



mothers2mothers Quarterly Report
Quarter One 2024

Released: 30 April 2024

Dear Friends

Welcome to the first edition of mothers2mothers' (m2m's) revamped quarterly report. Through this report, we share our progress towards our three key, inter-linked goals:

- Delivering an end to vertical transmission of HIV,
- Reducing preventable deaths by a third, and
- Achieving the triple elimination target for HIV, syphilis, and hepatitis B

We are advancing these goals through our proven, peer-led model of training, employing, and supporting local women living with HIV as community health workers (CHWs)—known as Mentor Mothers—to meet the urgent health needs of other women, children, and families in their communities.

This quarter, we were excited to begin work on a new major project in Zambia—the United States Agency for International Development (USAID) Zambia Integrated Health (ZIH) activity. In partnership with Pact, m2m is delivering integrated primary health care services designed to end HIV and reduce preventable deaths in three Zambian provinces. You can read more on Page 7.

We continue to evolve our model by layering in services to tackle additional health areas that greatly affect our key clients—people living with HIV. This quarter, **we are proud to have launched services to prevent, diagnose, and treat tuberculosis (TB) in three countries—Lesotho, South Africa, and Uganda.** This year, we will be reaching over 70,000 people with TB services, as well as creating new jobs in vulnerable communities. People living with HIV are up to 20 times more likely to become ill with TB—it remains the leading cause of death for people living with HIV, so tackling this challenge is mission-critical to m2m. You can read more on Page 8. Cervical cancer is another health area we have integrated into our work in recent years, and so we were also pleased to see our work to ensure uptake of the HPV vaccine in Malawi featured in The Guardian in February ([link](#)).

We have also made strides towards our target of beginning service delivery in two new countries by 2026. In Nigeria, we welcomed Dr. Chinyerem Immanuel as Country Director, as we gear up to launch services in Nigeria. Meanwhile, alongside key colleagues, I undertook a successful scoping trip to the Democratic Republic of the Congo in February, meeting with key health ministry leadership and potential in-country partners.

While this has been a quarter of progress, **headwinds in our sector remain strong, with challenges to funding and service delivery persisting or intensifying.** Resource mobilisation remains incredibly difficult against a backdrop of conflict, political polarisation, and economic challenges. Moreover, forthcoming elections in many countries around the world are creating uncertainty and delays that affect both programme implementation and funding.

No matter the challenge, we remain steadfast in our mission and **our continued progress is made possible because of your support.** Now, more than ever, the women and families we serve rely on your continued partnership, and we thank you for walking this journey with us.

Frank



WHO WE REACHED THIS QUARTER



We are on a journey to expand our reach. By 2026, we aim to enroll **three million new clients annually**.



In 2024, we aim to enrol **955,099 new clients**. At the end of Q1, we are **12%** of the way there.

NUMBER OF CLIENTS NEWLY ENROLLED THIS QUARTER

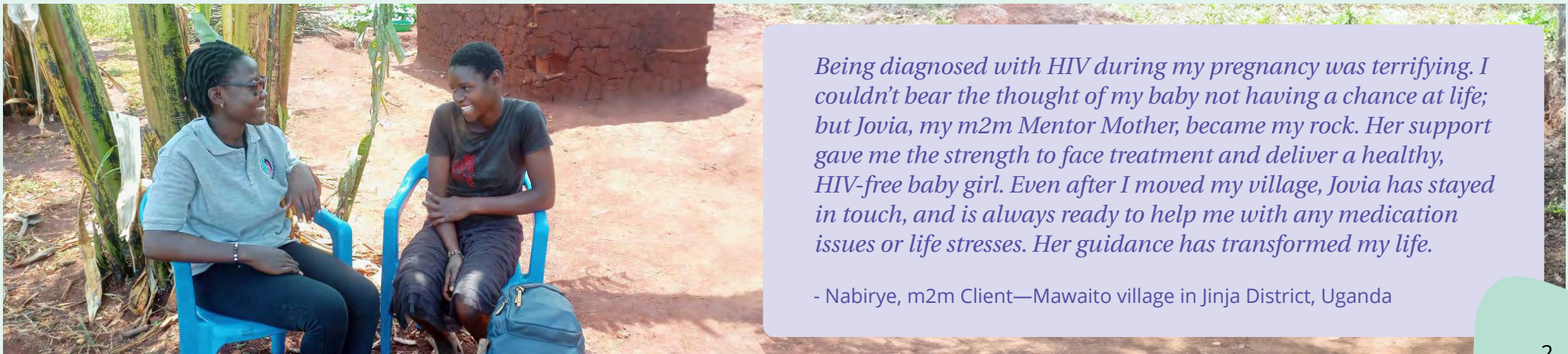
Client Group	Q1 Number Reached	Annual Target	% Target Reached (Preliminary)
Children (0-2)	15,539	153,158	10%
Children (3-9)	3,402	61,538	6%
Adolescents (10-19)	28,156	130,913	22%
Young Adults (20-24)	19,443	167,176	12%
Adults (25+)	44,421	442,314	10%
Total	110,961	955,099¹	12%

CLIENTS BY HIV-STATUS NEWLY ENROLLED THIS QUARTER

Client Group	Q1 Number Reached	Annual Target	% Target Reached (Preliminary)
People Living With HIV	37,114	238,774	16%
People Not Living With HIV Or Unknown Status	73,847	716,325	10%

We are lagging on our annual reach target, but we are confident we will make up ground from Q2 onwards. As noted elsewhere in this report, we began implementation of a major project in Zambia late in Q1, and this will contribute significant reach from Q2 onwards. Our planned expansion into Nigeria later this year will also increase reach.

Serving people living with HIV is critical to achieving our strategic plan goals, and so we are pleased that this is a category where we are closer to annual targets. Similarly, we are on track for annual reach targets for adolescents, who are traditionally underserved and hard-to-reach, so this is a significant accomplishment. We will need to do more to reach older children (3-9 years old) over the next three quarters.



Being diagnosed with HIV during my pregnancy was terrifying. I couldn't bear the thought of my baby not having a chance at life; but Jovia, my m2m Mentor Mother, became my rock. Her support gave me the strength to face treatment and deliver a healthy, HIV-free baby girl. Even after I moved my village, Jovia has stayed in touch, and is always ready to help me with any medication issues or life stresses. Her guidance has transformed my life.

- Nabirye, m2m Client—Mawaito village in Jinja District, Uganda

1. This target has been slightly adjusted upwards from preliminary estimates.

HOW WE REACHED OUR CLIENTS THIS QUARTER

Our services are delivered by African women living with HIV, who m2m trains, employs, and supports as community health workers.



On 31 March, we had **1,114 frontline colleagues**, an **increase of 23%** from this time last quarter.



We delivered services from **432 geo-locations**—a combination of health facilities and community locations—an **increase of 35%** from this time last quarter.

The rise in the number of frontline colleagues and health facilities was largely due to the start-up of USAID ZIH in Zambia (see Page 7 for more).

MENTOR MOTHERS EMPLOYED AND NEW CLIENTS ENROLLED THIS QUARTER:

- | | |
|---|--|
| 1 Angola
12 Mentor Mothers
2,306 new clients | 6 Mozambique
378 Mentor Mothers
9,005 new clients |
| 2 Ghana
35 Mentor Mothers
4,097 new clients | 7 South Africa
329 Mentor Mothers
23,270 new clients |
| 3 Kenya
1 Mentor Mother
3,512 ² new clients | 8 Tanzania
0 Mentor Mothers
0 ³ new clients |
| 4 Lesotho
78 Mentor Mothers
21,077 new clients | 9 Uganda
44 Mentor Mothers
19,662 new clients |
| 5 Malawi
56 Mentor Mothers
30,240 new clients | 10 Zambia
181 Mentor Mothers
1,304 new clients ⁴ |



2. This data is not included in our total reach. It is reach through a technical assistance project, collected by a partner, and so we cannot fully distinguish between new and return clients.

3. At present, we are only providing health system strengthening services in Tanzania.

4. The majority of Mentor Mothers in Zambia only began work in late March, leading to the relatively low reach numbers reported.



Being a Mentor Mother means embodying strength, resilience, and hope for the future. Despite the progress made in HIV awareness, stigma and discrimination against people living with HIV persists, fuelled by fear and misinformation. In a community session, I invited my husband, and together we shared our life story as a discordant couple. We candidly discussed the impact of our journey, including the challenges and triumphs, such as the importance of condom use and the joy of having HIV-free children who are healthy. By sharing our lived experiences, we aim to break down barriers, challenge stereotypes, and inspire hope in others.

- Isabel, Community Mentor Mother, Mozambique

KEY OUTCOMES THIS QUARTER



REDUCE PREVENTABLE DEATHS BY A THIRD FOR ENROLLED CLIENTS BY 2026

We helped to keep **55,262 at-risk** women and children alive, an **increase of 14%** from the previous quarter.

Achievements that underpinned this included:



The estimated under-five child mortality rate for enrolled m2m clients this quarter was 3 per 1,000 live births.

This is **28 times better** than a regional benchmark of 85 per 1,000 live births and achieves the 2030 UN target of 25 per 1,000 live births.⁵



The estimated maternal mortality rate for enrolled m2m clients this quarter was 75 per 100,000 live births.

This is **seven times better** than a regional benchmark of 536 per 100,000 live births and is just short of the 2030 UN target of 70 per 100,000 live births.⁶

This is the first quarter that we have reported on this new range of metrics, so detailed analysis is limited.

We are delighted to already be achieving the UN Goal related to reduced child mortality and to be close to the maternal mortality goal. We will continue to accelerate progress to achieve this goal.



5. All under-five mortality rates are sourced from UNICEF <https://data.unicef.org/topic/child-survival/under-five-mortality/>

6. All maternal mortality data are sourced from UNICEF: <https://data.unicef.org/resources/dataset/maternal-mortality-data-2000-2020/>

KEY OUTCOMES THIS QUARTER



BY 2026, END TRANSMISSION OF HIV BETWEEN MOTHER-AND-CHILD (VERTICAL TRANSMISSION) FOR CLIENTS IN m2m'S CARE

This quarter we advanced the UNAIDS 95-95-95 targets designed to end vertical transmission of HIV for women living with HIV and at-risk children.

Specifically, among our client cohort:



TESTING

98%

Q1 2024

100%

Q4 2023

of pregnant women or new mothers living with HIV know their status

95% Target

TREATMENT

99%

Q1 2024

81%

Q4 2023

of pregnant women or new mothers living with HIV who know their status are on ARVs

95% Target

VIRAL SUPPRESSION

95%

Q1 2024

60%

Q4 2023

of pregnant women or new mothers living with HIV and on treatment are virally suppressed

95% Target

INFANT TESTING

94%

Q1 2024

97%

Q4 2023

of children born to women living with HIV received a final HIV test and result at 18-24 months

95% Target

This is the first quarter that we have reported on this new range of metrics, so detailed analysis is limited.

We have once again demonstrated our ability to achieve the UNAIDS 95-95-95 targets. We are particularly pleased to see that 95% of pregnant women or new mothers achieve viral suppression, as this is critical to achieving an end to mother-to-child transmission and preventing other new infections.

The seemingly notable changes this quarter are due to a change in measurement to a more accurate, cohort-based approach. Direct comparisons to the quarter before are not possible.



KEY OUTCOMES THIS QUARTER



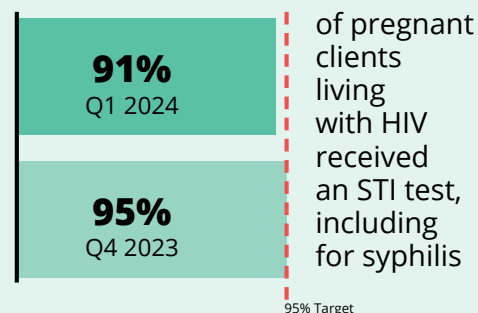
ACHIEVE THE TRIPLE ELIMINATION TARGET FOR HIV, SYPHILIS, AND HEPATITIS B

We are retaining women in care and driving testing to achieve this goal.



The World Health Organization recommends that pregnant women living with HIV attend at least **four** antenatal visits to achieve triple elimination. This quarter, the mean number of visits for enrolled m2m clients was **eight**.

STI TESTING



of pregnant clients living with HIV received an STI test, including for syphilis

The seemingly notable changes this quarter are due to a change in measurement to a more accurate, cohort-based approach. Direct comparisons to the quarter before are not possible.

This is the first quarter that we have reported on this new range of metrics, so detailed analysis is limited.

This goal is the hardest to measure, especially as many countries do not yet have national frameworks in place for verifying triple elimination. With this in mind, we expect that our measurement related to this goal will evolve in the months and years ahead. For now, we continue to focus on keeping women in care, and connecting them to testing. Pregnant m2m clients living with HIV attended double the minimum number of antenatal appointments recommended to drive triple elimination. We achieved an STI testing rate of 91% for our clients—we need to drive further progress here.



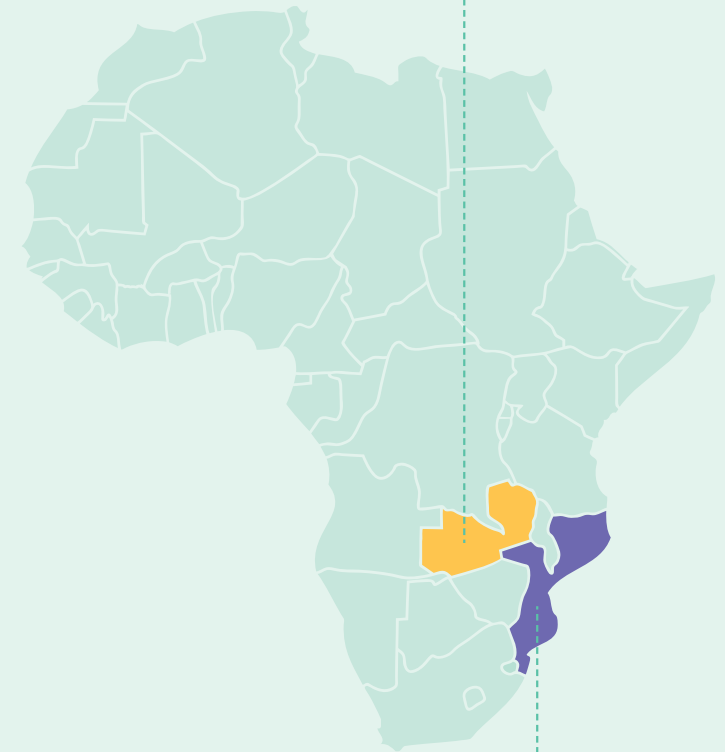
DETAILED HIGHLIGHTS THIS QUARTER

NEW MAJOR PROJECT IN ZAMBIA DELIVERING INTEGRATED HIV AND PRIMARY HEALTH SERVICES

In Zambia, m2m began work under the USAID Zambia Integrated Health Activity (ZIH)—a new, five-year project, funded by the United States Agency for International Development (USAID). USAID ZIH is implemented by a consortium of partners led by Pact. As a key partner, m2m will be delivering health services directly, as well as strengthening the health system by providing technical assistance to the Ministry of Health through Provincial and District Health Offices. Our mandate is to increase the availability and use of client-centred integrated health services spanning HIV, TB, Family Planning, Early Childhood Development, and broader Maternal and Child Health Services— perfectly aligned to our organisational strategic aim to provide integrated health services for conditions that disproportionately impact people living with—or at risk of—HIV.

We are working in 90 locations across three provinces—Central, Copperbelt, and North-Western. Selected targets to be achieved by September 2024 include: reaching 44,000 pregnant women and new mothers and linking their partners into HIV prevention and care services; screening 16,655 clients living with HIV for TB and linking them to care; and reaching 3,085 women living with HIV for cervical cancer pre-screening services.

We have hit the ground running—this quarter we recruited and trained 149 Mentor Mothers and began service delivery in 78 sites in late March.



IMPACT AT SCALE CONTINUES IN MOZAMBIQUE

Mozambique continues to grapple with high rates of mother-to-child transmission of HIV. We continue to respond and drive progress—focusing on retaining clients in care—under our flagship programme designed to prevent the transmission of HIV from mother to child, funded by the U.S. Centers for Disease Control and Prevention. **This quarter, 380 Mentor Mothers reached 37,327 new and returning clients, an increase of 10.3% from last quarter.** We also continued to innovate, for example by expanding our services designed to enhance the uptake of Pre-Exposure Prophylaxis (PrEP) by high-risk HIV-negative women who are pregnant or breastfeeding to four new health facilities. Meanwhile, in the conflict-affected Cabo Delgado province, m2m is focusing on the health needs of adolescent girls and young women (AGYW) who are internally displaced. **This quarter, m2m created 32 new DREAMS⁷ groups through which 693 AGYW ages 10-24 years were identified, participated in Girls' Clubs, and received age-appropriate, high-impact HIV prevention services and activities. This is 43% of the annual reach target of 1,620.**

7. DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) is a partnership developed by the U.S. President's Emergency Plan for AIDS Response (PEPFAR). The DREAMS goal is to reduce HIV prevalence among AGYW ages 10 to 24 in 16 countries with high rates of HIV. Read more: <https://www.usaid.gov/global-health/health-areas/hiv-and-aids/diving-into-dreams>

DETAILED HIGHLIGHTS THIS QUARTER

EXPANDING ACCESS TO TB SERVICES IN LESOTHO, SOUTH AFRICA, AND UGANDA

This quarter saw significant progress in our work on tuberculosis (TB), the main cause of death among people living with HIV, accounting for around one-third of AIDS-related deaths. **Providing integrated TB services is a focus under our 2022–2026 strategic plan, so we were delighted this quarter to launch new TB initiatives in Lesotho, South Africa, and Uganda.**

In South Africa, we have teamed up with The Aurum Institute for a five-year USAID-funded initiative called Accelerate TB Elimination and Program Resilience Activity (ACCELERATE 1). **m2m has trained and deployed 90 health workers called Community Peer Mentors (CPMs) and 10 Community Coordinators to supervise their work at 69 health facilities and surrounding communities in Gauteng and Kwazulu-Natal Provinces. These CPMs offer education and health services designed to identify, prevent, diagnose, and treat TB. Different to most other community-based programmes, these CPMs have been trained to collect and safely handle sputum samples** during home visits which will then be sent to a health facility for testing. By September 2024, the project aims to enrol 16,856 new clients living with TB, screen 15,170 of their contacts for TB, and link at least 33,565 clients to TB-preventative therapy.

Thanks to a new partnership with GSK plc, **we are also integrating TB services into our work in Lesotho and Uganda.** Through this partnership—initially lasting 12 months—we are aiming to reach over 40,000 people with TB services, integrated into our core programme by upskilling and supporting our frontline teams. Through this partnership, we hope to help achieve global targets on TB, with progress tracked through key indicators, including the proportion of people screened and tested for TB and initiated onto TB-preventative treatment. **The same partnership will also see us integrate malaria services into our programme services in Uganda.** This quarter we updated our curriculum and recruited and trained 18 Mentor Mothers in Uganda, as well as eight Mentors and two TB nurses in Lesotho to implement the project.

STRENGTHENING HEALTH SYSTEMS ACROSS THE CONTINENT

As well as serving our clients directly, we strengthen health systems by advising governments and key partners. This quarter, we accepted an invitation from the Africa Centres for Disease Control and Prevention to serve on a continent-wide coordination mechanism for community health worker (CHW) initiatives. **m2m is an expert adviser in a sub-group developing policy, guidelines, and standard operating procedures for CHW initiatives across African Union (AU) Member States. This is in service of the AU target of ensuring two million more CHWs are deployed across the continent by 2030.**

We are also partnering with national and sub-national governments across six countries to strengthen health systems in a number of ways on topics spanning HIV, maternal health, immunisation, and many others.

Here are two illustrative examples from this quarter:

- In Lesotho, we helped to cost a national plan for prevention of mother-to-child transmission of HIV, shaped a new national TB Acceleration Plan, and attended a regional conference on antenatal care in Kenya as part of the Lesotho government delegation to share our learnings.
- In Malawi, we have been engaging with the Ministry of Health and other partners on the topic of preventing seroconversion of HIV-exposed children during the breastfeeding period. We shared our strategies to ensure mothers living with HIV adhere to their treatments, and that mothers who are HIV-free remain that way. This work is ongoing and will result in new plans and protocols. We have also continued to assist with the rollout and monitoring of the National Community Health Framework 2022-2030 (launched in 2023), which we played an important role in shaping, along with other members of the Community Health Impact Coalition.

ON OUR MINDS

Here are some of the most important internal and external challenges we are facing, and how we are working to overcome them.



In January 2024, our Finance Director departed for family reasons—emigrating to Australia. We are actively searching for a replacement, and in the interim, our Accounting Unit Director has stepped up into an acting role.



Resource mobilisation remains exceptionally challenging, with trends noted in earlier quarters persisting or intensifying. In particular, many traditional sources of international development funding, such as bilateral and multilateral donors, have been affected by domestic politics—with awards being reduced or delayed as a result, and increasing competition for this smaller volume of funding. Multiple conflicts around the world continue to create humanitarian emergencies, with scarce funding being allocated to these crises. While the global economic picture is improving, both companies and individuals remain cautious about giving. We continue to work to diversify our funding base even further, and to this end we were delighted to begin work under a new partnership with GSK this quarter. We also announced the launch of “The Mothers Collective”—an initiative designed to allow a wider range of brands to partner with m2m and generate unrestricted revenue. In addition, we are also actively working to cut costs across our platform without compromising service delivery. However, despite these efforts, there is no denying that 2024 will be a challenging year to secure revenue and we anticipate facing difficult choices in the months ahead.



Time Magazine recently called 2024 “The Ultimate Election Year”—with 64 countries representing around half the world’s population heading to the polls this year. Elections will take place in three m2m operating countries in 2024—South Africa (29 May), Mozambique (9 October), and Ghana (7 December). We expect slower decision-making from some key partners as a result—both in-country and externally—and we are adapting our planning and forecasts accordingly. We are also updating our staff contact protocols and contingency plans to prepare for the (hopefully unlikely) event of election-related violence. More broadly, elections in many European Union countries, the United Kingdom, and the United States hold the potential to significantly alter the international development landscape, adding additional importance to our drive to diversify revenue.

THE JOURNEY SO FAR...

We are intensely focused on the present and the future, so we can achieve our mission. But it is always motivating to look back on how far we have come.

Since 2001, m2m has:



Created **12,120 jobs** for African women living with HIV.



Reached **over 16,038,538 people** with life-changing health services.



Helped to keep over **2,955,642** at risk women and children alive.



This has only been possible because of the steadfast support of our partners, so *ngiyabonga, asante sana*, and thank you!

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