



ON WITH THE OLD, IN WITH THE NEW

mothers2mothers Quarterly Report

2024 Quarter III
Released: 31 October 2024

Firing on All Cylinders...Old and New

Dear Friends

I love it when the technology products I've used for years fire on all cylinders. Whether it's my laptop, mobile phone, or favourite streaming service, when the platform works well and delivers, then I get accustomed to the performance and expect (perhaps "hope") things never change.

But then I receive a notice requiring me to upgrade, and I get filled with trepidation. Will the platform I know and love improve, or will the update make my experience worse?

It's not so different to what's occurring at m2m.

For more than 20 years, we have built, grown, and refined a remarkable peer education and health services platform as the foundation of our client services. Then, with the onset of our new strategic plan in 2022, m2m accelerated our evolution, and set out to become a primary healthcare organisation.

We started HIV programmes for different audiences, and now we are scaling up our work to tackle preventable diseases like cervical cancer, malaria, and tuberculosis (TB). Our vocabulary shifted, with a more pronounced voice advocating for paid, professional community health workers (by the way, we have always paid our frontline employees). Our commitment to health equity led us to two new countries where we can deliver similar benefits to those we've achieved in over a dozen other African countries since 2001. We have even begun to scope a for-profit venture aligned to m2m's mission.

Changes and add-ons take a little getting used to, and this journey is not without growing pains. But we are absolutely certain this is the right path, that the new features are working as planned, and rest assured, m2m's DNA and installed platform are intact. As you'll read in this report, we still prevent mother-to-child transmission of HIV—and have again met all of UNAIDS' 95 targets this quarter. We continue to drive down mortality rates among at-risk women and children, with maternal and child mortality

rates for our enrolled clients falling this quarter. And our commitment to creating employment opportunities for women living with HIV hasn't budged at all—in fact, we created over 50 new jobs this quarter alone.

Yet as a primary healthcare organisation, we can today serve more, and different, health needs. For instance, TB is the main cause of death among people living with HIV, causing around one third of AIDS-related deaths globally, despite being preventable and treatable. We are actively integrating TB into our model. In 2023, 100% of clients we referred for TB testing received a test, and all those who tested positive for TB were successfully linked to treatment. The percentage of m2m clients who tested positive for TB dropped to 6% in 2023, from 7% in 2022—suggesting our primary prevention services and early identification strategies are having an effect.

In recent developments, we've also expanded programming and partnerships in Mozambique and Zambia, and recently launched a five-year project in Lesotho serving orphans and vulnerable children, which will see us hire 500 new staff next quarter. Learnings from the COVID-19 pandemic have pushed us to prepare for and play a role in addressing emergent health crises ranging from Epidemics (with a capital E) such as Mpox, to other localised community challenges. And we want to parlay our passion for female workforce empowerment to new career pathways and greater leadership opportunities for African women.

These new initiatives are already delivering results and will fire on their own cylinders as they scale and attain high-quality results like those delivered by our base platform for 23 years. As you'll see in the progress highlighted in this quarterly report, it truly is **on with the old, and in with the new** on this transformative journey. Please keep watching this space... and thank you for your partnership!

Frank



WHO WE REACHED THIS QUARTER



We are on a transformative journey to expand our reach, with the ambitious goal of **enrolling three million new clients** annually by 2026.

During Q3, we continued to deliver significant reach from our “old” initiatives spanning prevention of mother-to-child transmission of HIV and reproductive, maternal, newborn, and child health interventions. Excitingly, we have also seen increased reach in “new” programme areas, including a USAID-funded TB project (Accelerate) in South Africa.

Looking ahead, we expect further scale up in countries including Lesotho and Nigeria, but we will likely finish the year slightly short of our annual reach target.

NUMBER OF CLIENTS NEWLY ENROLLED THIS QUARTER

Client Group	Q3 Number Reached	Cumulative (year-to-date)	Annual Target	% Target Reached (Preliminary)
Children (0-2)	32,839	73,133	153,158	48%
Children (3-9)	6,106	15,130	61,538	25%
Adolescents (10-19)	54,234	123,018	130,913	94%
Young Adults (20-24)	25,680	78,502	167,176	47%
Adults (25+)	67,935	254,462	442,314	58%
Total	186,794	544,245	955,099¹	57%

CLIENTS BY HIV STATUS NEWLY ENROLLED THIS QUARTER

Client Group	Q3 Number Reached	Cumulative (year-to-date)	Annual Target	% Target Reached (Preliminary)
People Living with HIV	49,622	142,320	238,774	60%
People Not Living with HIV, Or Unknown Status	137,172	401,925	716,325	56%

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

2. Owing to delays in data verification, this figure excludes some data from Zambia. This will be updated in the next quarterly report.



For 2024, our target is to enrol **955,099 new clients**, and by the close of Q3, we have achieved **57%** of that goal. We enrolled **186,794²** new clients this quarter, a 24% decline from Q2, but 68% higher than Q1.



“Living with both HIV and cervical cancer is probably one of the most difficult things ever. It is not easy at all, but with the amazing m2m Nurses and Mentor Mothers beside me, I am hopeful that I will be okay.”

- Matumelo, m2m client, Lesotho

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 the 30th of September, we had **1,228 frontline colleagues**, an **increase of 4.7%** from this time last quarter.



We delivered services from **462 health facilities and community locations**—an increase of 4.3% from this time last quarter.



This growth is primarily driven by the recent launch of direct services in **Nigeria** and the deployment of additional Mentor Mothers in **Mozambique**.

MENTOR MOTHERS EMPLOYED AND NEW CLIENTS ENROLLED THIS QUARTER:

<p>1 Angola 12 Mentor Mothers 1,641 new clients</p>	<p>6 Mozambique 429 Mentor Mothers 12,933 new clients</p>
<p>2 Ghana 44 Mentor Mothers 4,827 new clients</p>	<p>7 Nigeria⁴ 15 Mentor Mothers 3,370 new clients</p>
<p>3 Kenya³ 1 Mentor Mother 3,016 new clients</p>	<p>8 South Africa 333 Mentor Mothers 74,071 new clients</p>
<p>4 Lesotho 78 Mentor Mothers 27,870 new clients</p>	<p>9 Tanzania⁵ 0 Mentor Mothers 0 new clients</p>
<p>5 Malawi 63 Mentor Mothers 33,380 new clients</p>	<p>10 Uganda 25 Mentor Mothers 16,134 new clients</p>
	<p>11 Zambia⁶ 228 Mentor Mothers 12,568 new clients</p>



3. These data are not included in our total reach. They represent reach through a technical assistance project, collected by a partner, and so we cannot fully distinguish between new and returning clients.

4. m2m launched direct services in July 2024, frontline staff were hired and trained during Q2.

5. At present, we solely provide health systems strengthening services in Tanzania.

6. Owing to delays in data verification, this figure excludes some data. This will be updated in the next quarterly report



“Since I met m2m, my health has improved thanks to the knowledge and support I’ve received from Mentor Mothers. Their guidance has helped me stick to my medication and keep my viral load suppressed. Thanks to m2m, all my children are HIV-negative. Today, I live positively with HIV.”

- Faridah, Uganda, a former client and current Mentor Mother

KEY OUTCOMES THIS QUARTER

We have continued “on with the old” this quarter by **again achieving all of the UNAIDS 95-95-95 targets** for enrolled clients—critical to ending mother-to-child transmission of HIV. Meanwhile, we have **once again ensured 90% of relevant clients get a comprehensive STI screening**, and have seen **further progress in reduced maternal and child mortality rates** for our enrolled clients—indicating that our newer service offerings are making a difference for the clients we serve.

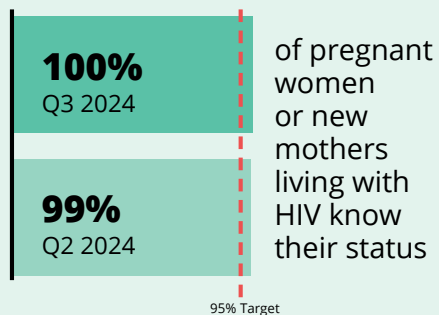


GOAL: BY 2026, END TRANSMISSION OF HIV BETWEEN MOTHER AND CHILD (VERTICAL TRANSMISSION) FOR CLIENTS IN m2m’S CARE⁷

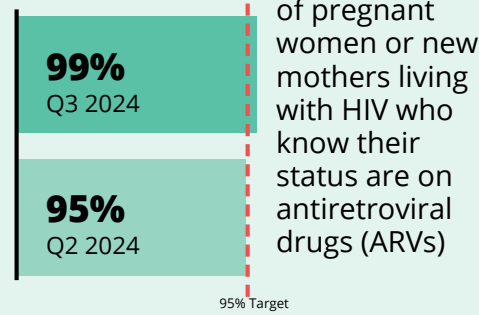
This quarter, we pursued the UNAIDS 95-95-95 targets, which are designed to end vertical transmission of HIV for women living with HIV and at-risk children.

Specifically, among our client cohort:

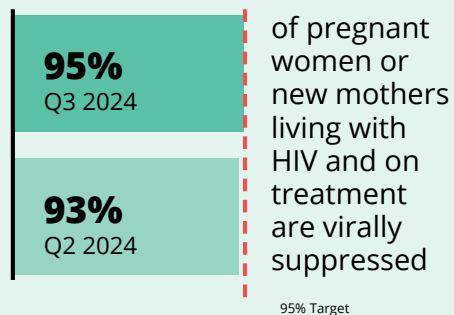
TESTING



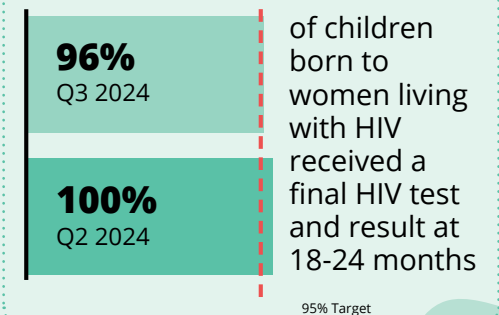
TREATMENT



VIRAL SUPPRESSION



INFANT TESTING



7. m2m’s 2022 - 2026 strategic plan has three overarching goals by 2026. These are (1) end transmission of HIV between mother and child (vertical transmission) for clients in m2m’s care; (2) achieve the triple elimination target for HIV, syphilis, and hepatitis B for enrolled clients; (3) reduce preventable deaths by a third for enrolled clients.

KEY OUTCOMES THIS QUARTER



GOAL: ACHIEVE THE TRIPLE ELIMINATION TARGET FOR HIV, SYPHILIS, AND HEPATITIS B⁸

We retained women in care and connected them to testing.



The World Health Organization (WHO) 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 nine, or more than double the WHO recommended target.

STI TESTING

90%
Q3 2024

90%
Q2 2024

of m2m pregnant clients living with HIV received a sexually transmitted infections (STIs) test, including for syphilis

95% Target



8. m2m's 2022 - 2026 strategic plan has three overarching goals by 2026. These are (1) end transmission of HIV between mother and child (vertical transmission) for clients in m2m's care; (2) achieve the triple elimination target for HIV, syphilis, and hepatitis B for enrolled clients; (3) reduce preventable deaths by a third for enrolled clients.

KEY OUTCOMES THIS QUARTER



GOAL: REDUCE PREVENTABLE DEATHS BY A THIRD FOR ENROLLED CLIENTS BY 2026⁹

We helped to keep **41,990 at-risk** women and children alive (a nearly 25% decrease from the previous quarter)

Achievements that underpinned this included:



The estimated under-five child mortality rate for enrolled m2m clients this quarter was 2 per 1,000 live births.

This is **42 times better** than a regional benchmark of 85 per 1,000 live births and exceeds the 2030 UN target of 25 per 1,000 live births.¹⁰



The estimated maternal mortality rate for enrolled m2m clients this quarter was 55 per 100,000 live births, a marked drop from last quarter.

If sustained, this is exceptional progress—**nearly ten times better** than a regional benchmark of 536 per 100,000 live births and achieving the 2030 UN target of 70 per 100,000 live births.¹¹



9. m2m's 2022 - 2026 strategic plan has three overarching goals by 2026. These are (1) end transmission of HIV between mother and child (vertical transmission) for clients in m2m's care; (2) achieve the triple elimination target for HIV, syphilis, and hepatitis B for enrolled clients; (3) reduce preventable deaths by a third for enrolled clients.

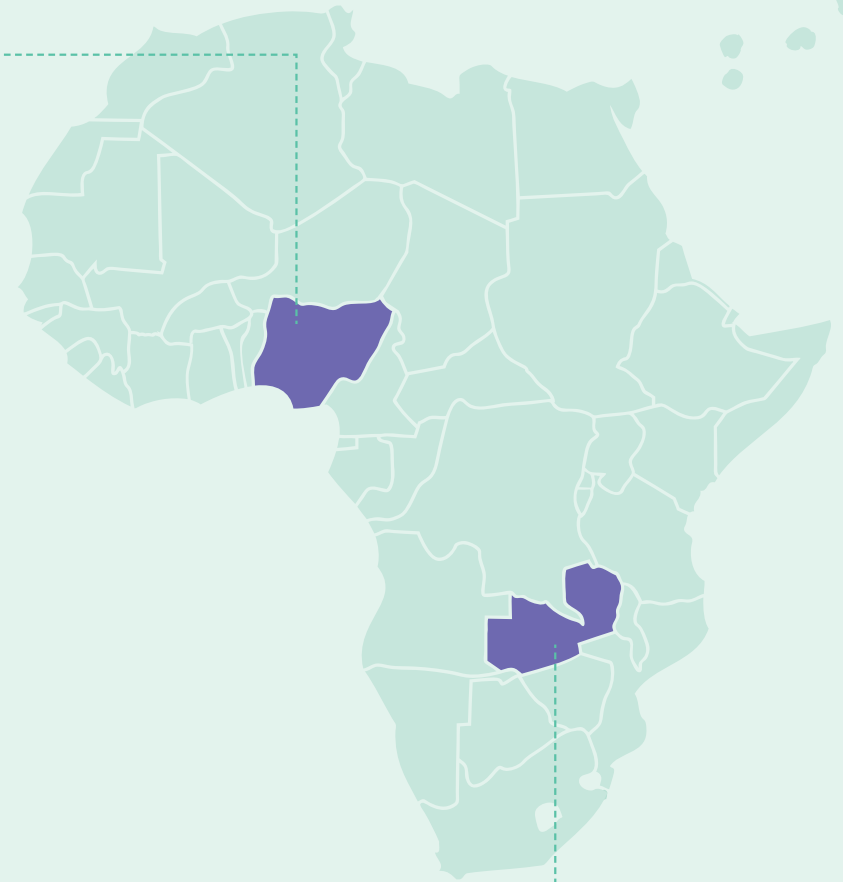
10. All under-five mortality rates are sourced from UNICEF <https://data.unicef.org/topic/child-survival/under-five-mortality/>

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

DETAILED HIGHLIGHTS THIS QUARTER

A NEW START: FIFTEEN MENTOR MOTHERS SERVING FAMILIES AS m2m LAUNCHES IN NIGERIA

On July 1, we began delivering health services in Nigeria—Africa’s most populous country which grapples with health challenges, including high rates of maternal and child mortality and mother-to-child transmission of HIV. m2m has trained and deployed 15 Mentor Mothers to five health facilities in Bwari and Gwagwalada, located in the Federal Capital Territory. These Mentor Mothers provide culturally relevant, peer-led health services designed to improve maternal and infant health outcomes, reduce HIV transmission, ensure excellent early childhood development, and contribute to the country’s broader public health goals. m2m aims to reach 5,220 individuals by the end of December 2024 (by the end of October, we had already reached 3,370 new clients).



BLENDING THE OLD AND THE NEW IN ZAMBIA

Over the past six months, m2m Zambia has exemplified the impact that our growth into integrated primary health care services can deliver. In March, m2m began work under the USAID Zambia Integrated Health Activity (ZIH)— delivering integrated health services spanning HIV, TB, family planning, early childhood development, and broader maternal and child health services. And now, the first results are in!

In our well-established area of HIV, we have continued to deliver impressive outcomes—testing almost 20,000 women for HIV (286% of target) and ensuring all of those who tested positive were linked to care and initiated on treatment. Meanwhile, 3,413 HIV-exposed infants received early infant diagnosis (563% of target), with all 58 infants who tested positive being promptly linked to care. Alongside this, in our newer area of TB, 3,682 women received TB preventive treatment (107% of target), and 18,207 women were screened for TB (105% of target), thanks to Mentor Mothers integrating TB services into antenatal and postnatal care. These achievements highlight the effectiveness of m2m’s peer-led health care model in transforming health outcomes for women and families across Zambia by seamlessly integrating HIV prevention, maternal health, TB care, and family planning.

DETAILED HIGHLIGHTS THIS QUARTER

NEW PROJECT IN LESOTHO TO BRING HEALTH AND OPPORTUNITY TO A NEW GENERATION

After a competitive process, m2m Lesotho has been selected as the lead implementing partner for Bokamoso—a five-year project focused on improving the health and well-being of orphans and vulnerable children (OVC), adolescent girls and young women (AGYW), as well as their caregivers, families, and communities. Bokamoso is funded by the United States Agency for International Development (USAID).

We are delighted to have secured this award—it is perfectly aligned to our strategic plan and a mark of trust in m2m’s ability to lead large scale projects. Now, starting on the 1st of October, m2m Lesotho will roll out the project across 10 districts, reaching an estimated 80,893 individuals in Year 1 of implementation. A dedicated team of 500 frontline health care workers—trained, employed, and supported by m2m—will ensure OVC and AGYW access healthcare, initiate antiretroviral treatment, and stay in care and at school.

In collaboration with our partners—the Mosepele Foundation Development Forum, Care for Basotho, and the Lesotho National Federation of Organizations of the Disabled—we will also strengthen family and community capacity to care for young people, promote multisectoral HIV prevention programmes, and provide economic empowerment opportunities to ensure long-lasting change.

Through this holistic approach, Bokamoso aims to address the complex challenges faced by OVC and AGYW, building a healthier and more equitable future for Lesotho’s young people. Stay tuned for updates!

m2m’S COMMITMENT TO COMMUNITY HEALTH WORKERS IN THE SPOTLIGHT AT THE UNITED NATIONS

Three years ago, community health workers (CHWs) struggled to make it onto the agenda at the United Nations General Assembly—the annual gathering of the international development community in New York. This year, there were multiple CHW-focused events, and words of support for professional CHWs from leaders including UNICEF’s Catherine Russell, GAVI’s Sani Nishtar, and Africa CDC’s Jean Kaseya, and from Ministers of Health from countries including Burkina Faso, Malawi, and Uganda. Policymakers have largely accepted that paid, professional CHWs can deliver remarkable results on the journey to health for all, and the conversation has shifted from “if” to “how” best to support and embed CHWs in national health systems.

This is remarkable progress, and m2m is proud to have played our part—through individual advocacy and through active participation in coalitions such as the Community Health Impact Coalition, Africa Frontline First, and the Frontline Health Workers Coalition. This year, once again, we ensured that one of m2m’s frontline team, Bupe Sinkala, was in New York to advocate for paid, professional community health workers, and Bupe spoke at events organised by USAID, Africa CDC, Johnson & Johnson, and others.

[You can read more about our advocacy in New York here.](#)



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.



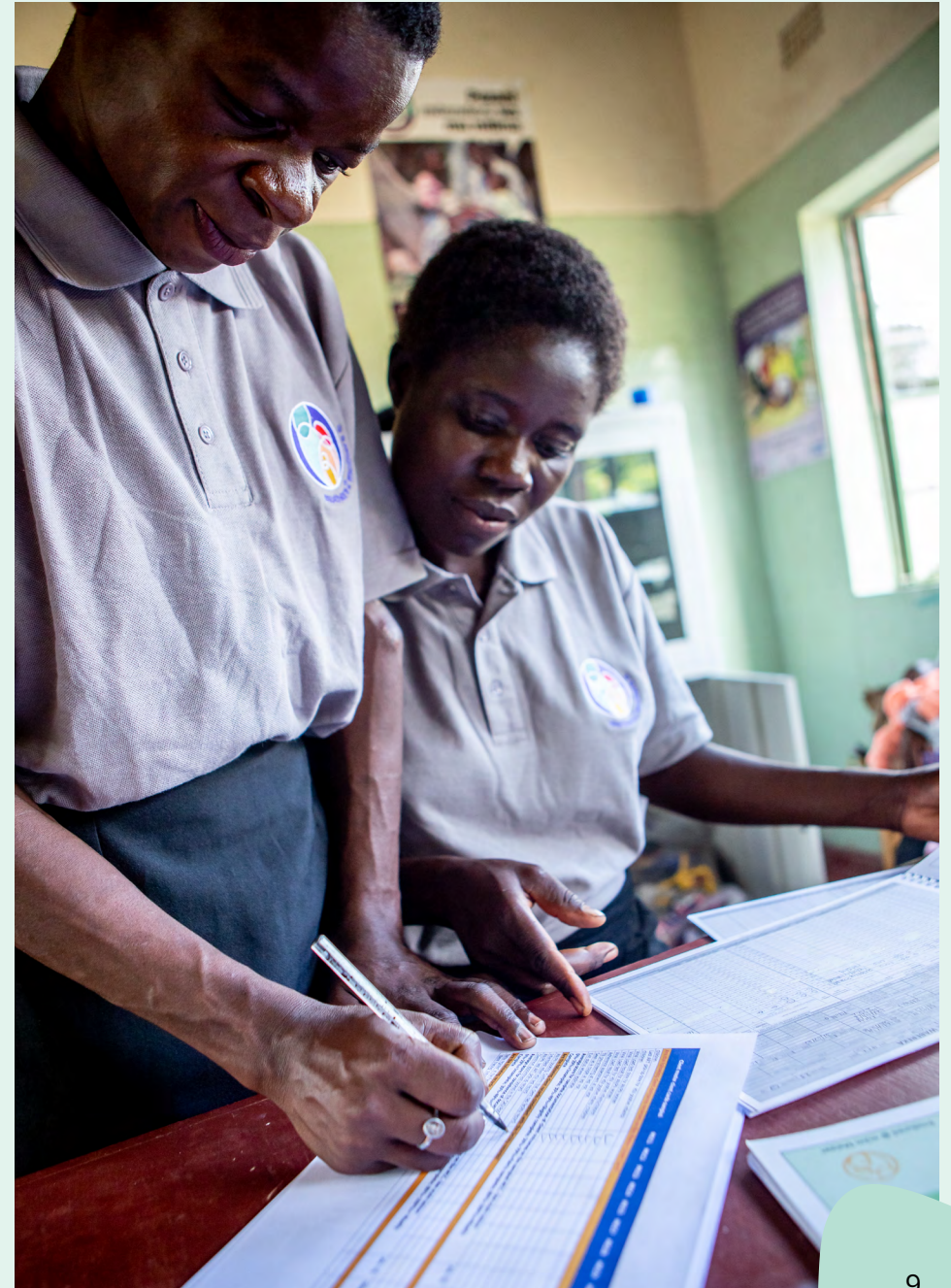
RAPID SCALE UP AND NEW AWARDS BRING ADDITIONAL CHALLENGES.

In Lesotho, we have just secured our largest ever U.S. government award, which means we need to hire around 500 new staff in the coming months. Meanwhile, we continue to scale up operations and introduce new service lines in countries including South Africa and Zambia. This adds stress and complexity to already full plates for our country teams, and also stretches our lean central team.



FINANCIAL PRESSURES INCREASE FOR INTERNATIONAL DEVELOPMENT SECTOR.

The intense financial headwinds buffeting our sector are intensifying. The United Kingdom and Germany have become the latest nations to announce they are slashing billions from their aid budgets, with aid to Africa decreasing to 2019 levels. The intensifying crisis in the Middle East, and continuing domestic financial pressures are affecting charitable support from almost all sources. Many international NGOs are making significant job cuts (including Save the Children and the International Rescue Committee), while others (such as Crown Agents) have shuttered operations entirely. While our budgets remain lean, our strategy of diversifying income and carefully controlling costs is protecting us from the worst impacts. With challenging times ahead, we need to do more to ensure we are able to deliver on our mission.



THE JOURNEY SO FAR...

To achieve our mission, we intensely focus on the present and the future. But it is always motivating to look back on how far we have come.

Since 2001, m2m has:



Created **12,237 jobs** for African women living with HIV.



Reached **over 16,480,367 people** with life-changing health services.



Helped to keep over **3,053,216** 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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