



**REMARKABLE RESILIENCE,
REMARKABLE RESULTS**
mothers2mothers Quarterly Report

2024 Quarter 4
Released: 31 January 2025

4Rs in the 4th Quarter

Dear Friends

When I attended primary school, through rote memorisation and repetitive drills, students were educated in the 3Rs: reading, writing, and arithmetic. In high school, the fourth R—research—joined the mix. Sounds quaint these days, but that’s how we were taught.

During 2024’s fourth quarter, mothers2mothers (m2m) demonstrated its own 4 Rs (three actually, but one is worth repeating): Remarkable Resilience, Remarkable Results.

Of course, m2m enjoys sharing remarkable results in every quarterly Impact Report. Yet, resilience is also a basic requirement of accomplishing our work, and we consider it to be a foundational organisational trait. So, let’s start there, because the fourth quarter—and the entire year, for that matter—required remarkable resilience from every m2m team member.

For instance, when delivering daily services, our teams oftentimes must navigate challenges such as climate events that disrupt their ability to reach clients, or as we experienced during the fourth quarter, election-related violence in Mozambique that inhibited frontline staff from safely leaving their homes.

And don’t think that the stigma, discrimination, and human rights violations which have long been associated with HIV and AIDS have disappeared. On World AIDS Day in December, UNAIDS reported that 156 countries still “allow criminal penalties for HIV transmission, exposure, or nondisclosure.”

Imagine being an m2m Mentor Mother working every day in these circumstances. **Resilience** is their **superpower**.

Macro-level developments also force us to dig deep into our resiliency wells, maintain flexibility, and stay goal focused. For example, falling levels of philanthropic and corporate funding for HIV and AIDS responses (not to mention broader giving for public health and the African continent),

and the real threat of reductions to bilateral development financing, pose massive challenges to m2m’s daily operations, business development efforts, budgeting, and future ambitions.

Further, inward-oriented “us first” political shifts in several countries which are traditional international aid stalwarts—Germany and France and the beginning of a political transition in the United States, to name just a few—require continual assessment and an ability to potentially pivot to alternative circumstances so that m2m’s value proposition remains compelling, relevant, and worthy of their support.

To paraphrase Simon & Garfunkel: *“Hello resilience, my old friend.”*

Rather than dwelling on challenges and turmoil beyond our control, m2m instead focuses on what is within our control. And our remarkable fourth quarter results prove it.

The number of clients newly enrolled this quarter exceeded 278,000, which was the highest quarterly level all year, with particularly significant leaps in children and adolescent enrolments. The proportion of pregnant women living with HIV tested for sexually transmitted infections increased by nearly 5% from the third quarter, and by year end, we employed 34% more Mentor Mothers than we did at the end of the first quarter.

m2m Lesotho Country Director Mpolokeng Mohloai poignantly stated at the 2024 International AIDS Conference: “There’s no such thing as hard-to-reach people...only hard-to-get services.”

m2m works in a world where a mother in sub-Saharan Africa is 130 times more likely to die in pregnancy or childbirth than one in Europe or North America. We’re determined to use our proven model to change this picture and create remarkable results where our services are most needed...and that fuels our resilience each day.

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.

In Q4, mothers2mothers (m2m) achieved a steady growth in client enrolment, driven by key initiatives and strategic expansions.

The launch of a new project in Lesotho, coupled with site expansion efforts in Nigeria—direct services were rolled out to 20 additional sites—contributed significantly to the increase. Zambia also saw a substantial spike in new enrolments, with 29,955 clients compared to 14,247 in Q3, overcoming challenges posed by rolling power cuts earlier in the year.

NUMBER OF CLIENTS NEWLY ENROLLED THIS QUARTER

Client Group	Q4 Number Reached	Cumulative (year-to-date)	Annual Target	% Target Reached (Preliminary)
Children (0-2)	17,883	92,126	153,158	60%
Children (3-9)	26,936	42,066	61,538	68%
Adolescents (10-19)	82,217	205,312	130,913	157%
Young Adults (20-24)	40,477	119,084	167,176	71%
Adults (25+)	110,700	365,549	442,314	83%
Total	278,213	824,137	955,099¹	86%

CLIENTS BY HIV STATUS NEWLY ENROLLED THIS QUARTER

Client Group	Q4 Number Reached	Cumulative (year-to-date)	Annual Target	% Target Reached (Preliminary)
People Living with HIV	57,071	199,391	238,774	84%
People Not Living with HIV, Or Unknown Status	221,142	623,067	716,325	87%

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



For 2024, our target is to enrol **955,099 new clients**, and by the close of Q4, we have achieved **86%** of that goal. We enrolled **278,213** new clients this quarter, a 48% increase from Q3.



“Meeting m2m gave me the strength to rebuild my life after years of abuse. My Mentor Mother, Amosa, made me feel heard and supported when I thought no one cared. With her guidance, I regained my confidence, started earning an income, and created a safe, stable home for my children. Today, I am resilient, hopeful, and ready to embrace the future.”

- Zimasa, South Africa, m2m Client

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 December, we had **1,495 frontline colleagues, an increase of 22%** from this time last quarter.



We delivered services from **611 health facilities and community locations—an increase of 32%** from this time last quarter.



This growth is primarily driven by the launch of a new project in Lesotho, as well as scale up in Nigeria and Zambia.

MENTOR MOTHERS EMPLOYED AND NEW CLIENTS ENROLLED THIS QUARTER:

<p>1 Angola 12 Mentor Mothers 2,052 new clients</p>	<p>6 Mozambique 377 Mentor Mothers 10,353 new clients</p>	
<p>2 Ghana 53 Mentor Mothers 5,431 new clients</p>	<p>7 Nigeria 45 Mentor Mothers 7,064 new clients</p>	
<p>3 Kenya² 1 Mentor Mother 2,182 new clients</p>	<p>8 South Africa 247 Mentor Mothers 58,031 new clients</p>	
<p>4 Lesotho 528 Mentor Mothers 107,068 new clients</p>	<p>9 Tanzania³ 0 Mentor Mothers 0 new clients</p>	
<p>5 Malawi 61 Mentor Mothers 40,491 new clients</p>	<p>10 Uganda 29 Mentor Mothers 17,768 new clients</p>	
	<p>11 Zambia 142 Mentor Mothers 29,955 new clients</p>	

2. 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.

3. We closed out our Tanzania operations by 31 December 2024. See page 7 for more details.



“Working alongside my team to support thousands of orphaned and vulnerable children is incredibly rewarding. What inspires me most, though, are the transformative results we achieve with everyone—helping someone accept their HIV diagnosis, adhere to treatment, access social services for food security, or find the strength to leave an abusive home. Witnessing these life-changing moments gives me the strength to keep going.”

- Esther Mtsweni, South Africa, Linkage Assistant

KEY OUTCOMES THIS QUARTER

Quarter 4 of 2024 highlighted the resilience and dedication of our teams and clients. We saw small declines in some outcome results, meaning we did not meet all UNAIDS 95-95-95 targets this quarter. Factors influencing these declines include stock-outs of some vital commodities in a number of countries and disruptions to services caused by weather, civil unrest, and clients travelling over the December holidays.

While the 95's remain a critical focus, our frontline colleagues ensured that 95% of eligible clients received comprehensive STI screenings—an excellent outcome and a 5% increase from Q3. Additionally, the continued decline in maternal and child mortality rates among our enrolled clients demonstrates the impact of our integrated health services.

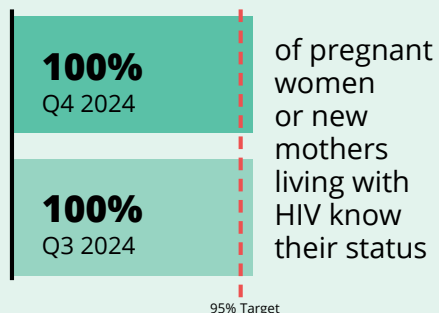


GOAL: BY 2026, END TRANSMISSION OF HIV BETWEEN MOTHER AND CHILD (VERTICAL TRANSMISSION) FOR CLIENTS IN m2m'S CARE⁴

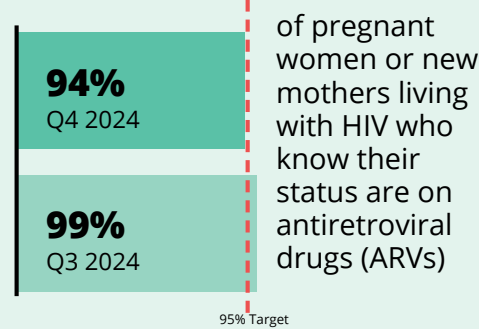
This quarter, we pursued the UNAIDS 95-95-95 targets, which are designed to end vertical transmission of HIV women living with HIV and at-risk children.

Specifically, among our client cohort:

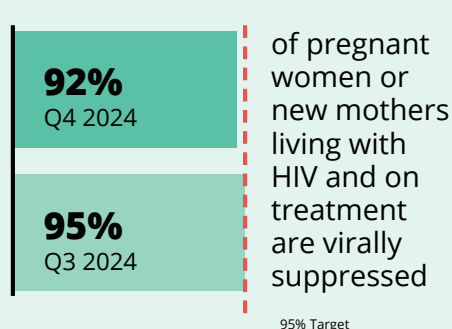
TESTING



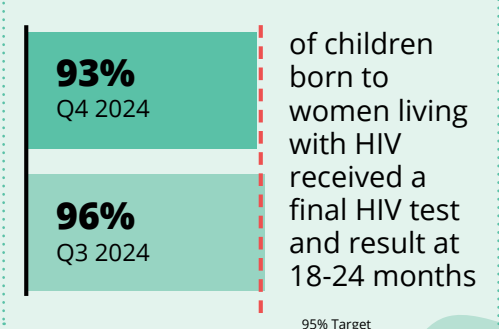
TREATMENT



VIRAL SUPPRESSION



INFANT TESTING



4. 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 B⁵

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 eight, or more than double the WHO recommended target.

STI TESTING

95%

Q4 2024

90%

Q3 2024

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

95% Target



5. 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 2026⁶

We helped to keep **57,071 at-risk** women and children alive (a 15% increase from the previous quarter)

Achievements that underpinned this included:



The estimated under-five child mortality rate for enrolled m2m clients this quarter held steady at 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.⁷



The estimated maternal mortality rate for enrolled m2m clients this quarter was 46 per 100,000 live births, reflecting a significant improvement from last quarter's rate of 55 per 100,000 live births—marking a 16% decrease.

This remarkable outcomes positions m2m's performance as approximately **12 times better** than the regional benchmark of 536 per 100,000 live births, and surpasses the 2030 UN target of 70 per 100,000 live births.⁸



6. 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.

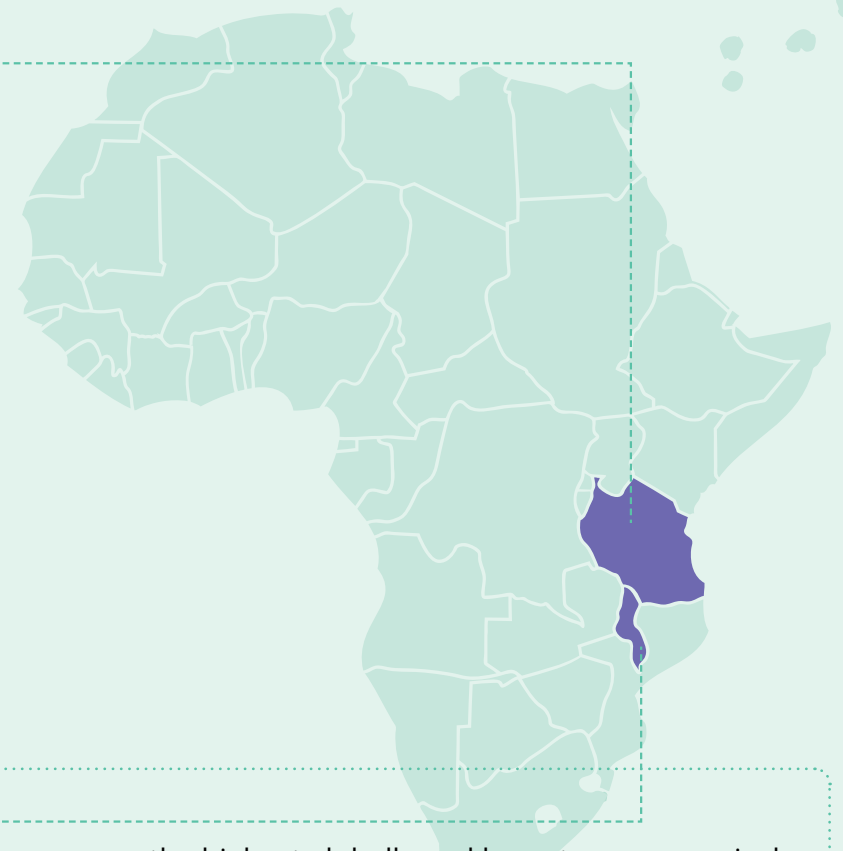
7. All under-five mortality rates are sourced from UNICEF <https://data.unicef.org/topic/child-survival/under-five-mortality/>

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

DETAILED HIGHLIGHTS THIS QUARTER

A STRATEGIC PAUSE IN TANZANIA ←

As part of our ongoing efforts to optimise resources for the greatest impact, m2m made the difficult decision to wind down operations in Tanzania by the end of December 2024. This decision follows a thorough assessment of our ability to continue delivering services in a sustainable manner. While it signals a temporary halt in our current operations, it also offers a chance to reflect on the significant progress we've made. Since re-establishing our presence in Tanzania in 2020, m2m worked closely with the Ministry of Health and local partners to deliver high-impact HIV services. We exceeded UNAIDS 95-95-95 targets, including achieving 100% HIV status awareness among pregnant women, ensuring 100% initiation of antiretroviral treatment (ART) for newly diagnosed clients, and reaching 99% viral suppression among pregnant and breastfeeding women. We also developed the National Operational Framework for Community prevention of mother-to-child transmission (PMTCT) of HIV, which has helped integrate the Mentor Mother Model into the national health system. We deeply appreciate the dedication and resilience of our Tanzania team and are hopeful that we will return to support the country in the future.



ADVANCING CANCER CARE FOR WOMEN IN MALAWI ←

Women in Malawi face severe risks of breast and cervical cancer, with cervical cancer incidence among the highest globally and breast cancer survival rates far below those in high-income countries. Women living with HIV are particularly vulnerable, being up to six times more likely to develop cervical cancer. These challenges, compounded by limited access to timely healthcare, demand urgent intervention.

In line with our 2022-2026 strategic plan, mothers2mothers (m2m) launched the Sondra Smalley Women's Cancer Fund project in Malawi earlier this year with the aim to reach 10,000 women with cancer education, screening, and treatment by the end of 2025. Operating across Kabudula, Mitundu, Ukwe, and Lumbadzi, a team of six Mentor Mothers and a Nurse are delivering integrated health care that addresses cancer risks alongside HIV and reproductive health needs.

Provisional project results indicate that by September 2024, m2m had already achieved 70% of its two-year cervical cancer screening target, conducting 1,410 screenings and reaching over 34,300 women with health education. Women diagnosed with cervical lesions were referred for further treatment, and also provided with psychosocial counselling to support them navigate fears about fertility, recovery, and recurrence. This holistic approach has ensured client-centred, comprehensive care. Stay tuned for more updates from this important project!

DETAILED HIGHLIGHTS THIS QUARTER

BRINGING AI TO FRONTLINE HEALTH WORKERS

m2m is breaking new ground in digital health with CHARM (Community Health Access & Resource Management), an innovative AI-powered platform being developed in partnership with our technology partner, Causal Foundry.

CHARM centralises clinical and behavioural data and uses this to enhance and streamline the work of m2m's community health workers (CHWs). The platform predicts patient behaviours using advanced reinforcement learning, and delivers real-time, tailored recommendations through an app critical to supporting our CHWs in more personalised care. The app also incorporates other features designed to enhance service delivery, such as geolocation tagging for risk assessment and service provision, Google Maps integration to optimise routes to reach clients, and video tutorials to guide CHWs in performing specific tasks. Our goal is to ensure that CHARM underpins improved health outcomes for our clients and optimised resource allocation.

CHARM is currently being piloted at the m2m Innovation Hub at the Ikhwezi Community Health Centre in Cape Town. Data on CHARM's performance and its impact on client health outcomes are being closely monitored, as is feedback from our frontline team, and we will share our learnings in due course. After the pilot is complete, we will be making updates and improvements, and then taking CHARM to scale, paving the way for more data-driven, equitable health solutions powered by AI.



m2m President & CEO Frank Beadle de Palomo and Causal Foundry CEO & Founder África Periañez formalise our partnership with the signing of an MOU at the AIDS 2024 Conference in Germany.

ADVOCATING FOR COMMUNITY HEALTH WORKERS ACROSS OUR HOME CONTINENT

With 23 years of experience managing large-scale community health worker (CHW) programmes across more than a dozen diverse African countries, we have amassed a wealth of knowledge, insights, and data. Our evidence is clear: to unlock the full potential of CHW programmes, CHWs must be fairly compensated, thoroughly trained, and well-supported. When these fundamentals are in place, the impact is transformative—and our data proves it.

To accelerate progress toward health for all, we are committed to sharing our insights with policymakers to strengthen health systems. This quarter, we deepened our collaboration with the Africa Centres for Disease Control and Prevention (Africa CDC), which is leading the development of standardised definitions and operating procedures for CHWs across the continent. The ultimate aim is for these standards to be adopted by all 55 Member States. As expert advisers to this “continental coordination mechanism,” we have played a key role in shaping draft definitions and policies through a collaborative process. While there is still work to be done to make these policies comprehensive and impactful on the ground, this marks a significant step forward in ensuring CHWs are properly recognised and supported to build healthier, more equitable communities.

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.



A NEW ERA FOR FOREIGN DEVELOPMENT ASSISTANCE.

We are entering a new era for bilateral development assistance. In many countries which have been traditional aid stalwarts, transitions of power are underway or about to begin, and there are significant risks to bilateral aid flows. As with our peers across the development sector, we are closely monitoring and planning carefully, and believe that our focus on impact, locally-led development, and maternal and child health is closely aligned to global development priorities.



ELECTION-RELATED VIOLENCE IN MOZAMBIQUE.

This quarter, Mozambicans went to the polls, and after the result was disputed, violence flared in many areas of the country. Hundreds of people have lost their lives, and many thousands have been displaced with some remaining in the country and others fleeing across the border to neighbouring countries including Malawi and South Africa. This challenging situation has forced us to temporarily suspend services on a number of occasions, especially in community-settings, to safeguard the security of our 400 colleagues in country. Thanks to our established crisis protocols, and close relationships with partners in country, all of our staff are accounted for and safe, and we are working to safely deliver and adapt our services, with a focus on re-integrating those in care who may have been displaced. Our digital services are proving particularly valuable in reaching our clients. However, the situation remains tense, and we remain on high alert.



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 **12,513 jobs** for African women living with HIV.



Reached **over 16,760,259 people** with life-changing health services.



Helped to keep over **3,111,271** 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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