



mothers2mothers  
QUARTERLY IMPACT REPORT  
1 January - 31 March 2020



Released: May 2020

# The Big Picture (as of 31 March 2020)

## 11,532,718

Index Clients\* reached with direct services since 2002



Number of Mentor Mothers currently employed by m2m

## 1,695



Number of Mentor Mothers employed since 2002

## 11,106



## Three Key Takeaways From This Quarter

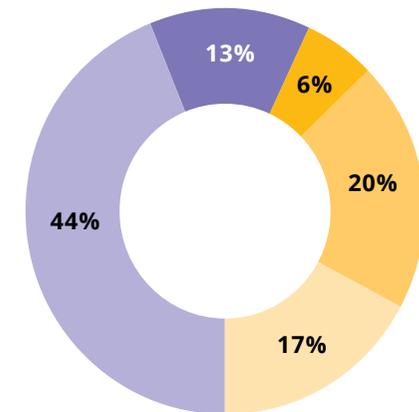
**Adapt and Protect:** As COVID-19 was sweeping across the world, m2m responded by adapting our services (including rapidly pivoting to deliver COVID-19 education and pre-screening) while taking all possible steps to protect our frontline staff, who were designated as essential workers. A detailed summary of our COVID-19 response is on pages 7 – 9.

**Slightly behind overall reach target:** In Q1, we achieved 17% of our overall reach target. We began to see a slowdown in reaching clients and testing in March, as we felt the impact of COVID-19. However, with our increased use of eService delivery, we expect this to stabilise in Q2 and throughout the year.

**New Services, New Countries:** Our push into clinical services gathered steam in both Lesotho and Zambia. Meanwhile, country operations in Angola and Ghana finished their first quarter of full-scale implementation.

Number of New Clients Reached (Direct Service Delivery) Q1 2020*	Q1	Progress Towards 2020 Targets	
	Actuals**	Annual Target	% Target Reached** (preliminary)
Children (ages 0-2)	33,991	239,340	14%
Children (ages 3-9)	16,636	96,166	17%
Adolescents (ages 10-19)	53,825	204,578	26%
Young Adults (ages 20-24)	45,168	261,247	17%
Adults (ages 25+)	119,325	691,206	17%
<b>TOTAL</b>	<b>268,945</b>	<b>1,492,537</b>	<b>18%</b>

## New Clients Enrolled by Age (Q1 2020)



- Young Adults (20-24)
- Children (3-9)
- Adults (25+)
- Adolescents (10-19)
- Children (0-2)

Our Reach in Quarter 1: A Closer Look	Our Reach this quarter**	Annual Target	% Target Reached** (preliminary)
<b>Adolescents and Adults (disaggregated by HIV status)</b>			
HIV-positive (ages 10+)	33,051	491,440	7%
HIV-negative (ages 10+)	133,298	549,760	24%
Unknown Status at enrolment (ages 10+)	52,053	117,411	44%
<b>Subset of total: Clients 10+ reached by HIV status</b>	<b>218,402</b>	<b>1,158,611</b>	<b>19%</b>
<b>Children Ages 9 and Under (disaggregated by HIV exposure/status)</b>			
HIV-exposed children (ages 0-2)	19,711	89,127	22%
HIV-unexposed children (ages 0-2)	11,776	118,455	10%
Children of Unknown Exposure at enrolment (ages 0-2)	150	9,993	2%
HIV-positive children (0-9)	1,269	1,782	71%
HIV-negative children (0-9)	11,061	53,023	21%
Children of Unknown Status at enrolment or status not documented (ages 0-9)	6,575	61,546	11%
<b>Subset of total: Children 0-9 reached by HIV exposure and HIV status</b>	<b>50,542</b>	<b>333,926</b>	<b>15%</b>

\* Index clients: HIV-positive and HIV-negative pregnant women, new mothers, as well as HIV-exposed and unexposed children under 2 years old. Reached = received one or more m2m service including: Prevention of Mother-to-Child Transmission; Reproductive, Maternal, Newborn, and Child Health; Early Childhood Development; and Adolescent Health

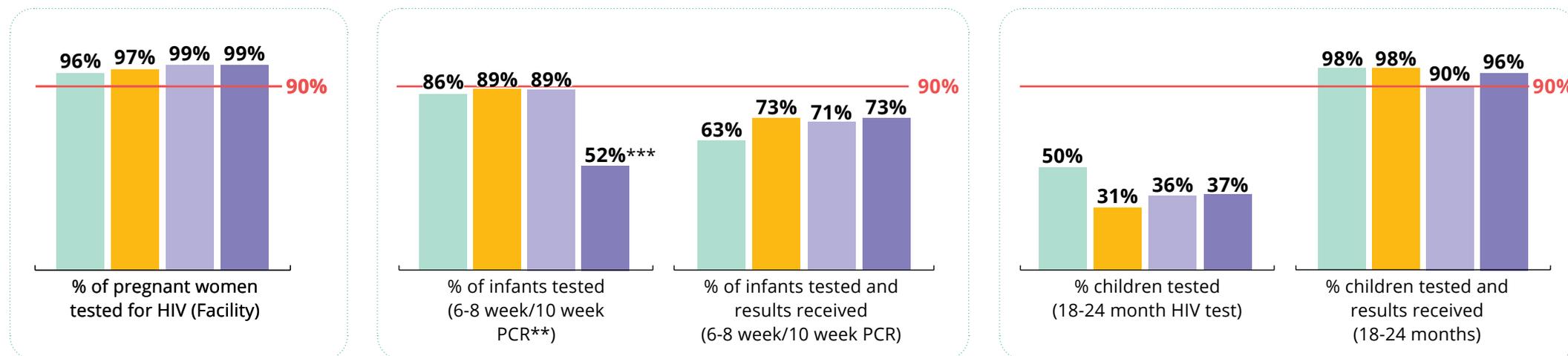
\*\* Preliminary results, subject to further data audits.

# Progress Towards the Three 90s

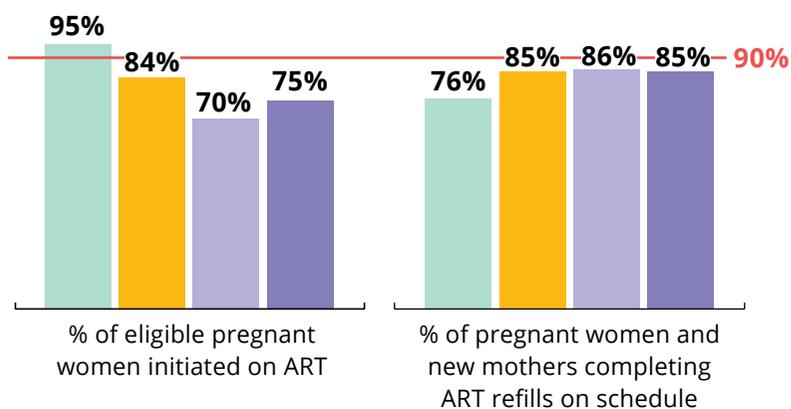
As well as measuring the scale of our programme, we measure quality and impact by working towards the UN's 90-90-90 targets—a framework for the global HIV response.\*

## 1<sup>st</sup> 90 - Know Your Status

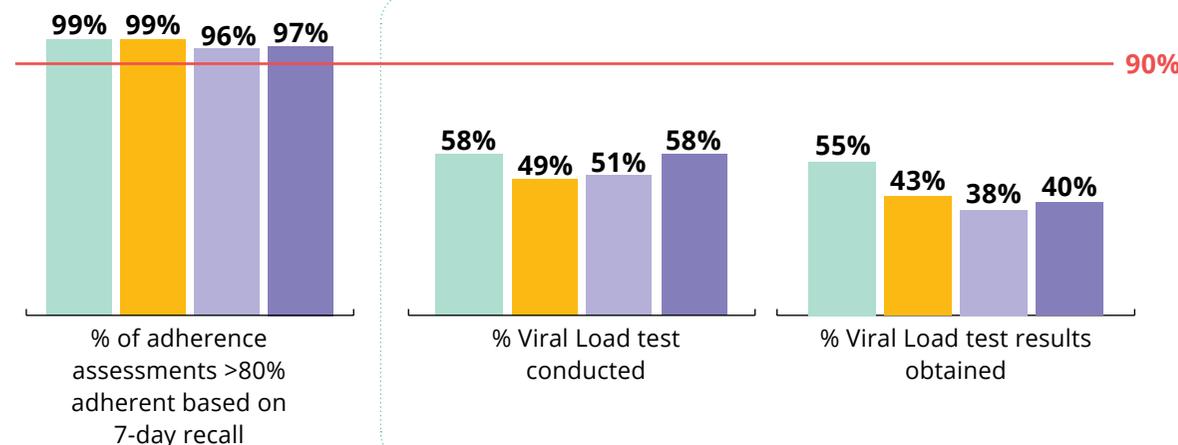
● Q2 2019 ● Q3 2019 ● Q4 2019 ● Q1 2020 — Target



## 2<sup>nd</sup> 90 - On Antiretroviral Therapy



## 3<sup>rd</sup> 90 - Adherent and Virologically Suppressed



\* Please note that retrospective updates were made to 2019 Q 2 and 3 data in Q4 2019, as we had previously excluded some country data. Figures reported differ from earlier quarterly reports. Read more about the 90-90-90 targets here: <http://www.unaids.org/en/resources/909090>

\*\* PCR = Polymerase chain reaction test—a highly sensitive and accurate test for early detection of HIV infection. It is administered at different times in different countries, depending on national guidelines.

\*\*\* Preliminary result. Data are being re-analysed.

## Highlights by Country This Quarter



### LESOTHO

**New Clients Enrolled: 21,198**

**Mentor Mothers Employed: 360**

- The first m2m country to comprehensively integrate clinical services into our prevention of mother-to-child transmission (PMTCT) offering. This has included:
  - a. Employing, training (with support from the Ministry of Health), and certifying 34 HIV Testing Services Mentors. These women are now able to provide HIV tests directly to clients.
  - b. Recruiting and employing 11 Maternal & Child Health Nurses, who will provide clinical services to over 2,500 HIV-positive women in the Lesotho health care system.
- In addition to the provision of clinical services, m2m also provides technical support to District Health Management teams and Health Facility staff. This quarter, m2m Lesotho, for the first time, was appointed to lead the PMTCT Joint Partner Supportive Supervision Meeting, which included Ministry of Health, donors, and implementing partners. The objective of the PMTCT Joint Supportive Supervision is to supervise Health Facilities on PMTCT-related activities focusing on PMTCT data management and implementation of Early Infant Diagnosis (EID), treatment initiation, and monitoring the management and tracking of the 18-month confirmatory test for exposed infants.



### SOUTH AFRICA

**New Clients Enrolled: 24,308**

**Mentor Mothers Employed: 251**

- In KwaZulu-Natal Province (KZN), with funding from UNICEF, 36 new Peer Mentors were successfully recruited, placed, and trained. The successful Peer Mentors in KZN underwent a 10-day Pre-Service training in Durban. The training enabled the Peer Mentors to provide relevant and quality non-clinical but complimentary care and psychosocial support to Adolescent Girls and Young Women (AGYW) who are either pregnant or new mothers. The successful candidates were deployed across 21 facilities in the province: 13 in eThekweni and 8 in uMgungundlovu districts.
- In Mpumalanga, our CHAMP programme enrolled and/or served 50,282 Orphans and other Vulnerable Children and caregivers. This means we have already achieved 92% of our total annual October to September target (54,364) for clients in three high-burden districts. HIV and case management services reached 43,568 children and adolescents (under 18 years) during this Q1 of 2020—87% of annual target.
- In the Western Cape, our Youth Alive Project enrolled 826 Adolescent Girls and Young Women (AGYW) this quarter. This takes our cumulative reach since we began the project in January 2018 to 7,795, meaning we are on track to reach our target of 8,000 AGYW by June 2020.

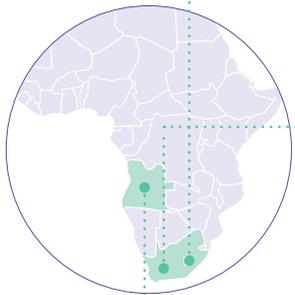


### ANGOLA

**New Clients Enrolled: 601**

**Mentor Mothers Employed: 13**

- Through the USAID-funded RISE II Project, m2m has begun implementation at two learning sites, in coordination with the Angolan First Lady's Born Free to Shine PMTCT campaign. Thirteen Mentor Mothers have been recruited and trained to provide integrated case tracking and testing services for HIV. Pregnant and breastfeeding women living with HIV are enrolled at health facilities and Mentor Mothers seek consent to follow up with their male partners and children.
- With support from the Como Foundation, the Angola programme is fully digital, with Mentor Mothers using mobile phone applications to enter project data and follow-up with clients.



## Highlights by Country This Quarter (Continued)



### MOZAMBIQUE

New Clients Enrolled: **27,167**

Mentor Mothers Employed: **275**

- With funding from the U.S. Centers for Disease Control & Prevention (CDC), m2m has expanded its presence in Cabo Delgado province, opening a new site in Chiure with 20 new Mentor Mothers.
- m2m's impact in Mozambique was highlighted by CDC, at a regional meeting in Johannesburg. The CDC team presented comparative results of EID coverage and positivity between m2m sites and other Implementing Partners. It was shown that m2m is working in seven of the 12 top best performing sites in country. When comparing EID coverage and positivity, m2m sites are doing much better than non-m2m sites.
- AIDS Healthcare Foundation (AHF) granted \$40,000 funding for Mozambique. Initially programmed for a disclosure project, however, AHF is allowing us to redirect funding for digital devices to allow for delivery of more services virtually as a result of COVID-19.



### MALAWI

New Clients Enrolled: **157,905**

Mentor Mothers Employed: **492**

- Successfully rolled out a major new project in Lilongwe, thanks to support from the Denise Coates Foundation. We recruited and trained 76 new Mentor Mothers, who are now delivering services at nine facilities and in eight communities. Thirty-one Community Mentor Mothers were also equipped with bicycles to help achieve greater client reach and more effective follow-up.
- Our Expert Clients played a major role in a defaulter tracing and a back-to-care initiative, undertaken in partnership with the U.S. CDC and the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF). We successfully traced 82% (18,036/22,014) of clients on anti-retroviral therapy who were 14 days late for appointments, and helped them to return to care.
- Participated in an Annual General Meeting of an Early Childhood Development coalition with members including Catholic Relief Services, Partners In Health, ActionAid, and others. The coalition was established to provide a platform for members to interact and to share relevant ECD updates, as well as reports on the operations of the coalition.

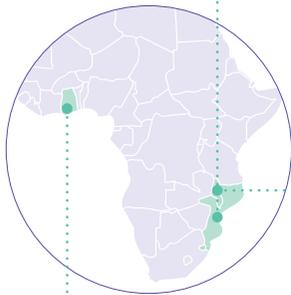


### GHANA

New Clients Enrolled: **985**

Mentor Mothers Employed: **11**

- m2m's Ghana Country Programme was publicly launched on 3 February, 2020 at a high-level event in Accra. The event drew over 100 guests, and was attended by senior local stakeholders, including speakers from the Ministry of Health, Ministry of Gender and Social Protection, and the National AIDS Commission. Also in attendance were the CEOs of our funders British Airways and Comic Relief (Alex Cruz and Ruth Davison), as well as m2m's CEO Frank Beadle de Palomo and Director of Programmes and Technical Support Dr. Kathrin Schmitz. The success of this event will help us as we continue full-scale implementation in Ghana.
- In our first full quarter of implementation, we achieved 97% of our target quarterly enrollment.



## Highlights by Country This Quarter (Continued)



### KENYA

New Clients Enrolled: **2,408**

Mentor Mothers Employed: **17**

- Demonstrating m2m's commitment to South-South learning, the Kenyan team played a significant role in the launch and scale-up activities in Ghana. This included Kenya's highly experienced Project Officer travelling to Ghana to provide supportive supervision and train the first intake of Mentor Mothers, while a Kenyan spokeswoman spoke at the official Ghana launch event.
- Contributed to the Kenya ECD Network position paper on Education Sector Strategic Plan 2018-2022, specifically drawing on in-country expertise and implementation experience to suggest language on preventing HIV infections and improving health, nutrition, and protection of pre-primary education learners. The paper was forwarded to the Ministry of Education.



### UGANDA

New Clients Enrolled: **21,368**

Mentor Mothers Employed: **99**

- Participated in a surge exercise to ensure children living with HIV receive more comprehensive services. This forms part of our work under the USAID-funded Better Outcomes for Children and Youth project through Bantwana World Education Inc. We managed to reach a total of 477 relevant clients who were enrolled for additional services, including additional psychosocial support, nutrition education, and HIV education among others.
- At the invitation of the Ministry of Health, participated in a five-day workshop focused on adolescents. Based on our experiences piloting a service framework called "Young People and Adolescent Peer Support (YAPS)", we provided inputs to customise national training materials. YAPS will now be rolled out countrywide to increase access to HIV testing among adolescents and young people (aged between 10-24 years), as well as to increase early identification of HIV-positive adolescents and to link them to HIV care.

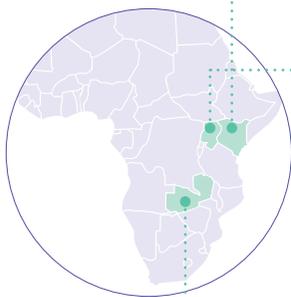


### ZAMBIA

New Clients Enrolled: **13,005**

Mentor Mothers Employed: **177**

- Our push into clinical services in Zambia continues. This quarter, we trained an additional 35 Mentor Mothers on Dry Blood Spot (DBS) testing to enhance EID. To date, 113 Mentor Mothers have been trained in DBS sample collection, contributing to an achievement of 100% EID at m2m sites.
- Based on strong results from the sites in which we operate, m2m was invited to collaborate with the Ministry of Health's Maternal and Child Health (MCH) Departments at facilities in Copperbelt Province. Mentor Mothers oriented MCH health workers in psychosocial counselling and DBS sample collection techniques to enhance HIV Testing Service (HTS) and EID interventions. We hope this intervention will help to deliver improved outcomes in the region.



## Combined Financials (m2m Global) 2020

All figures are in US Dollars.

	2020 Annual Budget	YTD Actuals through March-20	Projected Apr-20 through Dec-20	Total Projected at end of Dec-20	Percentage Variance
<b>TOTAL - ALL SOURCES</b>					
Opening Net Assets	7,595,181	7,661,362		7,661,362	
<b>Revenue</b>	<b>28,754,617</b>	<b>4,696,000</b>	<b>22,478,789</b>	<b>27,174,788</b>	<b>-5%</b>
<b>Expenditure</b>	<b>28,913,143</b>	<b>5,298,016</b>	<b>22,607,678</b>	<b>27,905,694</b>	<b>-3%</b>
<b>Exchange Rate (Loss)/Gain</b>		<b>(471,632)</b>		<b>(471,632)</b>	
<b>Change in Net Assets</b>	<b>(158,526)</b>	<b>(1,073,648)</b>		<b>(1,202,537)</b>	
<b>Closing Net Assets</b>	<b>7,436,655</b>	<b>6,587,714</b>		<b>6,458,825</b>	<b>-13%</b>
<b>RESTRICTED FUNDING</b>					
Opening Net Assets	4,054,712	4,080,019		4,080,019	
<b>Revenue</b>	<b>23,535,576</b>	<b>4,290,393</b>	<b>18,780,620</b>	<b>23,071,013</b>	<b>-2%</b>
<b>Expenditure</b>	<b>24,145,462</b>	<b>4,353,995</b>	<b>19,105,556</b>	<b>23,459,551</b>	<b>-3%</b>
<b>Exchange Rate (Loss)/Gain</b>		<b>(160,257)</b>		<b>(160,257)</b>	
<b>Change in Net Assets</b>	<b>(609,885)</b>	<b>(223,859)</b>		<b>(548,795)</b>	
<b>Closing Net Assets</b>	<b>3,444,826</b>	<b>3,856,160</b>	<b>1,600,575</b>	<b>3,531,224</b>	
<b>UNRESTRICTED FUNDING</b>					
Opening Net Assets	3,540,470	3,581,343		3,581,343	
<b>Revenue</b>	<b>5,219,041</b>	<b>405,607</b>	<b>3,698,168</b>	<b>4,103,775</b>	<b>-21%</b>
<b>Expenditure</b>	<b>4,767,682</b>	<b>944,020</b>	<b>3,502,122</b>	<b>4,446,142</b>	<b>-7%</b>
<b>Exchange Rate (Loss)/Gain</b>		<b>(311,375)</b>		<b>(311,375)</b>	
<b>Change in Net Assets</b>	<b>451,359</b>	<b>(849,789)</b>		<b>(653,743)</b>	
<b>Closing Net Assets</b>	<b>3,991,829</b>	<b>2,731,554</b>		<b>2,927,600</b>	<b>-27%</b>

Despite the challenging times experienced globally as result of COVID-19, m2m recognised revenue of \$4.7M this quarter. Expenses totalled \$5.3M and we ended the quarter with Combined Net Assets of over \$6.5M.

With the support of our Boards, we undertook strategic scenario planning to assess and quantify the potential impact of COVID-19 on our operations. Given the nature of the pandemic and the fluidity and speed at which new information becomes available, we have opted for a conservative outlook for the remainder of 2020.

We expect to recognise Combined Revenue of \$27.2M (5% less than originally budgeted) and Combined Expenses of \$27.9M (3% less than budgeted). This will result in a small drop in net assets by year end to \$6.45M—largely as a result of spending in 2020 against funds which were received in 2019. We believe that our Net Asset position will leave us well placed as we enter 2021.

## Q1 Fundraising Highlights

Secured \$1.5M, three-year grant from longstanding supporter Cartier Philanthropy to enable continued and enhanced work in Uganda.

CHIME FOR CHANGE commenced support of £450K over three years to further cement our work in Ghana and South Africa.

Named as one of 100 finalists for the MacArthur Foundation's \$100M "100&Change" prize, for an initiative to end cervical cancer in Africa. The top 10 will be announced in Q3, with the eventual winner being announced in 2021.

## COVID-19 SUMMARY

This Quarter, COVID-19 began to sweep across the world. It has highlighted many challenges in health systems, as the need for quality healthcare became more critical. Sub-Saharan Africa currently has a shortage of at least 4.2 million health workers, according to the WHO, which also reported last year that there are fewer than 2,000 ventilators across 41 countries on the continent. Health systems on the continent are severely understaffed and under-resourced and simply cannot cope with the growing crisis.

The region is also home to the largest number of people living with HIV in the world. According to UNAIDS, over nine million people are not accessing effective treatment and they are at a greater risk from COVID-19 due to their immunocompromised health status. Other health conditions, including hypertension and diabetes, that can increase the risk of severe complications and death from COVID-19, are also widespread across the continent. For all of these reasons, the virus has been described as a ticking time bomb for Africa.

### Impact on m2m, and Our Response

The pandemic has had a significant impact on m2m's work and our communities. First devastating China and Europe, the virus arrived on African shores in February, and the first case in an m2m country (South Africa) was recorded in early March.

By the end of March, seven out of nine countries we operate in on the African continent had confirmed cases—while our resource mobilisation offices in the US and the UK were also affected. On the African continent, three countries—South Africa, Lesotho and Angola—were placed under full, national lockdown while partial lockdowns were instated in six other countries.

Mindful that hundreds of thousands of families depend on our vital, lifesaving work to create health, hope, and an HIV-free future, m2m is resolutely maintaining and adapting our programmes and services to ensure that we continue to meet the health needs of vulnerable women and their families. Our response is driven by the needs of our clients and frontline staff and is led by our Crisis Management Team—a cross-functional team that meets frequently to assess global and country-specific developments to the pandemic, and provide scientific-based direction to our 2,000 team members and hundreds of thousands of clients. We are drawing upon the many lessons we have learned from almost 20 years experience fighting the HIV/AIDS epidemic, chief among them that community-centric, peer-led responses will have the greatest impact. Together with governments and other partners we are working to flatten the curve.



### ESSENTIAL

In countries where full or partial lockdowns are in place, our Frontline staff—including Mentor Mothers, Peer Mentors, and Expert Clients—have been designated as “essential workers” by governments during the lockdown period, and so continue to provide modified services at health centres.



We have responded by adapting our services and protecting our staff.

### ADAPT



We rapidly adapted our programming to include COVID-19 training and messaging. Frontline staff are now educating clients on COVID-19 prevention and symptoms, pre-screening clients, and referring them for testing or care to local partners, as appropriate. To facilitate this, a detailed toolkit on how to manage COVID-19 in countries was developed. This includes updated workflows, operational changes and guidelines for field staff on self-quarantine, self-isolation, and social distancing. It has also become extremely difficult for our Mentor Mothers to conduct some activities at site level. We have responded by scaling up our efforts with digital technology, with a particular focus on identifying and supporting those living with HIV, who may be more at risk of complications from COVID-19.



Through modified e-Service delivery services, Mentor Mothers are using voice calls and the WhatsApp platform to stay connected with clients. These regular check-ins are essential for adherence counselling, appointment reminders, and to provide families with support during this difficult time. We have also modified our existing mHealth apps to align with this virtual mode of service delivery.



We are also rapidly developing the “Virtual Mentor Mother”— a WhatsApp-based interactive service where new and existing clients, Mentor Mothers, and those who provide supportive supervision can receive vital COVID-19 and health information and support. A core team, which includes our Founder, Dr. Mitch Besser and U.K. Trustee Daphne Metland, is aggressively driving this forward, and we hope to have this up and running in Quarter Two.

### PROTECT



As we have adapted our work, the safety and protection of our Site Staff remains our top priority. We have ensured we have a recent CD4 count and/or viral load test for our Frontline Staff who are living with HIV, to ensure they are not at undue risk by continuing to deliver services. Site staff have received personal protective equipment (either procured directly by m2m or supplied by partners) and regular training and guidelines are being produced to keep the m2m community up to date with best practices.



We have moved to remote working; and where some offices have been allowed to open as lockdown restrictions were lifted, staff work in split shifts to exercise strict social distancing protocols.

**We have also begun discussions with our donors regarding additional, flexible support. We are pleased to report that many have responded positively. For instance, Johnson & Johnson, our largest corporate donor, has already indicated that we can bring forward the renewal of our grant to provide m2m with added financial security.**





 [m2m.org/contact-us](https://m2m.org/contact-us)  
 @mothers2mothersintl  
 @mothers2mothers  
 @m2mtweets