



# DELIVERING A STRONG FINISH

mothers2mothers Quarterly Report

**2025 Quarter 4**  
Released: 31 January 2026

## Dear Friends

### Perseverance Pays Off

Among the many qualities that mothers2mothers' (m2m) Mentor Mothers have in common with our clients is their fierce determination. Regardless of the challenge or barrier, our clients and frontline team members do not shy away from addressing them with resolution and willpower. It's awe inspiring to witness, and for the entire m2m team, it's an honour to support them in achieving their goals.

That same sense of determination underscored how our organisation responded to what was possibly the most difficult year in m2m's history.

Like many public health sector NGOs, we were dealt some crushing blows from overseas development assistance funding reductions in 2025, which in turn led to multiple difficult decisions, including programme and country closures, and the retrenchment of hundreds of valued m2m colleagues who contributed so much to our mission and clients. In previous quarterly reports, we transparently communicated the challenges we faced earlier in the year.

Yet despite everything, our team members showed up each day with purpose and compassion, and that enabled m2m to deliver a strong fourth quarter finish to 2025:

- As at the end of April 2025, our revised revenue projections were \$13.8 million, but thanks to a concerted effort led by our resource development team, we completed the year with \$26.5 million in income, including raising \$4.1 million during the fourth quarter alone.
- We newly-enrolled 501,973 clients in 2025 which includes 115,540 clients enrolled in the fourth quarter. This means we achieved 95% of our (revised) annual target.
- In November, m2m Programme Advisory Officer Babalwa Mbono delivered an address at the G20 Social Summit in Johannesburg where she advocated for community health workers and investing in peer-led, community-rooted models to advance African health equity. (Read more on page 10)
- By year end, we had redesigned our country and organisational structures to make m2m more streamlined and nimbler.

- And concluding a two-plus year effort, m2m's three entity Boards approved a major structural reshaping in the fourth quarter to eliminate governance inefficiencies, better leverage Board member expertise, lower costs, and reduce Board engagement workload for staff. Our new, streamlined global Board structure will take effect in 2026.

As you read more about our fourth quarter results, you'll recognise m2m's determined perseverance did pay off, even amidst extraordinary upheaval.

Are we out of the woods after a tumultuous 2025? Not at all.

The risks in m2m's operating environment remain high. However, we will continue to address them—as we have since our founding—by applying strategic foresight and purpose, while never deviating from our mission and vision.

We have many reasons for optimism as m2m begins its 25th year of operation in 2026:

- Our proven model delivers impact at scale, with the data to prove it.
- Our focus on clients and the frontline team is unwavering.
- Donors and governments are keen to invest in proven approaches like m2m's.

My numerous conversations during the past few months with partners, stakeholders, and supporters also give rise to significant positivity for the year ahead. And for that, we are truly thankful to each of you.

*Chad Rathner*

Interim Chief Executive Officer



## WHO WE REACHED THIS QUARTER

In 2025, mothers2mothers (m2m) set a revised target to enrol 526,551 new clients—reflecting a year shaped by funding contraction, programme transitions, and significant shifts in health service delivery across our countries of operation. By Q4, many of these pressures translated into planned project close-outs, scale-downs, and deliberate pivots toward more sustainable, systems-strengthening approaches. The final quarter therefore reflects not only delivery under constraints, but the culmination of a year that demanded persistence, adaptability, and resolve from teams across the organisation. **We are proud that we achieved 95% of our annual target—enrolling 501,973 new clients—but deeply concerned that this figure represents a fall of more than 320,000 from 2024.**

Lesotho recorded one of the strongest performances this quarter, enrolling 11,225 new clients—a 203% increase compared to Q3. This growth was driven by the start-up of the EpiC project alongside targeted service delivery under our ongoing Bokamoso project, with a clear focus on reaching vulnerable children and extending services to marginalised and hard-to-reach populations, including communities in remote mountain districts. This expansion underscores the impact of sustained investment in integrated, community-facility models, even within a difficult operating environment.

Nigeria also demonstrated significant momentum, enrolling 12,727 new clients—a 512% increase from the previous quarter. This sharp rise reflects the transition of a major new project from recruitment and training into full implementation, alongside an expansion from 25 to 37 sites and the deployment of additional peer staff.

In the Democratic Republic of Congo, Q4 saw the enrolment of 11,645 new clients following the initiation of new technical assistance sites. This reflects steady progress as implementation structures came online.

In contrast, declines in several countries were anticipated and aligned with planned programme transitions. Uganda recorded an 18% decline following the close-out of a project in November, which had previously contributed more than half of the country's overall reach. Similarly, Malawi experienced a 51% decline as two major projects wound down, with implementation ending in November.

While the Q4 numbers capture fluctuation and transition, they also tell a story of perseverance—of teams continuing to deliver, adapt, and show up for clients amid uncertainty. The tables on the next page provide a detailed breakdown of client reach by country and quarter-on-quarter change, grounding this narrative in the data behind m2m's 2025 journey.



# WHO WE REACHED THIS QUARTER

## NUMBER OF CLIENTS NEWLY ENROLLED THIS QUARTER

Client Group	Q3 Number Reached	Q4 Number Reached	Cumulative - YTD	Annual Target	% Target Reached
Children (0-2)	14,520	11,158	53,834	84,437	64%
Children (3-9)	4,021	7,604	37,926	33,926	112%
Adolescents (10-19)	29,237	34,225	120,859	72,173	167%
Young Adults (20-24)	22,660	23,520	90,155	92,165	98%
Adults (25+)	59,412	39,033	199,199	243,850	82%
<b>Total</b>	<b>129,850</b>	<b>115,540</b>	<b>501,973</b>	<b>526,551</b>	<b>95%</b>

## CLIENTS BY HIV STATUS NEWLY ENROLLED THIS QUARTER

Client Group	Q3 Number Reached	Q4 Number Reached	Cumulative - YTD	Annual Target	% Target Reached
People Living with HIV	15,200	20,614	69,563	96,202	72%
People Not Living with HIV, Or Unknown Status	114,650	94,926	432,410	430,349	100%



A Bokamoso social worker educates Lineo on disclosure and adherence, supporting a safer path back into care.

\* Lineo is a pseudonym used to protect the identity of the adolescent.

At 14, Lineo\* had spent most of her life taking medication without knowing why. Her mother told her the tablets were vitamins to keep her strong, and Lineo never questioned it.

During a teen club session at Mafeteng Hospital in Lesotho, supported through the Bokamoso Project, Lineo listened as other adolescents spoke openly about living with HIV and the importance of treatment. As their stories unfolded, she began to recognise her own experience. The realisation was overwhelming.

Bokamoso staff soon discovered that Lineo had never been told about her HIV status. A review of her medical records showed that she was not virally suppressed, placing her health at serious risk. Further follow-up revealed that Lineo had stopped taking her medication, feeling hurt, confused, and unsure who to trust.

The Bokamoso team responded quickly, providing enhanced adherence counselling and family-centred support. Lineo's mother received guidance on how to disclose her daughter's status in an age-appropriate and supportive way, while Lineo was given space to express her emotions and rebuild confidence.

Within months, Lineo returned to care and her health stabilised. Beyond the clinical improvement, trust was restored at home, and Lineo began to look ahead with renewed hope and a focus on her future.

## HOW WE REACHED OUR CLIENTS THIS QUARTER

Despite an exceptionally challenging year, our teams remained anchored in what mattered most: ensuring that clients continued to access care, support, and trusted services without interruption wherever possible.

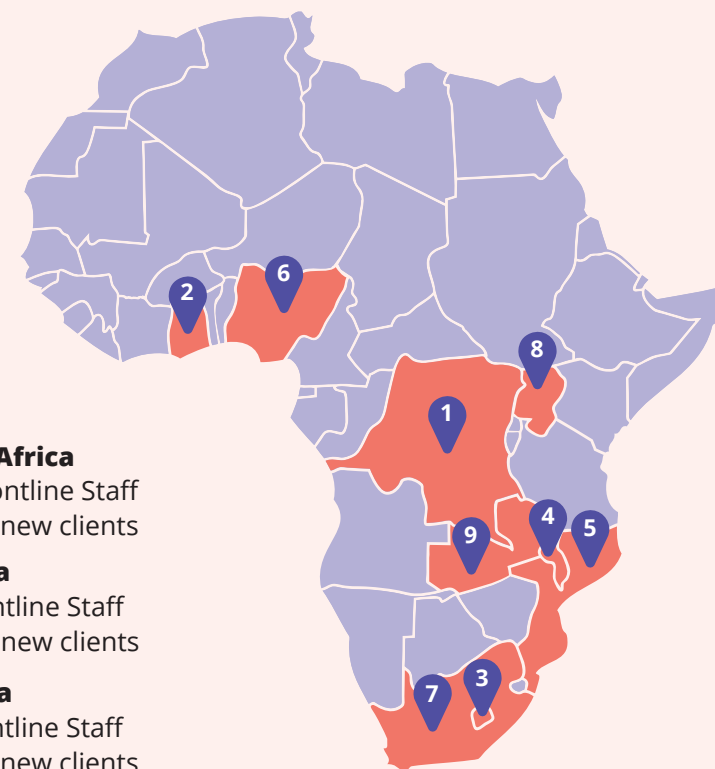
**In the fourth quarter, mothers2mothers (m2m) operated across 542 community- and facility-based geolocations, up from 481 in Q3—a 12.7% increase.** This growth was driven by targeted programme scale-ups from October, particularly through the EpiC project in Lesotho and in Nigeria, where new sites transitioned from start-up into active implementation. These expansions reflect a deliberate strategic focus on priority countries, building scale where programmes are positioned for impact, as outlined in our country strategic pivot reported in the Q3 Impact Report.

At the same time, m2m responsibly navigated workforce adjustments linked to planned project close-outs in countries such as Ghana and Malawi. Despite downsizing our operational footprint, the number of community health workers employed by m2m increased from 1,115 in Q3 to 1,175 in Q4, a 5.3% increment. While these transitions were difficult, they were managed with care and intention, with a strong emphasis on protecting continuity of care and sustaining frontline service delivery during periods of change.

Even amid uncertainty, the lessons of this period sharpened our focus and strengthened how we deploy and support our teams. As we close out 2025, m2m is better positioned to deliver high-impact, resilient services—grounded in community trust and aligned with a more sustainable path forward into 2026.

## FRONTLINE STAFF EMPLOYED AND NEW CLIENTS ENROLLED THIS QUARTER:

- 1 Democratic Republic of Congo**  
4 Frontline Staff  
11,645 new clients
- 2 Ghana**  
12 Frontline Staff  
457 new clients
- 3 Lesotho**  
432 Frontline Staff  
11,225 new clients
- 4 Malawi**  
67 Frontline Staff  
22,668 new clients
- 5 Mozambique**  
279 Frontline Staff  
7,166 new clients
- 6 Nigeria**  
80 Frontline Staff  
12,727 new clients
- 7 South Africa**  
141 Frontline Staff  
13,093 new clients
- 8 Uganda**  
40 Frontline Staff  
28,263 new clients
- 9 Zambia**  
84 Frontline Staff  
22,462 new clients



"I wanted the best for my baby, but at home it was not easy to go to the clinic. My husband thought the vaccinations were the reason my baby cried at night, so he did not want me to go. I felt confused and worried about my child. When Posha, an Adolescent Mentor Mother, came to visit me, she listened and explained why clinic visits and vaccinations are important. She encouraged me and helped me feel more confident. Even though there are still challenges at home, I now take my baby to the clinic and make sure their health comes first. Having someone support me made me feel less alone. Now I know I can ask questions, make decisions, and speak up for my baby."

- Alinafe, m2m Client, Malawi

## FEATURE: BUILDING SMARTER, STRONGER FRONTLINES

### A CONVERSATION WITH IAN MAFUTA, SMART LEARNING SOLUTION (SLS) MANAGER

As health systems across Africa face increasing pressure to deliver more services with fewer resources, mothers2mothers (m2m) continues to invest in tools that strengthen the people at the heart of care delivery. In this Q&A, Ian Mafuta reflects on how m2m's SLS and the CHARM app are reshaping how frontline health workers learn, work, and deliver quality care at scale.

#### **To start us off, can you briefly explain what m2m's Smart Learning Solution is, and how CHARM fits into this ecosystem?**

*m2m's SLS is a personalised, adaptive digital learning platform designed to train and professionalise the frontline health workforce. It has evolved beyond basic onboarding to support both foundational health curricula and advanced clinical skills training.*

*In Nigeria, SLS was used to deploy the Pathways to Thrive reproductive, maternal, newborn, and child health (RMNCH) modules at scale, while in Lesotho it supported clinical readiness for pre-exposure prophylaxis (PrEP). Learners can train independently, at their own pace, with built-in assessments and immediate feedback. This reduces reliance on in-person facilitation and enables continuous learning, even in resource-constrained settings.*

*CHARM, which stands for Community Health Access and Resource Management, completes this ecosystem. While SLS builds knowledge and competence, CHARM is the digital workspace where those skills are applied. It replaces paper-based tools with a single, integrated app for data collection, risk profiling, and case management, helping ensure that training translates into consistent, high-quality service delivery.*

#### **How does CHARM support quality, consistency, and decision-making at the point of care?**

*Quality and consistency are built into the SLS-CHARM ecosystem by design. In South Africa, for example, the tools supported targeted in-service training aligned with updated national guidelines on Vertical Transmission Prevention and cervical cancer, ensuring community health workers across facilities were delivering care that was current and policy-aligned.*

*At the point of care, CHARM supports decision-making through AI-enabled risk profiling. Based on these profiles, CHWs can prioritise clients based on HIV status, TB risk, or non-communicable disease indicators, helping ensure that those with the greatest need are seen first.*

*In Lesotho, the combined SLS-CHARM ecosystem supported the rollout of PrEP by training 23 CHWs and six support staff. Even in advanced clinical settings, digital tools help standardise practice and reduce risk.*



## FEATURE: BUILDING SMARTER, STRONGER FRONTLINES A CONVERSATION WITH IAN MAFUTA, SMART LEARNING SOLUTION (SLS) MANAGER

### What problem were SLS and CHARM designed to solve, and how has this changed the way Mentor Mothers and community health workers learn and work?


Both tools were designed in response to persistent frontline challenges: limited workforce capacity, fragmented data systems, and training models that struggled to reach specific populations or address complex clinical needs.

SLS has transformed how teams learn. Instead of one-size-fits-all classroom training, learning is now targeted, adaptive, and responsive to programme needs. In Uganda, curricula were tailored for Male Mentors working with adolescent boys and young men, addressing a long-standing service gap. In Lesotho, SLS enabled advanced clinical training for nurses and community health workers, moving beyond basic health education to clinical readiness.

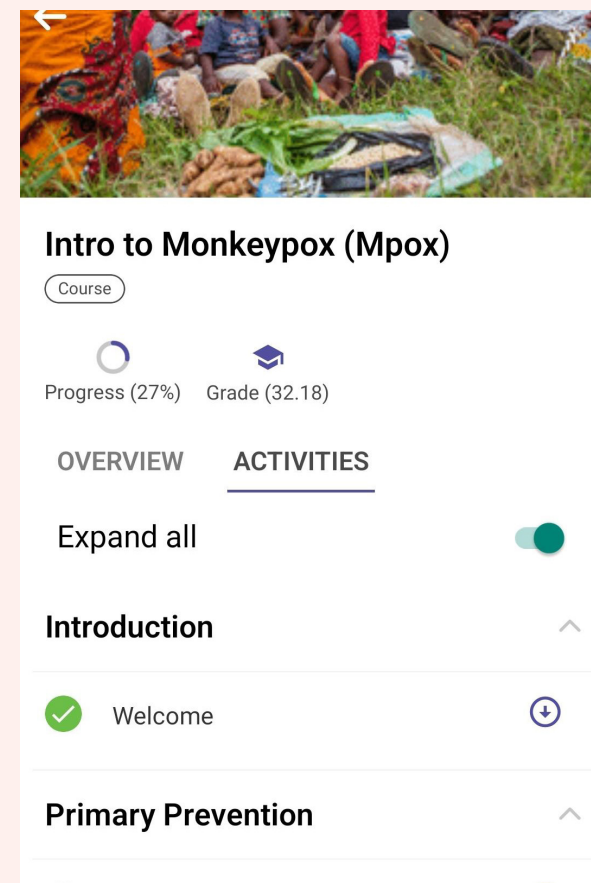
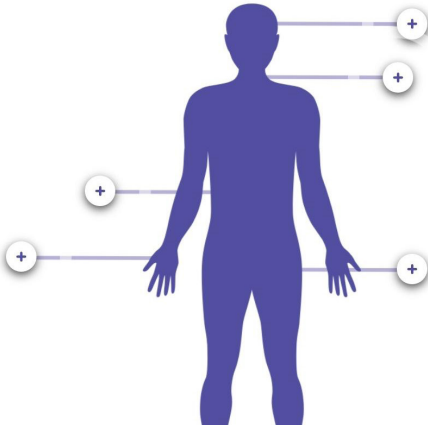
CHARM has changed how teams work. It professionalises daily workflows by automating data quality checks, supporting differentiated client pathways, and enabling real-time supervision. Together, the tools help ensure that new skills translate into measurable client outcomes, whether in high-volume clinics or community-based settings.

A clear example of this agility was m2m's Mpox response. When the outbreak emerged, the team rapidly developed a six-lesson Mpox curriculum and deployed it through SLS to more than 350 staff across five countries. At the time, Mpox functionality was not yet part of CHARM; however, insights from this rapid training rollout informed subsequent system enhancements. Mpox has since been incorporated into the current version of CHARM in use, strengthening frontline teams' ability to manage emerging health risks within a fully integrated digital workflow.

Lesson 1: What is mpox?

 *Interactive: Select the plus signs (+) to learn more about the signs of an mpox infection in the body.*

### SYMPTOMS OF MPOX



## FEATURE: BUILDING SMARTER, STRONGER FRONTLINES

### A CONVERSATION WITH IAN MAFUTA, SMART LEARNING SOLUTION (SLS) MANAGER

**Your learning**

Current learning (8)

- m2m Primary Health Care Certification**  
Program  
0%
- Comic Relief South Africa IST**  
Course  
0%
- Intro to Monkeypox (Mpox)**  
Course  
27%

#### How does CHARM support quality, consistency, and decision-making at the point of care?

Quality and consistency are built into the SLS-CHARM ecosystem by design. In South Africa, for example, the tools supported targeted in-service training aligned with updated national guidelines on Vertical Transmission Prevention and cervical cancer, ensuring community health workers across facilities were delivering care that was current and policy-aligned.

At the point of care, CHARM supports decision-making through AI-enabled risk profiling. Based on these profiles, CHWs can prioritise clients based on HIV status, TB risk, or non-communicable disease indicators, helping ensure that those with the greatest need are seen first.

In Lesotho, the combined SLS-CHARM ecosystem supported the rollout of PrEP by training 23 CHWs and six support staff. Even in advanced clinical settings, digital tools help standardise practice and reduce risk.

#### Looking ahead to 2026, how do you see SLS and CHARM evolving?

Looking ahead, the focus is on scalability, deeper integration, and expanded clinical capability. The successful pilot of advanced clinical training, such as PrEP in Lesotho, signals a shift towards using SLS for increasingly complex medical skills across cadres of health workers.

What is most exciting is the potential to link training data directly to client outcomes. m2m is uniquely positioned to assess whether better-trained CHWs lead to improved retention, adherence, and health outcomes among specific client groups. Combined with the ability to train large cohorts at a fraction of traditional costs, SLS and CHARM offer a sustainable, high-impact model for strengthening community-led health systems and advancing Universal Health Coverage across the continent.



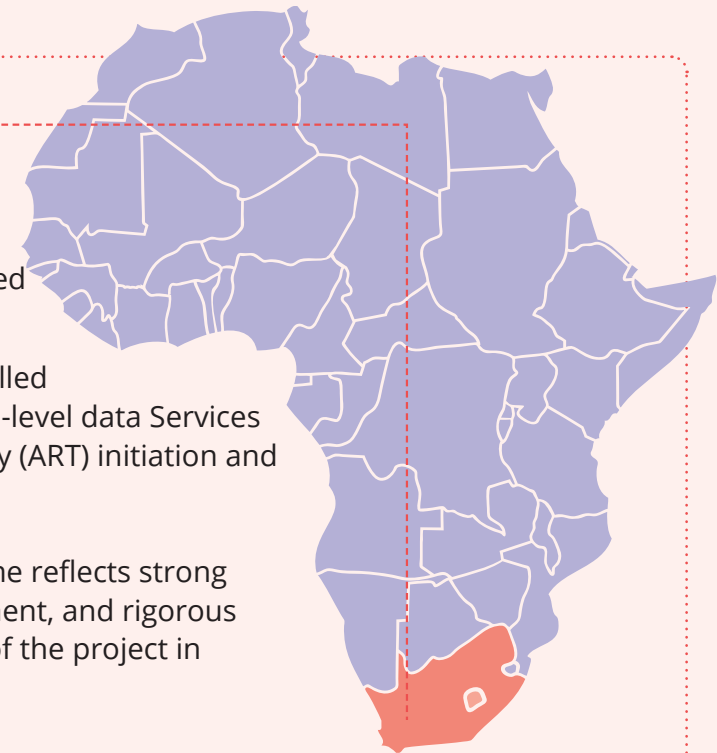
## DETAILED HIGHLIGHTS THIS QUARTER

### SOUTH AFRICA ←

In Mpumalanga province, m2m continued to deliver essential, life-saving services to priority populations identified under the PEPFAR limited waiver as a sub-partner in the Pact-led ACHIEVE project. These included children and adolescents living with HIV (CLHIV) aged 0–17 years; young people aged 18–20 years still attending school (C/ALHIV); pregnant and breastfeeding women enrolled from existing households; and HIV-exposed infants identified within these households.

Building on established programme foundations, beneficiaries were identified using previously enrolled C/ALHIV as a baseline, enabling efficient targeting using facility-based clinical records and household-level data. Services focused on life-saving interventions, including vertical transmission prevention, antiretroviral therapy (ART) initiation and re-initiation, disclosure support, ART adherence, and TB screening.

The project has to date reached 9,434 beneficiaries, achieving 97% of its planned target. This outcome reflects strong collaboration with the Mpumalanga Provincial Department of Health, disciplined caseload management, and rigorous monitoring—ensuring that services are delivered with focus and impact through the planned close of the project in March 2026.



## DETAILED HIGHLIGHTS THIS QUARTER

### PROJECT SPOTLIGHT

Pre-exposure prophylaxis (PrEP) could be a game-changer in the fight to end the HIV/AIDS pandemic. If high-risk groups, such as pregnant and breastfeeding women (PBFW), adolescent girls and young women (AGYW), and their partners, use PrEP, we could see a dramatic drop in new infections. But, as with so many new medications, challenges such as misinformation and lack of awareness can block progress. Sustained uptake relies on advice and services from trusted peers—like m2m Mentor Mothers.

### ZAMBIA ←

m2m Zambia unlocked an increased demand for and uptake of pre-exposure prophylaxis (PrEP) among pregnant and breastfeeding women through integrated facility- and community-based education, referral, and follow-up. This quarter, a total of 4,419 women were initiated on PrEP, representing 168% of the quarterly target of 2,631. Both Central and Copperbelt provinces exceeded targets, achieving 147% and 181% respectively.

Performance was driven by Mentor Mother-led antenatal and postnatal care education sessions, escorted referrals, and structured community outreach. Implementation approaches included differentiated community and facility-based initiation models, as well as peer-led counselling to address stigma and misconceptions related to PrEP use. Collaboration with maternal and child health staff strengthened client linkage, documentation, and routine data use.

Key challenges included stigma, limited male partner engagement, and intermittent register availability. These were addressed through targeted sensitisation, engagement with facility teams, and strengthened counselling support. Going forward, priorities include intensified community sensitisation, expanded male engagement strategies, strengthened post-test counselling, and continued weekly data reviews and mentorship to sustain gains.

### LESOTHO ←

This quarter in Lesotho, m2m sought to bring the transformative power of PrEP to the communities we serve and to embed progress at a system level. We recruited, trained, and deployed 10 m2m Nurses across five districts, and together with our Mentor Mothers, these colleagues are placing particular emphasis on embedding PrEP into routine service delivery. In parallel, m2m worked closely with the Ministry of Health to strengthen provider capacity, supporting the training of more than 90 healthcare workers across 13 facilities in the Maseru and Bera districts. Together, these investments improved service readiness, provider confidence, and continuity of care, contributing to stronger PrEP initiation and retention.

By integrating PrEP delivery within strengthened health facility teams and systems, m2m is supporting a more sustainable HIV prevention response aligned with national priorities and global targets to reduce new infections. By the next quarter, an estimated 2,634 clients are expected to be enrolled on PrEP, reflecting steady progress as system capacity and service coverage continue to expand.



## DETAILED HIGHLIGHTS THIS QUARTER



### **POLICY & ADVOCACY UPDATE:**

#### **ELEVATING COMMUNITY HEALTH WORKERS AT THE G20 SOCIAL SUMMIT**

In November, mothers2mothers (m2m) elevated the voices of frontline health workers on a global stage when Babalwa Mbono, Programme Advisory Officer, addressed the G20 Social Summit in Johannesburg. Speaking as both a policy practitioner and a community health worker, Babalwa brought lived experience and frontline evidence into high-level discussions on advancing equitable health systems.

She joined a high-level plenary panel exploring the question: How can civil society organisations continue to elevate women's, children's, and adolescent health in G20 and global platforms? The session was co-hosted by the Global Leaders Network for Women's, Children's, and PMNCH (Partnership for Maternal, Newborn and Child Health), alongside Youth 20 and Civil 20, and featured global leaders, civil society actors, and youth representatives as part of the Summit's main programme.

Drawing on m2m's Mentor Mother programme, Babalwa highlighted the transformative impact of professionalised community health workers—women drawn from the communities they serve—in strengthening trust, continuity of care, and health outcomes. She shared evidence demonstrating a 0% rate of mother-to-child transmission of HIV among m2m-enrolled clients, underscoring the effectiveness of peer-led, community-rooted models in reaching households and informal spaces often beyond the reach of formal health systems.

Her contribution reinforced m2m's ongoing advocacy agenda, positioning community health workers and women-led solutions as essential to achieving equitable health outcomes in Africa and globally. Babalwa called on G20 leaders to move beyond commitments and invest meaningfully in the professionalisation, financing, and protection of CHWs through accredited training, fair remuneration, safe working conditions, and genuine inclusion in policy and decision-making processes. Her message was clear: if the G20 is serious about Universal Health Coverage and resilient health systems, it must start by investing in the women and community health workers who deliver care every day.



## 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 **12,860 jobs** for African women living with HIV.



Reached **over 17,262,232 people** with life-changing health services.



Helped to keep over **3,180,834** 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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