Funding For Health And Basic Education Programs For Children And Youth In Southern Africa

AN ANALYSIS OF A SAMPLE OF GRANTS MADE BETWEEN 2001 AND 2005 BY PRIMARILY U. S. FUNDERS

Prepared by
Africa Grantmakers' Affinity Group
September 2007

Working to promote increased and more effective funding in Africa through building and sharing knowledge

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A project of the Tides Center

This report was prepared by the Africa Grantmakers' Affinity Group (AGAG) as part of its knowledge-building program to help build and share knowledge about the support of development issues in Africa by private funders.

Copies of this report can be requested via email by contacting shahn@agag.org.

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About the Africa Grantmakers' Affinity Group

Established in 2001, the Africa Grantmakers' Affinity Group (AGAG) is the only advocate for Africa within the philanthropic community in the United States. AGAG's mission is to promote increased and more effective funding in Africa through building and sharing knowledge. We are a membership organization of 41 funders. Our members range from those with decades of experience in and commitment to Africa, to those who are just beginning to fund efforts on the continent.

The size of Africa and the challenges posed by the continent's uneven transportation and communications networks make it difficult for foundation staff to share information or develop partnerships, and so AGAG plays a critical role in helping funders learn from one another about effective funding strategies and potential funding opportunities. Sharing information can help foundations reduce duplication, maximize resources, enhance the development of more successful grantmaking programs, increase staff professionalism and effectiveness, and encourage partnerships and collaboration among funders.

AGAG convenes its members annually, publishes a monthly newsletter, maintains an on-line membership directory, and organizes quarterly conference calls on issues members have identified as topics of common interest. In addition, AGAG conducts research on grantmaking trends in Africa that is designed to promote more effective grantmaking in Africa.

The Africa Grantmakers' Affinity Group is a project of the Tides Center.

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I. INTRODUCTION

The Africa Grantmakers' Affinity Group (AGAG) is excited to be part of the efforts to elevate Africa's profile within the philanthropic community. Africa is changing in ways that provide both important opportunities and challenges for funders. There are more democratic and civilian governments in Africa today than at any time in the last century. Civil society organizations are networking with each other across national borders, and governments are actively pursuing joint strategies. Yet, at the same time, Africa is facing crises such as the HIV/AIDS epidemic, armed conflicts, and an increasing brain drain at an estimated cost to the continent of $4 billion a year.

Funders appear to be responding with increased investment in Africa. According to the Foundation Center's *International Grantmaking Update: A Snapshot of US Foundation Trends*, published in 2006, giving by US foundations for international purposes reached an estimated $3.8 billion in 2005.

"While the amount of money directed at cross-border giving has declined in favor of more support to US-based agencies to implement programs, Sub-Saharan Africa received the largest share of cross-border dollars in 2004 – nearly one-fifth of the total $822 million. This included both large funders… and smaller funders. Between 2002 and 2004, when cross-border giving decreased overall, shares of giving increased for Africa and global programs".

We hope that this trend continues. This report examines a sampling of grants from 2001 to 2005 to support health, basic education, and comprehensive programs for children and youth in ten countries in Southern Africa**.** It is important to note that the trends discussed in the study apply only to the analysis of the sample grants included, which were made primarily by funders based in the United States.

There are many funders in the United States, Europe, and South Africa who are supporting health and basic education programs targeted to children and youth who are not included in the sample of grants analyzed in this report. In addition, the report does not include donor funding such as development assistance from governments and multi-lateral aid. Therefore, it is not possible to say if the areas that were not supported by the funders included in this study were supported by other funders and donors not included in this study**.**

Nonetheless, the mostly United States funders included represent a significant part of the larger donor and philanthropic community working in Southern Africa to improve the lives of children and youth through their support of health and basic education activities. This study provides information that is not readily available from other sources.

In conducting this study, we hope to draw attention to the needs of children and youth, and how funders are working in partnership with local, national, and global initiatives to improve access to adequate health care and basic education. The need is great and there are many entry points for current funders to increase and expand their support and for more funders to become involved.

This Summary Report is organized into five sections. Section II presents the key findings of the report. Section III provides an overview of the research methodology. Section IV presents youth-related information and demographics on health and basic education and the role of local organizations in building local capacity. Section V gives an overview of funding for health, basic education, and comprehensive programs and the different types of national and international organizations supported.

Andrea Flynn served as the primary researcher and writer for the project. AGAG is indebted to her for her dedication and work. We also want to thank the staff of LaFrance Associates for their work on the final reports. Finally, we acknowledge the assistance of all those foundations who participated in this study and the help their staff provided in gathering information on their grantmaking activities.

This report is intended to serve as a resource and to highlight the many opportunities for funders to invest in the future by supporting health, basic education, and comprehensive programs for children and youth in Southern Africa.

Niamani Mutima
Executive Director

II. SUMMARY

This study examined funding for health and basic education programs for children and youth in Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe between the years 2001 and 2005. The research examined a sample of 997 grants to 450 organizations, totaling $197 million. Included were 41 US funders and 2 European funders.

Funders included in the sample contributed $10,000 or more to support health, basic education, or comprehensive (including both health and basic education) programs for children and youth in one or more of the ten countries. Ten health and nine basic education areas were used to categorize the grants. Grants supporting crosscutting health and basic education needs were placed in the single comprehensive category.

There are many funders in the United States, Europe, and South Africa who are supporting health and basic education programs targeted to children and youth who are not included in the sample of grants analyzed in this report. Therefore, it is important to note that the trends discussed in the study apply only to the analysis of the sample of grants included, which were made primarily by funders based in the United States.

Key Findings

Health programs received 200% more funding than basic education programs.
An almost equal number of funders supported health programs (28) and basic education programs (31). However, health received 200% more funding ($99 million) than basic education ($54 million). Comprehensive programs received 22% of the total funding ($44 million).

Excluding the top three funders, health programs received 170% more funding than basic education programs indicating that health programs were a priority for the entire group of funders.

HIV/AIDS programs received 63% of health funding.
The majority of health funding ($60 million) supported HIV/AIDS programs. Child protection programs (2%) and programs for children with disabilities (<1%) received the lowest levels of funding.

Fifty percent of HIV/AIDS funding ($30 million) supported treatment programs, including the delivery of anti-retroviral medication and efforts to prevent mother to child transmission. Palliative care programs (<1%) received the lowest level of funding. This demonstrates that HIV/AIDS treatment programs were a priority for the group as a whole.

Primary and secondary education and teacher training programs received 63% of funding.
The majority of basic education funding ($34 million) supported primary & secondary education and teacher training programs. Technology development (5%), education research (3%), and workforce development programs (3%) received the lowest levels of funding.

However, when the contributions of the top three funders are excluded, basic education funding was more evenly disbursed across all categories of basic education.
This is due to the large contribution ($28 million) of the Oprah Winfrey Operating Foundation to primary and secondary education for the establishment of the Oprah Winfrey Leadership Academy for Girls.

South Africa received the most funding (64%, or $126 million) and was the country with the highest funder presence (84%).

This finding held true irrespective of the funding of the top three funders. South Africa received:

- 34% of health funding ($37 million)
- 92% of basic education funding ($50 million)
- 89% of comprehensive funding ($39 million)
- 47% of HIV/AIDS funding ($28 million)

Organizations in South Africa received larger contributions than organizations in the other nine countries. On average, South African organizations received grants that were 200% larger than grants received by their counterparts in the other nine countries.

Funding for the other nine countries was almost exclusively for health programs (range 70-98%). Angola and Swaziland did not receive any funding for basic education programs from the funders in this sample.

National organizations accounted for 88% of implementing partners yet received only 43% of funding ($85 million).

Ninety percent of funders made grants in support of national organizations – organizations with headquarters on the continent of Africa. Likewise, the majority (88%) of the 450 implementing partners supported were headquartered in one of the ten countries in the study. However, only 43% of funding went to support national organizations. The majority of funding (57%, or $112 million) went to support international organizations – organizations with headquarters in Canada, the United States, and Europe. On average, international organizations received contributions that were 900% larger than those received by their national counterparts.

Excluding the top three funders, national organizations comprised 92% of all implementing partners and received a larger share of funding (63%, or $61 million). However, international organizations, which accounted for only 8% of implementing partners, still received a disproportionate share of funding (37%). On average, grants to international organizations were 350% larger than grants to national organizations.

National NGOs comprised 90% of national implementing partners, yet they received only 46% of the funding ($39 million) allocated to organizations with headquarters in Africa.
Eighty-three percent of funders made grants in support of national NGOs such as the Beautiful Gate Ministries in Lesotho and the Togabezi School on Zambia. Likewise, national NGOs comprised the vast majority (90%) of implementing partners. However, they received only 46% of the funding ($39 million) allocated to national implementing partners. Fifty-four percent of the funding ($46 million) allocated to organizations on the continent went to support national academic, research and medical institutions such as the University of Cape Town and the Human Science Research Council.

Individual national NGOs received the smallest contributions of all types of implementing partners.
On average, national academic, research and medical institutions received contributions that were 1000% larger than those received by national NGOs. International NGOs received contributions that were 700% larger than those received by their national counterparts. These findings are not altered by the exclusion of the top three funders.

III. ABOUT THIS REPORT

Study Purpose and Context

In Southern African countries, many children do not have access to basic education or adequate health care. Foundations are part of the larger philanthropic and donor community that work in partnership with local, national, and global efforts to address these challenges. This study examines a sample of funders who supported health and basic education activities in ten countries in Southern Africa targeted to children and youth age twenty-one and younger. The purpose of this study is to identify broad trends in private funding.

Southern Africa Countries Included in This Study

Angola	Namibia
Botswana	South Africa
Lesotho	Swaziland
Malawi	Zambia
Mozambique	Zimbabwe

There are many funders in the United States, Europe, and South Africa who are supporting health and basic education programs targeted to children and youth who are not included in the sample of grants analyzed in this report. Research revealed over a hundred funders who supported health and basic education in Southern Africa between 2001 and 2005, but only about half are included in this report, and all but three have their headquarters in the United States.

The main reason that US funders dominate this report is that few countries other than the United States have reporting requirements for private philanthropic activities or maintain databases that systematically capture the type of information on grantmaking needed for the analysis conducted in this study. Consequently, information was not available for almost half of the funders identified, and the majority of these funders were based in South Africa.

Because the intent of the study was to identify the funding landscape for health and basic education, and not to identify funders from one country or region, all of the funders for which we could find sufficient information on their activities between 2001 and 2005 were included. *Therefore, it is important to note that the trends discussed in the study apply only to the analysis of the sample of grants included, which were made primarily by funders based in the United States. In addition, in keeping with AGAG's focus on private funders, this study does not include funding from government, multi-lateral and bilateral donors.*

Study Significance and Unique Contribution

This groundbreaking study provides the first in-depth examination of a sample of grants by private philanthropic funding for health and basic education programs for children and youth in Southern Africa.

This report will assist private funders, particularly (though not exclusively) those based in the United States, with a commitment to funding in these issue areas in Southern Africa, to make more informed decisions to help leverage their resources and have a better understanding of funding and grantee partners.

Nonetheless, the information presented in this study can serve as a resource to assist funders in understanding how their grantmaking fits within a broader landscape comprised of the funders included in this sample. In describing the landscape, this study helps to answer the following questions:

- How did these funders allocate their giving among these ten countries?
- What types of health and basic education programs did they support?
- What type of funding modes did these funders use (i.e. direct or indirect)?
- How did the support of national organizations compare to international organizations?
- In which countries were the funders in this sample most active?

AGAG hopes this study will promote a better understanding of health and basic education funding for children and youth in Southern Africa. Further, AGAG hopes it will stimulate more interest, encourage debate and discussion, and spark new questions The study raises questions useful for funders who are engaged in developing funding strategies that will help them to reflect upon the effectiveness of current approaches in support of children and youth, not only in Southern Africa, but globally.

Research Methods

This study analyses 997 grants to Southern Africa made by 43 funders totaling $197 million over the five-year period from 2001 to 2005. The grants included in this sample met the following criteria:

- Grants supported programs to benefit at least one of the 10 countries
- Grants supported health programs, basic education programs, or both
- Grant activities targeted the population age 21 or younger
- Grants made by a funder who made at least one grant of $10,000 or more
- Grants were made between the years of 2001 and 2005

Ninety-nine funders met the above criteria, but this study includes grants from only 43 (43%) of these funders for several reasons. Sufficient data on grants made by funders with headquarters outside of the United States was not available. Additionally, some funders declined to participate in the study. Exhibit 1 shows the headquarters of funders who met the criteria for inclusion in this study in comparison to those funders who were *included in* the study.

Exhibit 1
Comparison of Headquarters Location for Funders Identified and Included in the Study

Headquarters	Percent of Funders Identified for the Study	Percent of Funders Included in the Study
United States	67%	93%
Africa	17%	0%
Europe	14%	7%
Canada	2%	0%
Total:	**100%**	**100%**

It is important to note that this study excluded funders who did not make at least one grant greater than $10,000 to support health or basic education activities. Consequently, it is important to keep in the mind that the parameters of the study did not examine the robust and varied pool of funders supporting health and basic education with grants less than $10,000.

The classifications in Exhibit 2 were developed to organize the grants into broad categories for the purposes of analysis and do not necessarily reflect the descriptive categories used by the funders themselves. In addition to grants that supported distinct health or basic education activities, this study also examined grants that supported health and basic education issues together. These grants were classified as **"comprehensive."**

Exhibit 2: Categories Used to Analyze Grants

Health	Basic Education
▪ Infectious Diseases ▪ Prenatal and Postpartum Care ▪ Reproductive Health ▪ Primary Health ▪ Child Protection ▪ Orphans and Vulnerable Children ▪ Research ▪ Disabilities ▪ General Health	▪ Primary and Secondary Education ▪ Teacher Training ▪ Literacy ▪ Early Childhood ▪ Technology Training ▪ Workforce Development ▪ Education Research ▪ General Education

Comprehensive

▪ Supporting both health and basic education

Funders in the Study

The 43 funders in this study are diverse, including 41 US and two non-US funders. These grantmaking organizations are of various types: corporate foundations and giving programs, family foundations, public charities and operating foundations. Exhibit 3 provides the names of the funders included in this study.

Exhibit 3
Funders Included in the Study

American Jewish World Service	Exxon Mobile Foundation	MAC Global Foundation
Annenberg Foundation	Firelight Foundation	Mattel Children's Foundation
Atlantic Philanthropies	Ford Foundation	McKnight Foundation
Bernard Van Leer Foundation	Frazier Foundation	Oprah Winfrey Operating Foundation
Bill and Melinda Gates Foundation	Global Fund for Children	Oprah Winfrey Foundation
BMS Foundation	Global Fund for Women	Raskob Foundation for Catholic Charities
Carnegie Corporation of New York	Henry J. Kaiser Family Foundation	Rockefeller Brothers Fund
Case Foundation	Intel Foundation	Rockefeller Foundation
Charles Stewart Mott Foundation	International Youth Foundation	Starr Foundation
CityBridge Foundation	JP Morgan Chase Foundation	Timken Foundation of Canton, Ohio
Citigroup Foundation	Koch Foundation	United Nations Foundation
Cogitare Foundation	Kresge Foundation	WEM Foundation
Diana Princess of Wales Memorial Fund	Levi Strauss Foundation	W.K. Kellogg Foundation
Elizabeth Glaser Pediatric AIDS Foundation	Levi Strauss & Co.	
Elton John Foundation	MAC AIDS Fund	

Approximately half of funders (53%) made grants totaling less than $1 million, with one-third (37%) making grants totaling less than $500,000. Only one in ten funders in the study made grants totaling more than $10 million over the course of the five years. See Exhibit 4 for additional detail.

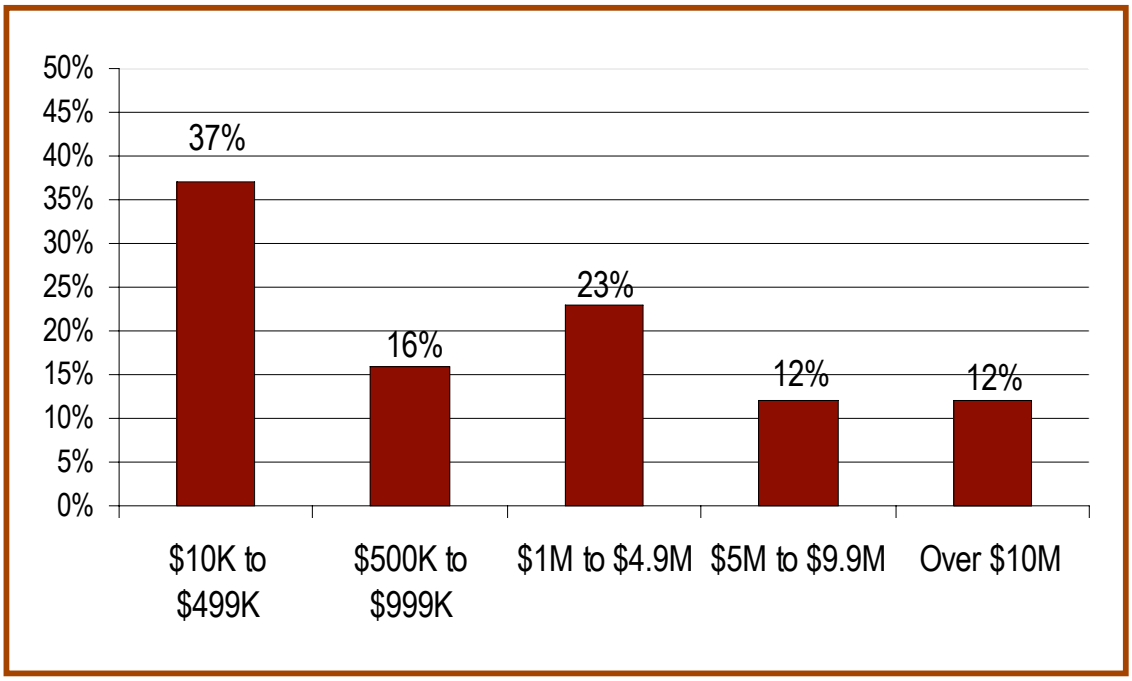
Funding from the Bill and Melinda Gates, Elizabeth Glaser Pediatric AIDS, and Oprah Winfrey Operating Foundations accounted for $100 million (51%) of the total funding.

Excluding funding from the Bill and Melinda Gates and the Elizabeth Glaser Pediatric AIDS Foundations **did not** significantly affect the distribution of health funding to specific issues.

However, excluding funding from the Oprah Winfrey Operating Foundation **did** significantly affect the distribution of funding to specific education issues, as described in more detail later in this report.

The foundations were divided almost equally between those with a program focus on health and basic education issues affecting children and youth (46%) and those funding these issues with a specific interest in Africa as a part of their strategy (54%).

Exhibit 4
Total Funding by Funder



IV. THE FUNDING CONTEXT

Country Demographics

The ten Southern Africa countries examined in this study face many challenges. The recent civil wars in Mozambique and Angola have resulted in the destruction of physical infrastructures including roads, hospitals, schools, housing, and industry. Apartheid in South Africa has resulted in the majority of the population denied access to education, health care and housing. In all of these countries limited human and material resources can pose barriers for funders. However, as Exhibit 5 demonstrates, youth are a significant percentage of the population and life expectancy is alarmingly low.

Exhibit 5

Country	Major Demographics
Swaziland	• *Population* – 1,133,066 • *Child population as % of total population* – 45% • *Life expectancy* – 32.23 years
Botswana	• *Population* – 1,815,058 • *Child population as % of total population* – 44% • *Life expectancy* – 50.58 years
Lesotho	• *Population* – 2,125,262 • *Child population as % of total population* – 39% • *Life expectancy* – 39.97 years
Namibia	• *Population* – 2,055,080 • *Child population as % of total population* – 48% • *Life expectancy* – 43.11 years
Zambia	• *Population* – 11,477,447 • *Child population as % of total population* – 53% • *Life expectancy* – 38.44 years
Malawi	• *Population* – 13,603,181 • *Child population as % of total population* – 49% • *Life expectancy* – 42.98 years
Zimbabwe	• *Population* – 12,311,143 • *Child population as % of total population* – 51% • *Life expectancy* – 39.5 years
Angola	• *Population* – 12,263,596 • *Child population as % of total population* – 67% • *Life expectancy* – 37.63 years
Mozambique	• *Population* – 20,905,585 • *Child population as % of total population* – 46% • *Life expectancy* – 40.9 years
South Africa	• *Population* – 43,997,828 • *Child population as % of total population* – 41% • *Life expectancy* – 42.45 years

Child population statistics, "Information by Country" UNICEF, 5/5/07. All other statistics, "The World Factbook." CIA, 8/17/07.

Health and Basic Education Challenges

Access to adequate education and health care is a challenge for children and youth in Southern Africa.

Chronic malnutrition is widespread, one out of eight babies has low birth weight, and children routinely suffer and die from highly preventable and treatable diseases such as diarrhea and measles. As Exhibit 6 shows, mortality rates are high.

Of the 103.5 million school-age children and youth worldwide who are not attending school, 39% of them live in Sub-Saharan Africa. The majority of children in the region will not complete secondary education. Exhibit 7 shows the low basic education enrollment in the ten countries examined in this study.

Funders have invested millions in health and educational programs for children and youth – they have contributed resources to disease prevention and treatment, and have helped build schools and supported innovative educational projects.

However, there is still much that can be done, and support for health and basic education is an opportunity for funders to make an impact on the lives of the young people of this region.

Exhibit 6
Mortality Rates for Children to Age Five

Country	Probability of Dying Between Birth and Age Five
Angola	26%
Zambia	18%
Swaziland	16%
Mozambique	15%
Lesotho	13%
Malawi	13%
Zimbabwe	13%
Botswana	12%
South Africa	7%
Namibia	6%

Source: UNICEF, United Nations Population Division and United Nations Statistics Division

Exhibit 7
School Enrollment Rates

Country	Primary School Enrollment	Secondary School Enrollment
Angola	50%[a]	Data Not Available
Namibia	72%[d]	39%[c]
Mozambique	77%[d]	7%[c]
Swaziland	80%[d]	33%[c]
Zimbabwe	82%[c]	38%[c]
Botswana	85%[d]	60%[c]
Lesotho	85%[d]	27%[c]
Zambia	89%[d]	26%[c]
South Africa	93%[b]	62%[b]
Malawi	95%[d]	24%[c]

Source: UNESCO Institute for Statistics. a. Data from 1991, b. Data from 1999, c. Data from 2002, d. Data from 2005

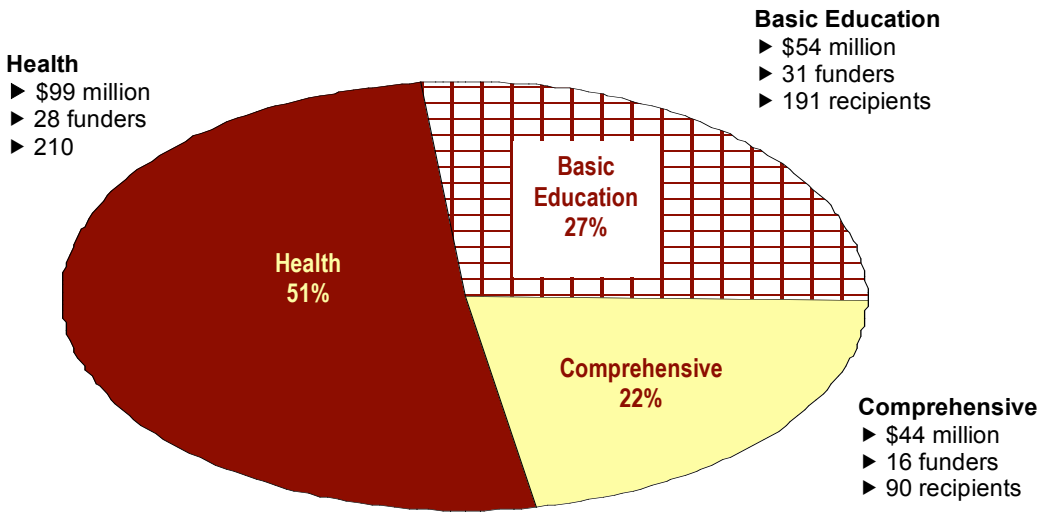
Funding Local Organizations and Building Local Capacity

NGOs play a critical role in service delivery and private funders support the work of national and international NGOs to implement programs for a variety of reasons. NGOs have more flexibility than governments to experiment with innovative programs and because they have less bureaucracy, they are able to respond quicker to changing needs or emergencies. NGOs traditionally work closely with local communities and have a good understanding of the local context and issues.

In developing their strategy, funders can choose to support national or international organizations. Funders should be encouraged to support national organizations when possible. Local organizations have more access to the local community and usually their work is more integrated into the local context. By investing in building the capacity of national and local organizations, funders have the opportunity to help build local capacity that is critical to sustaining efforts to address long-term challenges.

However, for private funders, especially those based in the United States, who are the bulk of the funders discussed in this study, there are obstacles to funding national organizations headquartered outside of the US. Often, national organizations are smaller than their international counterparts. Consequently, funders supporting large-scale projects that include several organizations within a country or region may require an organization with existing relationships with several national NGOs, or with an international NGO. Contracting with multiple small NGOs can present a logistical and management burden. In addition, funders may find that the economies of scale that can be achieved by working with just one organization makes working with organizations that have this capacity and these relationships, more attractive. More often than not, these are international NGOs or intermediaries.

Exhibit 8
Breakdown of Total Funding



V. DISTRIBUTION OF FUNDING

Including all 43 funders, health programs received twice the amount of funding that basic education programs received.[1] While an approximately equal number of funders supported health programs (28 funders) as did basic education programs (31 funders), health programs received $99 million in funding as compared to $54 million received by basic education programs. See Exhibit 8 for more detail.

Comprehensive funding addressing both the health and basic education needs of children was scarce. Despite the inextricable relationship between a population's education level and health status, only about one-fifth of total funding dollars (22% or $44 million) went to support comprehensive programs that include activities to address both the health and basic education needs of children.

Two out of every three funding dollars (64%) supported programs in South Africa.[2] South Africa received a total of $126 million in funding, and 84% of funders (36 out of 43) made at least one grant to South Africa as Exhibit 9 illustrates.

Exhibit 9
Summary of Per-Country Funding

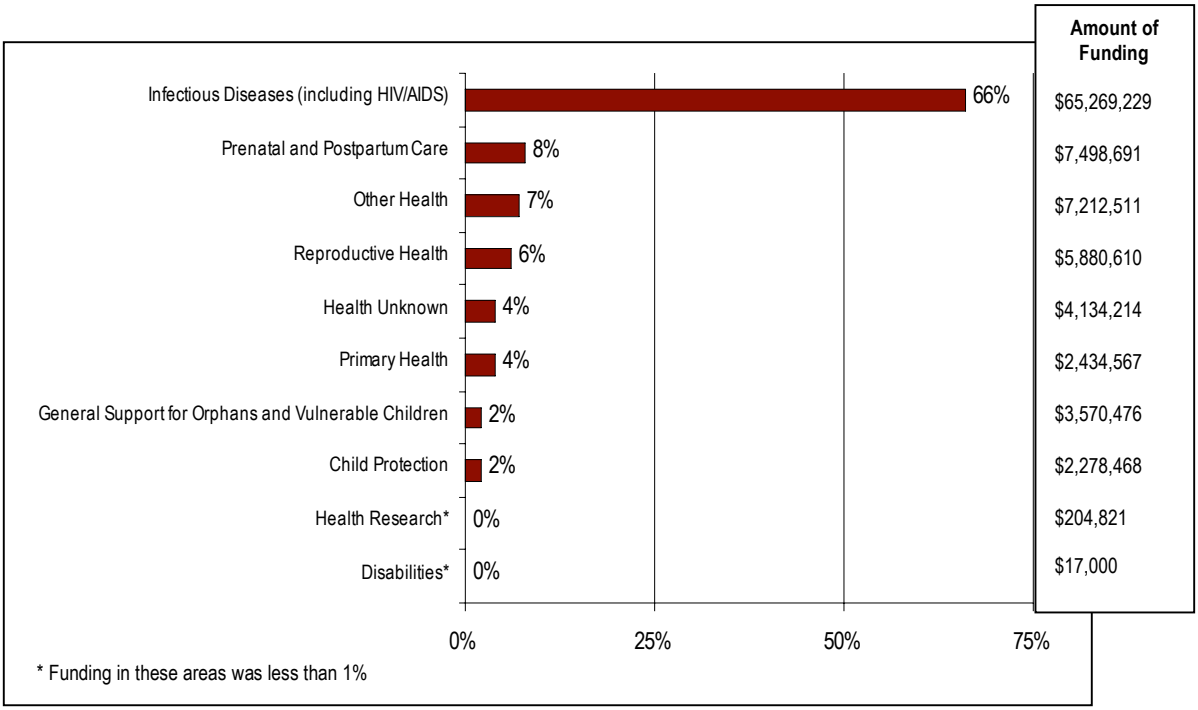
Country	Total Funding per Country	Percent of Total Funding per Country	Number of Funders per Country
South Africa	$125,514,432	64%	36
Zambia	$13,374,277	7%	12
Zimbabwe	$13,667,976	7%	12
Malawi	$12,279,108	6%	13
Angola	$8,810,597	4%	5
Botswana	$5,901,377	3%	5
Mozambique	$5,810,577	3%	6
Swaziland	$5,894,690	3%	5
Lesotho	$2,949,544	2%	5
Namibia	$2,405,562	1%	5
Total	**$196,608,140**	**100%**	**43**

[1] While the top three funders account for a large percentage of overall funding, the allocation of funding to the different issue areas does not change whether they are included or excluded.
[2] Excluding funding by the top three funders did not alter this picture.

Health Funding

About two out of every three health funding dollars (63%) supported HIV/AIDS programs.[3] The majority of health funding ($60 million) went to support HIV/AIDS programs, and funding for HIV/AIDS accounted for 92% of funding for infectious diseases. The other health categories received between $2 and $7.5 million, with the exception of health research and disabilities, which received less than one percent of health funding. Exhibit 10 shows the breakdown of health funding by category.

Exhibit 10
Percent of Health Funding by Category



Funding for HIV/AIDS overwhelmingly focused on care and treatment. Within the funding for HIV/AIDS, 86% ($51 million) went to support care (28%) and treatment (58%) programs, including the delivery of anti-retroviral medication and efforts to prevent mother to child transmission. Education and prevention programs received 8% of funding for HIV/AIDS ($4.5 million) and palliative care programs received less than one percent.

South Africa received three times the amount of funding for health as Zambia and Malawi, the countries receiving the second and third highest overall health funding dollars – but per-child funding for South Africa was only slightly above the average for these ten countries as a whole.

[3] Even though the top three funders account for a very large percentage of funding, when they are removed from the analysis, the allocation of funding remains similar: the majority goes to HIV/AIDS programs, and within HIV/AIDS programs most funding went to support care and treatment.

The countries with the most per-child health dollars are Swaziland and Botswana. As Exhibit 11 shows, Swaziland received six and a half times the regional average per-child funding for health and Botswana received about three times more than these ten countries as a whole.

Exhibit 11
Health Funding by Country, with Number of Children Ages 0-18

Country	Total Health Funding Per Country	Number of Children*	Health Dollars Adjusted for Size of Child Population
South Africa	$37,108,647	18,400,000	$2
Zambia	$12,675,525	6,100,000	$2
Malawi	$12,009,456	6,700,000	$2
Zimbabwe	$9,709,237	6,300,000	$2
Angola	$8,810,597	8,300,000	$1
Swaziland	$5,694,690	510,000	$11
Mozambique	$4,071,890	9,800,000	$0.42
Botswana	$4,053,036	800,000	$5
Lesotho	$2,829,544	850,000	$3
Namibia	$1,537,965	990,000	$2
Total:	**$98,500,587**	**58,750,000**	**$1.68**

Source: UNICEF. Viewed 5 May 2007 at http://www.unicef.org/infobycountry/index.html.

Sample Health Grants

As part of its African Health Initiative, the Exxon Mobile Foundation made a grant for $380,000 to the American Red Cross for a bed-net program in Angola. This program, which operated in conjunction with the Measles Initiative, provided long-lasting insect resistant bed-nets to pregnant women and children under five.

In 2005, the W.K. Kellogg Foundation made an approximate $1 million grant to the Scientific and Industrial Research and Development Center in South Africa. This grant went to support a clinical trial study that administered disinfectants to pregnant women during labor in order to determine if it would reduce infections in newborns.

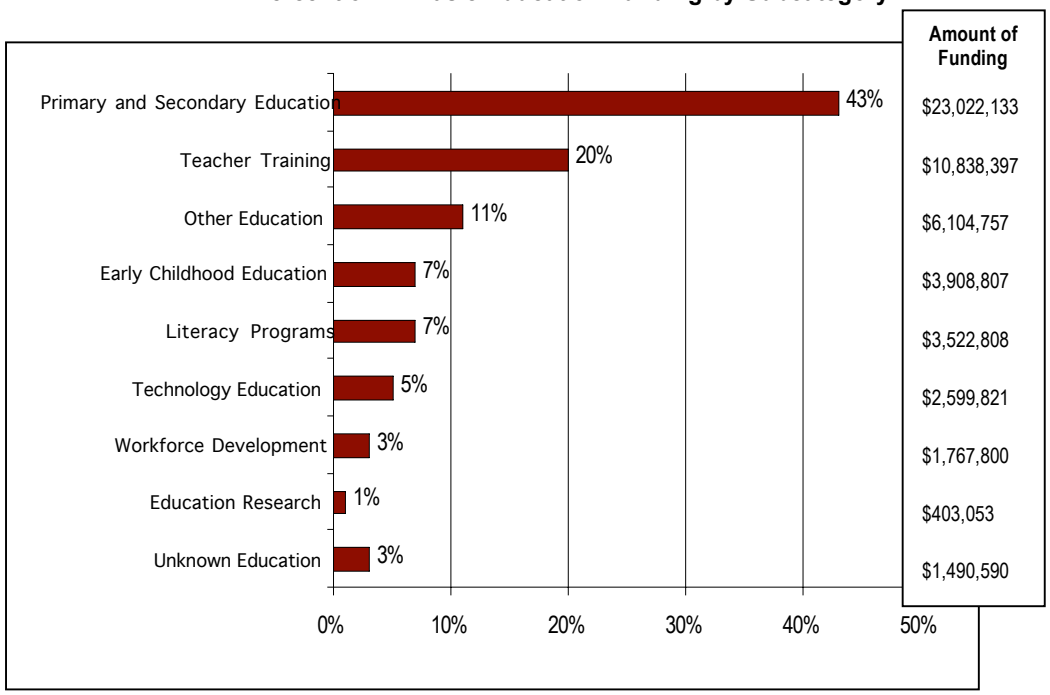
In 2002 and 2004, the Raskob Foundation for Catholic Activities made grants totaling $35,000 to the St. Phillips Mission Clinic in Swaziland. These grants went to support the Mission's primary health clinic for children as well as to support the provision of nutritional supplementation for these children.

Basic Education Funding

Basic education funding concentrated on supporting primary and secondary education and teacher training programs. The majority of basic education funding (63% or $34 million) went to support primary and secondary education (43% or $23 million) and teacher training programs (20% or $11 million). Technology education (5%), workforce development (3%), and education research (1%) programs received the lowest levels of funding. See Exhibit 12 for additional details.

Significant funding from the Oprah Winfrey Operating Foundation skews the distribution of basic education funding. The Oprah Winfrey Operating Foundation spent $28 million to establish the Oprah Winfrey Leadership Academy for Girls in South Africa. Consequently, when this support is excluded from the total funding for basic education, there is a more even distribution of funding across categories.

Exhibit 12
Percent of All Basic Education Funding by Subcategory



South Africa received more than nine out of every ten (92%) basic education funding dollars, amounting to more than six times the per-child basic education dollars that Botswana received, the country with the second highest per-child funding. Zimbabwe received the second highest amount of total basic education funding ($2.2 million), though this amounts to only $0.36 basic education dollars per child. See Exhibit 13 for more detail.

Exhibit 13
Basic Education Funding by Country, with Number of Children Ages 0-18

Country	Total Basic Education Funding	Number of Children	Basic Education Dollars Adjusted for Size of Child Population
South Africa	$49,600,394	18,400,000	$2.70
Zimbabwe	$2,239,906	6,300,000	$0.36
Mozambique	$531,021	9,800,000	$0.05
Namibia	$392,000	990,000	$0.40
Botswana	$348,341	800,000	$0.44
Malawi	$186,352	6,700,000	$0.03
Zambia	$352,152	6,100,000	$0.06
Lesotho	$8,000	850,000	$0.01
Angola	$ -	8,300,000	$ -
Swaziland	$ -	510,000	$ -
Total:	**$53,658,166**	**58,750,000**	**$0.91**

Source: UNICEF. Viewed 5 May 2007 at http://www.unicef.org/infobycountry/index.html.

Sample Basic Education Grants

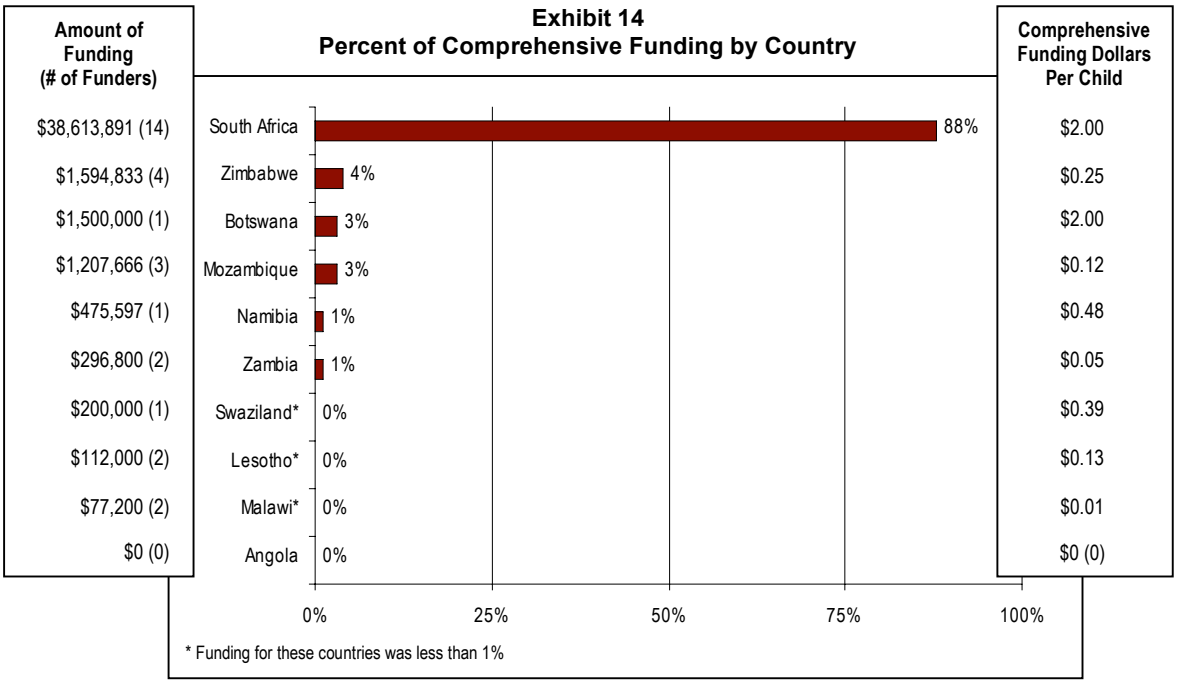
The McKnight Foundation made a grant totaling $45,000 to the JF Kapnek Trust. The Trust supports health and basic education programs across Zimbabwe. This grant went to support JF Kapnek's early childhood education pre-school program. The Trust is working in the Zvimba District of Zimbabwe to establishing community-based, rural preschools and centers for early childhood development.

The Cogitare Foundation made several grants, totaling close to $300,000, to the Tongabezi School Trust in Zambia. Launched in 1996, the Tongabezi School provides primary education to 116 children.

The Intel Foundation made grants totaling $800,000 to the Youth Development Trust in South Africa. The Youth Development Trust provides technical support and resources to support youth enrichment across the country. Its primary areas of focus are employment stimulation, sustainable enterprise development, and alternative educational strategies for a successful school-to-work transition. This grant was made to establish and operate computer clubhouses and provide technology-based classes. The goal of the program is to offer a safe after-school alternative for disadvantaged youth in which they can be mentored by adults and taught computer and other work skills.

Comprehensive Funding

South Africa received nine out of every ten dollars (88%) of funding for comprehensive health and basic education programs. This translates into an average of $2.00 per child in South Africa. Botswana is the only other country in this study that received a comparable per-child amount of funding dollars. All other countries received less than $0.50 per child in comprehensive funding dollars, with five countries receiving around $0.10 per child or less. See Exhibit 14 for details.



Sample Comprehensive Grants

Between the years 2002 and 2004, Global Fund for Children (GFC) made several general operating grants to the Cidadela das Crianças (Children's Town) in Mozambique. Launched in 1991, Children's Town provides schooling and other holistic services to vulnerable children through both a boarding and day-school program. The school has over 500 students with approximately 90 live-in residents. Working in partnership with the government to identify students from vulnerable populations (such as street children, orphans and abused and neglected children), the school serves grades 1-7 providing classroom-based learning and other skills-based and recreational programs. The school also provides health services including psychosocial programming to its students.

The Rockefeller Brothers Fund made grants to Ikamva Labantu in South Africa. Ikamva Labantu works with community-based organizations serving children, youth, adults, families, seniors and the disabled. These grants supported the Ithemba Labantwana project, through which preschool family centers provide child-centered, holistic services to children and their caregivers including: comprehensive early childhood development training, primary health care and psycho-social support, food security, and peer support programs.

Funding to National and International Organizations

Although the vast majority (88%) of the grant recipients were national organizations headquartered in one of the ten countries in this study, they received only 43% of the total funding. Furthermore, the grant amounts received by these organizations were much smaller than those received by international organizations headquartered outside of Africa. On average, national organizations received grants of $214,000 as compared to $1.9 million for international organizations. The exhibits below show that most of the grant recipients are headquartered in Africa, but that these national organizations received less than half of the grant dollars.

Exhibit 15
Percent of Grant Recipients by National (Africa) and International (US, Europe or Canada) Headquarters
(n=465)

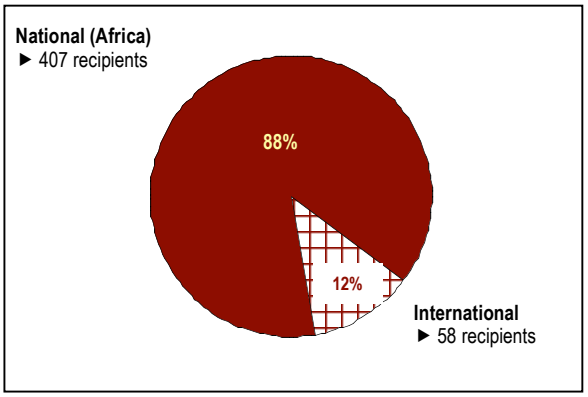
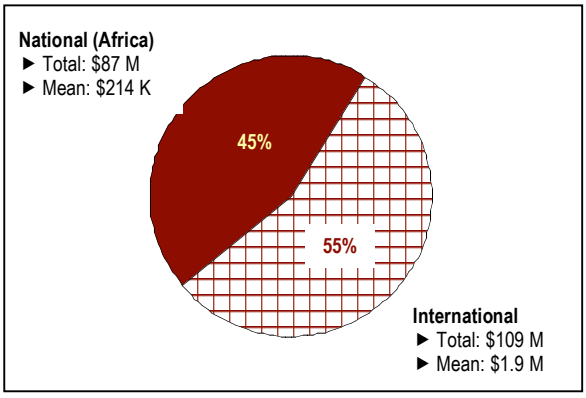


Exhibit 16
Percent of Grant Dollars by National (Africa) and International (US, Europe or Canada) Headquarters
(n=465)



Excluding the three largest funders in the study – Bill and Melinda Gates Foundation, Elizabeth Glaser Pediatric AIDS Foundation, and Oprah Winfrey Operating Foundation – national organizations comprised 92% of all implementing partners and received a larger absolute share of funding (63% or $61 million) than international organizations. However, international organizations, accounting for only 8% of implementing partners, still received a disproportionate share of funding (37%). **International organizations received contributions that, on average, were 3.5 times larger than those received by national organizations.**

Funding by Recipient Type

Although national organizations received 90% of grants (357 national NGOs and 40 national academic, research, and medical institutions), they received, on average, 800% less grant dollars ($879,262 compared to $110,030, respectively). See Exhibit 17 for additional detail.

Exhibit 17
Distribution of Funding by Recipient Type

Recipient Type	Total Funding per Recipient Type	Percent of Total Funding per Recipient Type	Number of Recipients by Type	Average Contributions by Recipient Type
Foundation-Operated Programs	$56,110,934	29%	8	$7,013,867
National Academic, Research and Medical Institutions	$45,505,800	23%	40	$1,137,645
National NGOs	$39,280,668	20%	357	$110,030
International NGOs	$15,826,720	8%	18	$879,262
Other Foundations	$14,353,954	7%	8	$1,794,244
United Nations Agencies	$11,880,356	6%	4	$2,970,089
International Academic, Research and Medical Institutions[4]	$11,873,553	6%	4	$2,968,388
Other	$1,060,000	1%	n/a	n/a
Unknown	$772,310	<1%	n/a	n/a
Total:	**$196,664,295**	**100%**	**439***	n/a

* Total number of recipients excludes organizations in the "other" and "unknown" categories.

The largest average contributions were made to foundation administered programs, United Nations agencies, and international academic, research and medical institutions. On average, foundation-operated programs received 7 times more funding than national academic, research, and medical institutions (approximately $7 million compared to approximately $1 million, respectively).

National academic, research and medical institutions received significant contributions on average. International funders made grants of sizable value to national organizations, indicating a willingness to invest in these types of African institutions.

[4] Note: Contributions received by "International Academic, Research and Medical Institutions" do not include $32 million (that were not allocated toward a specific country) received by the Columbia University Mailman School of Public Health.

VI. KEY OBSERVATIONS AND QUESTIONS RAISED

Need for Funding In Other Health Areas

Concentration of Health Funding in HIV/AIDS

- 63% of total private funding went to HIV/AIDS.
- 92% of funding for infectious diseases went to HIV/AIDS.
- Two of the top six killers of children are preterm delivery and asphyxia at birth, while only 8% of private funding goes to prenatal and postpartum care, and 6% to reproductive health.

Given the wide spread and crosscutting impact of HIV/AIDS, it is not surprising that the majority of the funding in this sample supported HIV/AIDS treatment programs. However, there was a clear lack of support for prevention and education as well as other health and non-HIV/AIDS treatment related programs. In fact, critical areas such as reproductive health and children protection received little support.

According to UNAIDS and the United Nation's Children's Fund, 2.3 million children in sub-Saharan Africa are HIV positive. World Health Organization (WHO) reports indicate that as of 2005, only ten to fifteen thousand children **worldwide** had access to HIV/AIDS drugs. Treatment for children can be more complex than for adults and is especially difficult given the shortage of pediatricians in Africa. While it is encouraging to see the overwhelming response of the funding community to this epidemic, the lack of funding for many other types of health programs raises many questions and concerns. Have funders shifted their resources away from other health programs in order to increase support for HIV/AIDS? In its efforts to respond to this devastating epidemic, has the funding community inadvertently neglected other important health issues facing children and youth in the region?

HIV/AIDS is a very serious threat to the survival of children and youth in Southern Africa. According to the World Health organization, "the surge of HIV/AIDS is directly responsible for up to 60% of child deaths in Africa"[5]. While it is undeniable that there is a significant need for funding to address this epidemic, only 1% of the estimated 60 million children living in these ten countries are HIV positive (UNICEF, 2005). Preventing HIV infection in uninfected children must be a clear priority, but there are also many other diseases and health issues that pose very serious threats to the health of children in this region. A study by the Johns Hopkins School of Public Health[6] reports that the six top causes of child mortality are pneumonia, diarrhea, malaria, neonatal sepsis, preterm delivery, and asphyxia at birth. In addition, 42% of child deaths under age five occur in Africa making the health needs of children in this region of utmost importance. Yet even within infectious diseases funding there were very clear gaps in support of programs for tuberculosis, malaria and other less common infectious diseases. Moreover, the majority of HIV/AIDS programs supported did not include support for programs to treat inter-related diseases such as tuberculosis.

While the funders in the study committed a significant amount of resources to support health programs many of the grants supported large-scale projects, clearly there is space for other funders interested in areas such as child protection, prenatal and post-partum care and reproductive health to increase support for these types of programs.

[5] http://www.who.int/whr/2003/chapter1/en/index2.html
[6] http://www.sciencedaily.com/releases/2005/03/050325145952.htm

Need for a More Holistic Approach

Fragmentation in the health care delivery system in Southern Africa, as well as the limited resources of private funders, can lead grantmakers to provide funding to combat one disease rather than to create a comprehensive plan promoting improvement in overall health indicators such as increased life expectancy or lowered child mortality rates. For example, an unintended consequence when the majority of funding narrowly focuses on preventing HIV/AIDS in infants in a community is that if these same children do not receive childhood immunizations, they will later die at a young age from a highly preventable disease such as measles or malaria.

Often, programs attacking individual diseases attract health workers away from other service delivery areas. A more comprehensive approach might examine how funding might be better used to link prevention and treatment of multiple diseases together.

Focusing on comprehensive health funding is important to bring needed resources to more holistic projects that aim to build healthcare delivery capacity and improve overall health outcomes. By pursuing such a strategy, funders will certainly contribute to increased well-being, while at the same time supporting projects that work *against* fragmentation in healthcare delivery.

Funding Allocated to International Organizations verses National Organizations

Overview of Key Indicators:
Concentration of Funding to International Organizations

- 56% of funding went to international organizations
- US organizations accounted for almost all international funding
- The remaining 44% went to national organizations.
- Less than half (40%) of the national NGO grantees are in the nine countries outside of South Africa
- The average grant size for international organizations is about $1.9 million, compared to about $214,000 for national organizations.

International organizations supported by the funders in this study received most of the funding and larger individual grants. This imbalance in funding can be attributed to several factors. National organizations may tend to be smaller, and less likely to have the reporting capacity that many funders require as a condition of their grants.[7] It may also be the case that grantmakers believe that international organizations have greater capacity to implement programs.

While this funding strategy may give funders the shorter-term accountability and efficacy they demand, such an approach means that funders are providing less support to the organizations that are closest to their communities. This approach can create a dilemma for grantmakers who want to fund organizations with robust capacity. Without support through technical assistance or grants that provide the opportunity to build capacity, it will be very difficult for these national organizations to attain the capacity needed to be attractive to funders.

[7] *Evolving Partnerships: The Role of NGOs in Basic Education in Africa*

The relative neglect of national organizations and programs risks long term failure. By not funding national organizations, and not focusing on local capacity building, grantmakers are missing valuable opportunities to not only support innovative programs, but also to contribute to building more robust infrastructure and systems in African nations. If programs are mostly implemented by international organizations, it will be more difficult to turn operations over to local personnel, and the advances made in health and education will be much less sustainable than they would be otherwise.

More Funding Needed for Basic Education Programs and Programs Combining Education with Health

Overview of Key Indicators:
Less Funding to Education and Comprehensive Programs

- 27% of total funding is for basic education.
- Excluding funding from the Oprah Winfrey Operating Foundation ($28 million) for the Leadership Academy for Girls in South Africa, only 15% of the funding goes to basic education.
- 22% of total funding is for comprehensive programs.
- Outside of South Africa, only 12% of total funding is for comprehensive programs.

A little over half of the private funding is dedicated to health programs. Despite the fact that educational needs are severe, less than one-third of the funding went to support basic education programs. In addition, the Oprah Winfrey funding for a single school in South Africa skews the findings. When that funding is removed, a better picture emerges showing a dramatic neglect of educational funding. Only 15% of total funding is for basic education and is almost exclusively earmarked for programs in South Africa alone. As previously discussed, the basic education needs of children in this region are enormous and the implications of a lack of funding in this space severe. Programs that strengthen educational opportunities for children are crucial not only to the many youth who do not have access to education, but also to the development of the region's future talent and leadership. For funders interested in supporting basic education programs, there are many entry points to support these types of programs in all ten of these countries. While more funding is needed for all types of basic education programs, early childhood education, general literacy, technology based programs and workforce development were areas in which funding was especially scare.

This study also highlights the lack of support among these funders for comprehensive programs that combine health and education goals. In countries other than South Africa, comprehensive funding was very low. These nine countries combined received only 12% of the total funding for comprehensive programs. It is certainly the case that education and health outcomes are inter-related, and so comprehensive funding may provide a valuable approach to improving outcomes in both areas. However, closer investigation of comprehensive funding reveals another funding gap. Comprehensive funding follows the trend of health funding with a concentration on one disease. The health aspect of this type of funding is focused predominantly on children infected with HIV/AIDS. Consequently, this study points to two funding gaps: the need for additional comprehensive funding *and* the need for comprehensive funding that focuses on diseases in addition to HIV/AIDS. While there is a need for comprehensive approaches to supporting infected children, efforts could be made to leverage the lessons learned from these grants to find innovative ways of supporting the cross-cutting needs of children in this region.

South Africa Attracts Majority of Funding

Overview of Key Indicators:
High Concentrated Funding to South Africa

- South Africa received 64% of total funding; the remaining 36% is divided among nine countries.
- 38% of the health funding went to South Africa.
- 92% of the basic education funding went to South Africa.
- The funding from the Oprah Winfrey Operating Foundation for the Leadership Academy for Girls in South Africa accounts for 52% of the total basic education funding.
- 88% of the comprehensive funding went to South Africa.
- Primary school enrollment is the second highest in the region (93%); secondary school enrollment is the highest (62%).
- South Africa has the second-lowest child mortality rate to age five (7%).

South Africa is one of ten countries examined in this study, and yet attracted two-thirds of the private funding. Moreover, organizations based in South Africa received significantly larger contributions than those based in the other nine countries. Grantmaking may concentrate on South Africa for many reasons. The country's history of apartheid heightened its profile internationally and left a legacy of a more developed infrastructure in major cities such as Johannesburg, Pretoria, and Capetown. Many people view South Africa as the economic lynchpin for the region and thus, view its success as crucial. However, the lack of support in the nine other countries presents an opportunity for funders interested in improving basic education and health for children and youth where there is great need.

The oil rich and war torn country of Angola faces many challenges in rebuilding its infrastructure and faces the challenge of over half of its children under the age of five considered malnourished. In Lesotho food insecurity and a rise in HIV/AIDS prevalence rates has caused its ranking on the human development index to decrease over the last ten years. Zimbabwe, once a thriving and growing economy, is facing internal strife that threatens to undermine its recent progress. Mozambique has made great strides in economic development since the end of its civil war but still ranks among the 20 poorest countries in the world. In Zambia, malaria is the leading cause of mortality and morbidity in pregnant women and children under five.

The children in these countries represent the future and the window of opportunity to help them to become strong leaders and build vibrant communities is now while they are young. The funders included this study are part of a larger philanthropic community working with international, national, and local organizations to improve the lives of children and youth in Southern Africa. Their support is making a crucial difference, but additional support is needed to ensure that all children in this region have the opportunity to grow into healthy adults and become leaders in their communities.

Questions to Consider

It is important to keep in mind that the trends discussed in the study apply only to the analysis of the sample of grants included, which were made primarily by funders based in the United States, and is only one slice of the overall funding picture of private support for health and basic education in Southern Africa. Nonetheless, the analysis provides important information useful to funders interested in this field.

In keeping with the mission and focus of the Africa Grantmakers' Affinity Group, this study concentrated on a sample of private funders. More information on the funders identified but not included in this report, as well as bilateral and multilateral funding would present a more comprehensive picture of funders active in this area.

But despite its limitations, this study does present information not available elsewhere and is a resource for those interested in gaining a better understanding of the funding landscape in these areas.

Three key gaps emerged from this study:

- Even given its population size, South Africa attracts far more funding than the other countries in the region. How can support be increased for basic education, health, and comprehensive programs in the nine other southern African countries in the study?

- Comprehensive programs have been most widespread in South Africa. Since these programs are more likely to have more holistic goals, it is worth investigating their outcomes. Do these programs have best practices to share with grantmakers? Can this be applied to other countries in the region?

- The long-term sustainability of infrastructure and effective programs depends on local expertise and capacity. How can grantmakers better support and build the capacity of national organizations?

AGAG is committed to continuing to explore these issues and questions, in support of the optimal effectiveness of all funders who aim to use their resources to improve health and education outcomes for children in Africa.

✦ ✦ ✦

VISION AND MISSION

The Africa Grantmakers' Affinity Group (AGAG) is a membership network of private funders. AGAG organizes activities to achieve its MISSION to promote increased and more effective funding in Africa through building and sharing knowledge and its VISION to be a resource for private funders and a trusted advocate for Africa within the philanthropy community.

Membership in AGAG is open to any private funder regardless of their geographic location.

STRATEGIC DIRECTIONS

KNOWLEDGE BUILDING

AGAG activities include research to map funding trends, and analyzing strategic grantmaking approaches, and organizing meetings where funders can share experiences and lessons learned about the effective use of funding resources. AGAG strives to build knowledge among members about major development initiatives in Africa that affect the grantmaking context.

KNOWLEDGE SHARING

AGAG organizes networking opportunities for funders to promote information sharing and increased collaboration and disseminates information about the field of foundation funding in Africa.

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