



# mothers2mothers QUARTERLY IMPACT REPORT

1 April - 30 June 2020



*Released: August 2020*

# The Big Picture (as of 30 June 2020)

## 11,675,209

Index Clients\* reached with direct services since 2002



Number of Mentor Mothers currently employed by m2m

## 1,667



Number of Mentor Mothers employed since 2002

## 11,106

Clients reached by eServices since inception (April 2020)

## 69,555\*\*

## Three Key Takeaways From This Quarter

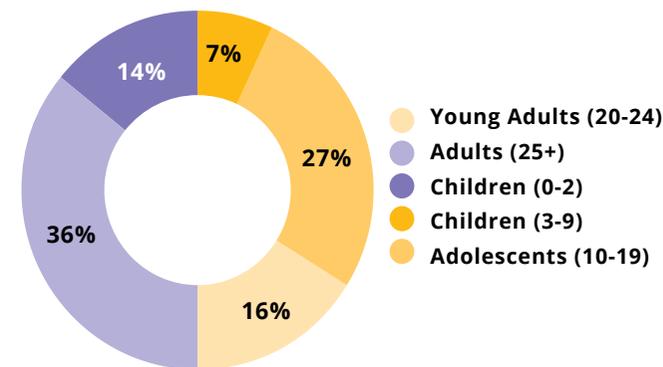
**COVID-19 has left us slightly behind on annual reach targets.** At the end of the second quarter, we have reached 35% of our annual target for enrolment of clients. This is mainly attributable to a slow-down in clients visiting health facilities. However, with our eServices ramping up, we believe we will make up most of this lost ground in Q3 and Q4. You can read more about our COVID-19 response, and our expanded service offering, on pages 8&9 of this report.

**Innovation is everywhere.** This quarter, we trained all our frontline staff on remote service delivery, used our channels to distribute medication for the first time, and built a WhatsApp chatbot...all in 12 weeks. This demonstrates our dedication to fulfilling our mission, even in the most trying circumstances.

**Our finances remain healthy.** At the halfway mark of the year, we are 6% under projections on revenue, but are on track to cut expenses by an equivalent amount, meaning we should end the year in a healthy position. However, choppy waters may lie ahead as the full economic impact of COVID-19 is yet to be felt.

Number of New Clients Reached (Direct Service Delivery) Q2 2020	Q1	Q2	Progress Towards 2020 Targets		
	Actuals***	Actuals***	Annual Target	Cumulative Reach (Year To Date)	% Target Reached*** (Preliminary)
Children (ages 0-2)	33,991	35,061	239,340	69,052	29%
Children (ages 3-9)	16,636	16,962	96,166	33,598	35%
Adolescents (ages 10-19)	53,825	70,307	204,578	124,132	61%
Young Adults (ages 20-24)	45,168	39,823	261,247	84,991	33%
Adults (ages 25+)	119,325	93,081	691,206	212,406	31%
<b>TOTAL</b>	<b>268,945</b>	<b>255,234</b>	<b>1,492,537</b>	<b>524,180</b>	<b>35%</b>

### New Clients Enrolled by Age (Q2 2020)



Our In-Person Service Reach in Quarter 2: A Closer Look	Our Reach previous Quarter***	Our Reach this Quarter***	Annual Target	Cumulative Reach (Year To Date)	% Target Reached*** (Preliminary)
<b>Adolescents and Adults (disaggregated by HIV status) Newly Enrolled</b>					
HIV-positive (ages 10+)	33,051	29,392	491,440	62,443	13%
HIV-negative (ages 10+)	133,298	123,127	549,760	256,425	47%
Unknown Status at enrolment (ages 10+)	52,053	50,747	117,411	102,800	88%
<b>Subset of total: Clients 10+ reached by HIV status</b>	<b>218,402</b>	<b>203,266</b>	<b>1,158,611</b>	<b>421,668</b>	<b>36%</b>
<b>Children Ages 9 and Under (disaggregated by HIV exposure/status) Newly Enrolled</b>					
HIV-exposed children (ages 0-2)	19,711	17,423	89,127	37,134	42%
HIV-unexposed children (ages 0-2)	11,776	13,963	118,455	25,740	22%
Children of Unknown Exposure at enrolment (ages 0-2)	150	168	9,993	318	3%
HIV-positive children (0-9)	1,269	3,031	1,782	4,300	241%
HIV-negative children (0-9)	11,061	11,152	53,023	22,213	42%
Children of Unknown Status at enrolment or status not documented (ages 0-9)	6,575	6,232	61,546	12,807	21%
<b>Subset of total: Children 0-9 reached by HIV exposure and HIV status</b>	<b>50,542</b>	<b>51,969</b>	<b>333,926</b>	<b>102,512</b>	<b>31%</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

\*\* eServices refer to both Peer Services delivered by phone, and our automated Virtual Mentor Mother Platform. Peer services by phone were rolled out by 15 April 2020, and a total of 69332 clients were reached through this channel. The VMMP was soft launched, in English only, on 10 June, and 223 clients were enrolled in these first three weeks.

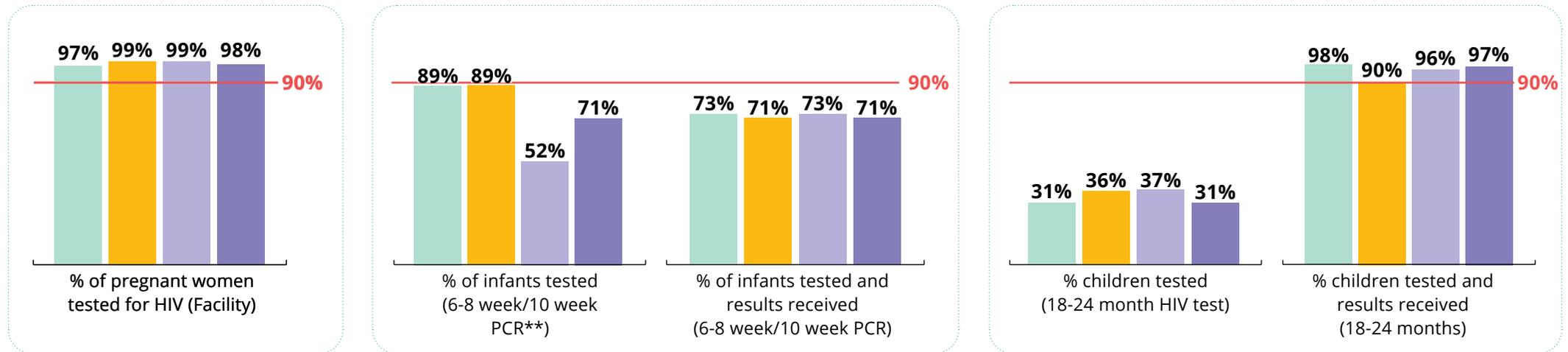
\*\* Preliminary results, subject to further data audits.

# Progress Towards the Three 90s

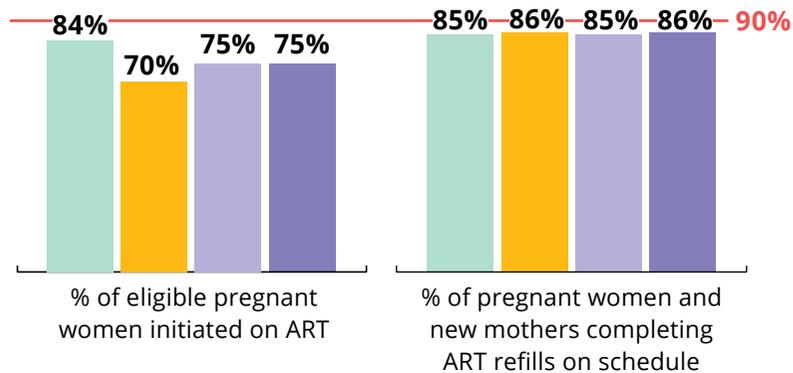
As well as measuring the scale of our programme, we measure quality and impact by working towards the UN's 90-90-90 targets—a framework for the global HIV response.\*

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

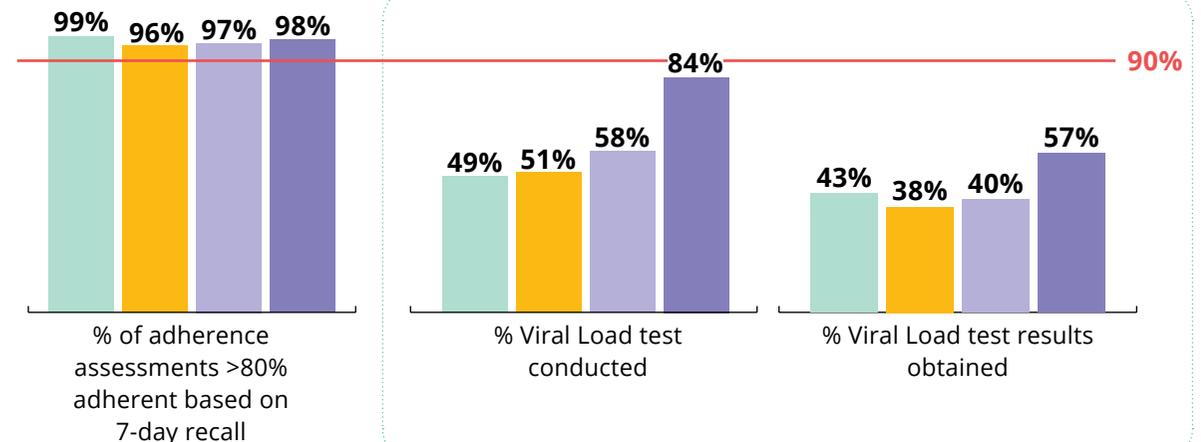
● Q3 2019 ● Q4 2019 ● Q1 2020 ● Q2 2020 — Target



## 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>

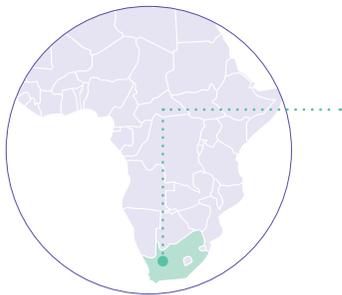
\*\* PCR = Polymerase chain reaction test—a highly sensitive and accurate test for early detection of HIV infection. It is administered at different times in different countries, depending on national guidelines.

## Highlights by Country This Quarter

As highlighted in our last quarterly report, our COVID-19 response has seen us adapt our programmes and take steps to protect our frontline staff.

To protect our staff—who were declared essential workers and continued to deliver services during lockdowns—we sourced personal protective equipment (PPE), implemented split shifts, and developed and delivered training and educational materials.

Across all of our operating countries this quarter, a major focus has been on training frontline teams on eService delivery—a significant adaptation of our delivery model. With eServices, our team is now using mHealth apps to plan and deliver structured phone calls with clients. The frequency and content of these calls is tailored to client risk profiles. This approach has proven effective and essential, especially to educate clients about COVID-19 and to ensure continued adherence and/or uptake of services. In total, we have trained nearly 1,700 staff, and reached approximately 70,000 clients...all in just 12 weeks. In addition, this quarter, we created a WhatsApp chatbot, the Virtual Mentor Mother Platform. **Read more on Pages 8&9.**



### SOUTH AFRICA

New Clients Enrolled: **64,249**

Mentor Mothers Employed: **257**

- While all of our operating countries were affected by COVID-19 this quarter, South Africa was particularly hard hit, with the largest outbreak of COVID-19 on the African continent. The main challenge for our programming was the continuous closing and opening of health facilities due to COVID-19 positive cases among health facility staff, which also forced some m2m staff to either undergo testing, self-isolation, or self-quarantine at home until receipt of their test results. During this quarter, some m2m site staff members tested positive for COVID-19—we provided staff members with testing support, access to healthcare, and wellness services.
- Even though some m2m services were affected by the pandemic, programme performance remained successful during the quarter. Under the National Department of Health-funded Mentor Mother Project in Gauteng and Mpumalanga, 14,237 clients were reached against the target of 7,437 (191%) in April and June 2020. Under the UNICEF-funded Adolescent Girls and Young Women (AGYW) Peer Mentor Project, a total of 4,344 AGYW clients were enrolled from April to June. This brings to 9,963 the total number of AGYW who have been enrolled between October 2019 and June 2020 against the project target of 9,945.
- m2m's USAID-funded CHAMP Project in Mpumalanga continued to excel despite the pandemic. Results this quarter include: 99.9% of all CHAMP beneficiaries (0-17 years) have a known HIV status, 16% of clients recruited this quarter were Children/Adolescents Living With HIV (target 20%), with 99.9% of these clients on ART.
- In the Western Cape, the Comic Relief-funded Youth Alive Project ended on 30 June. The project succeeded in empowering AGYW with information and education on sexual and reproductive health, and reproductive maternal and child health services. The project reached 6,585 clients in one year, exceeding the overall target of 6,400.

## Highlights by Country This Quarter (Continued)



### LESOTHO

New Clients Enrolled: **19,523**

Mentor Mothers Employed: **355**

- We collaborated with the government and other partners to ensure Mentor Mothers and Mother Child Health (MCH) Nurses supported anti-retroviral therapy (ART) distribution to clients who missed appointments due to COVID-19 lockdown restrictions and facility service interruptions.
- Our team used mass media strategies, such as a local radio program, to inform m2m clients and the local community on service delivery during the COVID-19 pandemic. We also provided important educational messages on such topics as maternal and child health, prevention of mother-to-child transmission, nutrition, and immunisation services.
- As well as COVID-19, we had to overcome the effects of a health worker strike this quarter. We responded by prioritising eServices for clients who had to miss appointments as a result.



### ANGOLA

New Clients Enrolled: **567**

Mentor Mothers Employed: **13**

- COVID-19 reduced the volume of community HIV testing that could be conducted during the quarter. However, our positivity yield doubled over the previous quarter (from 7% to 14%), meaning our strategies to target services are working.
- eService delivery was prioritised to high-risk clients, especially caregivers of children living with HIV and clients recently identified as HIV-positive. This change resulted in reaching 498 new clients.

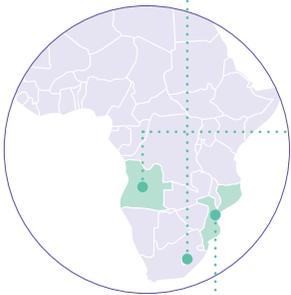


### MOZAMBIQUE

New Clients Enrolled: **24,090**

Mentor Mothers Employed: **281**

- Of the 1,909 exposed children (between 2 -12 months) reached this quarter, 72 tested positive for HIV (3.8%), with 97% linked to ART. This positivity rate dropped from 5.1% last quarter. This indicates that our work to ensure mothers living with HIV enrol in care early, adhere to treatment, are retained in care, and deliver in a health facility, is reducing the number of children born with HIV.
- We have worked with the Ministry of Health to develop a national strategy for eService delivery so that our model could be adopted by other partners. This included developing a tool kit covering topics such as consent, key messages for calls, and tailored service delivery. The tools were designed for use in analogue and digital form. As phone access is limited for both clients and health workers (especially those employed by other implementing partners), the analogue form will allow them to conduct sessions at facilities with landline phones.



## Highlights by Country This Quarter (Continued)



### MALAWI

**New Clients Enrolled: 116,205**    **Mentor Mothers Employed: 465**

- We expanded our mHealth tools to Expert Clients in 26 sites, thus enabling the team to capture, analyse, and report on care and treatment activities more efficiently. As a result, we could rapidly identify clients with unsuppressed viral loads, and 91% of these clients received intensive adherence counselling.
- m2m Malawi continues to increase its profile within the Ministry of Health's (MOH's) Community Health Services Section through participation in the Community Health Technical Working Group. This quarter, our team served as national trainers for government staff, and we were formally recognised by the MOH Community Health Section as a key partner in providing financial and technical support that contributes to the national community health programme and strengthening of community health structures.



### GHANA

**New Clients Enrolled: 896**    **Mentor Mothers Employed: 11**

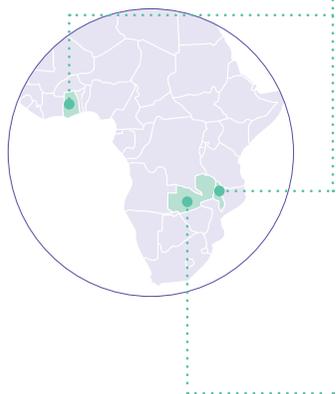
- We achieved a 49% increase in enrolments this quarter (compared to last), as our awareness raising and demand creation efforts are proving effective.
- This quarter, we focused on Early Infant Diagnosis (EID), including educating our clients about its benefits, and advocating with stakeholders such as facility management and government to ensure testing supplies are available. We also focused on integrating service delivery by seeking to ensure mothers simultaneously received viral load tests. Seven percent (7%) more infants accessed EID this quarter, while an additional 5% of mothers accessed viral load testing.



### ZAMBIA

**New Clients Enrolled: 11,013**    **Mentor Mothers Employed: 177**

- m2m Zambia continued to provide Technical Assistance and Mentorship to the Government and other implementing partners. This guidance focused on Active Client Follow-up to enhance EID and linkage to ART, which has been consistently poor in sites where m2m does not have a presence.
- 26 Mentor Mothers graduated in psychosocial training and dry blood spot sample collection. The graduate Mentor Mothers will enhance EID in 35 health facilities, including one in Lusaka district, 11 in Central Province, and 23 in Copperbelt Province. Mentor Mothers sustained and further improved the linkage rate to ART to above 97%, adherence assessment to 99.9%, and the viral load suppression to above 96% for antenatal and postnatal (AN/PN) clients.
- The Programme recorded an adherence assessment of 99.9% and > 80% adherence measured by 7-day recall self-reporting both at AN/PN. This achievement has been possible due to a hybrid approach to service provision. Mentor Mothers have positioned eServices as an extra innovation that has enhanced adherence services, such as the creation of virtual support groups, selective home visits for enhanced adherence counselling, facility interactions, and home delivery of ART for select clients.



## Highlights by Country This Quarter (Continued)



### KENYA

New Clients Enrolled: **3,277**

Mentor Mothers Employed: **18**

- Mentor Mother Jane Njoki Peris was interviewed and profiled on National Public Radio in the United States. The interview can be heard here: <https://www.npr.org/player/embed/889308031/889308032>. Airing on 9 July, the interview told Jane's personal story and how her job has changed in relation to COVID-19. She has been with m2m since 2008. There is also a link to the interview on m2m's website.
- Facility-based Mentor Mothers served 2,944 clients including HIV-positive and HIV-negative pregnant and breastfeeding adolescents and women, as well as HIV-exposed and unexposed infants and male partners. In the community, Mentor Mothers served 333 clients through the m2m family-centred approach.



### UGANDA

New Clients Enrolled: **15,416**

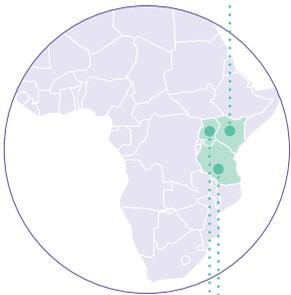
Mentor Mothers Employed: **90**

- With support from Cartier Philanthropy, m2m worked with district health teams to deploy our vehicles and bicycles to reach clients with ART refills and other life-saving services which were rendered impossible due to lockdowns. We reached and served a total of 466 clients with ART refills and other services, including, but not limited to, viral load testing and infant HIV testing.
- During the lockdown, cases of gender- and sexual-based violence rose. Through our cadres of District Based Trainers, Parasocial Workers, District Action Center Officers and the SAUTI (SHOUT) Helpline, we reached out to affected households and offered counseling, transport to medical facilities, and prevention education.
- Under the Swarovski and Porticus-funded Project for children with disabilities, m2m supported 16 children with neural disabilities and linked them to the CURE Children's Hospital, where they received appropriate services. Their parents/caregivers were informed of best care practices to apply at home.
- 45 new bicycles were procured and distributed to Community Mentor Mothers to aid in household visits, while also creating demand for RMNCH/ PMTCT and other health services in their respective communities.



### TANZANIA

- We began operations in Tanzania this quarter, re-entering the country after having previously worked there from 2008 to 2012. We are providing "technical assistance" services to the government, including advising on policy development and implementation, providing training, and capacity building support to government teams and local partners and helping to measure success.
- Respeace Mgawe was hired as m2m's Senior Capacity Building Advisor. Working closely with the Prevention of Mother-to-Child Transmission (PMTCT) department at the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC), he provides strategic direction and daily oversight of m2m's work in the country.
- In collaboration with the MOHCDGEC, m2m established the PMTCT Sub-Team Steering Committee to oversee and provide guidance and technical direction toward developing a national framework for PMTCT services. Three virtual steering committee meetings were held during the quarter.



## Combined Financials (m2m Global) 2020

All figures are in US Dollars.

	2020 Annual Budget	YTD Actuals through June-20	Projected Jul-20 through Dec-20	Total Projected at end of Dec-20	Percentage Variance
<b>TOTAL - ALL SOURCES</b>					
Opening Net Assets	7,661,362	7,661,362		7,661,362	
<b>Revenue</b>	<b>28,754,617</b>	<b>12,740,404</b>	<b>14,208,025</b>	<b>26,948,429</b>	<b>-6%</b>
<b>Expenditure</b>	<b>28,913,143</b>	<b>11,097,705</b>	<b>15,790,456</b>	<b>26,888,161</b>	<b>-7%</b>
<b>Exchange Rate (Loss)/Gain</b>		<b>(281,842)</b>		<b>(281,842)</b>	
<b>Change in Net Assets</b>	<b>(158,526)</b>	<b>1,360,857</b>		<b>(221,574)</b>	
<b>Closing Net Assets</b>	<b>7,502,836</b>	<b>9,022,219</b>		<b>7,439,788</b>	<b>-1%</b>
<b>RESTRICTED FUNDING</b>					
Opening Net Assets	4,080,019	4,080,019		4,080,019	
<b>Revenue</b>	<b>23,535,576</b>	<b>10,548,712</b>	<b>12,460,379</b>	<b>23,009,091</b>	<b>-2%</b>
<b>Expenditure</b>	<b>24,145,462</b>	<b>9,290,547</b>	<b>13,397,160</b>	<b>22,687,707</b>	<b>-6%</b>
<b>Exchange Rate (Loss)/Gain</b>		<b>44,893</b>		<b>44,893</b>	
<b>Change in Net Assets</b>	<b>(609,885)</b>	<b>1,303,058</b>		<b>366,277</b>	
<b>Closing Net Assets</b>	<b>3,470,134</b>	<b>5,383,077</b>		<b>4,446,296</b>	<b>28%</b>
<b>UNRESTRICTED FUNDING</b>					
Opening Net Assets	3,581,343	3,581,343		3,581,343	
<b>Revenue</b>	<b>5,219,041</b>	<b>2,191,693</b>	<b>1,747,646</b>	<b>3,939,339</b>	<b>-25%</b>
<b>Expenditure</b>	<b>4,767,682</b>	<b>1,807,158</b>	<b>2,393,296</b>	<b>4,200,455</b>	<b>-12%</b>
<b>Exchange Rate (Loss)/Gain</b>		<b>(326,735)</b>		<b>(326,735)</b>	
<b>Change in Net Assets</b>	<b>451,359</b>	<b>57,799</b>		<b>(587,851)</b>	
<b>Closing Net Assets</b>	<b>4,032,702</b>	<b>3,639,142</b>		<b>2,993,492</b>	<b>-26%</b>

This Quarter, m2m benefitted from continued support from our loyal donor base of individuals, corporations, governments, and foundations and was able to recognise Global Revenues of \$12.74M despite challenging economic conditions. Expenses (excluding exchange rate losses) totalled \$11.1M, and we ended the quarter with Global Net Assets of \$9.02M.

For the full year, we expect to recognise Global Revenues of \$26.95M (6% less than budgeted) and incur Global Expenses (including exchange rate losses) of \$26.89M (6% less than budgeted). We are expecting to end the year with Net Assets of \$7.44M, which will provide us with a strong platform for 2021.

## Q2 Fundraising Highlights

Johnson & Johnson, our longest-standing corporate donor, continued their support through a one-year, \$900,000 grant to improve Maternal, Newborn, and Child Health and Adolescent Health outcomes in Kenya, Mozambique, South Africa, and Uganda, and support m2m's emergency response to the COVID-19 pandemic.

Received a ZAR 5,265,112 (approximately \$375,000) grant from the Michael and Susan Dell Foundation to support our COVID-19 response that will ensure access to essential health services for vulnerable young women in South Africa.

Received a \$40,000 grant from ExxonMobil Mozambique to support a site in Maputo to deliver an integrated HIV/PMTCT programme targeting HIV-positive pregnant, breastfeeding women, as well as HIV-positive or exposed children under five.

## COVID-19: Responding Through A Diversified, Integrated Service Mix

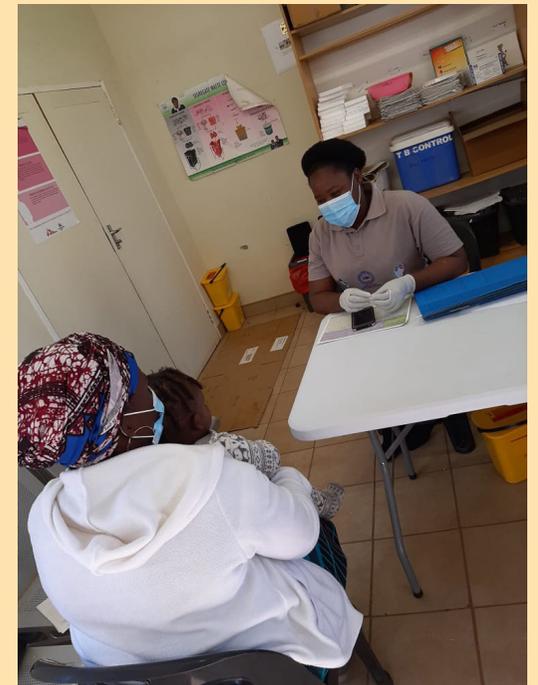
This quarter, COVID-19 went from being a threat on the horizon, to a storm that engulfed m2m and our operations. Service delivery took place under full or partial lockdowns in almost all of our countries of operation this quarter (Tanzania was the sole exception). Our frontline staff were declared as essential workers—meaning that we continued to serve our clients at health facilities. However, in many cases, our community-based work had to be partially or fully suspended, and we had to dramatically alter our service delivery at health facilities to keep staff and clients safe.

As we faced this storm, we kept in mind the old saying, “You cannot change the wind, but you can adjust your sails.” Determined to adjust our sails so we could meet the changing health needs of the more than one million clients that depend on our services each year, we rapidly innovated the “how” of our service delivery model.

Our key challenge was to figure out how to deliver services, education, and referrals to clients even when we could not physically meet them. To achieve this, we rolled out a suite of eServices, using a tool that our frontline staff have available—a smartphone.

**Our initial focus was to train staff to transition many services currently offered face-to-face to structured phone sessions, with the frequency of these sessions determined by client risk profiles. These regular check-ins are essential for short education sessions, adherence counselling, appointment reminders, and to provide families with support during this difficult time.**

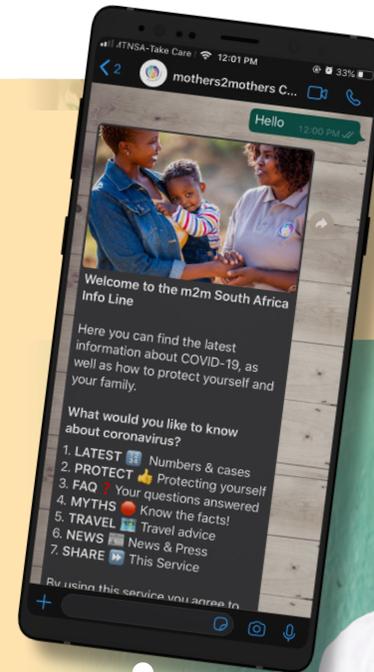
**We developed this emergency service delivery model in record time (within three weeks), and went live by 15 April 2020. Along the way, we trained over 1,800 staff across 566 locations in nine countries, and purchased and distributed an additional 369 smartphones. In the period from 15 April to 30 June, almost 70,000 of our clients received services via phone.**



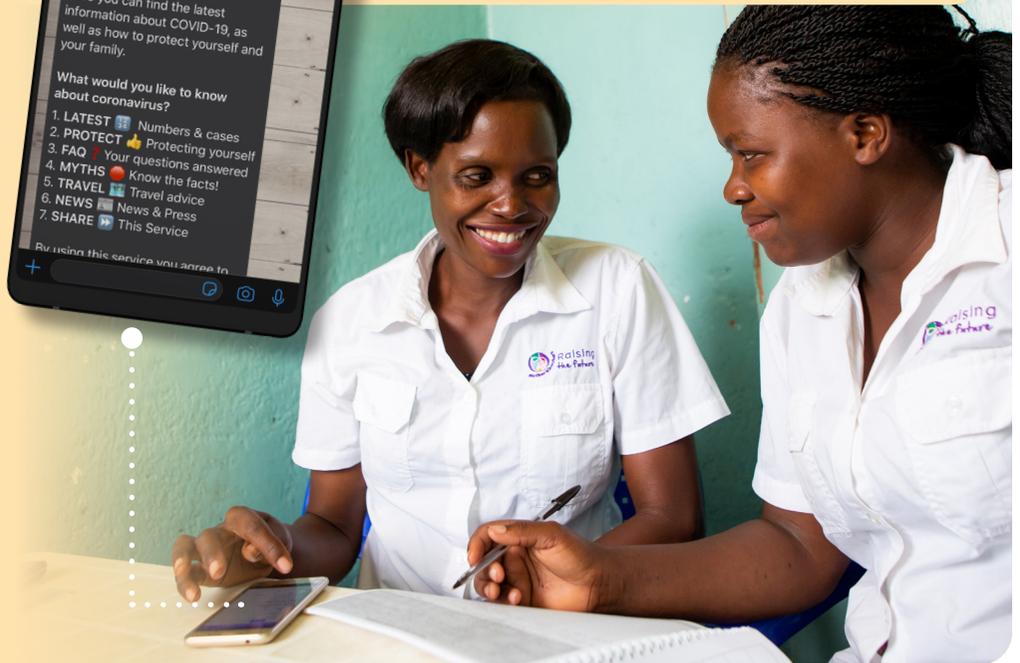
## COVID-19: Responding Through A Diversified, Integrated Service Mix (Continued)

In tandem, we accelerated the development of an automated, interactive WhatsApp-based service—the “Virtual Mentor Mother Platform.” Developing a platform where new and existing clients can receive vital health information and service referrals on demand through a chatbot, has been a long-held ambition as part of our strategy to integrate technology as a key stepping stone to Universal Health Coverage. COVID-19 presented the opportunity to accelerate this development.

Under the guidance of our Director of Programmes and Technical Support, Dr. Kathrin Schmitz, a multi-disciplinary team, including our Founder Dr. Mitch Besser and UK Trustee Daphne Metland, rapidly created, reviewed, and edited content—both original content and content adapted from existing sources—and worked with service providers Praekelt and Turn.io to soft launch a first iteration of the platform in late June across nine countries (this beta version contains information on COVID-19 in English). In Q3, additional content on areas such as HIV, maternal health, and early childhood development will be added, and content will also be available in at least 30 languages widely spoken across the countries we work in.



To access the VMMP, please save +27 600 109 000 in your contacts, and send the word “Hello” as a message on WhatsApp.



While we hope that in time, COVID-19 can be addressed by effective treatment and even a vaccine, we know this expanded service approach is here to stay for m2m as we pursue our vision of health, hope, and an HIV-free future.

Our pivot to eServices has been funded through our \$6M COVID-19 Emergency Appeal, and we are grateful to all those who have supported the appeal. We were able to raise 30% of our target within the first eight weeks of the appeal.

We also want to thank Johnson & Johnson, whose technical guidance and practical support was invaluable in helping us to access and modify existing content and select service providers for the VMMP. Special thanks are also due to Thrive—a communications agency specialising in behaviour change, led by m2mUK Trustee Daphne Metland—which provided training, practical support, and encouragement throughout the process.



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