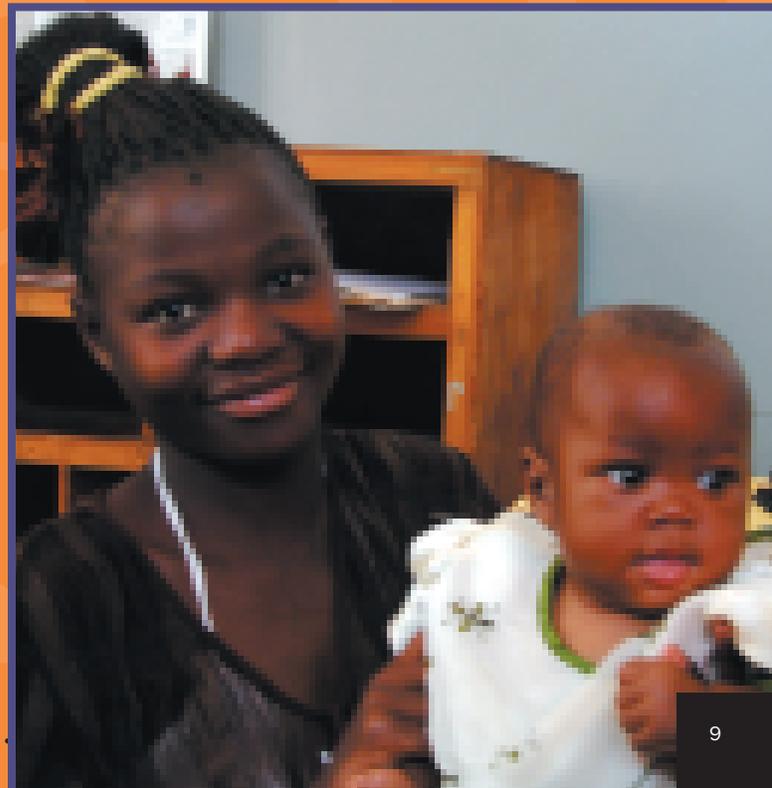
- Increasing the number of women who received drugs to prevent HIV transmission to infants
- Increasing the number of infants receiving the drug to prevent infection with HIV during childbirth
- Increasing the number of women disclosing their HIV status to partners and families
- Improving women's knowledge about how HIV can be transmitted from mothers to infants during pregnancy and breastfeeding
- Increasing the number of women who choose a method of exclusive infant feeding which reduces HIV transmission risk
- Helping women feel that they were better able to help themselves, care for their infants and live positively
- Increasing the number of women who, during pregnancy, received a CD4 test and knew the results to make sure that the appropriate PMTCT drugs were given
- Increasing the use of family planning after pregnancy
- Encouraging more women to discuss the importance of faithfulness and safer sex with their partners

The independent research took place from 2005-2006 at three healthcare facilities in Pietermaritzburg, in South Africa's KwaZulu-Natal Province. The study looked at the impact of **m2m's** peer education and psychosocial support programs on the attitudes and behaviors of pregnant women and new mothers living with HIV/AIDS. Interviews were conducted with more than 1,000 women who came to the clinics for prenatal and post-delivery care. The study compared the findings from women at the clinics before **m2m** was introduced and a year after it was initiated. The study also compared the results for women who had participated in the **m2m** program and those who had not.

Overall, the Population Council study is important work demonstrating the value of the education and psychosocial support that **mothers2mothers** offers mothers living with HIV/AIDS. For a complete review of the findings, see:

[http://www.popcouncil.org/horizons/projects/SouthAfrica\\_Mothers2Mothers.htm](http://www.popcouncil.org/horizons/projects/SouthAfrica_Mothers2Mothers.htm)

*"The program has helped me because I know about my status and about the CD4 count. They also advised me about the kinds of food that I have to eat. I now visit the doctor regularly. I am able to help other people and I am no longer scared. I share the knowledge that I get from the mothers2mothers program with my family so they know what is happening and how to help me when I am sick."*  
**X.M., Mentor Mother, Edendale Hospital, Pietermaritzburg, South Africa**





Some days are great,  
such as when a freshly  
hired Mentor Mother  
closes her eyes, kisses  
her contract and  
vehemently pledges  
to help other mothers  
save their babies.

# Pushing Our Boundaries: Exploring the Expansion Process

It starts with a map of Africa, with a table of HIV data and with the question: 'Where can we help the most?' There are proposals and budgets; revisions and waiting. Then, perhaps, one day an e-mail arrives saying 'yes'. This brings claps and 'have you heard?' Within days, schedules are checked and a plan emerges. A Program Development Manager, assigned to take charge of the effort, flies to the capital, meetings are held and the process begins.

Who's who in the government? Do we need a local partner and who should that be? Who will work with us to choose the sites? How do we register to provide service in the country? Who must we meet - in the government, in the community, in the health care facilities? How do we hire? Who do we hire? What are the innumerable steps to get this thing started?

Methodically, we work through the questions and chisel out the answers. Systems and experience are brought to bear and the fog slowly clears. Of course, there are problems and delays, but with tenacity and imagination, obstacles are overcome and the weeks of moving two-steps forward out-number the weeks of slipping one step back. Some days are good: days when an official approval finally comes through or days when a grateful Head Nurse gushes that our program is just what she's been praying for. And some days are great, such as when a freshly hired Mentor Mother closes her eyes, kisses her contract and vehemently pledges to help other mothers save their babies.

Every country we go to is different: HIV prevalence, the health system and prevention of mother-to-child transmission coverage vary considerably. As do the nature of **m2m** programs and sites. We operate in bustling KwaZulu Natal urban hospitals and in clinics on remote Lesotho hilltops. Some facilities book hundreds of pregnant women every month, others just a few. In some regions we have mentors who divide their time between health facilities and community; while in others our staff divide their time between labor and postpartum wards and antenatal clinics.

**Wherever we are, we support the national and local PMTCT priorities, and adapt our curriculum to the country's language, culture and policies.**

As part of the adaptation process we collaborate closely with partners and government. In Kenya, Rwanda and Zambia the program is delivered with implementing partners - CMMB (Catholic Medical Mission Board), PACFA (Protection and Care For Families Against HIV/AIDS) and DAPP (Development Aid From People to People), respectively. In Lesotho, Malawi and Swaziland, **m2m** manages the program directly, but does so with the in-country support of facilitating partners such as the Clinton Foundation and Unicef.



A locally-based partner brings invaluable assistance by providing local knowledge, relationships and infrastructure. Wherever it operates, **m2m** also has strong connections with the government. In late 2007, representatives from the Ministry of Health and HIV/AIDS departments of Kenya, Rwanda, Swaziland and Zambia all visited our Cape Town office to learn more about the program.

Whether through a local implementing partner, or through **m2m** directly, our programs are all staffed by local nationals. Management staff include specialists in training, finance and monitoring and evaluation, as well as a team leader; field staff include Mentor Mothers and Site Coordinators. Watching staff develop and shape their program is one of the highlights of establishing an international program.

Eventually, meetings and planning and hiring and training give way to service. Anxious clients make their way to Mentor Mothers. They sit; they are listened to; they receive support and education; they leave empowered and hopeful. And the cycles of renewal begin.

As outreach improves and word spreads, attendance swells and the program goes into full swing. In time, more sites are launched and local staff, partners and government take rightful ownership of the program. More and more women benefit.

It starts in an office in Cape Town with maps and numbers.

But only truly begins with two women talking in a crowded clinic in Botha Bothe, Matsanjeni, Livingstone, Kigali, Blantyre, Nairobi...

# Spotlight on Lesotho



Despite the government's commitment to dealing with the pandemic, including a policy to care for AIDS orphans and vulnerable children, a lack of infrastructure and adequate foreign assistance makes its goals an almost overwhelming challenge.

There are few countries in Africa or the world where prevention of mother-to-child transmission (PMTCT) of HIV has been more difficult to rollout. The major reasons stem from: insufficient medical staff; lack of awareness about HIV among the people; 82% of the population live in relatively inaccessible rural or mountainous areas making travel to PMTCT sites prohibitively time-consuming and expensive; and almost half of all deliveries occur outside medical facilities. In response to this situation, **mothers2mothers** made the decision to target this country, so desperately in need, for its first real international expansion effort.

## BRANCHING OUT

*"I was so lost and lonely. I felt hopeless because of rumors saying that if you are pregnant and HIV positive, you will die a month after your baby is born. I was already paying a society that assists people with burials in my village. But everything changed after I met mentors from **mothers2mothers**. They taught me how to take care of myself while I was pregnant and my baby after he was born so that I do not infect him. Now my baby boy is 4 months old and has tested HIV negative. I am still a member of the **m2m** support groups. May it grow and extend to the entire world! Pele-ee-Pele! (Let it move forward!)...**Mathabo Hlotse, Sebothoane - Lesotho***

**I created a daily motivational slogan for myself and shared it with the members of the **m2m** support groups.**

*"I was very scared and was even shaking after receiving my results. The Counselor at Botha-Bothe referred me to **mothers2mothers**. These mothers talked to me, motivated me until I was able to walk out and go home. They even provided me with snacks to make me feel at home. By the time I left there, my head was high; my life was changed forever, but I was ready to face the world as a new person. ... **Mampho Kuebu, Botha-Bothe, Lesotho***

HIV was first detected in Lesotho in 1986, and since then this tiny southern African nation has experienced a dramatic escalation in the HIV/AIDS epidemic. Lesotho now has the fourth highest HIV prevalence in the world with an estimated 3 out of every 10 people infected with the virus. In the last 6 years, the average life expectancy has plunged from 60 to 39 years and in a country of 2 million people there are 180,000 orphans and vulnerable children, most of whom have lost parents to AIDS-related causes.



Initiating service in a new country has its own set of challenges; foremost identifying strong, committed funding partners. **m2m** found the necessary support for the initial rollout of services from a generous private donor, followed soon after by the Stephen Lewis Foundation and the Clinton Foundation AIDS Initiative (CHAI). Support comes in all shapes and sizes and CHAI allowed **mothers2mothers** staff to share its office space. The Ministry of Health and Social Welfare in Lesotho was consulted in the selection of program sites. 17 **m2m** sites were chosen for initial rollout in four districts, Seboche, Botha-Bothe, Leribe and Mafeteng, with sites clustered into groups or site systems; with each site system including a central, district hospital and its affiliated, satellite health centers and villages.

The next step included the engagement of an extraordinary Country Manager, Me Mathabo Liphapang-Sefako, who was responsible for recruiting enthusiastic and dedicated field staff: 5 Site Coordinators (SCs) and 21 Mentor Mothers (MMs). The SCs are responsible for supervision of Mentor Mothers and for coordination of program activities at facility and community levels; while the Mentor Mothers are responsible for provision of psychosocial support and peer education to HIV+ pregnant mothers and new mothers as well as community mobilization and outreach.



## TRAINING THE TEAM

*"I created a daily motivational slogan for myself and shared it with the members of the m2m support groups. My slogan is 'Give yourself peace about your status and achieve your dreams.' I am a healthy mother with a healthy CD4 count, living happily with my child and family because of the support and advice I received from m2m. I'm also continuing my studies because I see light at the end of the tunnel."... Karabelo, Makopo -Lesotho*

The training for field staff took place in Hlotse, Leribe from May 8 - 24 and was conducted by the Country Manager. The three week program included one week of training in basic management and site and staff supervision for Site Coordinators, and two weeks of training for all staff on HIV/AIDS and anti-retroviral treatments.

Bringing a new program to a new country involves extensive collaboration between national and provincial health departments and **mothers2mothers** was proud to work closely with the Lesotho PMTCT Technical Advisory Committee to the Ministry of Health and Social Welfare on the development of the National Scale-Up Plan (2008 - 2011) and updating the National PMTCT Guidelines.

## SAVORING SUCCESS

As soon as the sites became operational, the results were dramatic. More mothers accessed antenatal clinics, testing uptake increased, and more mothers commenced drug regimens that could prevent mother-to-child transmission of HIV. Plans began immediately to increase the number of **mothers2mothers** sites to 34...a goal that was achieved before the end of the year.

It was all cause for celebration and celebrate we did! On September 8, **mothers2mothers** Lesotho hosted Stephen Lewis, the former UN Envoy on HIV/AIDS and founder of the Stephen Lewis Foundation at the program they support at Mafeteng Hospital. The event attracted more than sixty guests from Cabinet members to local dignitaries, and included the ancient tradition of oral storytelling, where **m2m** clients shared poignant stories of the positive difference the program has made in their lives. In true Lesotho culture, Mr. Lewis was cloaked in the customary blanket and hat.

**Of course the real celebration can't happen until there isn't a single baby born positive in all of Lesotho.**

According to 24 year old mom, Mathakane, it's a dream that, together, we can make come true...

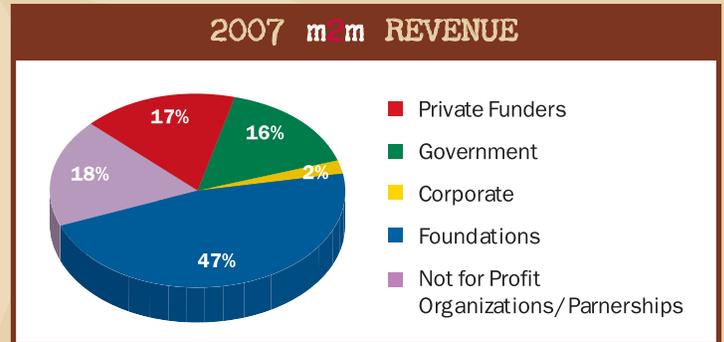
*"Almost 40% of people who are my age in Lesotho are infected, but everyone is hiding. It is so important that more people become open, like me, so the disease can have a face. Every person, especially pregnant women, should know their status. We need a new generation who are not HIV positive. My hope is that within five years there will be no more HIV positive babies born in Lesotho. By then all of the women should have tested themselves and, if they are positive, have the knowledge about how to prevent the virus passing to their babies. That is my dream."*



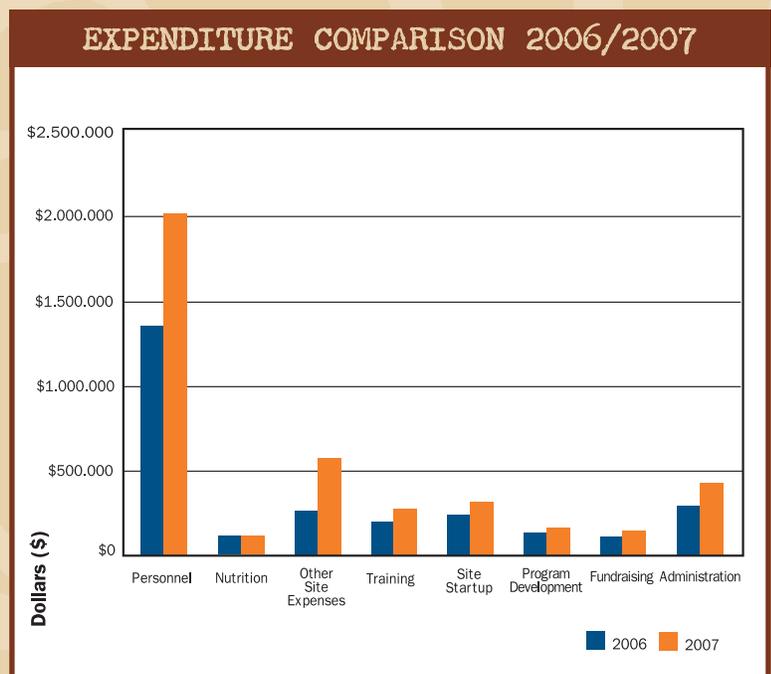
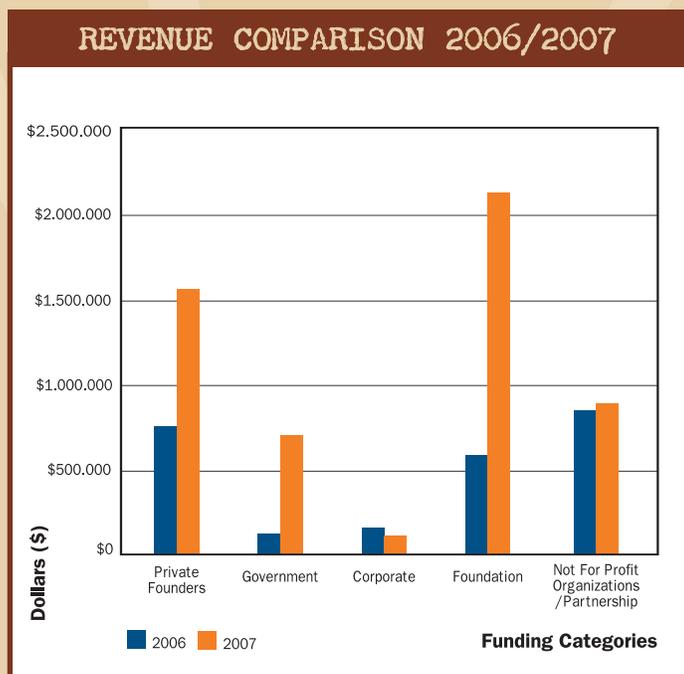
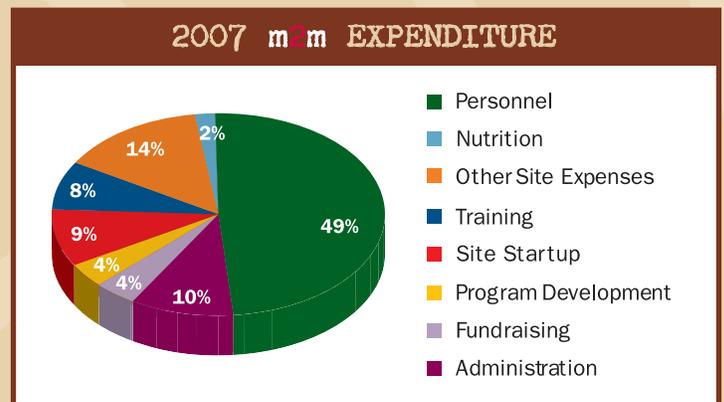
# A Financial Overview

## m2m REVENUE & EXPENDITURE 2006 - 2007

REVENUE	2006	2007
Private Funders	\$782	\$807
Government	\$216	\$737
Corporate	\$250	\$96
Foundations	\$547	\$2,182
Not for Profit Organizations/Partnerships	\$790	\$812
<b>REVENUE TOTAL</b>	<b>\$2,585</b>	<b>\$4,635</b>



EXPENDITURE	2006	2007
Personnel	\$1,345	\$2,029
Nutrition	\$72	\$69
Other Site Expenses	\$259	\$614
Training	\$193	\$311
Site Startup	\$250	\$349
Program Development	\$138	\$159
<b>Program Sub-Total</b>	<b>\$2,256</b>	<b>\$3,532</b>
Fundraising	\$110	\$143
Administration	\$264	\$404
<b>Expenditure Sub-Total</b>	<b>\$374</b>	<b>\$547</b>
<b>EXPENDITURE TOTAL</b>	<b>\$2,630</b>	<b>\$4,079</b>

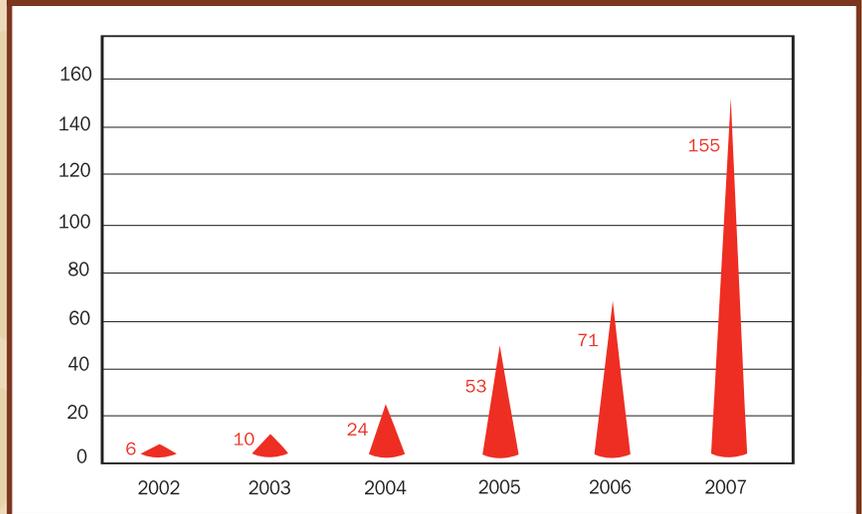


## 2007 FINANCIAL TRENDS AND ANALYSIS

Total revenue for 2007 increased by approximately 80% over the previous year. U.S. funding sources accounted for almost all revenue, with the main sources of growth coming from government grants under PEPFAR and NPI 241% (\$521k) and large multi year grants from private foundations 299% (\$1,635k). The decline in corporate funding was primarily due to a realignment of donor funding commitments and is expected to show renewed growth in 2008-9 funding years. It is anticipated that the revenue trends for 2008 will reinforce and build on those of 2007, with substantial increases in funding coming from government sources, to allow for the continued expansion of **m2m** program activities both locally and internationally.

Key expenditure trends in 2007 follow closely those of 2006 with the exception of Other Site Expenses, whose contribution to total expenditure increased from 10% to 15% (\$355k) year on year. The increase is represented by additional recruitment, oversite and travel costs arising from the growth of program activity both locally and internationally. Administration expenditure continues to be tightly controlled and remains, notwithstanding the increased expenditure on infrastructure and resources, within overall budget parameters.

### TOTAL m2m SITES PER YEAR ('02 - '07)



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Donor Debbie Bickerstaff joins Shaun Churon,  
Director of International Program Development,  
at a future site in Malawi

# ers our Funders

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Board member Marie Matthews, Mitch Besser, and Starr Foundation's Florence Davis at a New York Friend-raiser

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## Friends of mothers2mothers gratefully acknowledges these donations in honor of individuals and celebrations:

Mark and Carol McCain  
 Carol Gotbaum - in memoriam  
 Arlene and Danny Dayton - in memoriam  
 The I Do Foundation  
 The 70<sup>th</sup> birthday of Mr. Harald Scheppig  
 Imran Khan and Cate Strauss' wedding  
 Kevin Caulfield and Richard Jackson's Civil Union  
 Emily Whitcomb and Marcus Rozenkrantz's wedding  
 Alex Neil and Elen Dolan  
 Dr. and Mrs. William and Ruth Besser  
 Paul Tillotson



mothers2mothers gives special thanks to USAID and PEPFAR whose assistance has greatly contributed to our expansion efforts. mothers2mothers is a registered non-profit 501c3 in the U.S., is a registered Section 21, Number 025-359-NPO, in South Africa and is registered as Friends of the Mothers Programmes Ltd in the UK.

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**U.S. Donations can be mailed to:**

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