



LGT Impact Fellowship

Testimonial



Interview with Diana Quintero, Community Health Fellow at mothers2mothers (m2m) in Lilongwe, Malawi. Prior to joining the LGT Impact Fellowship 2019 cohort, Diana has been running her own social enterprise in the healthcare sector in Colombia as Co-Founder and CEO for 8 years.

What motivated you to participate in the Fellowship program?

“There were basically two main motivators: Firstly, after running my own regional social enterprise, I wanted to extend my knowledge, learn new skills, gain a new perspective and particularly learn more about how a large NGO with operations across several countries is managed, and understand the challenges the health sector in Africa is facing. Secondly, it has been my dream since I am a child to discover the African continent.”

What was the most important skill/expertise you could bring to your organization?

“Overall, I was able to bring in the big picture, make a plan and organize resources. In day to day operations I was able to see things from an outside perspective and I never lost track of the vision to bring various people from different areas together. This ability was especially helpful in the innovation process when generating new ideas. My planning and organizing skills as well as my strength to persuade and engage people helped me in advancing my tasks and projects.”

Which skills have you acquired during your Fellowship?

“My greatest take-away from this Fellowship is knowledge. I gained incredible insights into the international operations of a large NGO and how to create impact and organize resources at a high level. Moreover, it was my first experience working with the public sector, which was a unique learning experience with regards to the politics involved and how public-private-partnerships are put into practice. Finally, the cultural experience of working in a different country was very enriching. I have learnt to be flexible and patient, to adapt, how culture affects collaboration with different people or how to sell ideas in a different cultural context.”

Can you give an example of a particular culture lesson?

“The time concept is so different. In Colombia the perception of time is certainly not the same than in Germany, but still people stick to general timelines and project deliverables. While in Malawi a lot more flexibility is required because things are constantly changing and continuous adaptation to new circumstances is required. The lesson learnt was definitely to generally always foresee more time and always keep several options open in case of last-minute changes.”

What was your main contribution to your organization?

“I have worked on several key projects: 1) I contributed to the implementation of the National Community Health Strategy, that the government of Malawi had determined in 2017. LGT VP provided funding for m2m to support the government in implementing this strategy and I was driving various related activities. 2) I elaborated an Operations Manual, where I sat down with each department to set up policies and compare them to international standards. 3) The KPI dashboard was a major achievement, providing a graphic and strategic perspective of our operations. 4) I worked closely with the HR department to develop various programs for the health and wellbeing of m2m’s employees.”

How has the Fellowship changed your way of seeing things?

“It was a life changing experience and the insights gained are invaluable. I am grateful for being able to start my Master in Development with two significant experiences – running my own social enterprise for 8 years and the Fellowship experience in Malawi. The Fellowship really shaped my perspective on how social innovation can really create an impact on a bigger scale.”

Whom would you recommend the program to?

“The program is suitable for anybody who is ready to challenge him- or herself, to challenge his/her perspective, to create impact from different angles. It is for people who want to change paradigms, to lead better and to change the world. Participants need to have the ambition to create capability at their host organization and ensure the sustainability of those new capabilities gained by the organization. The Fellowship is for people who are ready to learn, are open to new things and are determined to improve lives.”

What was the most memorable moment of your Fellowship?

“During the second week of my Fellowship I went on a field trip to one of m2m’s health facilities. I was sitting with a few mentor mothers and communicating with them was very tough for me. I was offered a home-made Mandazi (African donuts) by one of the women and I was very touched. This moment had symbolic value for me, as it was like a welcome to the Fellowship year and it reminded me to look out for those kind of experiences throughout the year and also to look for solutions in the field when interacting with people on the ground.”

How would you describe your Fellowship experience in 3 words?

Passion, flexibility, dare to rethink



Problem

In parts of Africa, up to 75% of babies born to HIV+ mothers stand to lose their mothers to AIDS-related illnesses. Lack of knowledge about HIV/AIDS and fear of stigma prevent mothers living with HIV/AIDS from searching the right kind of support to prevent transmission and learning to live with HIV/AIDS.

Solution

- m2m hires HIV+ mothers to educate and support new HIV+ mothers to learn how to live with HIV/AIDS
- Education and empowerment tools prevent mother-to-child transmission (PMTCT) of HIV/AIDS during and after pregnancy, combat stigma within families and communities, support a mother’s adherence to medical treatment, and reduce the likelihood of AIDS orphans
- m2m’s enhanced program model (EPM) provides reproductive, maternal, newborn, child health (RMNCH) to HIV+ and HIV- women and their families to improve overall health
- Since 2012, m2m has decreased the number of sites it is directly working at and has focused more on capacity building for governments to include the mentor mother model into their health facilities m2m’s “exit strategy“ is for local host governments to take over the treatment of mothers

Impact

Impact m2m	2014	2015	2016	2017	2018	2019
# of new HIV+ women clients enrolled (in '000s)	97	140	74	68	186	No longer used; patients reached: 901
# of sites (supported by m2m)	350	321	309	267	317	317
# of active countries	6	6	7	8	8	9