



“Funding needs to align with the aspirations of the communities or the people that we are serving.”

A Conversation with Julius Mbeya of [Lwala Community Alliance](#)

Sanne Breimer
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Sanne Breimer: Please introduce yourself, tell me about your work, and let me know when your venture was founded

Julius Mbeya: My name is Julius Mbeya. I'm Co-CEO at Lwala Community Alliance, a Kenyan organization founded in 2007 by a community in western Kenya that wanted to address health inequities. The community came together with our founders, Fred and Milton Ochieng', and built the area's first clinic to improve access to healthcare. From these early beginnings, the clinic grew into Lwala Community Hospital, which serves more than 80,000 patients a year. It also sparked a movement for community-led change on a much larger scale, and from it grew our community-led health model, which has three pillars.

We start by organizing communities to address gaps in healthcare and hold government accountable. We then train and equip these communities to engage effectively with the health system and ensure services reach the people who need them the most.

The second pillar is the professionalization of community health workers—meaning they are paid, trained, supervised, and equipped to reach every household with care. These workers use digital tools developed in partnership with the government of Kenya through an application called the Electronic Community Health Information System, which helps with decision-making and the collection of longitudinal data on households. We also work with government to make sure there is a role for traditional birth attendants in the health workforce.

The third pillar is our work with health facilities, specifically training health workers in critical areas like newborn resuscitation and managing obstetric hemorrhage. These

trainings are essential for reducing maternal and child mortality, especially since most under-five mortalities happen in the first year of life.

Sanne Breimer: What does your funding system look like at the moment? Who provides your support, and how has that evolved from the beginning? When you first started the venture, where did the funding come from?

Julius Mbeya: In Lwala's early days, much of our support took the form of individual giving, where our founders—then college students—reached out to fellow students and people close to them to support their initiative back home. We continue to cultivate and sustain a small cohort of individual funders, who remain an important source of unrestricted resources used to operate the hospital and expand the services we provide.

Since our founding, we have also been supported by private philanthropy, including partners like Rippleworks, primarily in the form of unrestricted resources. I'll speak more about the importance of unrestricted funding for an initiative like ours in a moment. Along with that, we also have project-restricted technical grants, which finance specific aspects of our work.

Additionally, much of our work relies on government investment. While this support doesn't go directly to Lwala, it helps fund essential elements that enable our work to continue. For example, the Ministry of Health largely provides the funding for the running of health facilities, including supply chains, commodities, staffing, and infrastructure. On the community health front, the Ministry has digitized community health workers by providing them with phones, supporting their supervision, and paying community health worker stipends. These contributions are strengthening and advancing our work.

I want to emphasize the importance of unrestricted funding, which has been crucial, especially in times like these—when we are facing the largest disruption to global health due to changes at USAID. These changes have far-reaching implications for organizations in the sector. While Lwala did not receive direct support from USAID, the unrestricted resources we have enabled us to respond to challenges and meet the immediate needs of the health system.

Unrestricted funding is also vital for developing systems that enable organizations to deliver results. When funding is only for project delivery, we often overlook the infrastructure and machinery needed to achieve those outcomes. Unrestricted resources help us grow the organization, build human resources, and create systems to deliver impact.

More importantly, unrestricted funding is crucial for innovation and iteration. It allows us to test and refine our models before scaling them. Lwala has been fortunate to have unrestricted resources that enabled us to iterate on our model and scale it effectively.

Sanne Breimer: How can funders help you become resilient, besides the unrestricted funding you already mentioned? Are there any other important factors?

Julius Mbeya: Yes. I think resilient funding is aligned with the goals and aspirations of the communities that we serve—it's about supporting the organization's focus, not just the funder's agenda. It's about understanding the mission—why it exists, and what it aims to achieve.

When you align funding with the mission, it means that we are thinking long-term and looking for opportunities that allow us, as implementers, to plan for the future alongside our communities. Our communities do not think in terms of one- or two-year funding cycles. They think in terms of generations. For example, if we are providing care at Lwala Community Hospital, the aspiration of our immediate community and users is that their children and future generations will be able to access care in the same hospital. That doesn't often align with the funding priorities, and while we are aware that sometimes making long-term commitments can be difficult, it's important to appreciate the fact that funding needs to align with the aspirations of the communities or the people that we are serving.

Hand-in-hand with that, unrestricted multi-year funding is also worth mentioning. The problems that we are trying to address are not quick fixes. Resilient funding enhances the ability of an organization to operate and seek lasting solutions to big challenges.

Sanne Breimer: What you're saying now about the resilience of the organization, what would be the key factors for an organization to invest in to make it resilient for the future?

Julius Mbeya: Organizations are about people. Attracting and retaining good talent is not easy, especially in a sector like ours where funding is unpredictable, and people are hired on short-term contracts. This often creates anxiety for staff as they are unsure whether their contracts will be renewed. Despite our efforts to reassure staff of a commitment beyond their current contracts, the uncertainty can still understandably create anxiety.

That being said, I believe the most important factor is resilience, which stems from an organization's ability to attract and retain talent. As a result, we have been able to identify and engage new talent, which has been instrumental in bringing our funding

opportunities to life. These individuals are the core team that helps drive the organization forward.

At Lwala, our unrestricted, multi-year funding has played a big role in staff retention. While turnover still occurs, having multi-year commitments in place allows us to retain key staff who can help elevate the organization. Investing in people and the organization's ability to hold on to them is crucial for our continued growth.

Sanne Breimer: Can you share an example that illustrates the impact of your work? What is it about that approach that led to that impact?

Julius Mbeya: Currently, Lwala is supporting 8,200 community health workers and reaching a population of about 2.8 million. Of all the households in our communities, 83% are visited each month by a community health worker. This is foundational because, when community health workers proactively visit households, they provide essential opportunities to deliver quality care, assess children, and address other critical needs.

We also have research and evidence that show our work is having impact, as demonstrated in a study that we recently conducted and published. We know that in areas where Lwala has worked for over a year, children are three times more likely to receive care when they are sick. This is crucial, as most of the deaths are preventable. The proactive care provided by community health workers ensures that children in these areas receive timely care when they are sick.

Additionally, our studies show that children in these communities are 15% more likely to be fully immunized. Full immunization means children receive all scheduled mandatory vaccinations before the age of two. Households in these areas are also three times more likely to be visited by community health workers. Additionally, women in these communities are 2.6 times more likely to use contraception, and 97% of women deliver with a skilled provider, meaning home deliveries are nearly eliminated. Lastly, these communities show a 14% increase in women attending four or more antenatal care visits before delivery.

These are just some of the highlights of the results we are seeing. The findings are published in peer-reviewed journals, including BMJ, Frontiers in Public Health, PLOS One, and Pan-African Medical. This evidence is derived not only from programmatic data but also from research sources.

Sanne Breimer: Is it also important for you to publish in these medical journals for future funding?

Julius Mbeya: Evidence plays a very important part in funding. What we need to understand as a sector is that the rigor of evidence is required because, as we communicate impact, it reaches a constituency that understands the work in the sector more broadly.

You start with internal programmatic data that is self-generated. But there comes a point where that data needs to be externally validated, and you need independent sources to verify the impact. The programmatic data also needs to be checked against other population-wide data. For example, Lwala runs a household survey, designed alongside demographic health surveys. We ask these questions at a population level so we can compare what's coming from our programmatic data with changes in the wider population. There is a fairly good correlation as we go along.

That rigor of evidence is also crucial for technical funders because they want to see independent verification of the impact you're communicating. This is where studies, like the ones I mentioned, become important. We partner with leading research institutions to evaluate our impact.

Sanne Breimer: Thinking about the support you've received from RippleWorks, but also more generally, what is something that surprised you and turned out to help scale the business?

Julius Mbeya: Not surprising, but I think being able to meet or engage with funders who have a scale mindset has been helpful. Some funders are okay with small, place-based grants, and we've certainly enjoyed the support of those funders over the years. But other funders are focused on ensuring that success realized at a micro-pilot level can be scaled.

Of course, the definition of scale varies. Some place a lot of emphasis on geographies or working in multiple countries. For me, I think the most important definition is the number of people reached—how far can the solution go, or how many more people can benefit from the solution at the lowest cost possible?

That's important because, assuming you're working in Nigeria, with a national population of about 230 million people, being in one state is almost like being in an entire country. I tend to focus more on defining scale by the number of people reached rather than the number of countries an organization works in.

Engaging with funders who have the mindset of how to move the solution from serving a few to serving many has been important. To do that, you need to refine your model into something that can be taken over by your scaling partner. In our case, we look at the

government as the payer to scale. This means the solutions we are providing for the health system will eventually be taken over and delivered by the government.

It's helpful to ask ourselves: What can the government do? How can the government deliver this solution for the 50 million people in Kenya? This process has helped us articulate, refine, and scale our model to additional geographies, and support the government nationally.

Of course, engaging with scale funders also means they hold you accountable to impact, which has been helpful in the growth of the organization. Support beyond funding is also important, particularly in building organizational capacity and developing the systems needed to deliver a solution at scale.

Sanne Breimer: What role would you say trust plays in your relationship with funders? How can a funder cultivate trust?

Julius Mbeya: Trust is currency, and when we talk about trust-based philanthropy, it means a funder believes in the mission and knows that the organization has the systems and solutions that can deliver at scale.

Having funders who come alongside you to ensure that your mission is front and center, rather than just a project they want delivered, is crucial. I would say that for Lwala, this approach has been very helpful because it has guided how we relate to our funders. However, trust doesn't mean a lack of accountability. Even in a trusting relationship, you trust but verify. This means we remain accountable for delivering milestones within certain timelines, maintaining financial prudence, and providing accurate reporting. As much as we push for trust, it's also important that we deliver and remain accountable in ways that inspire that trust.

Sanne Breimer: The support you received from RippleWorks includes funding, unrestricted talent grants, and capacity-building support like leader studio and expert office hours. Regarding the unrestricted grants, are there any requirements or touchpoints with funders that continue to be helpful to you?

Julius Mbeya: We were funded in 2023. Now, even with unrestricted funding, it is important because you build trust through relationships. That's why, even with unrestricted funding, having touchpoints with funders at different stages is crucial. Some of this could involve reporting on milestones or simply providing updates on how the work is progressing.

The touchpoints with funders are not just for reporting. We also view the relationship as an opportunity for the funder to act as an advocate for the organization. By sharing our

work, funders can advocate on our behalf, especially in spaces where we might not be involved. It's important that, even with unrestricted funding, these touchpoints still exist. They are mutually beneficial, and from the implementer's side, it's an opportunity to communicate the value of the funding and how it is moving our mission forward.

Sanne Breimer: If you say it's an opportunity for the funder to also be an advocate for the organization, in what sense?

Julius Mbeya: There are funder collaboratives, and funders also meet other funders. They can talk about our work with authority, from a place where they truly understand it. Through these interactions, they can introduce us to other funders. That's the advocacy. Not everyone is signed up for unrestricted, trust-based philanthropy, but by demonstrating that we can deliver results—often better results—with unrestricted funding, it also allows funders to make a case for trust-based philanthropy and unrestricted multi-year grants.

Sanne Breimer: Has the capacity supports and grants also helped your leadership? If so, in what sense?

Julius Mbeya: We took on a project focused on restructuring our organization. As the organization was growing and scaling its work, we needed to create a structure aligned with our growth. We went through a process of rethinking the organizational structure and reorganizing both the organization and the roles. Through that support, we were able to develop a new organizational structure and identify roles that needed to be filled.

That structure is serving us well right now, if I may say so. It was an opportunity to invest in the organization itself and made us more resilient. This was one of those investments that helped us think about a fit-for-purpose structure and how we want the work to be supported in the future.

Sanne Breimer: Was this the capacity-building support, or was there some grant involved as well for this part?

Julius Mbeya: Yes, it's a combination of both. We have also separately enrolled our staff in the Leaders Studio. That's an opportunity for our middle-level management to receive capacity-building and the skills they need to grow in their roles and fill some of the positions.

Sanne Breimer: Could you tell me a little bit more about the Leader's Studio and how it's working for your people?

Julius Mbeya: That would be more for HR, but I know that we have enlisted our managers in the Leaders Studio. Those who have taken the course have been

appreciative of it, especially in entry-level management roles. It helps them identify and understand their roles as managers. This has been useful in building the managerial capacity and skills needed for our organization.

Sanne Breimer: How many people are there actually in your organization?

Julius Mbeya: About 192 people.

Sanne Breimer: Regarding capacity-building, how does Rippleworks' process of deciding what capacity-building support to provide differ from what you've experienced? How did this impact your work?

Julius Mbeya: I think the most important thing is that Rippleworks does not decide what capacity support you need. It's up to the organization to define what support they require. That was the case for us, where we looked at the different needs we had and then communicated those needs to Rippleworks. That's very different from other capacity-building efforts that come from other funders who have a preset package of offerings being delivered by the funder or their agents. In our case, I remember us identifying the need, and agreeing on it, and then Rippleworks went out to find a resource that could help us meet that need. We were paired with a consultant, and we also had a say in deciding whether they met our criteria or would be useful to us. The choice of who to work with was an important part of the process.

We selected the consultant, and then having Rippleworks continue to engage with us was important. You can connect a partner with a resource and then step back, but Rippleworks' ongoing engagement to see how the support was progressing was crucial. Having understood our needs through our application, they were able to represent that well to the resource they identified.

Sanne Breimer: Did Rippleworks provide you with a couple of options that you could choose from? Was the eventual option connected to your local contacts as well?

Julius Mbeya: When you identify the need and agree on the project, Rippleworks goes out to look for consultants. They'll share the profiles of those consultants with you until you settle on someone who you think will meet your needs. In our case, the primary consideration was that, because the nonprofit human resources space is very different from the corporate world, we needed someone who had gone through a similar process from a nonprofit perspective. The consultant we chose had experience working in nonprofits and had gone through a restructuring process in a nonprofit setting, so that was a key factor in our decision.

Sanne Breimer: What would you say are the gaps in this model of capacity-building assistance?

Julius Mbeya: I don't think I have a clear idea of any gaps, but anything can be improved upon. I would say the timelines could be adjusted. The length of engagement should be tailored to the partner's specific needs. Does it require a month? Three weeks? Six months? The timing or length of the capacity support should match the problem's timeline. Right now, it seems like projects are given a set period, and I'm not sure whether that's based on specific needs or just a standard duration.

Sanne Breimer: What did you think about that combination and also the sequence of support, which I think is also connected to the timeline of support that you're mentioning?

Julius Mbeya: It's necessary to fund any changes you are supporting within the organization. For example, it's pointless to say, hey, you need to build an M&E system, and provide no funding or support to build that system, or to say, you need to build your HR unit, but not provide the support to build it. I think coupling capacity support with the necessary resources is very important. It's the only way to ensure that gaps and problems are properly addressed.

Sanne Breimer: What advice would you give to funders who want to help social ventures be successful?

Julius Mbeya: I think I go back to an earlier point: fund unrestricted, multi-year grants. It allows the organization and its solutions to grow, adapt, test, and test again as you go along. This is so important. It helps ensure that we are looking at long-term solutions. Unrestricted funding enables the organization and its solutions to make mistakes, which is okay because we learn from mistakes. We don't learn when we're afraid to make them.

This is also where trust comes in. You're giving me the room to understand the problem and deal with it differently, continuously seeking a solution. It's about supporting the mission rather than individual projects. This way, you're coming alongside the innovator, believing in the solution they're providing, rather than imposing your solution, which may not be relevant to the implementer or the partner.

Sanne Breimer: What would be the top three things that you need to unlock your ability to scale and sustain?

Julius Mbeya: In no particular order, the first thing I would mention is the commitment of scale partners. If you're going to scale through markets or government, or whatever

the case may be, in our case, scaling is through the government. There are certain things the government needs to put in place for us to succeed in scaling, such as the payment of community health workers' stipends and the provision of technology and equipment for community health workers to use. We've seen that when these commitments from the government come through, we become more agile and can scale more quickly because those foundational investments have been made.

As we look to scale our work across Kenya, we need to ensure that the commitments the government has made come through, so we can build on those foundational investments. Of course, you also need resourcing, and once again, I would say long-term, multi-year unrestricted funding that enables us to respond more nimbly to opportunities as they arise.

I'll give you an example: In 2023, moving into 2024, the Kenyan government made huge commitments to community health, including digitization, equipping, and payment of community health workers' stipends. Those commitments enabled us to move fast. The numbers we're talking about now—2.8 million people reached, and 8,200 community health workers—would not have been possible without those commitments coming through, along with the funding that allows us to be more nimble and responsive to those opportunities.

Finally, the right people with the right capacities are essential for us to move this forward and support the government effectively. So, my top three are: government commitment, financial resources, and people.

Sanne Breimer: Thank you so much for your time. I think you're doing fantastic work—very inspiring.

Julius Mbeya: Thank you so much. I appreciate the time together.

Sanne Breimer (she/her) is a freelance journalism trainer, project manager and adviser for international media organizations including SembraMedia, Thomson Reuters Foundation (TRF), European Journalism Centre, Thibi, and the Asia-Pacific Broadcasting Union (ABU). She founded Inclusive Journalism, aiming to educate (primarily) Western journalists about media representation and decolonisation through a weekly newsletter, online courses and retreats. Sanne works remotely and divides her time between Europe and South East Asia. Before moving into training, Sanne worked at a managerial level in national public broadcasting in the Netherlands for almost 13 years, focusing on radio, digital media and innovation. She is Dutch with Frisian roots.

** This interview has been edited and condensed.*