

Our Impact in 2017

mothers2mothers Annual Evaluation



mothers2mothers (m2m) is an African NGO that employs and trains HIV-positive women as Mentor Mothers, frontline healthcare workers who deliver health services, advice, and support to women and their families in health facilities and in local communities. We started with a focus on eliminating mother-to-child transmission of HIV, and today have evolved our peer-based model to deliver benefits at all stages of life. In 2017, we had active programmes across seven African nations—Eswatini (Swaziland), Kenya, Lesotho, Malawi, South Africa, Uganda, and Zambia (and began services in Mozambique).¹

OUR SCALE

Together with our partners, we enrolled nearly **2.3M** new clients into care across seven countries; **an 18% rise over 2016.**

We worked from more than **1,000 locations**—serving clients at health facilities and door-to-door in the surrounding local communities.

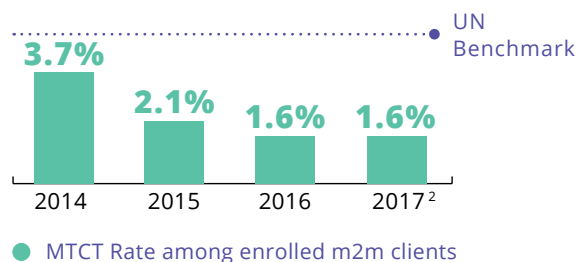
2,912 HIV-positive women were employed as Mentor Mothers across seven countries: **1,361 directly by m2m, and 1,551 by our partners** implementing the Mentor Mother Model.

In **Kenya** and **South Africa** we have successfully scaled up the Mentor Mother Model through phased government adoption and ownership. We have begun a similar technical assistance project in Mozambique.

OUR IMPACT ON THE HIV PANDEMIC

We are contributing to the Global Goal of ending AIDS by 2030 by preventing new infections among women and children, while ensuring those who are HIV-positive access services and are retained in care.

We continue to achieve virtual elimination of mother-to-child transmission of HIV among enrolled m2m clients. UNAIDS considers virtual elimination a rate of 5% or below. We have achieved this for four years in a row.



In 2017, m2m and our partners served **1 in 6 of the world's HIV-positive pregnant women.**

We are also playing a key role in stopping the spread of the virus through primary prevention.

Just 0.07% of women who were HIV-negative at enrollment into the m2m programme acquired HIV

—far lower than the 2014 pan-African benchmark of 3.6%.³



The most important global framework for HIV work is the UN's 90-90-90 targets.

TARGET: By 2020, 90% of people living with HIV know their status

91%

of HIV-negative pregnant women and new mothers we served in Eswatini, Lesotho and Uganda had at least one HIV test during their enrollment with m2m— most have had three.

TARGET: By 2020, 90% of HIV-positive people are on treatment

99%

of HIV-positive pregnant women and new mothers we served directly were initiated on treatment; **90% are alive and remain in care** after a year. (The retention rate in Eastern & Southern Africa is 75% at 12 months (UNAIDS, 2017)).

TARGET: By 2020, 90% of those on treatment are virally suppressed

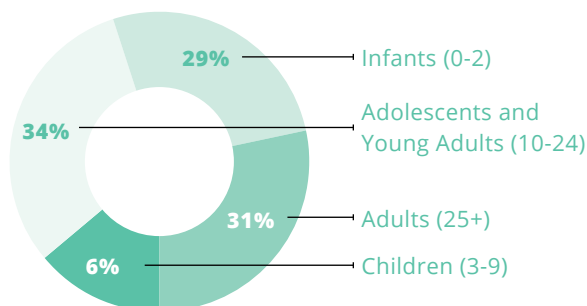
89%

of our clients with a recorded viral load test result were virally suppressed.

BEYOND PMTCT⁴

m2m was born with the goal of preventing mother-to-child transmission of HIV (PMTCT). Today, based on purposeful and careful evolution, our Peer Approach is applied far beyond this original focus in response to the changing needs of our diverse client base. We have added new service areas including Early Childhood Development (ECD), and Adolescent Mentoring and Positive Youth Development.

Our focus on adolescents and young adults means this group (10-24) now make up **34% of our client base, up from 29% in 2016.**



We saw a **55% rise** in children enrolled into our dedicated ECD programmes, up to 21,861 (2016 = 14,093).⁵

EARLY CHILDHOOD DEVELOPMENT

We want to see families thrive, not just survive. We have been developing, testing, and implementing programming focused on delivering results in ECD, and our first results are in.

An average of

97%

of our ECD clients (children aged 0-5) achieved their developmental milestones at 12 months.



1. Disclaimer: mothers2mothers strives to provide accurate performance data. Our data quality and routine monitoring and evaluation systems are regularly reviewed and updated. We benchmark and validate internal data through external evaluations and data quality assurance processes. National and site comparisons often rely on public domain data; mothers2mothers has no control over the quality of such data. As m2m tracks mother-baby pairs, each pregnancy is catalogued as a new client in our PMTCT program, potentially cumulatively leading to a higher count for adult women clients.
2. Countries included in this analysis: Eswatini, Lesotho, Malawi, Kenya and Uganda.
3. Drake et al, 'Incident HIV during Pregnancy and Postpartum and Risk of Mother-to-Child HIV Transmission: A Systematic Review and Meta-Analysis' (2014) Published at: <https://doi.org/10.1371/journal.pmed.1001608>
4. Figures in this section relate only to clients we served directly.
5. Our ECD programmes were active in South Africa, Lesotho and Eswatini in 2017.