

KEY FINDINGS FROM THE SUMMARY REPORT

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
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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.

This is a summary of the key findings from a larger report that 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.

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 donors 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, this study provides information that is not readily available from other sources, and the mostly US funders included represent a significant part of the larger donor and philanthropic community supporting health and basic education programs in Southern Africa to improve the lives of children and youth.

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 so there is room for current funders to increase and expand their support and for more funders to become involved. It is our hope that this report will serve as a resource for those concerned about the needs of children and youth.

Copies of the full Summary Report can be requested via email by contacting nmutima@agag.org.





Organizations
in South
Africa
received larger
contributions
than
organizations
in the
other nine
countries.

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 com-

prehensive (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.

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 basic education 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, funding was more evenly disbursed across all categories of basic education. This is due to the large amount of funding (\$28 million) from the Oprah Winfrey Operating

Foundation for 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%).

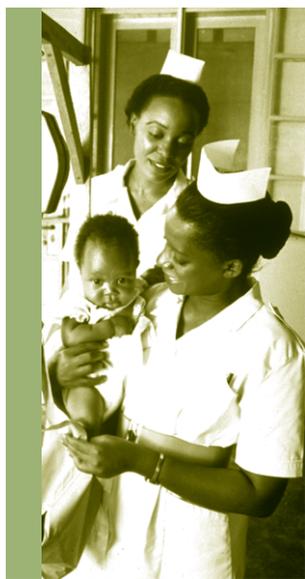
This finding held true irrespective of the funding of the top three funders. South Africa received: 34% of health funding (\$37 million), 92% of basic education funding (\$50 million), 89% of comprehensive funding (\$39 million), and 47% of HIV/AIDS funding (\$28 million)

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 (between 70-98%). Angola and Swaziland did not receive any funding for basic education programs from the funders in this sample.

National organizations received 88% of the grants yet 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.



CATEGORIES EXAMINED IN THIS REPORT

HEALTH

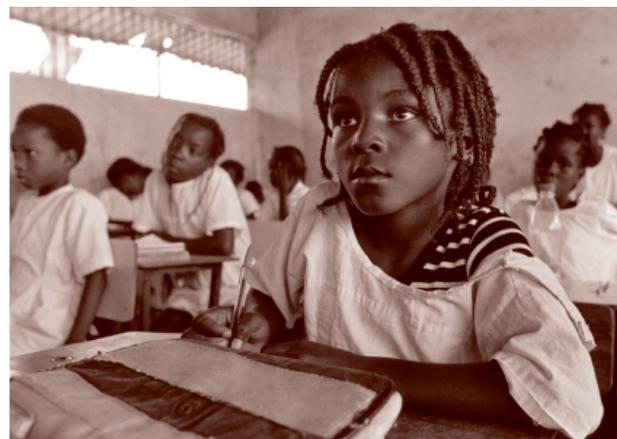
- Infectious Diseases
- Prenatal and Postpartum Care
- Reproductive Health
- Primary Health
- Child Protection
- Orphans and Vulnerable Children
- Research
- Disabilities
- General Health

BASIC EDUCATION

- Primary and Secondary Education
- Teacher Training
- Literacy
- Early Childhood
- Technology Training
- Workforce Development
- Education Research
- General Education

COMPREHENSIVE

- Supporting both Health and Basic Education



KEY OBSERVATIONS

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.

Need for more support in other health areas

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.

Need for a more holistic approach

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.

Need for more support to local organizations

While there are many reasons why funds chose different modes of funding, the relative neglect of support for national organizations and programs risks long term failure. By not funding local 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 implemented mostly 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.

Need for more support for basic education programs

Only 15% of total funding in the sample is for basic education and is almost exclusively earmarked for programs in South Africa. 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 low.

Need for more support for comprehensive programs

This study also highlights the lack of support for comprehensive programs that combine health and education goals. Excluding South Africa, combined funding to the remaining nine countries was 12% of the total funding for comprehensive programs. Support for comprehensive programs that combine the health and education needs of children and youth may provide a valuable approach to improving their overall well being and is an investment in the future of the community.



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. 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.

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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