



*Annual Report* **2013**





# The power OF WOMEN

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*Dear m2m Family,*

Recently a mother approached me after hearing that her baby had tested HIV negative, and with tears in her eyes said, “this baby will have a better life than me or my husband, he will be a strong leader, a President of South Africa, a future Mandela.” It is a dream that our clients – HIV-positive and negative mothers in sub-Saharan Africa – share with mothers the world over, to “love and raise [their] babies... and make sure that their babies have a chance for life.”

**Thank you for all of your hard work, commitment, and dedication to mothers2mothers and the women and families that we support.** From donors to partners, to national and local governments, local implementers, head office and country teams, and especially, our Site Coordinators and Mentor Mothers, mil gracias!

**Never underestimate the power of a woman.** Every day in communities and villages across sub-Saharan Africa, m2m Mentor Mothers work tirelessly to make sure that mothers and their families can live their dreams. Development experts widely recognize the economic impact women can have in their communities and beyond when they are empowered financially. At m2m, we believe these same principles hold true for health and when combatting the HIV epidemic. We have seen that when mothers are trained and employed to provide other mothers with essential health education and support, they can improve the health of other women, their children, families, and even their communities.

This year in our Annual Report, we celebrate the **Power of Women.** Since m2m was founded in 2001, mothers have proven to be an effective force in reducing the number of new HIV infections and promoting maternal health... so effective in fact, that our Mentor Mother Model was included as a key strategy in the UNAIDS *Countdown to Zero: Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive.*

**Mothers living with HIV are getting us closer to zero.** The power of Mentor Mothers in helping other mothers is clearly demonstrated with our HIV-positive clients. In 2013, clients with two or more visits with Mentor Mothers were more

likely to report behavioural outcomes linked to a reduction in mother-to-child transmission of HIV compared to clients with only one visit.

They were:

- five times (5x) more likely to report having disclosed their HIV status
- almost twice (2x) as likely to report exclusive breastfeeding practices up to 6 months
- almost three times (3x) more likely to use ARV or ART prophylaxis antenatally

**Mentor Mothers’ growing role as frontline healthcare workers.**

We are now harnessing the power of Mentor Mothers by enhancing the services they provide in order to increase demand for prevention of mother-to-child transmission (PMTCT) services, ensure that women adhere to their anti-retroviral therapy, and better engage and retain women in healthcare.

In 2013, m2m launched two major new initiatives focused on deepening our relationship with HIV-positive and negative mothers and our ability to engage with them over the critical first two years of their babies’ lives. Our new Enhanced Programme Model (story on pp 10-13) provides stronger motivation for mothers to continue engaging with Mentor Mothers during their PMTCT services, ensuring that critical health issues are addressed. The establishment of a Community Mentor Mother (CMM) program (story on pp 18-19) engages mothers where they live, love, work, and stay, and supports national Option B+ efforts.

**A salute to all women, especially those mothers living with HIV.**

Through them, more mothers and babies can access medical care and services... through them, more families will thrive.

Abrazos,

**Frank Beadle de Palomo**

President & Chief Executive Officer





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We believe women have the power to end this tragedy  
**and create a generation free of HIV.**

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Each day in sub-Saharan Africa, nearly **600**  
children are needlessly infected with HIV.

At mothers2mothers (m2m), women are at the heart of our work to promote healthy motherhood, families, and communities. These women include both the mothers living with HIV who are employed as Mentor Mothers and Site Coordinators at m2m sites, as well as the amazing women who lead our programmes in all the countries where we operate – Kenya, Lesotho, Malawi, South Africa, Swaziland, and Uganda.

Today, there is no reason for any baby to

be infected with HIV or for any mother to die of AIDS. Effective and inexpensive medical interventions are available that can keep mothers and babies healthy. Yet the stigma of HIV and a severe shortage of doctors and nurses in sub-Saharan Africa make it difficult for women to access the care they need.

m2m places women on the frontlines of healthcare. We train, employ, and empower Mentor Mothers to support doctors and nurses in understaffed

health centres. They provide other mothers with essential health education and support on how to protect their babies from HIV transmission and keep themselves, their children, and families healthy. Mentor Mothers' ties to the community and first-hand knowledge of HIV make them highly effective peer mentors. Furthermore, their employment empowers them financially and transitions them into role models in their communities, thereby reducing the stigma associated with HIV.





We believe in the power of women to **eliminate** paediatric **AIDS** and create health and hope for themselves and their babies, families, and communities.



**Our mission** is to impact the health of mothers by putting them at the heart of improving reproductive, maternal, newborn, and child health. Our Mentor Mother Model empowers mothers living with HIV, through education and employment, as role models to help other women access essential services and medical care.



Through this **Mentor Mother Model**, we work with governments, local partners, and communities to:



**Eliminate**  
HIV infections  
in children



**Reduce**  
maternal and  
child mortality



**Advance**  
healthy development of  
newborns and children



**Improve**  
the health of women,  
their partners,  
and families



**Promote**  
universal access to  
reproductive health  
and family planning



**Reduce**  
stigma and  
discrimination



**Promote**  
gender  
equality



**Support**  
livelihood development  
for families and communities



# Our REACH

Since our founding in 2001, m2m has reached **1,200,000+** HIV-positive women in **9** sub-Saharan African countries.

In 2013, m2m...

operated in

**348**

sites in  
seven countries.

conducted

**1,543,870**

one-on-one and group  
support sessions.

educated &  
supported

**374,637**

HIV-negative women on keeping  
themselves HIV negative.

employed

**981**

HIV-positive women as Mentor  
Mothers and Site Coordinators.

mentored

**99,450**

HIV-positive women on how to protect their babies from HIV, and  
improve the health and wellbeing of themselves and their families.

provided technical  
assistance to

**250**

sites in Kenya, employing 275 Mentor Mothers, as part  
of the national Kenya Mentor Mother Program (KMMP).

Countries m2m has operated in:

1 South Africa



2 Lesotho



3 Swaziland



4 Zambia\*



5 Malawi



6 Tanzania\*



7 Rwanda\*



8 Uganda



9 Kenya



10 Nigeria\*\*



\* Our programmes in Rwanda, Zambia, and Tanzania closed in May 2011, January 2012, and September 2013, respectively, after successful completion of project objectives.

\*\* In 2014, m2m hopes to begin working in Nigeria, which has the second largest number of people living with HIV (after South Africa).

Disclaimer: mothers2mothers strives to present the most accurate and current measures of our programme's performance. However, it is a challenge to collect reliable data in many of the places where we work. We update programme output and outcomes as frequently as our data collection and analysis systems permit, and closely monitor the quality of our data.



The power  
OF ONE

**Khetsekile Maseko**, a Mentor Mother at one of m2m’s busiest sites in Swaziland, supports health professionals at the understaffed hospital by meeting one-on-one with hundreds of HIV-positive and negative women each year.

Yet, the information she shares with them about HIV and other critical health issues doesn’t stop there. Her messages reach far beyond the walls of the health centre, out into the community. We estimate that Khetsekile reaches **at least 1,700 people\*** over the course of a year, including the male partners of her clients who visit the clinic, and her clients’ family members and confidants to whom her

clients disclose their status. And those are just the people that m2m can count and don’t include the many people in the **broader community** who hear Khetsekile’s messages from her clients, their male partners, and family members. Most important are the **hundreds of HIV-free babies** born to the women Khetsekile has educated and supported throughout their pregnancies.

Now that’s the **power of one!**





# Mentor Mothers

## ON THE FRONT LINES OF HEALTHCARE

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


m2m's Enhanced Programme Model (EPM) harnesses the effectiveness of Mentor Mothers in providing peer support and essential health education, by equipping them with tools to address broader areas of reproductive, maternal, newborn, and child health (RMNCH).


While preventing mother-to-child transmission is still at the core of Mentor Mothers' mission, they now have the


technical knowledge and skills to provide education and support services for other maternal and infant health challenges. The goal of the EPM is to enable m2m to better respond to the needs of both HIV-positive and HIV-negative pregnant women, new mothers, and their families, increase their engagement with the healthcare system, and promote an improved continuum of care for them and their families.


The Enhanced Programme Model was developed in response to the United Nations' recommendations to better integrate HIV interventions with RMNCH, thereby improving the survival of mothers and children. Throughout 2014, m2m will be integrating the enhanced programme at all of its sites, adapting services in collaboration with local Ministries of Health for each environment in which it works.


In addition to the traditional education and support around PMTCT, these are the enhanced services Mentor Mothers now offer:


- 


Cervical Cancer
- 

Gender-Based Violence (GBV)
- 

HIV-Negative Clients
- 

Malaria
- 

Neonatal Male Circumcision (NMC)
- 

Nutrition
- 

Tuberculosis (TB)





# The Enhanced Programme Model IN DETAIL:



## Cervical Cancer

Many women living with HIV are also infected with human papillomavirus (HPV), which can cause cervical cancer. They are more likely to develop cervical cancer due to their weakened immune system, which allows HPV to survive in the cervix and cause pre-cancerous lesions. Mentor Mothers educate women about cervical cancer and refer them for screening. They also provide support so that women return to the clinic to get their pap test results, a critical step to catching this cancer early and treating it successfully.



## Gender-Based Violence (GBV)

Nearly half of women living in Africa experience physical or sexual violence. Recent research has established a clear association between domestic violence and HIV, with female victims facing a 50% increased risk of acquiring HIV directly through physical trauma and, indirectly, by limiting their ability to negotiate safe sexual practices, disclose their HIV status, and access services.

Addressing gender-based violence is therefore critical to preventing new HIV infections among women.

m2m is planning an integrated programmatic response, incorporating GBV awareness-raising and referrals into existing Mentor Mother interventions in coordination with partners, organisations, and networks of support already active in the field.



## Neonatal Male Circumcision (NMC)

With significant reductions of HIV transmission associated with men who are circumcised, neonatal male circumcision maximises the benefits by providing the procedure before a young man becomes sexually active. Doing this procedure during infancy is simpler and healing is more rapid.

In health systems where NMC is promoted and offered, Mentor Mothers are well placed to educate their clients on the benefits of the procedure, create demand for it, and make referrals to medical facilities that offer it.



## Malaria

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

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



## Tuberculosis (TB)

Pregnant women living with HIV are up to 10 times more likely to be infected with active TB than pregnant women who are HIV negative. Maternal TB is associated with a 2.5-fold increased risk of transmission of HIV from mother to unborn child.

Mentor Mothers educate clients on TB prevention strategies, support adherence to TB treatment, and proactively identify clients who should be referred for TB screening.



## Nutrition

Good nutrition is especially important for pregnant women, people living with HIV, infants, and young children. However, many women in Africa suffer from chronic undernutrition, leading to increased complications during pregnancy and childbirth. Nearly half of all deaths among children under five - about 3 million deaths a year - are attributable to undernutrition.

Mentor Mothers are trained to educate clients on the importance of good nutrition, safe food handling, and how they can improve nutrition for themselves and their families. They also pre-screen mothers and infants for malnutrition using mid-upper arm circumference (MUAC) and, when necessary, refer clients for further nutritional assessment and assistance with food security issues.



## HIV-Negative Clients

Mentor Mothers have always interacted with HIV-negative women, particularly when leading group health talks prior to HIV testing. By sharing their experiences of living with HIV, Mentor Mothers are highly effective in communicating the importance of frequent testing and protection against infection.

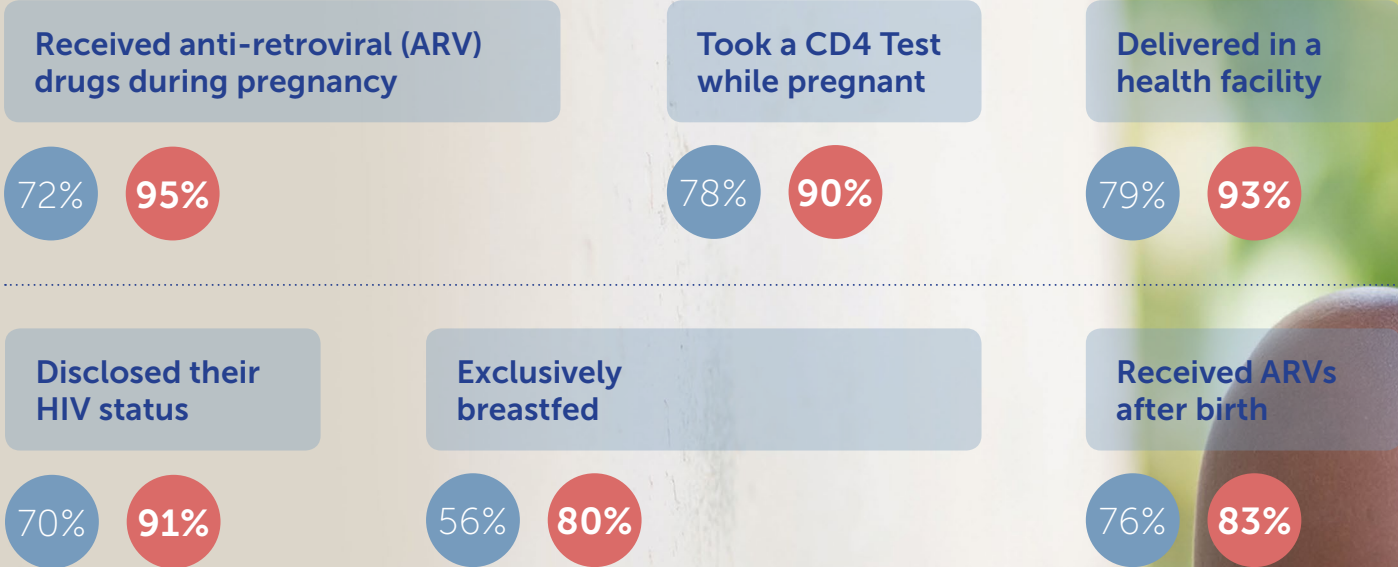
Under m2m's new enhanced programme, Mentor Mothers' interactions with HIV-negative women have been formalised to reflect priority topics including: HIV re-testing, partner testing, safer sex practices, and the importance of accessing regular pre- and post-natal services.



Our  
ACHIEVEMENTS

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

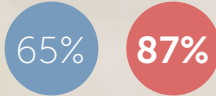
m2m clients in 2011 and 2013 who...



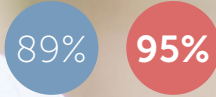
All statistics on these two pages are from 2011, 2012, and/or 2013 Internal Programme Evaluations.

Babies of m2m clients  
in 2011 and 2013 who...

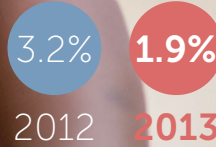
Took an early infant  
diagnosis (PCR) test



Received ARVs



Babies of m2m clients  
who tested positive for  
HIV at 6-8 weeks

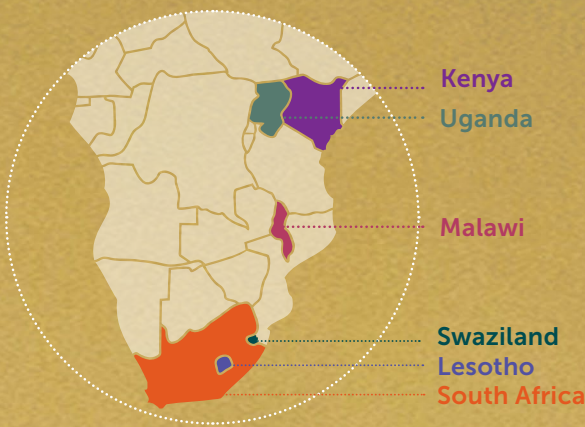


\*m2m acknowledges the  
contributing role of the Global  
Plan in improvements in PMTCT  
outcome indicators.



Our  
ACHIEVEMENTS IN-COUNTRY

Where data is available, performance at sites with an m2m presence surpassed almost all national rates.



HIV-positive women taking ARVs/ART during pregnancy

	Nationally*	m2m clients
Kenya	53%	96%
Lesotho	58%	94%
Malawi	60%	92%
South Africa	83%	98%
Swaziland	83%	94%
Uganda	72%	97%

Babies born to HIV-positive mothers tested at 6-8 weeks to determine if they had been infected with HIV

	Nationally*	m2m clients
Kenya	39%	92%
Lesotho	not avail.	90%
Malawi	4%	85%
South Africa	85%	92%
Swaziland	81%	76%
Uganda	not avail.	96%

Babies born to HIV-positive mothers who received ARVs prophylactically

	Nationally*	m2m clients
Kenya	57%	91%
Lesotho	not avail.	96%
Malawi	54%	95%
South Africa	84%	99%
Swaziland	69%	91%
Uganda	not avail.	85%

\*Global Report: UNAIDS Report on the Global AIDS Epidemic 2013

The women who lead  
OUR COUNTRY PROGRAMMES




**Kenya / Nicole Sijenji Fulton**

"I was so proud of the entire Kenya team in 2013 for supporting the national design of the Monitoring & Evaluation system for the Kenya Mentor Mother Program (KMMP). Although it's not always glamorous, integrating indicators for peer education and psychosocial support into a national health information system is extremely challenging and absolutely necessary. With this system finally in place, the Ministry and m2m can now start tracking progress of the programme and the clients it aims to reach."



**Lesotho / Mpolokeng Mohloai**

"In 2013, Lesotho rolled out Option B+ and I was delighted that m2m was able to play a vital role by educating and supporting our HIV-positive mothers so they could understand and accept this important new protocol that I know will save so many lives!"



**Malawi / Veena Sampathkumar**

"m2m Malawi has played a vital role in the uptake of Option B+, providing support to pregnant women, newly diagnosed and being initiated on the same day on life-long therapy. It is truly inspiring to work with colleagues at m2m and in the PMTCT sector in Malawi, supporting this initiative that is radically transforming how Malawi and other low resource countries eliminate MTCT."



**South Africa / Shungu Gwarinda**

"After years having the m2m South Africa programme housed in our Cape Town headquarters, it was so exciting to move the South Africa team to new offices in Pretoria where we could be closer to our key partners in Johannesburg and Pretoria, as well as Provinces that we are supporting with integration of the Mentor Mother programme."



**Swaziland / Sibongile Maseko**

"I will always remember 2013 because it was the year we explored the combined impact of an Early Childhood Development programme with our PMTCT programme in Swaziland. Thanks to USAID funding, m2m is able to participate in an implementation research project that ultimately, we hope will have a positive impact on thousands of children in my country!"



**Uganda / Marjorie Mbule**

"2013 was an important year because we established an independent presence in-country by registering with the local NGO board as a not-for-profit organisation, a process which was completed in February 2014. We now have a beautiful programme office in Jinja and a liaison office in Kampala where the Country Lead is based and look forward to working with our partners on behalf of the women of Uganda."





# Mentor Mothers

## BRIDGE COMMUNITIES & CLINICS

mothers2mothers took an exciting step in 2013, piloting an initiative that, for the first time, brings Mentor Mothers out of health centres and places them in communities.



*m2m meeting with village chiefs*

From this pivotal position, they are better able to identify and support pregnant women and new mothers who have not engaged with the health system, and encourage them to seek medical care.

The goal of this innovative community-based effort is to address several of the challenges facing all PMTCT programmes: convincing women to begin antenatal care in the first trimester of their pregnancy, attend the four antenatal visits recommended by the World Health Organization (WHO), and stay on treatment throughout their pregnancy, birth, and their child's early years. All of these behaviours are critical to keeping HIV-positive mothers healthy and reducing the risk that they will transmit the virus to their babies.

m2m's new Community Mentor Mothers (CMM) programme launched at five health facilities in Lilongwe, Malawi, with 13 women recruited and trained to support 50 surrounding villages. The CMMs received the same training that is provided to facility-based Mentor Mothers, with the addition of new community-focused modules that cover a range of topics, including client and community engagement and household visits.

In order to increase the acceptance and effectiveness of the new CMMs, m2m held a three-day orientation for 94 Village Chiefs on HIV/AIDS and PMTCT issues. The Chiefs agreed to help sensitise community members on the roles of CMMs, support them as needed, and allocate time for them to speak at all

their community meetings. While the Malawi pilot will continue well into 2014, preliminary data indicates that the CMMs have been successful in identifying the homes with pregnant women and new mothers in their villages, and enrolling hundreds of new antenatal and postnatal clients in m2m's health services. The community engagement strategy has also demonstrated early signs of success in reaching male partners, so important given their role in making decisions about reproductive, maternal, newborn, and child health.

Throughout 2014, m2m will continue to use the learnings of the Malawi pilot to launch similar community engagement programmes in Lesotho, South Africa, Swaziland, and Uganda.

## Explained: OPTION B+

Community outreach and engagement have become even more essential in countries attempting to implement Option B+.

Option B+ is a universal treatment approach supported by the WHO that recommends all HIV-positive pregnant and breastfeeding women start triple anti-retroviral therapy (ART) and continue this therapy for the rest of their lives.

This treatment option enables significantly more HIV-positive women to access anti-retroviral drugs by providing easy-to-use, single dose combination pills at a wider variety of health facilities, including primary healthcare clinics. This is important because 40-60% of HIV-positive women accessing treatment for PMTCT need long-term treatment for their own health, even after their pregnancies and breastfeeding periods are over. Additionally, keeping women on ART after they cease breastfeeding both

protects them against HIV transmission in future pregnancies, and lowers the risk of infecting HIV-negative male partners.

The Option B+ treatment protocol was first introduced two years ago in Malawi. Prior to then, developing countries relied upon Options A and B, both of which require ongoing medical oversight as well as operational labs to test for CD4 counts, which determined eligibility for treatment. Although Option B+ was considered an ambitious goal for such a resource-constrained country, the Malawian government recognised that with its shortage of CD4 machines, coupled with its high fertility rates and scarce human resources, it was the best choice as it would simplify the delivery of treatment. With this new protocol, as soon as a pregnant woman or breastfeeding mother in Malawi tests positive for HIV, she is immediately initiated on ART for life.

women commit to treatment for life even after their pregnancy and breastfeeding period is completed.

Mentor Mothers are well placed to support, educate, and encourage women on Option B+. With increased knowledge and support, clients are empowered to make lifesaving health decisions for themselves and their babies. m2m's annual programme evaluations have demonstrated that the more interactions a client has with Mentor Mothers, the more likely she is to uptake PMTCT services. The new community engagement component is designed to make Mentor Mothers even more effective in reaching women to ensure they access care in a timely manner and stay in treatment for the months and years to come.

The early results of the Malawi programme have been impressive, indicating a six-fold increase in the number of pregnant or breastfeeding HIV-infected women starting ART. However, this success has not been without massive challenges.

Research indicates that pregnant and breastfeeding women in Malawi are either significantly less likely to initiate their medications or continue their treatment after their babies are out of danger from transmission, than HIV-positive women who are initially put on ART for their own health. This highlights the need for greater education and support to help

Option B+ is now being phased in throughout all of the other countries where m2m works: Kenya, Lesotho, Western Cape in South Africa, Swaziland, and Uganda.





## A Mother TO ALL

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

My baby daughter was infected with HIV and when she was three years old, she became really sick. On the way to the doctor, I was this frail woman, baby on her back, and no one to help. I soon realised something was wrong. My baby's weight felt like it had doubled. I stopped to listen to her breathing but I could hear nothing. I wanted to believe nothing had happened but I knew, deep inside me, that my baby had died, right on my back!

I returned home with a sore heart and my baby was laid to rest a few days later.

... continued on next page

Life was hard. I had no money and no one wanted to be seen near me. Even in the clinic, most nurses didn't want to work with people living with HIV with fear of being infected. I started selling fruits just so my two remaining children and I could survive but people in the market avoided my stall like the plague.

A day I will never forget is when a man from Cape Town came looking for women who could work for mothers2mothers to support newly diagnosed pregnant women and new mothers. My life changed forever! I have been with m2m for six years now and I never get tired of meeting new women. I feel so happy when they tell me that their babies have tested HIV negative, which has become the norm. The memory of my child dying on my back lives with me every day, but all the children whose lives we save ease the pain.

Each year in November in the Botha-Bothe District we hold a celebration. We slaughter a cow, sing, dance, eat, and listen to guest speakers all in celebration of my journey with HIV. I celebrate this life because it afforded me a chance to make a difference in the world I live in. I take pride in all the lives that I and my fellow Mentor Mothers have saved.

Everyone who knows me calls me MOTHER. I am a mother, not just to my children but to all the children in my country. I am a mother to all the mothers I meet and to everyone who has joined me in my efforts to do something different.

## A Mother TO ME

- By Itumeleng, a client of Mother.

Our clinic is far and I had to walk about an hour to get to my first antenatal visit. Being surrounded by many pregnant women, I felt nervous for the first time. Then, a m2m Mentor Mother talked to us about all that we would do that day and made a special emphasis that we should get tested for HIV. She said a Mentor Mother would be there for us no matter what our results were.

My results came back positive and I just felt numb. I was too shocked to feel any pain.

A Mentor Mother, who I later learned was called “Mother,” asked to talk to me in another room. She explained to me how HIV works and what I would need to do to protect my baby from being infected.

What came as a big shock to me was when Mother told me that she was also living with HIV. To me, she seemed too healthy and happy to be living with the virus. I only believed her when she showed me a box with her HIV medication.

I took my baby for an HIV test when he was three months and Mother told me to come back in two week for the results.

I couldn't believe how slowly the time moved. I would look at my son and feel tears threatening my eyes. It was so hard to believe that the one pill I took everyday could protect him from HIV.

Finally, the two weeks were over. I woke up that morning; my stomach was knotted from stress. Luckily, Mother called us in to see the counsellor in just an hour. I could not believe my ears and asked her to repeat herself many times. My baby was HIV negative!

I know I will have to test my baby again at 18 months and I am ready for that because I know Mother will be there with me. I just wish all mothers had someone like Mother, someone who can be there with them on those very scary days.

“Thank you m2m! Thank you Mother!”



The  
FINANCIALS 2013

With the generous support of our donors, mothers2mothers continued to play a vital role in achieving the goal of the United Nations Global Plan to eliminate paediatric AIDS and keep mothers alive.

In 2013, mothers2mothers spent nearly \$14 million to eliminate paediatric AIDS and improve maternal health, investing 90 cents of every dollar on programmes and operations to achieve our mission. m2m continued its strategic shift to build the capacity of governments and local implementers to deliver psychosocial support services for HIV-positive pregnant women. While institutional funding for PMTCT services tightened and decreased, affecting our revenues—e.g., resulting in closing sites in some countries even as we expanded in others—our financial position has stabilised and begun to strengthen over the last two years. We have adjusted structurally and in doing so have created a strong platform of people and systems to position ourselves for future growth. The organisation has secured healthy pipelines for programmes in 2014.

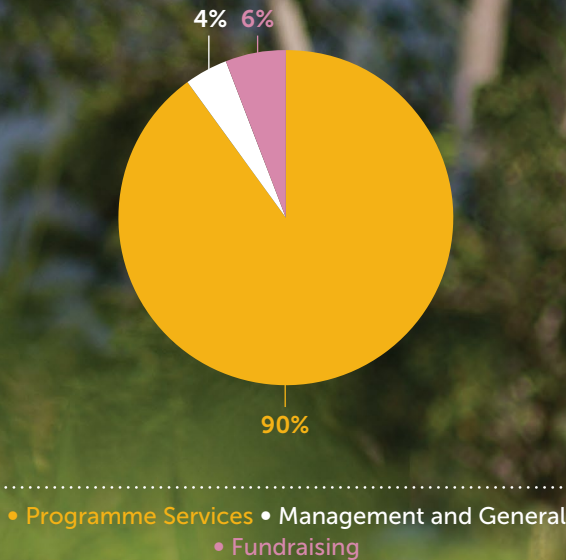
Our largest donor remained the United States Government—primarily the U.S. Agency for International Development (USAID) through the President’s Emergency Plan for AIDS Relief (PEPFAR). m2m continued its efforts to raise funding towards its mission to impact the health of mothers by putting them at the heart of improving reproductive, maternal, newborn, and child health. These revenues represent the contributions of loyal supporters, individuals, corporations, foundations, and international organisations.

Separate audited financial statements for m2m’s three global entities (South Africa, U.K., and U.S.), prepared in accordance with International Financial Reporting Standards (IFRS), U.K. Generally Accepted Accounting Principles, and U.S. Generally Accepted Accounting Principles, are available upon request.

Statement of Financial Position

Current Assets	
Cash and Cash Equivalents	6,021,306
Contributions and Other Receivables	383,426
Other Assets	343,583
Total Assets	\$6,748,315
Liabilities and Net Assets	
Total Liabilities	3,040,099
Net Assets - Unrestricted	1,281,283
Net Assets - Temporarily Restricted	2,426,933
Total Ending Net Assets	3,708,216
Total Liabilities and Net Assets	\$6,748,315

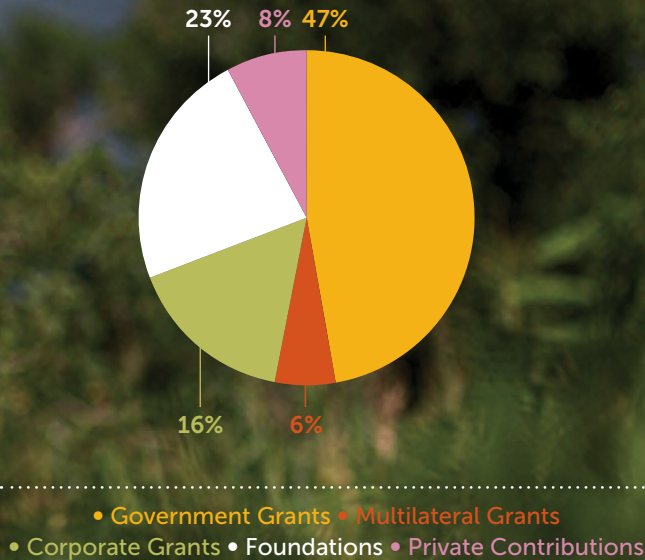
Functional Expenses



Statement of Activities

Revenue and Support	
Grants and Contracts	12,028,844
Contributions	1,646,143
Other Income	58,832
Total Revenue and Support	\$13,733,819
Expenses	
Programme Services	13,262,124
Management and General	581,329
Fundraising	853,053
Total Expenses	\$14,696,506
Changes in Net Assets	\$-962 687

Revenue by Category





# Donors

*With gratitude from  
mothers**2**mothers.*

Donors listed here made gifts of \$500 or more  
between January 1-December 31, 2013.

Thank you to all our additional donors  
listed at [www.m2m.org](http://www.m2m.org).



## Over \$500,000

Canadian International Development Agency (CIDA)

### *Prime Award:*

Peer Education and Psychosocial Support for Improved Maternal  
and Child Health Outcomes in Limpopo

### *Sub-award:*

Improving Uptake and Retention in PMTCT Services Through  
Novel Approaches in Family Supported Care and in  
Community Peer Outreach Support in Malawi (via a  
sub-award from Lighthouse Trust through WHO)

Department of Health, Mpumalanga Province

Department for International Development (DFID)

Elton John AIDS Foundation (EJAF)

Johnson & Johnson

The Skoll Foundation

United Nations Children's Fund (UNICEF)

U.S. Agency for International Development (USAID)

### *Prime Awards:*

Kenya Mentor Mothers Program

Reducing Paediatric HIV/AIDS Through Education and  
Psychosocial Support in Africa

HIV-Innovations for Improved Patient Outcomes in South Africa

### *Sub-award:*

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