"It's the trust we have in our partners that allows us to build and deliver on the kind of trust and commitment we make with the government."

A Conversation with Lonnie Hackett of [Healthy Learners](#)

Sanne Breimer
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Sanne Breimer: Tell me about your work and also when your venture was founded.

Lonnie Hackett: My name is Lonnie Hackett. I am CEO and co-founder of Healthy Learners. We are a nonprofit organization working to improve the health of school children in Zambia. We formally started in 2014. Our journey began because there was an age group falling through the cracks of the healthcare system. Nearly every child health program focuses on the earliest years, zero to five, because that's such a critical time for survival and development, but the problem is that investment in these programs largely stops after the age of five. School-age children continue to require access to healthcare during a critical time in their life for their learning, and continued development for their future.

My co-founder, Ignicious Bulongo with the Ministry of Health was in charge of a health facility, and I saw that a large part of this issue is just that when you're under the age of five, in many ways you're seen as the responsibility of the Ministry of Health. Once you turn six, you're then seen primarily as the responsibility of the Ministry of Education. But that bureaucratic division certainly doesn't reflect the ongoing needs of children who continue to require readily available access to targeted healthcare services.

Ignicious and I had a simple idea. If kids aren't getting to the health facility, then can we bring care to where they already are, and make schools an entry point to the healthcare system. In Zambia nearly 90% of children are enrolled in school. Across Africa, one of the largest achievements of the millennium development goals, and sustainable development goals, is getting kids into school. We're at a point right now where most children have access to schools, but too many still do not have access to healthcare that's required for them to stay in school and to learn. We began building what is now our model of school health, working to break down the silos and connect schools with a healthcare system.

We take a fairly comprehensive approach to our work, but at the core is training teachers and equipping them with digital diagnostic tools to be able to identify kids who are unwell, run them through assessments, and if it's something basic they can treat at school, anything from simple malaria to simple uncomplicated diarrhea cases. If it's more complicated, they can refer them to a nearby health facility. Working with the Ministry of Health, we can strengthen those links between schools and clinics and building what we call fast-track referral systems. When kids are referred, they don't have to wait in long lines to access care. They're able to be provided preferential treatment through a particular track at that facility.

We also establish clinics in the schools, what we call health rooms, where kids know they can go when they're unwell. It's particularly beneficial to girls. It's a space they know they can go to access menstrual products and pain management if they're on their menses, and just a safe space to talk to a teacher, about 75% of whom are female, about any of their health needs.

Underpinning a lot of this is strengthening bonds across the entire community. When we go in, we engage traditional leaders, local leaders, and religious leaders to begin shifting social norms around school, children's health, and education to make sure those goals are prioritized. We also engage members of the parent-teacher committee to make sure the program has their active support. We also understand that schools have management structures, so we'll engage the school leadership head and deputy head teachers, not to provide services to children, but to bake this into the day-to-day operations of the school so this program falls under the general management of the Ministry of Education's existing systems and structures.

Then, of course, we don't want to wait for kids to seek out care, so we put in a lot of measures to proactively identify those who may be unwell. We noticed, for example, schools already take attendance. Is there a way beyond just logging that in a book to have follow-ups? If a child is missing class, they can follow up with their parents to find out if they're unwell, and if they are, help facilitate access to care, and if they are well, to encourage them to return to class. We then heard from schools and teachers that it's a lot of work to call all these parents, so they put kids into small 'buddy groups' who let them know when their friend is unwell. If someone is sick, we can ask a buddy to follow up after class as our first line of care. It's something we put into our structure and it's become a core part of our model.

As we've grown, we've found that it's not only a great source of information, it provides peer support for learners who say their buddies helped if they're being bullied, or struggling in school, or if they're a new student, arriving at school and immediately being placed within this buddy group. We saw a lot of positive externalities on the broader school culture and on school leadership as well.

Our model focuses on that entire school community, from the teachers at the center, to the administrators, to the students, to the parents, creating this entire community that is caring for children, reminding them that your health matters, and your education matters, and they're there to help support you to receive that. We also do a lot of health

education and deworming. The Ministry of Health is able to leverage schools for immunization campaigns. We see schools as a very cost-effective platform to deliver preventative and curative services.

All the work we've done from day one has been with the government. Originally, it was Ignicious and his government health facility. After a few years of getting additional data on the impact of the program, the Ministry of Health and Education asked us to work with them to begin building a national school health program. Today, the program's been adopted as policy by both ministries of Health and Education. It's deeply embedded within their structures, with signed agreements to scale up across the country.

We had a big milestone just a few days ago. The president of Malawi visited our program with us and spent the afternoon in the northern province, along with the ministers of Health and Education. It's one of, if not the first, NGO partnered initiatives that demonstrates the government's full support. Everything we do is in partnership with the government, whether that's Ministries of Health or Education. We work with the National Assembly through our school of health caucus. We work with the president's team through the president's delivery unit.

At the end of the day, our goal is to work ourselves out of a job so that in six or seven years from now, there's no Healthy Learners in Zambia, but the program will be sustained [by the government] so future generations can continue to access quality and readily available healthcare.

Sanne Breimer: Can you share an example that illustrates the impact of your work, and how you know it's working? What is it about your approach that led to that success or impact?

Lonnie Hackett: We use two big buckets to monitor the program. Our internal system collects aggregate data every day, every week, every month around the delivery of healthcare services. We can see the number of children accessing care from the national, to the district, to the school, to the individual teacher. How many of those children were accessing care within 24 hours? If they were referred to the clinic, what percent made it to the health facility? How many days did they miss school? Were they back within three days? We can see a number of health education lessons with this system to monitor program implementation across the country.

We also have a second more rigorous approach where we partner with external researchers on controlled evaluations. We published a paper a few years ago with the Harvard School of Public Health in a matched controlled evaluation. We had seven schools in our program, and seven schools that were not part of our program. We found that kids at our program schools were 38% less likely to be sick. We had a 38% reduction in morbidity, and a 48% increase in deworming and vitamin A supplementation. Those rates nearly doubled, and we saw as well as significant improvement in healthcare access, health knowledge, and health norms. This research helped inform an ongoing trial we're now running with the London School of Economics, the University of Zambia, and the University of Virginia. It'll be one of the largest, if not

the largest, trials on school children's health in Sub-Saharan Africa, with 225 schools participating over a few years to look at a variety of health and education outcomes. A lot of our early impact data was focused on urban settings. This trial is focused on quite rural areas as well. We think this will be quite a seminal piece, not just of our program, but of school health more broadly and its importance.

What drives a lot of impact of our program is that at its core it's about schools as effective and efficient delivery platforms with a captive audience of students, anywhere from a few hundred to a few thousand students. Rather than going home to home, we can efficiently access large numbers of children in one location, which allows us to keep our cost very low. For context, it costs us about $10 to $15 per child the first year to get it set up and then it drops to about $1.50 per child after that to stay in the program, because so much of it is embedded within government structures. The economies of scale while working in schools and leveraging those structures makes for a very efficient and low-cost program.

For context, that's around 10% to 15% of the cost of a normal community health worker program and more than a couple percentage points of a normal school feeding program. It is one of the lower-cost interventions you can do to support children's health and well-being. Beyond that, engaging that whole school community is very critical to what we do, understanding that schools in many parts of the country are the heart of the community.

In almost any area, you usually have two institutions, the church and the school. Then if you're lucky, you also have a clinic. Schools aren't just a place to access students, it's a trusted place where you can access parents and community leaders as well. In many communities, teachers might be the only trained professional there. There's many more teachers than health workers in the country. In some places, it's almost by an order of magnitude. They are a very effective cadre that students trust who are with them nearly every day. They're usually able to tell us something's wrong. For teachers, what we heard early on is, "Our kids get sick and that's very stressful for us. We don't know what to do. We'll send them home. We know we should do more, but we're not sure what else we can do." That puts a lot of stress on teachers as well. So it's great for them to now have this additional tool kit of knowing if a child is unwell, I can actually do something about it. Something we hear again and again from our partners is how that's quite empowering, just being able to better care for that whole child in their classroom.

Sanne Breimer: You've also trained teachers in basic health care knowledge. How does it work? Is it a digital system that people log into, or something else?

Lonnie Hackett: If a child isn't feeling great but still went to school, and maybe whispered to a friend how terrible he feels, or maybe his head's on my desk, a buddy would let the teacher know he isn't feeling well today. Or, at the start of the class, the teacher will say, "Does anyone not feel well?" Sometimes the child won't, and that's where the buddy system also helps encourage more kids to get care. Then either the teacher or a buddy will help bring him to the health room, which is our clinic at the school, where there will be a trained health teacher on duty.

They go through two or three weeks of training on the principles of community health, guided by a digital clinical decision support system. The teacher will run through 20 or so questions, depending on the condition. When that's finished, it will say what the suspected diagnosis is. Maybe it's suspected malaria, in which case the teacher will be able to run a rapid diagnostic test onsite, and then, if it's positive, provide treatment. If it's severe, treat and refer. Maybe all I had was stomach pains and I'd get a Panadol and be able to lay on a bed in the health room for a couple of hours until I either feel better, or if not, then my parents or siblings will come get me. If it's something more severe, with a high fever, lethargy, unsteady gait, et cetera, the teacher will provide a first treatment onsite, but then also refer the child to the health facility. In this case, someone either will provide bicycles to the school, bicycle the child to the health facility, or the parent will come and collect that child, depending on the context, to make sure they're able to access care from the clinic.

In every health facility, there are one or two trained school health coordinators. They are the linkage points who can call ahead when referring a child and help with that coordination as well. The child and parents will get a feedback form at the clinic. The teacher will follow up within a couple of days to find out if the child is feeling better, and once they are, to encourage them to return to class.

One of our founding principles is to better leverage the existing systems and skill sets in place. To teach a teacher to be a health worker obviously takes a lot more than three weeks. There's a lot you can learn in three weeks, but there's a lot that you can't. We looked at what teachers are good at. By profession, they're good at interacting with children, asking questions and getting information from kids. That's the skill set they hone for their profession, oftentimes maybe better than a health worker, certainly better than a lay community member. What tools can we provide them to leverage that skill set for additional impact? The application allows them to ask a series of questions, and get accurate information as best they can from that child. Then they can use an algorithm to tell them the suspected diagnosis and what they should do, with age and weight-specific guidelines. Across the board, we look for low-hanging fruit, areas where we can leverage what schools already do, or what teachers already know, to help them and then provide tools to leverage that to do even more.

Sanne Breimer: You've been part of the government health ministry from the very beginning. Does that also mean all of the funding has come from the government and the ministry so far? How has your funding evolved?

Lonnie Hackett: When we started, we were very small. Our first year, our budget was around $80,000, and then grew exponentially from $80,000 to $160,000 to $300,000 and so forth. It was a slow growth in absolute terms in the early years, with a couple of key inflection points.

Sanne Breimer: What was helpful to scale the business, and what type of funding did you have?

Lonnie Hackett: e rapidly scaling with the government. Most of that funding comes froWe feel quite fortunate that a lot of our funding needs today are budgeted to $10 million. We serve roughly a million children across the country and arm private philanthropy. Most of it is also unrestricted, with a lot of impact-driven foundations where our focus on scale and evidence-based impact aligns quite well.

For our government work, our program has two main phases. The setup phase is building the health room at a school, the initial teacher and school administration training, community sensitization, and initial equipment purchases. That's the resource-intensive phase for us, which can range anywhere from maybe $8 a child in a very big urban school setting, to a small rural school in a faraway setting at $15 a child. It varies based on the size of the school and location. Last year, our ongoing cost for the support we subsidized or provided to communities already running the program was $1.46 per child. It's about 10% to 15% of the cost to run it as it was to set it up, because all teachers are on government payroll, managed by administrators on government payroll. The clinics are staffed by health workers on government payroll and medicine at the clinics are from the Ministry of Health.

Our program is built into their systems in a way that leverages more value from them. Healthy Learners covers most of those upfront costs. Everything we do is hand in hand co-implementing with the government. We cover a lot of financial inputs in that upfront phase and then provide quality control and co-implementation. The program is largely sustained by government funding with salaries for teachers, health workers, and administrators. Every district we're in has one or two government employee administrators to oversee program management at the district level. We're working with the government to build out the human resource structure at the provincial and national level as well, and that was a strategic decision of ours.

We asked ourselves, 10 years from now, what would decide if we were successful or not? If we raised philanthropic capital to scale the program, but the government covered the ongoing cost to sustain it, would that be a success? We said, yes. If the reverse, where the government covers some upfront costs but isn't able to sustain it, even if we had impact in the short term, that would be failure for us, or at least not the success we're going for.

We leveraged where we had social or political capital to get the government to cover those ongoing costs because we see philanthropy and aid as being great at a catalytic stage to set things up, but governments are ultimately going to have to be the payer to sustain the program long term. We've seen that ongoing cost for us reduced from $3 to $2 to $1.80, $1.50. Now it's down to $1.46. Our aim is to get that as close to zero as possible. The work we're doing with the National Assembly, the president's team, and the Ministries of Health and Education is to build those costs into the budget long term to phase out the ongoing support that we provide.

Sanne Breimer: How does trust play in funding relationships? How can funders cultivate trust? Maybe in your case, it's also the government because they may not be a direct funder, but they are a funder in a more indirect way.

Lonnie Hackett: Trust in both directions is extraordinarily important in making commitments to our partners, to communities, to the government, and to the children. It's the trust we have in our partners that allows us to build and deliver on the kind of trust and commitment we make with the government.

In terms of our trust to our partners, our core values as an organization are humble, hungry, and smart. Humility is also important. Our general approach has always been to underpromise, over-deliver. We like to push ourselves. The mentor who first brought me to Zambia loved a quote from Ellen Sirleaf Johnson, the first female president in Africa, which is, "If your dreams don't scare you, they're not big enough." We want to push ourselves to be in that phase where we're a little bit scared of the unknown, and push ourselves to do more than we had in the past, but not over-commit to our partners to do something we don't feel confident we can deliver. Especially in the early days, we wanted to be very realistic about what we felt confident we could do, and to say, these are areas we're pushing towards, but for transparency, we're not sure, because not all of this is within our control. That takes trust on both fronts. That level of transparency and open communication has helped us to nurture relationships over the years.

We're proud and grateful that, outside of fellowships or fixed-term accelerators, we've been able to maintain almost 100% of our partners. We feel they are not just our funder, but our partner. We feel fortunate that a lot of our partners have so much experience with portfolios of organizations, so they can recognize patterns and identify trends. We've benefitted from our partners' knowledge base as well. We see the intersection of humble and hungry as curiosity. You're humble to know what you don't know, and then hungry to find out the answer. We love it when we get asked a great question from a partner. If we don't know the answer, we'll let them know we're hungry to find out. So much of our strategy and program success has come from being asked hundreds or thousands of good questions and then earnestly looking for those answers from funding partners, communities, teachers, and the government. Taking that approach across the board has been very helpful.

Trust with the government is very important as well. The government's not a monolith, so we work with politicians, the president's office, and civil servants. Our team's approach adapts a little bit depending on whom we're working with. Particularly with civil servants or members from the Ministries of Health and Education, the first thing we look to create is alignment. How is what we're doing aligned with you? Fortunately, there are lots of areas where that is the case. For the Ministry of Education, they care that their kids are healthy because they want them to learn and to be in school. The Ministry of Health has a mandate for universal healthcare access. They also are interested in public health and being able to monitor disease trends, which are all things our program is well positioned to support. The way we communicate about our work changes a little bit depending on who the audience is, because they'll have different core focus areas that our program authentically intersects with. Once we create that alignment, we have quite open discussions.

There have been times we've come up with solutions together and changed our model accordingly, and other times where we haven't liked this, and then we've all agreed that

an approach does not make the most sense. That takes a level of trust, patience and commitment to solving problems together, and over time it's very important.

Sanne Breimer: Rippleworks provided your team with talent grants, executive office hours, project support and the Leaders Studio. Can you talk about the support you received and how it worked out?

Lonnie Hackett: We started working with Rippleworks on a project together in 2019. At that point, we were interested in automating some of our data analytics. We saw that just giving numbers and reports to teachers wasn't necessarily the best approach because they had to read it, contextualize it, understand it, and then know what decisions to make from it. We realized that Healthy Learners and the government had the benefit of not just being able to look at performance at one school, but across all the schools in the program. Performance depends how big your school is, the season, a lot of things. We can control for those factors, then tell them their school did a great job in having kids access care in the health room last month, for example, so these are questions and recommendations we'd like you to think about.

What our team was doing by hand was looking at relative performance of schools across a set of key performance indicators, writing reports, and then having those be the basis of monthly mentorship visits between clinics and schools. That took a lot of time and effort, particularly to scale, but we realized there were fairly simple ways to automate this by creating matrices based on percentiles and then setting outputs on that. We didn't have the technical know-how to build that system. Rippleworks was able to connect us to a data scientist who helped us build our backend data infrastructure, the system to automate that analysis. It would take us hundreds of people hours to do that for 600 or 700 schools. Now it takes us a couple minutes, because we can push a number, and those ports get automatically generated and distributed. That for us was hugely helpful in terms of maintaining the quality of our support as we were scaling and making that a lot more efficient. That project was our sweet spot at a time when we were probably just pushing a million dollars in budget. Even today, it doesn't make sense for us to have a U.S. West Coast data scientist on our payroll because our needs for that are intermittent and it's a very expensive hire as well. Rippleworks was able to connect us to someone and then support us with that project. Especially since we are based in Zambia where there isn't the same tech industry, it helped us fill a very important talent gap.

Secondly, Rippleworks' special sauce is their network, but it's also the project managers they assign who made this such a smooth process for all of us. We knew exactly what we had to do, and vice versa for the expert who was brought on board. It was one of the best experiences we've had working with consultants, or certainly volunteers in this case. We then followed that up with a second project. This time we wanted to be less dependent on our tech partner. We wanted to build our own backend data infrastructure. Similarly, we knew what we wanted the output to be, but we didn't know how to build it. They connected us with another expert in the field who had worked in data science and data engineering for a long time. He was able to work with our younger data engineers

to think through what platforms we should use, how to set it up. That has also proven very helpful over the last few years as we've continued to grow.

After that, two years ago, we got a $3 million grant from Rippleworks, which came at a perfect time because we were just starting a national scale-up. It makes us very anxious to make bold commitments to the government, because it's extremely important that if they trust us to do this, we can deliver. When Rippleworks came through with a large grant, it gave us more confidence to take advantage of the momentum we're having with the government, and make bolder commitments that we felt confident to deliver.

Rippleworks followed up on that with a talent grant, which was very helpful in professionalizing our human resources, and helped us hire a director of people and culture. It also helped us hire a group to do a compensation benchmarking in developing our pay scales. As we grew from 20 to 30 to 200 employees, it gets a lot more complicated to make sure we have internal and external equity, so it was great to be able to use part of that grant to be very structured and intentional to make sure that everyone on our team is being paid competitively, while still providing good equity and transparency as we scale and maintain our culture. All of this gets much more complicated as you go from 40 to 100 to 200 staff, and from one office to 20 offices. Having that support at that time was really important to safeguard the culture that we worked very hard to build. We're very grateful for all the continued support we've had, from their expert office hours to the various trainings.

Sanne Breimer: How does the Rippleworks process of deciding what capacity building supports to provide you differ from what you've experienced so far?

Lonnie Hackett: Rippleworks has been extremely flexible when we've done projects with them, as there was no set area it had to be focused on. We had a series of conversations about our pain points and areas that we're excited about. At the end, they told us it would take three experts. We've adopted a lot of their vocabulary because now we'll have gut checks when we're hiring to ask, is this JDA unicorn? Are there only one or two people in our whole talent pool that would be able to do all this? That helps us distill the skill set we need. In this case, it helped us identify what we felt we could do internally.

We know how we want to use our data, and the messages we want to give to our partners. We don't need someone who's great at behavior change, but we do need someone who can help build the backend system to automate that, and then honing in on what skills and profile that job would require. In earlier calls, they didn't just take what we said and run with it. Instead they were very thoughtful in pushing us to ask what skill is required here, and making sure that was a single person and not a combination of three or four people.

That early work in scoping the project was very helpful in making it a success. For our team, it was also an insight into how they think, and it internalized things we appreciated, such as flexibility, upfront commitment in work, or patience to work with the partner to understand and scope the needs. They were very thoughtful on funding

because we had worked with Rippleworks since 2018/2019, and it was around 2022/2023 when we got their funding. They seemed to identify when we could absorb that, and where it would be catalytic for us. They were very thoughtful and understanding in asking where a large injection of funds would help an organization accelerate its work and its impact. The frequent touchpoints and all the projects provide a lot of insights for them in terms of when organizations are ready. It came at a very strategic time for us.

With the talent grant, it was easy for us to invest in direct services or direct support to the government. Sometimes organizations don't invest enough internally in their own internal systems, capacity or team to expand programs. To have a restricted grant, specifically towards something we otherwise may not have done, was a very good investment to build the foundation that today is helping us grow more sustainably and effectively. That's an example where a restricted grant can be very helpful.

Sanne Breimer: Are there any gaps in the model in the different things that you got from Rippleworks that could be improved?

Lonnie Hackett: There's not a lot that comes to mind. We had a call with their team a few months ago when they had attached us to a point person at Rippleworks. There were many times where we thought about great Rippleworks projects, but we felt hesitant to reach out all the time to ask for more. It was a very helpful touchpoint to have a contact person and regular meetings. We don't want to seem too greedy because we're really benefited from these projects, but at the same time, they were very eager to know when an organization they've partnered with and invested in would benefit from one of their projects. I wouldn't say it's something they could do better, but it was quite helpful to just keep aligned and understand where we had needs or gaps that they would be in a position to help us with.

The reason the restricted grant was so helpful is because it was restricted, but not because of trust. A lot of times restricted grants are given because of a lack of trust, so funders can dictate where the funds go. This was restricted because they realized this is an area organizations sometimes don't have the luxury of investing in, and they wanted to take that weight off, and let us know they wanted us to invest in this internally. It wasn't from a desire to control the funds as much as thoughtfulness in encouraging grantees to invest more on their people internally as well. The reason that was restricted is very different from a lot of other restricted grants we've had in the past. I'm not advocating for all restricted grants by any means. In that specific case, it was very appreciated. Our team benefited significantly from the Rippleworks partnership.

Sanne Breimer: You yourself also got training through the Leaders Studio, along with some of your colleagues. Did any specific impact come from that training?

Lonnie Hackett: About four years ago, I had a series of conversations, mostly around human resources, people and culture. One conversation in particular was with the first chief people officer for LinkedIn. The conversations around professionalizing, hiring, onboarding, performance management, process and systems to do that more effectively

were very helpful. In general it was very nice to have conversations and insights in an area that I haven't had a lot of training in, at least formally.

Sanne Breimer: What are the top three things for your venture to unlock the ability to scale further and sustain?

Lonnie Hackett: As we continue to grow, we're constantly focusing on identifying, recruiting people, and building our team. As the work grows, the complexity grows. What additional skills and people are required to do that as the work changes? In the early days we did a lot of direct implementation. Now we do a lot of government partnership and technical assistance. We need to build our own internal systems and help the government build and strengthen theirs as well.

The second is funding. We're looking to raise around $50 million over the next 4 years. We have about half of that in funding and commitments [so far]. It's a constant focus for me, our development team, and senior staff to make sure we don't take it lightly that the government has trusted us as a partner, and they are structuring their systems and processes around the work we're doing together in meaningful ways. Currently 1 million children across the country are relying on this program to access their healthcare, and hopefully in a couple of years it will be 3 million children. It keeps us motivated to make sure we can deliver on our commitments.

The third area we need help with is internal systems. Again, as we scale and grow, we must make sure everything from our ERP enterprise resource planning systems and how we do procurement and logistics to our human resources and data analytics. We went from being in Lusaka to a few districts to now being in about 30 districts and growing to 100 over the next few years. To be efficient, we need to make sure the systems and solutions we have in place are as best as possible to make our life easier.

Rippleworks has been a great thought partner in helping us think this through. Generally, it's a big investment to introduce a new system or software, getting the resources, having the time to identify this, implementing and running with it. The expert from LinkedIn said one of their biggest bottlenecks to growth was people. He said, "How do you hire more quickly? If you want to move slowly, hire quickly. You get the wrong person hired and it's three months before you know, plus another three months to offboard them. Then you're searching again. It's nine months later before you have a new person in that position. Better to spend the extra one to two months to get it right than to lose almost a year because you rushed into making that hire." I took that to heart in our hiring, and in any investment we make, whether it's systems or software as well.

The three things we need are people, resources, and continuing to strengthen our internal systems as we're scaling. We have so much momentum right now with our government partners. We've always tried to drive our growth through demand from our government partners, not vice versa. The big push for us to grow right now is because we see such a window and moment of opportunity where our government partners are delivering on their commitments, so we want to make sure we can reciprocate and deliver on ours.

Sanne Breimer: What shifts are needed in this funding landscape to support you better in the future?

Lonnie Hackett: There are a lot of great champions out there pushing for this on the Rippleworks team and the Milagro team. Whether it's DRK [Draper Richards Kaplan] or Jasmine Social Investments, Cartier and Dovetail Impact Foundation, we have a lot of like-minded funders that have been pushing on unrestricted grants and partnering with organizations over the long haul, not just for a couple of years but seriously investing in that organization. Our funders are a small subset of all the funders in the world, and those are areas where making an unrestricted grant has a multiplier effect because it allows that organization to be all the more efficient and effective with how they use it.

For organizations, the more confidence we have in what our funding is going to be two, three, four, five years in the future, the more it allows us to make commitments and set plans in place much more effectively today. Multi-year funding is hugely helpful, but a lot of partners like to fund on a year-by-year basis. That's where trust comes in, to know that our partners won't pull the rug out without giving enough heads up and notice if they're having a change in strategy. Those are two areas where if I were a funder, I'd be very rigorous in my diligence. Once you feel confident in an organization, it's important to make unrestricted grants and either multi-year funding or commit to that organization, even with a year-by-year grant, but with the expectation that you're going to be partners long term. Just like if there's a staff member you're letting go, you never want it to be a surprise. You always want them to feel they've gotten a lot of coaching and feedback and we all understand this isn't a fit. It's the same approach with funders too. Ideally, it shouldn't be a surprise if a funder's going to no longer fund because hopefully, there's been discussion and dialogue along the way.

Sanne Breimer: Has the USAID crisis had any effect on your venture?

Lonnie Hackett: Yes. We're still owed $1 million from USAID DIV [Development Innovation Ventures], which is funding that's going towards the randomized control trial we're running. We're fortunate that the majority of the funding for the trial is coming from the UK Medical Research Council. That's, at least, been a stabilizer for the research we're doing. We're hopeful we'll get at least a couple hundred thousand of the remaining million, for work that's already done and been approved but not yet disbursed. We got our termination letter, so we're expecting we'll have a $800,000 write-off from what we'd anticipated from that grant. For us, that was spread over two years so it's about five or so percent of our annual budget over this year and next year. It's something we can absorb and still continue. We've reached out to other funders to help fill that gap, especially for our research.

I feel gutted for a lot of international organizations and NGOs here in Zambia who rely 50% to almost 100% on USAID funding. For us, even though we lost a lot of funding, compared to some of our peers, we feel fairly fortunate that nearly all our funding comes from philanthropy. As a partner told me, this will have two waves. This is the first wave with a direct impact on organizations. The second wave will be when governments try to replace 20% to 40% of their health budgets, and where they are going to have to cut,

where are the movements going to be in their national budgets, and what is that going to mean for supply chain of anything from ARVs [antiretroviral medication] to malaria treatment and testing, to tuberculosis care, to community health workforces? What are those secondary and ripple effects going to be?

What we are focusing on the most is just trying to understand longer-term what this means for the sector and what it means for health and education landscapes in Zambia and more broadly. Then where our organization can, again, continue to have outside impact. We see the work we do in many ways being a stabilizer. Education is far less impacted than health. Having a health access point in the education system helps create some stability in health care for a third of the population which is school-age.

In the past, it's been the other way. We saw our workplace center stage during COVID, where Zambia became one of the first, if not the first, countries in the region to reopen schools. Our team was asked to help develop the guidelines and the protocols to do that. We worked with the ministries of health and education to support them to reopen schools just three months after they had closed. That was June 2020. Then, during cholera outbreaks, we saw, again, that the relationship between health and education was really a stabilizer for the education system. This time we're seeing education as potentially a stabilizer for health care access points and supporting the workforce.

Our team is 99% Zambian. All of us know folks who have lost their job from the first-wave effects of this. We're deeply sad for what this will mean in terms of people who aren't going to be able to access care and services that they otherwise would have. As a friend of mine said, we don't have the luxury of despair because our patients and our partners don't. This is a time where we need to step up more than ever. It's a big shift. We're fortunate we weren't directly impacted nearly as badly as others. All of our work is more important than ever.

Sanne Breimer Breimer: Thank you so much for this conversation.

Lonnie Hackett: Thank you.

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.