



REORIENTING FOR A NEW REALITY
mothers2mothers Quarterly Report

2025 Quarter 3
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Dear Friends

Embarking Into a New Era

In our previous two Quarterly Reports, we detailed how the sudden foreign aid cuts by the United States Government (USG) earlier this year have affected mothers2mothers (m2m) and our programmes in several countries. As the dust from these tumultuous events began to settle during the third quarter, it became abundantly clear that m2m is entering a new era—one where we must do more with less.

For 24 years, m2m achieved what many thought impossible. Supported in part by Overseas Development Assistance, we scaled across 14 African countries, reached more than 17 million clients with life-changing health services, employed 12,000-plus women, helped keep three million at-risk women and children alive, and virtually eliminated the transmission of HIV from mother to child for ten consecutive years for our enrolled clients.

To thrive in today's new environment, we must first reorient, and then evolve. That means becoming leaner and sharper—scaling back our country footprint, but not our ambition or resolve.

In September, we completed a comprehensive assessment of how m2m should pivot to the new market realities. We interviewed donors and African Ministry of Health officials, collected insights from m2m staff, examined health performance data across 15 African and four benchmark countries, and engaged in outreach with partners and stakeholders worldwide.

Our analysis indicated that m2m must:

- Focus on our roots—keep HIV at our core while delivering integrated primary healthcare services through our Mentor Mother Model.
- Refine our country presence to maximise depth and impact.
- Expand our role as a technical partner to governments.
- Deepen our investment in community health and integrated primary health care.

As a result, m2m will move ahead by prioritising countries with the greatest unmet needs, and where our impact can remain deep and measurable. We will amplify health system strengthening partnerships with African governments, aligning closely with their differentiated service

delivery and technical assistance requirements. And we will stay true to our roots and to the communities we serve: ensuring babies are born HIV-free, mothers survive and thrive, community health workers remain at the heart of our model, and that we integrate services in ways that reduce preventable deaths while maximising impact with the resources available.

The stakes couldn't be higher.

Across the continent, health programmes are shutting down. Mothers who once had access to lifesaving treatment are now being left behind. Adolescents who grew up HIV-free are at risk again as prevention programmes disappear. And babies are once more being born with HIV—not because we lack knowledge or commitment, but because the systems that sustained progress are being dismantled.

UNAIDS estimates there will be six million more new HIV infections and four million AIDS-related deaths by 2029 if USG-supported HIV treatment and prevention services collapse entirely.

We cannot let this happen.

m2m will be part of the solution, and you can read more about how we're reorienting for a new reality on page five. And, as you will read in this report, we are showing grit, innovation, and resilience in an uncertain environment—enrolling 129,850 new clients this quarter alone.

We will continue to safeguard the gains we've made and work tirelessly to ensure the past two decades of progress are not undone. This moment demands focus, courage, and conviction, and m2m has all three.

Thank you for your commitment to m2m as we embark on this new era.

Chad Rathner

Interim Chief Executive Officer



WHO WE REACHED THIS QUARTER

For 2025, mothers2mothers (m2m) has set a revised **target to enroll 526,551 new clients**—45% lower than our 2024 target of 955,099. We developed this revised goal in Q2 as we reassessed our work against a backdrop of widespread disruption caused by the shuttering of USAID, a broader pull-back from development funding, and significant shifts to health service delivery in the countries we work in.

While uncertainty and disruption continued to be a daily reality in Q3—including shifting scopes of work, stock-outs and temporary pauses—**m2m enrolled 129,850 clients. This marks a 12.4% increase compared to Q2's total of 115,529 and takes us to 73% of our annual target.** This achievement demonstrates the resilience and determination of our teams to keep delivering services to the families we serve.

Lesotho recorded a 49% overall decline in new enrolments, reaching 3,709 clients in Q3—a 77% drop from Q2. This was a direct outcome of a shift in focus toward continuity of care for 46,880 existing clients, a requirement under a limited waiver from the United States Government, which funds our work in Lesotho.

South Africa demonstrated renewed momentum, enrolling 13,964 new clients—a 233% increase from Q2. This was driven by the launch of the ACHIEVE project in Mpumalanga and expanded health systems strengthening work through the UNICEF South Africa partnership in KwaZulu-Natal and the Eastern Cape.

Zambia also reported a strong rebound, enrolling 23,032 new clients—a 125% increase from Q2. This reach was driven by activities on the Zambia Integrated Health project, which resumed in June under a limited waiver. This quarter, the team was able to increase reach thanks to field reviews and improved coordination.

Across all countries of operation, this quarter's performance underscores that—even amid a volatile funding and operational environment—**m2m teams continue to deliver where it matters most.** Their commitment, adaptability, and locally-led insights remain central to ensuring that women, children, and adolescents continue to access life-changing health services and that our impact endures through periods of uncertainty and change.



WHO WE REACHED THIS QUARTER

NUMBER OF CLIENTS NEWLY ENROLLED THIS QUARTER

Client Group	Q2 Number Reached	Q3 Number Reached	Cumulative	Annual Target	% Target Reached
Children (0-2)	16,055	14,520	42,676	84,437	51%
Children (3-9)	4,931	4,021	30,322	33,926	89%
Adolescents (10-19)	28,062	29,237	86,634	72,173	120%
Young Adults (20-24)	17,570	22,660	66,635	92,165	72%
Adults (25+)	48,911	59,412	160,166	243,850	66%
Total	115,529	129,850	386,433	526,551	73%

CLIENTS BY HIV STATUS NEWLY ENROLLED THIS QUARTER

Client Group	Q2 Number Reached	Q3 Number Reached	Cumulative	Annual Target	% Target Reached
People Living with HIV	13,425	15,200	48,949	96,202	51%
People Not Living with HIV, Or Unknown Status	102,104	114,650	337,484	430,349	78%



Nigeria: “Even When Clinics Closed, Care Continued”

When primary health centres across Abuja closed during the prolonged health workers’ strike in July 2025, thousands of women and children were suddenly cut off from antenatal care, ART refills, and early infant diagnosis.

For Mentor Mothers like Grace at Dei Dei Comprehensive Health Centre, stopping was not an option. “Service delivery is more than treatment,” Grace explains. “It is trust and hope when systems are under strain.”

With clinics shut, Mentor Mothers mobilised quickly—providing phone-based counselling, delivering medications to homes, and referring clients to open facilities. Using digital tools they tracked clients and coordinated care in real time.

“Even when the clinic was closed, I called my Mentor Mother. Without my medicines, the baby and I were at risk,” says Deborah, a mother from Kurudu.

By the end of the quarter, 2,081 clients were reached, retention in prevention of mother-to-child transmission of HIV services stayed strong, and reproductive, maternal, newborn and child health, and early childhood development services rebounded—demonstrating the power of community-rooted care in crisis.

Grace, Mentor Mother in Abuja, who helped sustain continuity of care through home visits, phone counselling, and referral coordination during the health workers’ strike.

HOW WE REACHED OUR CLIENTS THIS QUARTER

Between July and September 2025, mothers2mothers (m2m) continued to deliver integrated primary health care and HIV prevention, care, and treatment services across Africa—demonstrating resilience and commitment despite ongoing funding transitions and shifting donor priorities.

During this period, m2m operated in 481 health facilities and community sites, down from 513 in Q2, reflecting adjustments to project scopes and funding realignments. Our frontline workforce—the heart of our service delivery model—numbered 1,115 community health workers, a slight decrease from 1,132 in Q2, as country teams adapted to evolving operational contexts while maintaining the continuity and quality of services for women, children, and adolescents.

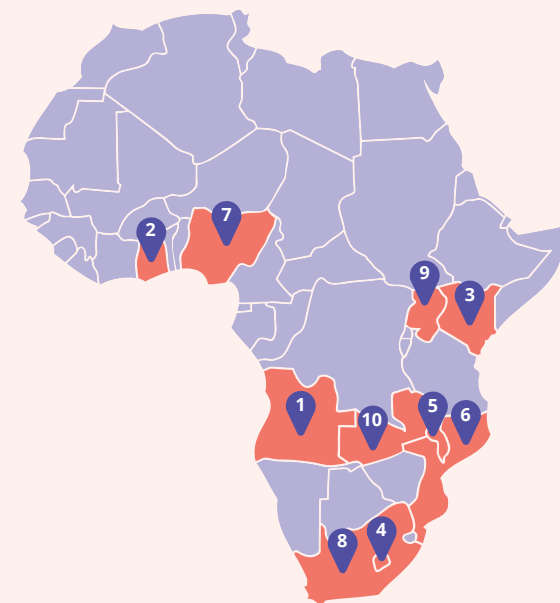
These shifts underscore the need for agility and focus in sustaining community-led health impact during a period of global funding uncertainty. Lessons from this quarter are already informing a strategic organisational pivot—reshaping how m2m selects, manages, and invests in country operations to ensure long-term sustainability and targeted impact.

Read more in the feature: “Reorienting for a New Reality – m2m’s Strategic Pivot” on page five.

1. No new clients enrolled as country operation is closing.

FRONTLINE STAFF EMPLOYED AND NEW CLIENTS ENROLLED THIS QUARTER:

1	Angola¹ 0 Frontline Staff 0 new clients	6	Mozambique 326 Frontline Staff 8,642 new clients
2	Ghana 12 Frontline Staff 2,136 new clients	7	Nigeria 44 Frontline Staff 2,081 new clients
3	Kenya¹ 0 Frontline Staff 0 new clients	8	South Africa 141 Frontline Staff 13,964 new clients
4	Lesotho 355 Frontline Staff 3,709 new clients	9	Uganda 40 Frontline Staff 34,504 new clients
5	Malawi 83 Frontline Staff 46,576 new clients	10	Zambia 114 Frontline Staff 23,032 new clients



Uganda: New Ways of Working Strengthen Community TB Detection

In Uganda, temporary service interruptions by other implementing partners prompted mothers2mothers to explore new ways of ensuring continuity of care—particularly for tuberculosis (TB) screening in hard-to-reach communities. To help fill these gaps, m2m trained all 41 Mentor Mothers in sputum sample collection, covering proper expectoration, specimen handling, and safe transport. They were also equipped with personal protective equipment to support safe outreach.

Working alongside trained TB survivors, the Mentor Mothers collected 725 sputum samples this quarter—helping to detect TB earlier and support clients to begin treatment sooner.

This community-driven approach strengthened collaboration between health facilities and the communities they serve, and demonstrated a sustainable model for delivering essential health services, even during periods of system disruption.

FEATURE: REORIENTING FOR A NEW REALITY: m2m'S STRATEGIC COUNTRY PIVOT

In today's rapidly changing global aid landscape, uncertainty has become the new constant. Donor priorities are shifting, and development funding is tightening, challenging non-profit organisations to adapt in order to sustain their impact. For mothers2mothers (m2m), this period of transformation has prompted an important question: How do we continue to deliver lasting, life-changing impact while remaining agile, sustainable, and future-focused?

Part of the answer lies in a strategic process that is reshaping how m2m selects, funds, and manages its countries of operation. This deliberate and data-driven country presence pivot ensures that m2m remains a resilient, efficient, and mission-driven organisation, ready to meet the evolving needs of the communities we serve.

To inform this pivot, m2m developed a rigorous analytical scorecard designed to objectively assess country performance and potential. This scorecard incorporated 220 health-related indicators and over 5,500 data points from 19 countries. It also examined national health data, funding flows, and the NGO landscape, helping identify where m2m could have the greatest long-term impact.

The findings guided m2m's Executive Management Committee in developing a new country framework that streamlines m2m's operations into three categories: Focus Countries, Project Countries, and Prospect Countries. This new model, which will take full effect from 1 January 2026, reflects both the realities of global aid and m2m's determination to remain effective, accountable, and strategically focused.

A Sharper, More Sustainable Country Model FOCUS COUNTRIES: LESOTHO, NIGERIA, AND SOUTH AFRICA

These three countries will serve as m2m's strategic anchors, demonstrating the full strength of the peer-led community health model and its integration into national primary healthcare systems.

Each focus country is led by a Country Director and a strong senior team, responsible for driving long-term country strategy and sustainability. Supported by Head Office, these countries will progressively take the lead in resource development, innovation, and scale, with targeted investment of unrestricted assets to support their goals.



FEATURE: REORIENTING FOR A NEW REALITY: m2m'S STRATEGIC COUNTRY PIVOT

PROJECT COUNTRIES: DRC, MOZAMBIQUE, UGANDA, AND ZAMBIA

In these countries, m2m will continue to implement specific, time-bound projects using restricted funding. These programmes are designed to deliver measurable impact while maintaining operational efficiency.

Led by a Country Representative or Senior Programme Lead, project countries will focus on delivering high-quality, evidence-based results, while receiving strategic and operational support from Head Office. Once project funding concludes, operations will close out, ensuring m2m's resources are used responsibly and impactfully.

PROSPECT COUNTRIES: ANGOLA, KENYA, GHANA, MALAWI, AND TANZANIA

As part of this transition, m2m will close operations in certain countries where project funding has ended or is insufficient to sustain delivery. While difficult, these decisions were informed by both data and dialogue considering need, opportunity, and long-term viability.

- Tanzania operations closed at the end of 2024.
- Angola and Kenya are nearing final close-out.
- Ghana and Malawi will close by 31 December 2025, or as soon as possible thereafter.

Where practical, m2m will retain legal structures in these prospect countries to remain ready for re-entry should new funding opportunities emerge.

Balancing Impact and Sustainability

This strategic shift will see m2m's presence streamlined from 12 countries to seven, representing a 42% reduction in operational footprint in a 12-month period. Though this is a significant organisational change, it is also a reflection of responsible leadership in a challenging global context.

"We are making these changes not because our mission has changed, but because the environment around us has," says m2m Interim CEO—Chad Rathner. "To continue transforming lives, we must focus our efforts where we can achieve the greatest, most sustainable impact."

As m2m transitions to this new model, internal teams are finalising close-out plans for Ghana and Malawi, re-aligning budgets, and strengthening systems for country-led growth. This pivot is more than an operational adjustment. It is an evolution that positions m2m for long-term sustainability, innovation, and relevance.

"We remain steadfast in our mission: to ensure healthy, thriving families across Africa. This reorientation allows us to do that with renewed strength, focus, and purpose," concludes Chad.

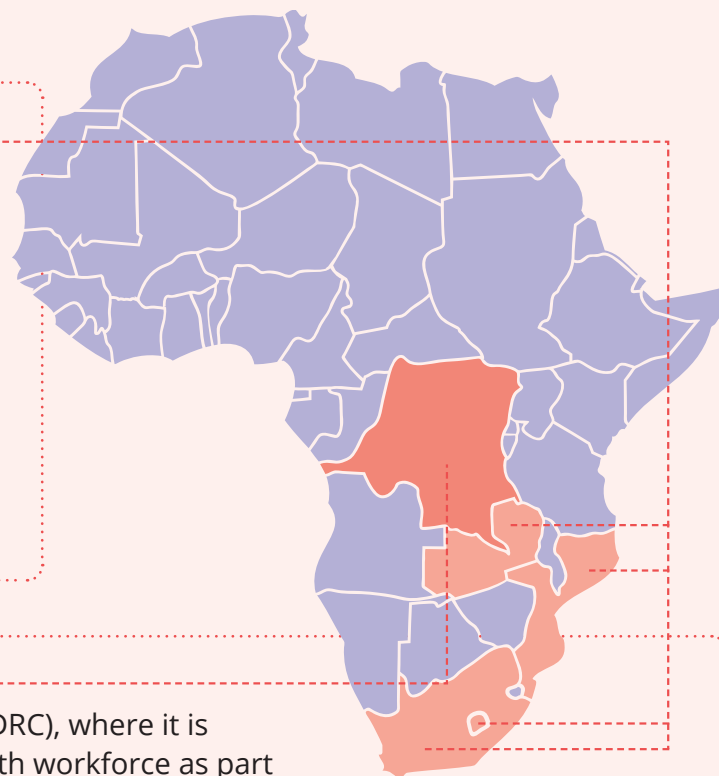


DETAILED HIGHLIGHTS THIS QUARTER

UPDATE ON m2m'S PEPFAR FUNDED PROJECTS

Our PEPFAR-funded programmes in Lesotho, Mozambique, South Africa, and Zambia adapted operations to sustain service delivery while navigating reduced scopes of work.

In South Africa, the orphans and vulnerable children (OVC) programme Children and Adolescents Are My Priority (CHAMP) completed its final phase under m2m. We are still delivering some services under ACHIEVE, a Pact-led initiative. (Pact is a global international development organisation). In Lesotho, the Bokamoso project has continued under a modified scope of work, and we continue to strengthen integrated service delivery. In Mozambique and Zambia, m2m maintained critical components of the Centers for Disease Control and Prevention-funded and Zambia Integrated Health (ZIH) programmes, respectively.



DEMOCRATIC REPUBLIC OF THE CONGO

mothers2mothers (m2m) continues to deepen its work in the Democratic Republic of the Congo (DRC), where it is supporting the Ministry of Health to professionalise and strengthen the country's community health workforce as part of broader efforts to advance Universal Health Coverage (UHC). This work aligns with m2m's long-term commitment to Health Systems Strengthening (HSS) as outlined in our 2022–2026 Strategic Plan.

In close partnership with the Ministry, m2m has helped establish a national Technical Working Group to guide the rollout of the DRC's new community health worker (CHW) policy—one that formally recognises, trains, and remunerates CHWs as part of the national health system. m2m also co-led a Training of Trainers process for provincial and district health teams and, together with VillageReach, helped launch the DRC chapter of the Community Health Impact Coalition to encourage collaboration and shared learning across the sector.

Additionally, work is underway with the General Directorate for Organisation and Management of Health Services, UNICEF, and PATH (a health-focused international NGO) to develop a national certification and accreditation framework for CHWs—ensuring high-quality standards, supportive supervision, and professional growth for the country's frontline health workforce.

This partnership reflects m2m's growing role as a trusted HSS partner to governments across Africa, helping to build stronger and more resilient health systems that place communities—and especially women—at the centre of care.

DETAILED HIGHLIGHTS THIS QUARTER

SOUTH AFRICA

In South Africa, m2m continues to play a critical role in strengthening the public health system through its partnership with UNICEF South Africa and government at all levels. Now in its second phase of implementation, the initiative is demonstrating how peer-led CHW approaches can be sustainably integrated into public sector systems to meet the needs of adolescent girls and young women.

By working hand-in-hand with the National Department of Health (NDOH) and provincial health authorities in KwaZulu-Natal and the Eastern Cape, m2m has embedded the Young Mentor Mother (YMM) model within routine adolescent and youth-friendly services. This collaboration ensures that the benefits of peer-led support—trusted counselling, psychosocial guidance, and stronger clinic-community linkages—extend beyond the life of the project.

In KwaZulu-Natal, plans are underway for YMMs currently employed by m2m to be absorbed into the NDOH system, securing their role as part of the provincial health workforce. In the Eastern Cape, YMMs are already government-employed, reflecting how technical assistance and capacity-building efforts are translating into long-term institutional change.

This approach represents m2m's broader Health Systems Strengthening (HSS) commitment: Supporting government to build resilient, people-centred health systems by training and transitioning community-based health workers into formal structures, improving quality of care, and ensuring continuity of peer-led services.

As the project continues, m2m's focus remains on sustainability and system ownership—helping create a health ecosystem where young women are not only beneficiaries, but also leaders in driving better health outcomes for their peers.



DETAILED HIGHLIGHTS THIS QUARTER



NIGERIA

This quarter, m2m Nigeria took a bold step forward in digital innovation and workforce development with the large-scale rollout of Smart Learning Solutions (SLS)—m2m’s mobile e-learning platform designed to strengthen training and quality assurance for frontline health workers. In September, 80 Community Health Workers employed by m2m completed SLS training, marking the first national deployment of the platform and a milestone in how m2m builds and sustains capacity at scale.

The platform provides Mentor Mothers and Peer Mentors with interactive, competency-based learning modules on HIV prevention, case finding, and linkage to care. Because it is mobile-first and low-bandwidth adaptable, SLS enables continuous learning even in remote areas with limited internet access—ensuring quality and consistency of service delivery across diverse settings.

SLS is part of m2m’s broader digital transformation, which integrates artificial intelligence (AI) and data-driven tools to enhance frontline efficiency and client engagement. As highlighted in m2m’s recent blog, “Artificial Intelligence, Real Care,” digital health innovations like CHARM (Client Health AI Reinforcement & Management) are ushering in a new era of smart, personalised support for both clients and health workers. CHARM combines data insights, behavioural science, and tailored nudges to help frontline staff prioritise follow-ups, improve adherence, and deliver more proactive, people-centred care.

Together, SLS and CHARM represent a new model for connected learning and intelligent service delivery—one that equips community health workers with the tools and confidence to make informed, real-time decisions in their daily work.

The success of the SLS rollout in Nigeria is more than a training milestone—it’s proof that digital innovation can transform how we learn, connect, and care. It positions Nigeria as a key driver of m2m’s digital health strategy and a model for scaling technology-enabled community health solutions across the continent.



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 **12,719 jobs** for African women living with HIV.



Reached **over 17,146,692 people** with life-changing health services.



Helped to keep over **3,160,220** 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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