



IMPACT OF A DIFFERENT KIND
mothers2mothers Quarterly Report

2025 Quarter 1
Released: 30 April 2025

Dear Friends

The Stark Reality of Shoulda, Woulda, Coulda

As the mothers2mothers (m2m) team returned from the holiday break in early January, there was discernible excitement in the air regarding plans for the year ahead: Scaling the Bokamoso project in Lesotho which had launched three months earlier, deepening our tuberculosis services in South Africa, advancing further localisation initiatives, and so much more.

Then came January 24th. And what *shoulda* been a year of promise and progress transformed overnight into one in which millions of lives are now at risk due to shifts in global health funding.

The U.S. Government's (USG) dismantling of its foreign aid policies, and particularly the dissolution of USAID, decimated organisations worldwide, m2m included. Only two of our eight USG-funded programmes are still operating (at reduced levels), and at the time of this writing, we are still uncertain of their exact future funding envelopes or the duration of each agreement.

This dismantling of critical foreign aid affects decades of progress in HIV, maternal and child health, malaria, tuberculosis, and non-communicable diseases—reversing gains and sadly, stopping progress in its tracks.

Here's what it means to m2m's clients: Due to USAID funding cuts, over 650,000 people across three African countries (Lesotho, South Africa, and Zambia) have lost access to m2m-provided health services. Our terminated programmes included those designed to: prevent mother-to-child transmission of HIV; help orphans and vulnerable children navigate HIV and other health and social issues; and prevent, diagnose, and treat tuberculosis.

We *woulda* delivered those services to clients. And we *woulda* made the local communities we work in safer, healthier, and more resilient and prosperous.

m2m also profoundly regrets that we had no choice other than to pursue staff retrenchment consultations which has led to hundreds of our frontline health workers being laid off...almost all of whom are African women living with HIV, and many who are their families' primary breadwinners. Dozens of roles at our implementing country offices, Cape Town headquarters, and operations in the United Kingdom and the United States are also affected.

So, the question becomes: Where to from here?

For starters, m2m absolutely will not turn our back on people and communities most at risk.

Thanks to diversified funding and through strategic use of financial reserves, we will continue to use our peer-led model to deliver health for all. We will recalibrate and pivot service delivery, and dramatically reconsider our reach, scale, and impact.

We will also use this moment to deepen our partnerships with African governments and health leaders to rethink and rebuild the financial architecture for health system self-reliance and determination.

Things *coulda* been different in 2025. But the stark reality is there is no knight on a white horse riding in to save the day. Nevertheless, we will continue to help end the HIV/AIDS pandemic and reduce preventable death and illness.

m2m recognises our future is in our own hands...just as it always has been. Finding and raising the resources necessary to implement our mission is going to be more difficult, but not impossible. Health can't stop, and we won't stop.

We will focus on what is possible given these new realities, not on what *shoulda, woulda, or coulda* been possible had January 24th been just any other day.

Yours in solidarity,

Frank Beadle de Palomo

IMPACT OF A DIFFERENT KIND

On 20 January 2025, the U.S. Government announced it was pausing foreign aid. This was rapidly followed by “Stop Work Orders” and contract terminations. These actions have had a significant impact on m2m and the communities we serve.

650,000+

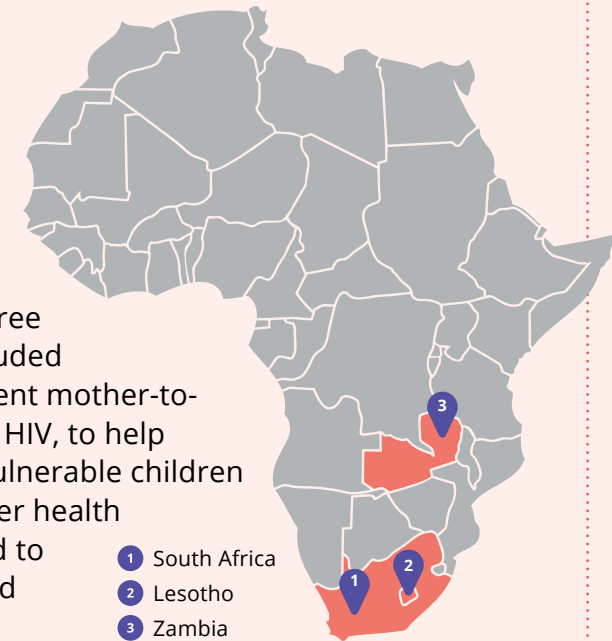
the number of people who will lose access to health services from m2m over the next 12 months.

8

The number of awards where we received Stop Work Orders, either as a prime recipient, or as a sub-recipient.¹

6

Awards that were subsequently terminated across three countries. These included programmes to prevent mother-to-child transmission of HIV, to help orphans and other vulnerable children navigate HIV and other health and social issues, and to prevent, diagnose and treat tuberculosis.



OUR REACH THIS QUARTER

278,213
(Q4 Reach)

141,054
(Q1 Reach)

137,159 less than Q4

49% DECREASE



64% DECREASE

in number of adolescents (ages 10-19) reached this quarter.

907

The number of frontline jobs at risk

Note: Due to significant disruptions in service delivery this quarter, we were unable to calculate our usual outcome and impact metrics. We are currently assessing when we will be able to resume reporting on these indicators.

1. A prime recipient receives funding directly from U.S. Government. A sub-recipient receives funding through a prime recipient, rather than directly from U.S. Government, and is responsible for implementing part of the U.S. Government-funded programme in compliance with applicable regulations.

CAN'T STOP. WON'T STOP

Due to our diversified funding and through strategic use of our financial reserves, m2m's work will continue, and we will adapt and pivot. There are also some positive developments to report this quarter.



No direct impact on our work in Angola, Ghana, Kenya, Malawi, Nigeria, and Uganda as a result of U.S. Government actions.



Despite widespread disruption owing to Stop Work Orders impacting other partners, we increased reach by 19% in Uganda and 24% in Malawi.



New UNICEF partnership in South Africa launched to support adolescent girls and young women.



Our integrated HIV, TB, Malaria, Maternal and Child Health Project is delivering impact in Uganda.



mothers2mothers
33,888 followers
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Millions of lives are at risk.
Health services are being forced to stop.
Global health funding has been decimated almost overnight. ...more

**CAN'T
STOP.
WON'T
STOP.**
Health Matters.

Megan Guzman, MPH and 101 others · 3 comments · 18 reposts

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WHO WE REACHED THIS QUARTER

In the first quarter of 2025, mothers2mothers (m2m) reached 141,052 individuals, a 49% decline from 278,213 people reached in Q4 of 2024. This decrease is a result of work stoppages and contract terminations caused by the United States Government (USG) changes to foreign aid.

This fall in reach numbers was caused both directly, and indirectly. Where m2m was implementing USAID-funded programmes, we had to stop, and then terminate, our work (one USAID-funded project in Lesotho has not been terminated). However, even in Angola, Ghana, Kenya, and Nigeria, where we were not directly impacted, we have seen significant drops in the reach we could achieve due to knock-on effects. Clinics and services previously funded by USG were stopped or closed (affected services included lab work, sample transport, and drug distribution), vital commodities were unavailable, and clients also chose to stay away from overcrowded facilities.

These changes have left health systems in a critical state. Staff shortages are common, clinics are overwhelmed, adherence programmes have been disrupted, and there is reduced or uncertain access to key medications. Prevention, education, and outreach programmes have been particularly hard hit. *The Lancet* predicts that up to 2.9 million² more children and adults will die from HIV-related causes before 2030 because of aid cuts by countries including the U.S. and Britain, while the head of the Africa Centres for Disease Control and Prevention has predicted an additional two-to-four million deaths across the African continent each year as a result of the cuts. Decades of progress in HIV and broader maternal and child health hang in the balance.

NUMBER OF CLIENTS NEWLY ENROLLED THIS QUARTER

Client Group	Q4 Number Reached	Q1 Number Reached
Children (0-2)	17,883	12,101
Children (3-9)	26,936	21,370
Adolescents (10-19)	82,217	29,335
Young Adults (20-24)	40,477	26,405
Adults (25+)	110,700	51,843
Total	278,213	141,054

CLIENTS BY HIV STATUS NEWLY ENROLLED THIS QUARTER

Client Group	Q4 Number Reached	Q1 Number Reached
People Living with HIV	57,071	20,324
People Not Living with HIV, Or Unknown Status	221,142	120,730



With so many community health workers laid off, essential services like viral load testing and Early Infant Diagnosis have been disrupted. These tests are critical—for mothers living with HIV and their babies—because they help us track treatment progress and catch infections early. We're doing our best, but it's heartbreaking not being able to give clients the care they deserve. It puts their health at risk and threatens all the progress we've made in our communities.

- Teddy Atim, Site Coordinator, Uganda

² [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(25\)00074-8/abstract](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(25)00074-8/abstract)

HOW WE REACHED OUR CLIENTS THIS QUARTER

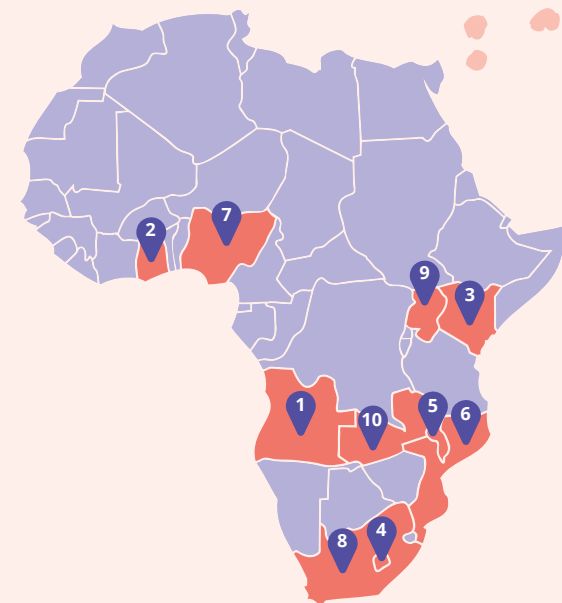
In the first quarter of 2025, mothers2mothers (m2m) faced some of the most significant disruptions to service delivery in our 24-year history. Severe funding cuts—particularly from United States Government (USG) sources—forced the closure or suspension of critical health programmes in Lesotho, South Africa, and Zambia. These programmes provided essential services including the prevention of mother-to-child transmission of HIV, support for orphans and vulnerable children, and tuberculosis (TB) detection and treatment. They also created meaningful employment opportunities for women in underserved communities.

By the end of March, more than 650,000 people lost access to life-saving health services previously delivered by m2m. Major initiatives, such as the USAID-funded Zambia Integrated Health Activity (ZIH), as well as the MOSAIC and BBB projects in Lesotho, were completely shut down. While the Bokamoso project in Lesotho narrowly escaped full closure, its future remains uncertain. In South Africa, Stop Work Orders led to the termination of both the ACCELERATE 1 TB and CHAMP (Children and Adolescents Are My Priority) programmes. These work stoppages and project closures have put 907 community health workers at risk of losing their jobs—most of whom are women and the primary breadwinners in their households. The impact has been devastating for these women, their families, and the health systems they have helped build and strengthen.

3. This data is from a technical assistance project and was collected by a partner. It is not included in our total reach, as we cannot confirm whether clients are new or returning.

FRONTLINE STAFF EMPLOYED AND NEW CLIENTS ENROLLED THIS QUARTER:

1 Angola 12 Frontline Staff 1,527 new clients	6 Mozambique 367 Frontline Staff 8,763 new clients
2 Ghana 42 Frontline Staff 4,062 new clients	7 Nigeria 45 Frontline Staff 2,523 new clients
3 Kenya³ 1 Frontline Staff 2,044 new clients	8 South Africa 289 Frontline Staff 18,876 new clients
4 Lesotho 541 Frontline Staff 30,981 new clients	9 Uganda 40 Frontline Staff 21,224 new clients
5 Malawi 62 Frontline Staff 50,229 new clients	10 Zambia 120 Frontline Staff 2,869 new clients



“When the Stop Work Order came, it felt like a blackout—I was overwhelmed with fear and confusion. I was pregnant at the time and terrified about what would happen to my baby if I couldn’t get my medication. The thought of losing the support of my Mentor Mother, who had always encouraged me to stay on treatment, was devastating. We’re suffering because of this decision, and I wish those in charge could see how much we depend on this care—without it, our lives are at risk.”

- Felismina, Client, Nampula, Mozambique

AND YET, THERE WERE SIGNS OF RESILIENCE.

In Uganda, mothers2mothers (m2m) expanded into three new areas in March, achieving a 19% increase in reach. Malawi also recorded a 24% growth in reach, demonstrating our ability to adapt and persevere—despite the broader funding headwinds.

In Malawi, m2m is transforming the lives of thousands of women and girls through breast and cervical cancer education, screening, and care—made possible by the Sondra Smalley Women’s Cancer Fund. From providing HPV vaccinations and operating mobile clinics to offering early detection through Visual Inspection with Acetic Acid (VIA) screenings, the initiative is making a powerful impact in Kabudula, Mitundu, Ukwe, and Lumbadzi. Leading these efforts on the ground is Vitumbiko Ng’onga, m2m Malawi’s dedicated noncommunicable diseases (NCD) Nurse Clinician, based in Lilongwe. Vitumbiko is at the forefront of building a strong support system that equips women with the knowledge and services they need to protect their health.



“When I helped a woman overcome her fear and get screened—only to catch a precancerous lesion early—I saw firsthand how awareness and support can save lives.” - Vitumbiko Ng’onga, NCD Nurse in Lilongwe.



Looking forward, m2m remains committed to protecting the progress we have made. We are actively pursuing new funding avenues, advocating for more sustainable health financing, and realigning resources to ensure that community health workers can continue serving their communities. This moment is not only about restoring services—it is about reimagining African-led, women-centred health care and what it can achieve with the right investment and support.

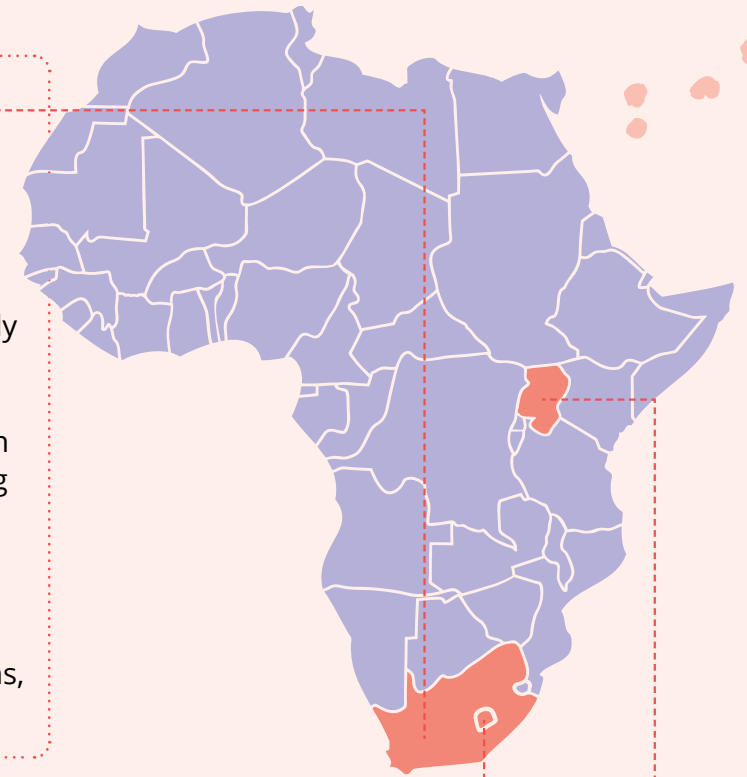
DETAILED HIGHLIGHTS THIS QUARTER

NEW UNICEF-m2m PROJECT TO SUPPORT AGYW IN SOUTH AFRICA

Adolescent girls and young women (AGYW) in KwaZulu-Natal face significant health and social challenges, including high HIV rates, unintended pregnancies, and limited access to sexual and reproductive health (SRH) services.

To address these issues, mothers2mothers (m2m), in partnership with UNICEF, has launched a year-long project (October 2024 – December 2025) using its proven Mentor Mother Model. Currently in the start-up phase, the initiative is recruiting 42 Young Mentor Mothers (YMMs), who will be trained and deployed to 23 health facilities in iLembe and Zululand districts. These community health workers will provide health education, psychosocial support, and referrals to essential health services. At the end of the 12 month period, the YMMs will become government employees, helping to ensure sustainable impact.

In the coming months, the project will expand mentorship activities, establish support groups such as Young Mum and Postnatal Clubs, strengthen healthcare partnerships, and focus on long-term sustainability. Through this initiative, m2m and UNICEF remain committed to reducing HIV infections, preventing unintended pregnancies, and linking AGYW to services that will help them to thrive.



INVESTING IN COMMUNITY HEALTH FOR TB AND MALARIA ELIMINATION

m2m is transforming tuberculosis (TB) and malaria care through an integrated community-led approach, with support from GlaxoSmithKline (GSK). By embedding TB and malaria services into maternal and child health programming, m2m ensures that pregnant women, children, and adolescents—groups often underserved in traditional TB programming—are not left behind.

In Lesotho, where TB rates are among the highest globally, the m2m-supported project concluded in December 2024. Final results show strong impact through a model that moved care beyond health facilities and into the heart of communities. Eight community health workers (CHWs) delivered TB education, screening, and contact tracing in homes and public spaces, in partnership with district health teams. Two m2m-employed TB nurses supported clinical service delivery across two health facilities, covering 112 communities. This end-of-project effort reached 21,700 people—more than 3.5 times the original target of 6,180.

In Uganda, where the project is ongoing, m2m is expanding services across five high-burden districts. Forty-four m2m-employed CHWs are working alongside 36 healthcare workers and 217 Village Health Team members under local health authorities to deliver integrated TB and malaria services. So far, 84,234 people have been reached with education, screening, and referrals—ensuring holistic, client-centred care. Stay tuned for more updates as the project continues to grow its impact!

DETAILED HIGHLIGHTS THIS QUARTER

FRONTLINE VOICES DRIVING SUPPORT FOR COMMUNITY HEALTH WORKERS

On March 12th, m2m Zambia Mentor Mother and Spokeswoman, Bupe Sinkala, took to the global stage at the Africa Frontline First (AFF) 9th Advisory Committee Meeting in Lusaka—delivering powerful opening remarks that brought the voice of the front line directly into the room. Her participation aligned with Zambia’s national priorities as outlined in the Zambia National Community Health Strategy (2022–2030), which emphasises the critical role of community health workers (CHWs) in advancing universal health coverage and strengthening primary health care.

As a community health worker herself, Bupe spoke from lived experience—underscoring how decisions made at high levels translate into real-life impacts for women, families, and entire communities. She called on policymakers and influencers, including those present from the Global Fund, Johnson & Johnson, and other global health leaders, to ensure that funding and programmatic support are tailored to the realities on the ground. Her remarks reinforced the Strategy’s emphasis on supportive policy environments, adequate financing, and integrated community-based health service delivery.

m2m’s engagement at this event stems from our ongoing involvement as a core member of Africa Frontline First, a coalition working to mobilise the political and financial support needed to professionalise and scale community health worker programmes across the continent. As part of this movement, m2m is proud to elevate the voices of frontline workers like Bupe—ensuring that those closest to the challenges are also closest to the solutions.



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 **12,556 jobs** for African women living with HIV.



Reached **over 16,901,313 people** with life-changing health services.



Helped to keep over **3,131,595** 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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