



THE CENTER FOR
HIGH IMPACT PHILANTHROPY
The University of Pennsylvania

High Impact Giving Guide



2019



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HIGH IMPACT PHILANTHROPY**
The University of Pennsylvania

About the Center

The Center for High Impact Philanthropy (CHIP) is the only university-based center with a singular focus on philanthropy for social impact. Founded as a collaboration between the School of Social Policy & Practice and alumni of the Wharton School, it is a trusted source of knowledge and education to help donors around the world do more good.

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Contents



7



10



13 Disaster Relief

Help now, help later, help better

Nonprofits Making an Impact

5 Prevention Point Philadelphia

Save lives by funding a community harm reduction center

6 Meta House

Stabilize the lives of women living with substance use disorders

7 Lwala Community Alliance

Prevent needless death and ill health in Kenya

8 Last Mile Health

Provide essential health services to isolated rural communities in post-war Liberia

9 Partners in Health

Support community-based approaches to chronic and emerging health conditions in under-resourced communities

10 Child First

Facilitate better outcomes for vulnerable families with therapy and case management

11 Youth Guidance

Support at-risk adolescents by helping them to develop lifelong decision-making skills

12 College Advising Corps

Help underserved high schools staff up on college advisers



2019

Program Models Worth Noting

18 Campaign for Grade Level Reading

Raise student achievement by joining a coalition that mobilizes evidence-based solutions for child literacy

19 Career Academies

A programmatic model that engages high school students to explore college and career opportunities

Resources

20 Tips for Avoiding Fraud

21 Tips for Year-Round Impact

22 Our Latest Guidance

23 Upcoming Projects

24 More Resources for Identifying Nonprofits to Support

25 Nonprofits Mentioned in This Guide



Welcome to our annual High Impact Giving Guide, designed to help donors make a bigger difference with their philanthropic gifts.

In the beginning pages of this guide you'll find eight high impact opportunities handpicked by our team and analyzed for evidence of impact and cost-effectiveness (pages 5 to 12). With each opportunity, we provide background on a specific cause, an organization working effectively in that space, ways to contribute to the charity, and additional organizations doing similar work.

This year our analysts focused on organizations working with society's most vulnerable—and arguably forgotten—people: those recovering from substance abuse, hard-to-reach communities lacking access to basic healthcare, and students at various stages of life at risk of being left behind.

In some cases, many of these individuals are considered among the hardest to help. The programs and organizations we profile demonstrate daily that it can be done. The opposite page, for example, describes how one group helps those with substance use disorders get access to temporary emergency housing, medical treatment, and meals. A donation of \$50 can provide emergency shelter and food to someone at risk of dying from addiction.

Recovery from drug and alcohol addiction is challenging in its own right and even more grueling for women, as traditional treatment programs rarely take into account the additional burden of pregnancy or caring for children. On page 6, we detail how one program helps women and their children heal together by housing the children onsite and providing both parenting as well as youth services. A \$75 donation provides one month of career services while \$500 pays for three months of individual counseling sessions, both critical supports that help a mom and her children move on to more stable, healthier lives.

Donor dollars, when supporting the right efforts, can transform people's lives and communities. On pages 7-9 we feature three different organizations using community-based approaches to deliver healthcare. While distinct in their own right, these organizations deliver care to communities that are isolated due to physical distance, cultural discrimination or extreme poverty. Partners in Health on page 9, for instance, manages complex chronic diseases such as HIV or emerging infectious threats like Ebola through cost-effective home visitation programs and support groups. A donation of \$100 can provide essential community-based care and nutrition for a malnourished child in Haiti, while \$700 can provide a woman with full breast cancer treatment.

As in past years, we've updated our Disaster Relief guidance (page 13) emphasizing once again the importance of philanthropic support for long-term recovery efforts. This year, in addition to featuring specific organizations, we've also included profiles of two program models that allow donors to focus on the kind of advocacy and coalition-building that can create even greater, population-level impact (page 18).

This guide is just a sampling of what's available on our website. There you'll not only find additional high impact opportunities, but rigorous evidence of what experts in a particular field consider to be the most effective interventions. Though information on specific nonprofits may change from year to year, the evidence behind their impact often remains the same. To read more about the evidence behind the opportunities featured in this guide, see our website: www.impact.upenn.edu.

On behalf of our team, we hope this guide helps you translate your generosity and good intentions into high impact.

Kathleen M. Resquite

Founding Executive Director



Prevent Overdose Deaths

Save lives by funding a community harm reduction center

People living with substance use disorders are at risk of early death, not only from overdose, but also from infectious diseases such as HIV and hepatitis C. Homelessness, incarceration, and poverty exacerbate these risks. Community harm reduction centers save lives by addressing such individuals' immediate needs and stabilizing their environment. These centers also provide important links to care and human connection, particularly for the most vulnerable and isolated people with substance use disorders. Here is one such organization serving some 17,000 clients in Philadelphia.



Prevention Point Philadelphia (PPP)

WHAT IT DOES

Prevention Point Philadelphia (PPP) serves people in North Kensington, Philadelphia who use drugs. Many also experience incarceration, homelessness, and risk of disease spread by injection drug use. To address clients' basic medical needs—such as HIV testing and treatment, wound care, and

linkage to medical insurance—PPP operates a central clinic and drop-in center. PPP also supports clients through non-medical services such as a mailing address for clients without a home, legal aid, temporary emergency housing, and fresh meals. Clients who need additional support are assigned case managers for individualized medical treatment and connection to further resources such as long-term housing and public benefits.

PPP is also the only approved syringe exchange site in the city of Philadelphia, where individuals who use syringes for drug injection can trade them for clean ones. Decades of research show that such syringe exchange programs reduce HIV and hepatitis C infection among people who inject drugs, without encouraging or increasing drug use.

PPP also extends many of the services that are provided at its main location through

mobile health care sites, which increase its accessibility and build trust between PPP staff and the communities it serves. To address the rising number of opioid overdose deaths in Philadelphia, PPP has been educating clients and community members on overdose reversal and distributing naloxone, a highly effective drug that reverses opioid overdoses. In 2017 alone, PPP distributed more than 5,000 naloxone kits throughout the city.

HOW EFFECTIVE IS IT?

When PPP was established in 1992, 46% of new HIV diagnoses were attributed to injection drug use. This number had dropped to 5.6% by 2016. City health officials suggest that the decline in new HIV infections due to injection drug use is likely related to Philadelphia's syringe exchange work, for which PPP has been the only provider. Research also shows that getting naloxone directly to people who use opioids is best, because they are most likely to witness a peer overdose. According to PPP, of clients who use opioids and receive naloxone from PPP, over half report using the naloxone to reverse an overdose within six months of receiving it.

HOW YOU CAN HELP

Federal and Pennsylvania state laws still restrict the use of public funding for syringe exchange programs, despite the evidence behind them. For example, federal funds can only be used for some services, but not to purchase sterile needles or equipment for injecting drugs. Philanthropic funding covers the cost of such equipment; staff who distribute syringes; and costs related to clients' basic needs such as food. For example, \$4 buys lunch for a client; \$47 buys one night at PPP's emergency shelter, including breakfast and dinner; \$75 covers a kit containing two doses of life-saving naloxone. Donate any amount at <https://ppponline.org/>.

PERSONALIZE THIS PROJECT

To find an organization like PPP in your community, visit <http://harmreduction.org/>. Harm Reduction Coalition (HRC) works in states and at the federal level to advance support of overdose prevention and clean syringe access. It also provides capacity-building services to state agencies and nonprofits seeking to implement programs in their own communities.



Road to Recovery

Stabilize the lives of women living with substance use disorders

Addiction treatment programs that help women address challenges of pregnancy or caring for children achieve markedly better outcomes: increased abstinence from alcohol and illicit drugs, fewer days experiencing mental health symptoms, and healthier results for their children. Here's one program that provides childcare and family support to ensure women stay in treatment for as long as clinically necessary, resulting in better outcomes for both mother and child.



Meta House

WHAT IT DOES

At this Milwaukee, WI-based treatment center, more than 80% of women have endured trauma such as physical or childhood sexual abuse. Many clients also face the challenges of low education, high unemployment, and frequent homelessness. Meta House's residential program provides comprehensive services such as education on the effects of drug and alcohol use, individual and group therapy,

prenatal care, and vocational training. The program helps women and their kids heal together by housing clients' children onsite and providing both parenting programs as well as youth-related services such as a nursery and family play therapy.

Meta House served 502 women and 264 children in 2017. Of those women, 50% had used heroin and/or other opioids in the 30 days prior to admission. To address a rising burden of opioid addiction, Meta House has a nurse onsite who helps women with withdrawal management, often coordinating and monitoring medication-assisted treatment, an evidence-based way to treat substance use disorders. The nurse also educates mothers on caring for newborns who are withdrawing from opioids after birth.

HOW EFFECTIVE IS IT?

In 2015, only 44.2% of women discharged from long-term residential treatment na-

tionwide had completed their treatment. In comparison, according to Meta House's most recent external evaluation, 71% of its residential clients completed the program, as defined by national treatment guidelines. Research shows that pregnancy and lack of on-site childcare at addiction treatment facilities make women more likely to drop out of treatment, a fact that most treatment programs do not address. Meta House was one of the first programs in the country to allow clients' children to stay with them onsite, and continues to be one of only a few to do so. Babies born to such program participants are also 73% less likely to be born premature and 84% less likely to have a low birth weight, compared to similar babies whose mothers use illegal drugs during their pregnancies.

HOW YOU CAN HELP

Research shows that women who complete at least 90 days of treatment are significantly more likely to stay sober long-term than women who complete fewer days. However, public insurance does not always reimburse the full 90 days, even when treatment plans recommend it. Meta House works with 10 different sources of county, state, and federal funding to cover, at most, 86% of client treatment costs. Private donations can leverage government investment and ensure better outcomes by allowing clients to remain in treatment until they and their families are ready to successfully transition out. Three months of treatment for a pregnant mother, newborn and additional young child costs an average of \$3,350 in private, philanthropic funds. About \$500 covers three months of individual counseling sessions for a woman, and \$75 covers one month of career services. Donate any amount at <https://metahouse.org/>.

PERSONALIZE THIS PROJECT

To find similar family-centered treatment programs in your community, see grantees from SAMHSA's [Services Grant Program for Residential Treatment for Pregnant and Postpartum Women \(PPW\)](#). The federal government recognizes these as high-quality programs. Look for programs with comprehensive family care services, such as safe housing for women and children; parenting coaching; services for children (e.g., play therapy, academic assistance); and a focus on addressing trauma.



Direct Community Outreach

Prevent needless death and ill health in Kenya

Local organizations around the world are engaged in on-the-ground efforts to reach vulnerable communities by recruiting local people to become “community health workers” (CHWs) who help teach about life-saving healthy habits such as prenatal care, nutrition, vaccines, and proper sanitation and hygiene. Here we profile a community-founded organization that works to improve the health of residents in rural Migori County, Kenya.

as HIV/AIDS, when basic health services could have saved them.

Thanks in part to financial support from their entire community, the brothers attended medical school in the U.S. and subsequently helped build their village’s first clinic in 2007. Lwala now makes health services in its clinic, government facilities, and in the community more accessible to around 60,000 people.

Lwala employs 85 CHWs for direct community outreach to 11,000 people in its service area. To improve maternal and child health in particular, CHWs provide women and young children with basic health services such as childhood vaccinations, treatments for common illnesses, and contraception. Lwala Community Hospital is entirely staffed by local clinicians and provides outpatient, inpatient, HIV/AIDS, and maternity services. Lwala also provides training, mentorship, and quality improvement support for five additional government health facilities as part of

its commitment to help strengthen the local health system overall.

HOW EFFECTIVE IS IT?

With the help of university partners, Lwala conducted a household survey to assess maternal child health and HIV outcomes in 2017. It found that 97% of pregnant women in Lwala’s service area deliver their babies at a health facility with a skilled nurse, which is important for healthy birth outcomes, compared to a country average of 53%. The survey data also showed that the death rate of children under five in Lwala’s service area is less than half the regional average. What’s more, 93% of all clients testing positive for HIV are enrolled in care, either at Lwala Community Hospital or in other local health facilities. Additionally, everyone living with HIV has access to clinical care, a peer support group, and ongoing support from a community health worker.

HOW YOU CAN HELP

Philanthropy is particularly crucial for smaller nonprofits like Lwala that often find it more difficult to connect with both private and public international donors. In addition to certain basic resources provided by the Kenyan government (such as vaccines and essential medicines), Lwala estimates it costs \$11 per child to provide holistic health services for one year, including growth monitoring, malaria treatment, and nutrition support. About \$200 supports a CHW’s salary, supplies, and supervision for one month. Additional donations can also help fund a rigorous evaluation to both improve Lwala’s programming and help the Kenyan government make effective health investments. To donate any amount, visit <http://lwalacommunityalliance.org/donate/>.

PERSONALIZE THIS PROJECT

Other nonprofits that are using innovative ways to implement local health programs include [VillageReach](#), which supports CHWs in sub-Saharan Africa with essential communication, supply chain logistics—an overlooked aspect of reaching communities. [Living Goods](#) in Uganda/Kenya and [BRAC](#) in 11 countries use door-to-door entrepreneurial sales approaches to incentivize health workers and cover salary and distribution costs.



Lwala Community Alliance (Lwala)

WHAT IT DOES

Located in the province with the highest HIV rates in Kenya, this community has also faced a high number of preventable maternal and child deaths, as well as the ongoing threat of political violence. Lwala’s founders, brothers Drs. Milton and Fred Ochieng, grew up in Lwala Village and watched neighbors and family members needlessly die of causes such



A Bold Vision for Community Health

Provide essential health services to isolated rural communities in post-war Liberia

Over the past decade there has been tremendous progress made in improving global health. Yet, not all populations are experiencing the benefits: An estimated 5.9 million children still die each year from diseases that are easily preventable or treatable. Though the reasons behind avoidable cases of death and disease are as varied as they are complex, they generally involve a failure to reach populations due to poverty, geography, and political turmoil. Here we profile an organization that uses a community-based approach to delivering life-saving health services and education close to people's homes.

provide essential health services to isolated rural communities where approximately 29% of the country's population resides. To reach the closest healthcare facility, people in these communities often hiked hours through dense rainforest, rode motorbikes over unpaved roads, or even canoed across rivers.

Today, LMH serves more than 50,000 people in Liberia by training community health workers (CHWs) to reach these remote "last mile" communities directly. CHWs screen for diseases and provide a wide range of basic services, such as treating malaria, tracking vaccinations, teaching mothers how to breast-feed, and screening for signs of malnutrition. CHWs visit households monthly, and supervisors regularly visit to reinforce training, ensure quality of care, and connect residents to the broader healthcare system.

HOW EFFECTIVE IS IT?

In only a decade, LMH has increased access to essential services for top causes of preventable deaths, including malaria, diarrhea, and pneumonia, in difficult-to-reach communities. For example, LMH's analysis shows that from 2015 to 2016, in Rivercess County, treatment of childhood pneumonia, diarrhea, and fever by a health worker increased by 41 percentage points, while declining in surrounding areas. Published data also shows that in LMH's pilot county, Konobo, the number of women delivering their babies in healthcare facilities rose from 55.8% to 84% between 2012 and 2015. Delivering in a facility with the help of a trained birth attendant is an important factor in healthy birth outcomes.

Encouraged by LMH's success, the Ministry of Health is now partnering with the nonprofit to design and implement Liberia's National Community Health Assistant Program that aims to deploy 4,000 professional CHWs to serve all 1.2 million Liberians who live more than an hour's walk from the nearest health facility.

HOW YOU CAN HELP

Philanthropic support enables LMH to provide services at no cost to patients. For example, less than \$100 can supply a month's worth of essential medication and diagnostic tools for a CHW to care for roughly 350 fellow community members, and \$5,000 covers the cost of providing a nurse supervisor and a fully trained, professionalized CHW to one remote village for a year. To learn more and to donate any amount, visit <http://lastmile-health.org/donate/>.

PERSONALIZE THIS PROJECT

You can support additional organizations focused on community-based approaches to health in other parts of the world. **Last Mile Health** has a Community Health Academy that uses a digital platform-based approach to train and support thousands of new health workers globally. **Comprehensive Rural Health Project, Jamkhed**, in India uses community-based health to transform entire villages. Organizations around the globe come to its training center to learn community-based approaches.



Last Mile Health (LMH)

WHAT IT DOES

In 2003, a devastating 14-year civil war left Liberia with only 50 doctors to serve 4 million people nationwide. Four years later, a group of health professionals and war survivors started LMH in southeastern Liberia to



Neighbors Helping Neighbors

Support community-based approaches to chronic and emerging health conditions in under-resourced communities

Home visitation programs and support groups to motivate peers are important in transforming the health of isolated or vulnerable communities that face barriers due to distance, money, and/or social factors such as cultural discrimination, mistrust, and language. To date, such programs have been most used to prevent maternal and child deaths. Here we profile a nonprofit that is extending the application by managing more complex chronic diseases such as HIV and mental health or emerging infectious threats like Ebola, as community health needs evolve.



Partners in Health (PIH)

WHAT IT DOES

In the late 1990s, PIH pioneered community-based care for HIV-positive patients in rural Haiti. Such patients were previously considered too expensive and too complicated to treat in poor rural communities. Since then, PIH has hired and trained more than 12,000 community health workers (CHWs) around the world with their “accompaniment model,” which overcomes barriers such

as distance, cost, and stigma to reach people directly in their homes. These CHWs visit patients at home and become trusted sources of support while supervising treatment. PIH has demonstrated that this model is particularly effective for treating complex chronic diseases such as tuberculosis or HIV/AIDS that require strict adherence to medications.

HOW EFFECTIVE IS IT?

In addition to Haiti, PIH has supported countries such as Peru, Rwanda, and Sierra Leone in building community-based systems to address a range of health burdens, including tuberculosis, HIV, cancer, Ebola virus, mental health, maternal and child health, diabetes, and hypertension. The following are just two examples of their global impact.

Peru: Multidrug-Resistant Tuberculosis

Known locally in Lima as *Socios En Salud*, PIH has applied its accompaniment model

since 1996 to address multidrug-resistant tuberculosis, which requires patients to receive two or more years of daily treatment. This treatment regimen is difficult to maintain and often produces serious side effects. However, by training CHWs to monitor treatment, PIH has treated more than 10,500 people with multidrug-resistant tuberculosis as of 2018, with cure rates greater than 75%, some of the highest globally. PIH’s model has since been established as an international standard for treating multidrug-resistant tuberculosis around the world.

Sierra Leone: Ebola PIH began working with Sierra Leone’s Ministry of Health in September 2014 to address the spread of Ebola in rural communities. In partnership with local NGO Wellbody Alliance, PIH employed roughly 800 CHWs to identify those infected, connect them with treatment, and help fight stigma associated with Ebola survivors. By June 2015, these CHWs visited more than 1.1 million homes in Ebola-affected communities and used their local knowledge and community ties to educate villages on the importance of early diagnosis and seeking care. To address stigma and social isolation faced by Ebola survivors, PIH also offered vocational and literacy training, scholarships, and employment to survivors and their family members.

HOW YOU CAN HELP

A donation of \$100 can provide essential community-based care and nutrition for a malnourished child in Haiti. PIH is also bringing its model to new health issues, such as breast cancer, by training CHWs to identify early signs of breast cancer and connect women with local health centers—thus reducing the number of patients arriving at hospitals in later stages of cancer. A \$700 donation can provide a woman with full breast cancer treatment in Haiti. Donate any amount at: <https://www.pih.org/pages/donate/give-today>.

PERSONALIZE THIS PROJECT

PIH works in Haiti, Lesotho, Liberia, Malawi, Mexico, Navajo Nation, Peru, Russia, Rwanda, and Sierra Leone. PIH also supports local NGOs, including **Muso** in Mali, **Last Mile Health** in Liberia, and **Possible** in Nepal in applying community-based approaches in other countries.



All in the Family

Facilitate better outcomes for vulnerable families with therapy and case management

Children in foster care are almost three times as likely to be involved in the juvenile justice system and nearly four times as likely to be in special education compared to children living with their parents. Often, these kids have overlapping risk factors such as poverty, behavioral and learning problems, abuse and neglect—all of which leads to lower academic achievement and higher dropout rates. While social workers in public agencies can help, they often don't have the resources or time to coordinate the services these children and their families need. Here we profile an organization that provides in-home mental health care to families facing multiple challenges such as poverty, homelessness, domestic violence, and parental depression.



Child First

WHAT IT DOES

This home visitation family therapy program serves families with children under 6 years of age at risk for involvement in Child Protective Services (CPS). With 15 affiliated sites in Connecticut, five in North Carolina, and

three in Florida, Child First assists as many as 90 families per site by combining therapy with case management. Each family is teamed with a Mental Health/Developmental Clinician (who provides therapy and parental skill-building), and a Care Coordinator (who helps the family access other services they need, like transportation, housing assistance, healthcare, and child care).

Through therapy, Child First helps families understand the causes of negative behaviors and teaches positive responses, like managing anger, being nurturing and responsive, and getting the most out of play. Through care coordinators, Child First helps reduce the stress that comes from deep poverty and lack of resources. To make sure clients have

access to (and can afford) the services they need, Child First coordinates funding with state agencies, especially Medicaid.

HOW EFFECTIVE IS IT?

Children in Child First were 68% less likely than a randomly-assigned control group to have the kinds of language delays that might put them in special education, and were 42% less likely to have behavior problems like ADHD or aggression. Compared to mothers in the control group, Child First moms reported 64% fewer mental health problems, making them more able to care for their children. Perhaps most impressive: After three years, the percentage of Child First families still involved with CPS dropped substantially from 45% to 27%.

It costs about \$8,000 per family to provide the intervention, not including funds contributed by the state. Given this success rate, we estimate that, in total, it costs about \$44,000 for Child First to keep families out of CPS for three years. While that may seem high, it's nearly half of the \$86,000 it costs society to provide case management to a family in CPS for three years.

HOW YOU CAN HELP

Child First relies on philanthropy for expenses not covered by public funds including training, consultation, data collection, and evaluation. Overall, philanthropy makes up about 20% of the organization's budget. A donation of \$150 provides 30 hours of training for a staff member. To donate any amount, visit <http://www.childfirst.org/donate>.

Donors interested in helping the program expand to new areas can help fund start-up costs. More information about new sites can be found at: <http://www.childfirst.org/our-network/funding-replication>.

PERSONALIZE THIS PROJECT

If Child First is not in your area, there are other ways to support children and families with multiple, overlapping risk factors. **Youth Villages**, which focuses on adolescents, offers a suite of services to children and families involved with CPS including residential placement and support for foster parents. Its YVLifeSet program helps youth aging out of foster care to successfully transition into adulthood.



Youthful Endeavors

Support at-risk adolescents by helping them to develop lifelong decision-making skills

Adolescence is a time of both amazing potential and increased risk-taking. Young brains develop rapidly, learning new skills and preparing for adulthood. Peer relationships become more important, and some decisions become more consequential: whether to drop out of school, have unprotected sex, or experiment with drugs or crime. Helping adolescents make good decisions has an enormous impact on life trajectories. Here we profile two programs that target kids who are at elevated risk of making poor choices, given a history of family trauma, troubled academics or school behavior, and ubiquitous neighborhood violence.

tionships, dropping out of high school, and criminal activity.

Since girls and boys often face different problems and deal with them differently, Youth Guidance runs separate programs for each gender. Both involve weekly small-group, interactive sessions during the school day that allow for individual mentoring, group exercises, and role play. It also gives students a chance to problem-solve with peers and a professional counselor in a non-judgmental setting. Collectively, BAM and WOW serve about 8,000 youth in 110 schools throughout Chicago and Boston.

HOW EFFECTIVE IS IT?

An independent study of BAM showed large reductions in criminal activity and improved academic outcomes. Over a year-long period, BAM participants were 50% less likely to be

arrested for a violent crime than students in a randomly-assigned comparison group. They were also 19% more likely to graduate high school on time and were about two months ahead of their peers in academic learning. Since incarceration is so expensive, the study estimated a social return of up to \$30 for every \$1 invested based on crime reduction alone. Increases in earnings and decreases in social service use that come with high school graduation would add to the return on investment.

An independent study of WOW is still in progress. Thus far, internal results are encouraging: About two-thirds of participants experienced a decrease in symptoms of depression within a year, with greater effects for the most severely depressed.

HOW YOU CAN HELP

Donors can help bring BAM and WOW to new school districts, support expansion within existing districts, or assist with ongoing implementation costs not covered by public funds (usually about 30%). When expanding to new sites or cities, most school districts will often not fund the program until it has been tested—that is, until year 2 or 3 of the program—relying instead on philanthropy to absorb the risk. Even when the program is established, philanthropy is still needed to cover costs such as training, hiring, and evaluation.

BAM and WOW cost about \$2,300 per student for a year of the program, of which philanthropy covers about \$700. Donors can sponsor new groups at an existing school; supporting a group of 12 to 15 kids costs about \$10,000 per year. You can also help districts expand the program to a new school for about \$25,000, or fund expansion to a new district for \$115,000. To donate any amount, visit www.youth-guidance.org/how-to-give.

PERSONALIZE THIS PROJECT

Other organizations with similar philosophies that seek to improve adolescent decision-making include [Children's Aid Society's Carrera Program](#) in New York. It works with adolescent girls to prevent pregnancy by building hope, confidence, academic and life skills. [The Brotherhood/Sister Sol](#), also in New York, provides long-term support services for youth focusing on strengths, preparing for the future, and making sure they feel valued and loved.



Youth Guidance (BAM and WOW programs)

WHAT IT DOES

Youth Guidance's Becoming A Man (BAM) and Working on Womanhood (WOW) programs work with small groups of 12 to 15 students in grades 7 through 12, to develop important decision-making skills, especially those related to issues such as violence, rela-



College Bound

Help underserved high schools staff up on college advisers

College is increasingly important for employment at a living wage. However, low-income students and those whose parents did not graduate from college are less likely than their higher-income peers to enroll in (and finish) college. Reasons for this include family, peer, and school expectations, financial constraints, and a lack of information, particularly in low-resource schools where a single guidance counselor or college adviser may serve hundreds of students. Given the low odds of getting time with an adviser, students miss financial aid and application deadlines. Here's one organization that provides college advisers to underserved high schools.



College Advising Corps (CAC)

WHAT IT DOES

CAC recruits and places recent college graduates who act as dedicated college advisers in low-resource schools. It is the largest college access program in the U.S., serving 646 high schools in 14 states, plus online advising. The program provides students with individual support and helps build peer, family, and

school-wide expectations around attending college—both of which are critical components to getting more kids to apply in the first place. Advisers are integrated into the schools, working with students on the application and financial aid process, as well as coordinating with teachers, counselors and administrators to publicize events and services and integrate college preparation and applications into the syllabus.

CAC is housed at 25 partner colleges and universities, which recruit and train graduates to serve a two-year term as an adviser. The partner universities also fundraise for the program, and help with the administrative aspects of hiring and compensation through their HR departments. Adviser salaries are paid through the federal AmeriCorps program and some district funding, which brings down the cost to CAC and to partner colleges.

HOW EFFECTIVE IS IT?

Several independent studies showed that students in CAC schools are 37% more likely to apply to college than similar students in non-CAC schools, and were about 10% more likely to receive scholarships. An average of 11 more students in each high school attended college as a result of the program. Note that these differences apply to the whole school, not just the students who met with an adviser.

When we calculate the cost per impact, it costs about \$5,700 for a student to attend college who would not have otherwise. Considering that full-time workers with even some college earn over \$3,300 more per year than those with a high school diploma, this investment pays off substantially—and quickly.

HOW YOU CAN HELP

The CAC program costs an average of \$172 per student. AmeriCorps covers 13% of costs, about \$22 per student. The other \$150 comes mostly from philanthropy, which augments adviser stipends and benefits and covers costs such as training, travel, background checks, and professional development. There are two ways donors can help: giving to a local, college-based site or to the national office. At local sites, colleges and universities rely on philanthropy to help them cover costs of recruiting (information sessions, staff, etc.) and HR administration. To find a college or university partner program to support, visit <https://advisingcorps.org/our-work/where-we-work/>.

Donors can also support the national office, whose expenses include overseeing implementation and evaluation, finding new sites and starting programs, and designing and implementing innovative pilot programs like online advising. To donate, visit <https://advisingcorps.org/get-involved/>.

PERSONALIZE THIS PROJECT

There are other college advising programs that help students get to and through college, though at a smaller scale. **College Possible** and **uAspire**, for example, work with students to navigate all phases of the application and enrollment process and track students through college. **Peer Forward** trains high school leaders to motivate their fellow students to apply to and attend college.



Disaster Relief

Help now,
help later,
help better

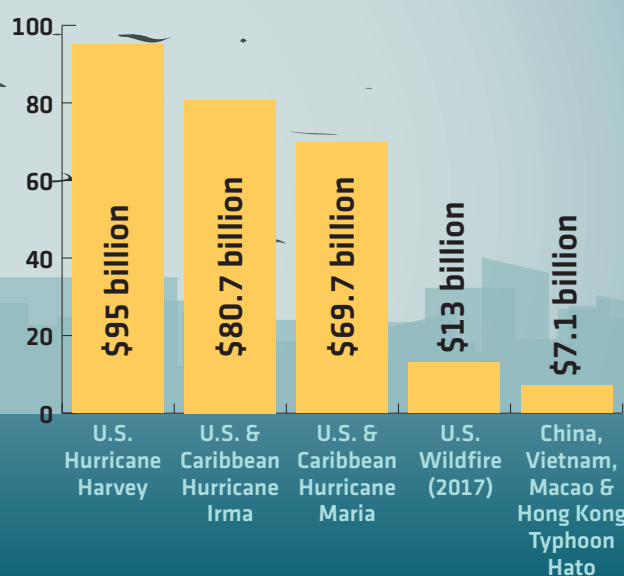
Disasters pull at the heart. People displaced by disasters have often lost everything and desperately need help. Globally, natural disasters such as hurricanes and earthquakes are less deadly than man-made ones such as war and famine. But their economic impact has risen sharply. The global mortality rate for 2017 for natural disasters is well below the average annual mortality of the past 10 years. Yet, the economic impact of such natural disasters has risen to a whopping \$334 billion in 2017. Disasters can inspire tremendous generosity. Keeping some guidelines in mind can make your giving more effective.

First, give cash, not goods. Unless people at the site of the disaster report that specific items are needed, sending cash is best. The early days of responding to a disaster are often chaotic. There isn't time to sort through donations, which then take up space or likely go to waste. Needs also change fast, and cash donations allow organizations responding to the disaster to shift purchases and programming as the situation evolves. If you want to give something more tangible, consult [NeedsList](#), which matches the specific needs of NGOs and disaster victims to donors and local suppliers of needed goods. Purchasing needed goods from local suppliers avoids shipping costs and supports the local economy in addition to helping victims.

Economic losses due to disasters

In addition to the human toll of disasters, there is an escalating long-term economic impact.

The Atlantic hurricanes that affected the U.S. and Caribbean account for the top four of five spots.



Source: https://reliefweb.int/sites/reliefweb.int/files/resources/adsr_2017.pdf

\$142 billion

The annual average loss from disasters between 2007 and 2016

\$334 billion

Economic loss from 2017 alone

Second, plan on recovery taking a long time.

For example, it has taken a full year for almost all communities in Puerto Rico to regain electricity after Hurricane Maria took out the island's power grid in September of 2017. In contrast, media and donor attention to a disaster is quite short. The [Center for Disaster Philanthropy](#) estimates that one-third of all giving is complete within one to four weeks of a disaster occurring; two-thirds of giving is complete one to two months after the disaster; six months post-disaster, giving has stopped. Full recovery efforts are typically on the scale of years, and philanthropy is still needed well after the event. Longer term recovery, risk mitigation and better preparedness also present unique opportunities for creating positive, long-term change as well as significant cost savings. (See Phases of Disaster Relief, page 17)

Strategies donors can use to combat this mismatch of short-term giving and long-term needs include giving to a pooled fund that gathers donations when attention is greatest but disburses grants to individual nonprofits

over a longer time period. Examples include several funds run by the Center for Disaster Philanthropy. Donors can also consider setting aside funds to make multi-year gifts to organizations which are engaged in longer term recovery efforts, and monitor the progress over time.

Finally, consider supporting efforts promoting innovation, coordination, and accountability.

Disasters are a fact of life, but we can get better at responding to and preparing for them. For example, in 2017, the [World Food Programme](#) assisted 19.2 million people at risk of starvation with cash transfers, amounting to 30% of WFP's food assistance portfolio. Dispensing cash instead of food where possible is a relatively new approach, and has reduced the cost of assistance, maximizing the number of people that can be reached, and allowing for more flexible and responsive help. Studies have shown that every \$1 given to a refugee or vulnerable citizen results in another \$2 in the local economy.

[RAPIDO](#), a coalition of six organizations

in Texas works to accelerate disaster recovery through a bottom-up community-based approach, considering architectural issues (such as inadequate building codes), as well as the social, economic, political and policy environment. For additional information on organizations focused on disaster accountability, see page 15.

What follows are short profiles of two types of disasters, with examples of nonprofits that are working to address both immediate and longer-term needs.

NATURAL DISASTERS: HURRICANES

Michael and Florence (2018)

Hurricane Michael struck the Florida panhandle in October 2018 as the fourth most powerful storm ever to hit the U.S. Michael caused widespread destruction in several coastal communities, and caused tornadoes in Georgia and flooding throughout North Carolina and Virginia. Michael's flooding added to significant damage previously caused by Hurricane Florence, which brought record

flooding throughout the Carolinas in September.

Dozens of people died in both storms and their aftermath. While many people lost homes, others such as migrant farm workers lost livelihoods as agricultural crops were destroyed. Many organizations that mobilized in advance of Florence have extended operations further south to also address the needs of victims of Michael. Organizations well-positioned to help include:

- **Americares** and **Direct Relief**. Both were on the ground in North Carolina before Hurricane Florence arrived, and have been providing emergency medicines and relief supplies to families displaced by both hurricanes.
- **Mercy Corps**. It has helped to address immediate needs through a partnership with **Team Rubicon**. The groups plan to utilize emergency cash assistance to the most affected and vulnerable communities, giving storm survivors the opportunity to purchase whatever supplies they need for recovery.
- **Episcopal Relief & Development**. It works with local partners to support seasonal farmworkers in rural areas, providing items such as water, food, cleaning supplies, clothing, and transportation to safe locations.
- Local and State Community Foundations (all with disaster relief funds established for longer term recovery). Examples include: the **Central Carolina Community Foundation**, **Foundation for the Carolinas**, **North Carolina Community Foundation**, and the **Florida Disaster Fund of the Volunteer Florida Foundation**.

Harvey, Irma, Maria (2017)

A staggering 25.8 million people were affected by Hurricanes Harvey, Irma, and Maria in 2017. Some 4.7 million people registered for federal assistance from FEMA, more than all who registered after Hurricanes Katrina, Rita, Wilma, and Sandy combined. Housing, access to healthcare, and food insecurity continue to be critical concerns, particularly for members of storm-affected communities who were vulnerable even before the hurricanes. For example, only about half of applicants in Puerto

Disaster Relief Accountability

Organizations ensuring effectiveness

Keeping track of organizations and their effectiveness is challenging, especially since the chaos of disasters can invite corruption or misuse of donor funds. Three nonprofit organizations that can help include: **Accountability Lab**, **The Disaster Accountability Project** (DAP), and **The Center for Disaster Philanthropy**.

Accountability Lab partners with local NGOs around the world to promote greater accountability and responsiveness of government and other institutions. After the Nepal earthquake, for example, Accountability Lab partners set up citizen “help desks” to coordinate relief efforts and serve as a conduit for on-the-ground information about what was and was not working.

DAP, meanwhile, has various reports investigating the effectiveness of agencies operating in a range of locations, including Haiti, Nepal, and New York after Superstorm Sandy. It also offers resources such as the Disaster Policy Wiki, which contains more than 1,000 post-disaster relief policy recommendations designed to improve management systems. And DAP’s SmartResponse curates “how to help” lists after disasters to support organizations that are local and more transparent.

The Center for Disaster Philanthropy tracks and provides information on various disasters, helps foundations and corporations come up with strategies for their disaster-related giving, and creates pooled disaster-related funds for which it helps vet grantees. The funds can be used flexibly to respond to changing conditions on the ground.





Worldwide, **more than 68 million people have been displaced from their homes.** Of these, over 25 million are considered refugees: people who left their own countries due to violence or a well-founded fear of persecution. **Half of these are children.**

Rico received any government housing assistance due to a lack of official property records as required by FEMA. Organizations working on these issues include:

- **All Hands and Hearts.** This nonprofit mobilizes volunteers to work on rebuilding schools, homes and other infrastructure projects along with communities affected by major disasters around the world. The organization develops part-

nerships with local groups, with goals of building long term resiliency as well as improving local capacity to handle future responses. For example, a partnership with **My Brother's Workshop** on St. Thomas helps provide construction job training and experience for local youth.

- **Local community foundations and funds.** Examples include the **Community Foundation of the U.S. Virgin Islands**, the Hurricane Harvey Relief fund at the

Greater Houston Community Foundation, and the Puerto Rico Real Time Recovery Fund managed by the nonprofit **ConPRmetidos.**

- **Local Food Banks.** **Feeding America** connects surplus food to local food banks and pantries around the U.S., including the U.S. Virgin Islands and Puerto Rico. Donors can give nationally or locally to specific food banks in hurricane affected communities.

MAN-MADE DISASTERS AND REFUGEES

Worldwide, more than 68 million people have been displaced from their homes. Of these, over 25 million are considered refugees: people who left their own countries due to violence or a well-founded fear of persecution. Half of these are children.

Some crises are relatively recent: For example, tensions between the Myanmar government and the Rohingya ethnic minority flared into widespread government-sponsored violence in 2016. Since then, nearly

900,000 Rohingya have fled to neighboring Bangladesh, gathering in what is now the largest refugee camp in the world. The civil war in Yemen has been intensifying since 2015, with horrifying consequences for the civilian population. Other conflicts, such as those in Syria and Sudan, have lasted much longer.

The Center for Disaster Philanthropy estimates that 48% of disaster philanthropy goes to natural disasters, yet only 17% goes to man-made ones despite more people being affected by such humanitarian crises. Donors can help make up this difference by supporting organizations providing urgent, humanitarian aid, as well as those helping refugees and displaced persons increase their self-sufficiency and long-term stability, including resettlement. Below is a sample of organizations involved in this work:

- **UNICEF – USA** provides immunizations, clean water, food, education, child protection, safe spaces, and post-trauma mental health care services to vulnerable children around the world, many of them refugees.
- **International Rescue Committee** supports refugees and victims of man-made/humanitarian crises. It provides emergency supplies and medical care, education for children, skill training for employment, and resettlement support.
- **Save the Children** supports children and their families by providing clean water, therapeutic feeding for malnutrition, access to health care services, cash vouchers for food support, and safe spaces for children to learn and play.
- **International Refugee Assistance Project (IRAP)** offers free legal aid to refugees who wish to resettle from their countries of first refuge. IRAP also litigates for refugee rights in local court systems, and leverages its grassroots network to identify and assist most at-risk refugees, such as female survivors of sexual or gender-based violence, children with medical emergencies, and persecuted religious minorities.

For additional information see our blogs: [Four Things You Can do to Support Refugees](#) and [Family Separation Crisis on the U.S. Border: How Donors Can Help](#).

Phases of Disaster Relief

Disaster relief involves four distinct phases. Needs persist long after the headlines fade. Funding beyond the initial phase is a huge opportunity for philanthropists to make a larger impact.





In this guide thus far, we have highlighted specific nonprofits that CHIP has analyzed for their potential for impact and cost effectiveness. In this section, we profile noteworthy models that focus on two separate stages in a student's career: reading literacy and real-world experiences. In addition to supporting strong programs, high impact philanthropy can also include advocacy, awareness raising, and providing support to public systems. The two models profiled below—while vastly different in who they serve—are examples of how donors can get involved in creating larger, systemic change at a population level. They both have a large geographical scope and allow donors to engage in coalition-building.



Campaign for Grade Level Reading (CGLR)

Raise student achievement by joining a coalition that mobilizes evidence-based solutions for child literacy

WHAT IT DOES

A child's ability to read by the end of third grade is a powerful predictor of school success. Students who don't read proficiently by the end of third grade are four times as likely to drop out of high school as students who do. Yet despite ample evidence-based research on what's needed for childhood literacy, only about a third of students read proficiently by fourth grade. Grade level reading is a solvable problem. The issue is in implementing and communicating best practices so that communities actually move the needle on third grade reading.

To address this, CGLR brings together a network of stakeholders in early childhood education (funders, municipal governments, community organizations, policy makers and national nonprofits) with the goal of making population-level improvement to third grade reading. It goes beyond the individual classroom, school or program to tackle the three issues that most affect third grade reading: attendance, kindergarten readiness, and summer learning.

CGLR promotes awareness about the importance of grade level reading, provides technical support to its network communities (including information about best practices, measurement/data collection, and effective policies), and facilitates learning across communities so that they can replicate effective approaches.



HOW EFFECTIVE IS IT?

CGLR is a systems-level intervention. Though different than direct-service programs, there are many ways to evaluate systems-level change. One is through reach: CGLR serves some 344 member communities in 43 states, up from 124 founding communities in 2012, reaching 16% of all U.S. public school students. It also serves more than 3,900 local organizations and more than 250 local funders.

CGLR measures its impact by the number of member communities that make population-level gains in its four core areas: atten-

dance, summer learning, school readiness, and third grade reading. Of the 344 communities, over half (187) have made significant progress—that is, a difference of 10% or higher—in at least one of these areas. About 47 communities have made significant progress in all four areas.

HOW YOU CAN HELP

CGLR is funded through the education nonprofit **Foundations, Inc.** which primarily provides back-end support. Donors can give to CGLR through the national network or through its community affiliates. Many communities are involved through school districts, United Way, libraries, or other local organizations. How philanthropy can help varies by community: \$250 to the Durham Partnership for Children can support teacher training in Durham, NC. Donations in Gulfport, MS go primarily to providing books to families; \$29 to the United Way provides books to a child for a year. In Arkansas, donors can sponsor events for local organizations and campaigns to meet, network, and share strategies for advocacy. And in Cedar Rapids, \$500 to United Way of East Central Iowa's CGLR can help pay for a year of early childhood education for a child. A full list of member communities can be found at <http://gradelevelreading.net/our-network/participating-communities>, or you can launch your own local coalition.

Contributions at the national level support efforts that help the entire network such as online learning, a forum for communities and funders to share ideas, and data analysis for member communities. To donate any amount, visit <http://www.foundationsinc.org/support-our-work/give-online>.



Career Academies

A programmatic model that engages high school students to explore college and career opportunities

WHAT IT DOES

For a young person seeking sustainable employment, a high school degree is a critical benchmark. While high school dropout rates in the U.S. have decreased over the last decade, some 500,000 students still drop out per year. Engaging high school students with real-world experiences and opportunities can keep them on track for on-time graduation, as well as better prepare them for college and satisfying employment.

Career academies operate as schools within high schools that allow students to take both career-related and academic courses, as well as acquiring work experience through partnerships with local employers. Career academies can be standalone schools, say, a performing arts school, or “small learning communities” of about 150 to 200 stu-

dents within larger high schools. Students are grouped by their career theme (such as information technology, health science or business) often in clusters of 50 to 75 students who remain together with the same teachers and support staff, allowing them to receive more individualized attention. These positive relationships are important: Teacher trust increases student attendance and grade point averages.

HOW EFFECTIVE IS IT?

A randomized control trial study of nine career academies in or near large U.S. urban districts found that participating students earned on average \$216 more a month than non-participating students—that’s enough to push a family of four out of poverty. This difference persisted through the end of the

study, eight years after the students graduated. Other studies have confirmed improved educational outcomes associated with the model. For example, one study in California found that career academies’ participants were less than half as likely to drop out of high school compared with non-academy students.

Launching new career academies cost about \$800 per student per year, including start-up costs, though costs reduce to about \$500 per student per year after the first few years. An independent cost-benefit analysis of California career academies found that they return at least \$3 for every dollar invested.

HOW YOU CAN HELP

Donors can support a local career academy directly or fund an intermediary nonprofit that helps career academies improve regionally/nationally: **The National Academy Foundation (NAF)** is a direct service organization, implementing their own academies in partnership with communities. NAF currently runs 644 academies across 36 states, serving about 100,000 students. To find a local NAF academy, visit <https://naf.org/naf-network/find-an-academy>.

The National Career Academy Coalition (NCAC) provides guidance to member schools on using evidence-based standards of practice, and maintains a list of “model” implementers here: <https://www.ncacinc.com/basic-page/ncac-model-academies-2012-present>. A gift of \$250 pays for annual membership to NCAC so its teachers can learn from national best practices, while \$4,000 covers four years of evaluation support necessary for school leaders to understand what’s going well and how they can improve. **The College & Career Academy Support Network (CCASN)**, at the University of California-Berkeley, provides career academy teachers, schools, and districts with professional development, coaching, materials, and technical assistance but also conducts ongoing research and policy work to determine what makes them successful.

In addition to philanthropic funding, donors can volunteer individually or help to create corporate partnerships through their workplaces so that the academies have a sustainable way to provide real-world work experiences to their students.

Tips for Avoiding Fraud



It's your right as a donor to conduct some due diligence—and even have some healthy skepticism—before committing your funds to a particular nonprofit organization. Just because someone asks you to support a worthy cause doesn't mean you can't take time to consider the nonprofit seeking your donation. The first step on the way to higher impact is to avoid fraud.

Here are some things you can do to avoid charitable fraud:

A SIMPLE INTERNET SEARCH

If a nonprofit, its staff, or its board has been the subject of negative press or an official investigation, that is a clear red flag to proceed with caution before committing funds. A simple internet search can identify red flags. In addition, nonprofits such as [GuideStar](#), [Charity Navigator](#), and [BBB Wise Giving Alliance](#) all provide free financial and program-

matic information to help donors understand the work of specific nonprofits.

REMEMBER THE DIFFERENCE BETWEEN A WORTHY CAUSE AND A WORTHY CHARITY

There are many good and worthy causes, but that doesn't mean that every charity addressing that cause is just as good. It's a distinction

that can be hard to remember when you feel strongly about a cause. It's also why one fraudulent cancer charity successfully raised so much money: Donors who had friends or family with cancer found it hard to say "no." They may have avoided the fraudulent charity altogether if donors had instead asked their friends and family: "Which nonprofits have really helped you?"

GET INVOLVED DIRECTLY WITH AN ORGANIZATION

By volunteering your time or speaking with staff or the people who benefit directly from the organization, you can get a first-hand look at how a nonprofit uses donor funds and other resources to benefit clients. You can also check our website for a wealth of information on how donors can maximize the impact of their giving.

COMMENTS...

Please send comments about this guide to impact@sp2.upenn.edu. As the publisher of this material, CHIP encourages the widespread circulation of our work and provides access to our content electronically without charge. You are welcome to excerpt, copy, quote, redistribute, or otherwise make our materials available to others provided that you acknowledge CHIP's authorship. Should you have any questions about this policy, please contact us at the above email. Print copies of this guidance are available for purchase.

Though information on specific nonprofits may change from year to year, the evidence behind their impact often remains the same. To read more about the evidence behind the opportunities featured in this guide, please refer to our website: www.impact.upenn.edu.



Tips for Year-Round Impact

All donors have a “philanthropic portfolio” that includes gifts that aren’t necessarily aimed at maximizing social impact. This includes impromptu donations to support our friends’ interests, thank you gifts to our alma mater or hospital, or contributions to our church or temple. Increasingly, donors are including social impact in their portfolios, asking, “How can my money do more good?” Here are tips to help you answer that question well:

FOCUS ON THE GOAL

As the saying goes, “if you don’t know where you’re going, any road will get you there.” High impact philanthropy starts by asking, “What is the philanthropic goal of this donation?” That goal could be feeding the hungry, ensuring all kids learn, reducing poverty, improving the lives of women and girls, or any number of other worthy causes. Personal experiences often lead donors to commit to a particular community or a particular cause. It is fine to let the heart choose the goal. Once you are clear about the goal, your head can help you find the programs and organizations that are well-positioned to reach that goal.

A LITTLE RESEARCH GOES A LONG WAY

Unlike a decade ago, donors no longer need to spend days doing their own due diligence or trying to interpret tax returns in the hope

of identifying a nonprofit worthy of their gift. Organizations like ours now exist to do the legwork so that individual donors can get to impact faster and with more confidence. The high impact opportunities profiled in this guide—and many more on our website—offer specific options that our team has analyzed for program efficacy and cost-effectiveness. Within each profile, we offer tips for getting involved in an issue, including what to look for in related nonprofits. Still can’t find what you’re looking for? You’ll find a wealth of free information on our website.

THINK “BANG FOR YOUR BUCK”

Not even the Gates Foundation has enough money to solve the problems it seeks to address. To do more good, every donor needs to ask, “How can my money go the farthest?” Comparing nonprofit organizations can help

answer that question, but don’t just look at their expenses. That’s literally only half the equation. Instead, compare what the organization spends overall to what it achieves. For example, less than \$100 can supply a month’s worth of essential medications and diagnostic tools for a community-health worker to care for roughly 350 fellow community members; a \$700 donation can significantly reduce a teenager’s risk of getting arrested and increase the chance of on-time high school graduation by developing important decision-making skills, related to issues like violence, relationships, and school; and \$3,350 can provide three months of specialized addiction treatment for a mother and her children. Another way to think of bang for buck is to compare costs with societal benefits: \$30 in societal benefits for every \$1 spent on effective crime-reduction programs. That’s bang for buck thinking where the “buck” is the money a nonprofit has to spend and the “bang” is what it’s able to achieve with that money.

By focusing on the goal, doing a little research, and thinking bang for buck, donors can make sure their annual giving reflects more than generosity and good intentions. It allows for year-round social impact.

Our Latest Guidance

CHIP's [website](#) offers a wealth of information on how to get the most bang for your philanthropic buck. In addition to donor guidance such as [Early Childhood Toolkit](#), [Improving Child Survival Rates](#), and [Lifting the Burden of Addiction](#), we produced the following in 2018 for impact-minded donors:



XX FACTOR GUIDEBOOK: HOW TO ALIGN FINANCIAL INVESTMENTS TO IMPROVE THE LIVES OF WOMEN AND GIRLS

Following up on 2017's XX Factor framework that gave donors an evidence-based playbook for generating the greatest impact for women and girls, we now offer a related guidebook for financial investors. Historically, many financial investments were designed to optimize for financial return, without considering social impact. This guidebook adapts the original XX Factor framework and shows how it can be used to help financial investors better align with philanthropic goals. One of the most important revelations to emerge from our research and analysis is that new and better information is making it easier to infuse our framework into both grant-making guidelines and investment policy statements.



COMMUNITY-BASED APPROACHES TO HEALTH: HOW ENGAGING LOCAL COMMUNITY MEMBERS CAN TRANSFORM THE HEALTH OF HARD-TO-REACH POPULATIONS

Over the past decade, CHIP has heard from academic researchers, nonprofit practitioners, and philanthropic funders about a particular set of effective health-related tools and practices that nonprofits are using to transform the health of some of the most difficult-to-reach populations. The approach involves engaging community members and delivering life-saving health services and education, often in people's homes or other local settings. In this guide, we examine this community-based approach to health delivery and show how nonprofits are using it to reach remote or underserved populations. We highlight this approach to show how donors can further support nonprofits trying to improve health and save lives when government resources are inadequate and families are too poor to pay out of pocket.



RECONNECTED: HELP IMPOVERISHED YOUNG ADULTS REWIRE THEIR LIFE TRAJECTORIES

Of the nearly 40 million Americans between the ages of 16 and 24 in the U.S., approximately five million are neither employed nor in school. Often called “disconnected youth” or “opportunity youth,” many of these young adults have experienced homelessness, substance abuse, and teen pregnancy. Still others have dropped out of the mainstream school system or been tangled up in the courts or foster systems—all of which contribute to work-limiting mental and physical disabilities and unemployment. This disconnection is not only difficult for the youth themselves, it is also costly to society in the long run. In this guide, we profile five organizations that have shown notable achievement in reconnecting youth. These organizations provide clear philanthropic on-ramps as well as evidence of effectiveness. In championing the work of these and similar organizations, donors can help young people at critical stages of their lives and assist them in reaching their untapped potential.



You'll find these guides—and much more—available for free on our website. The high impact opportunities are arranged by issue area and offer rigorous evidence of what experts in a particular field consider to be the most effective interventions.

Our Upcoming Guidance



HIGH-IMPACT WAYS TO STRENGTHEN DEMOCRACY

Multiple surveys over the past decade have revealed Americans' declining confidence in political institutions. Meanwhile, our politics appear to be growing more angry, loud, and hateful, leaving many Americans wondering about the future of our political system. Given these public sentiments, how can philanthropy strengthen democracy? Through literature review, relevant data analysis, and expert consultation with academics, funders, and practitioners, CHIP aims to answer the question. Our guidance will describe characteristics of a strong democracy; outline the most promising, evidence-based strategies for strengthening democracy—and provide indicators to help understand progress. Our partner in developing this guidance is Democracy Fund, a bipartisan foundation established by eBay founder and philanthropist Pierre Omidyar that invests in organizations working to ensure that our political system is able to withstand new challenges and deliver on its promise to the American people.



STRATEGIES TO BETTER ADDRESS MENTAL HEALTH AND ADDICTION

Mental health and addiction disorders are a leading cause of disability and poor health worldwide. They affect people in all societies, regardless of gender, culture, or socioeconomic status. In fact, approximately one in four people worldwide experience a mental disorder at some point in their lives. Yet, addressing mental health is complicated by issues related to stigma, limited use of evidence-based solutions, a narrow focus on treatment services, and misinformation. In 2019, CHIP will share guidance on the most effective philanthropic approaches to improve mental health and addiction in the U.S. and around the world—as well as indicators and risk profiles to help donors make strategic funding decisions. This guide will be aimed at both funders new to mental health and those already engaged in related work, recognizing the links between mental health and other social impact areas such as early childhood, women and girls, and criminal justice.



PHILANTHROPIC STAFFING MODELS

CHIP partners with the Bill & Melinda Gates Foundation to develop actionable guidance on ways high net worth donors can best staff their philanthropic organizations. The various staffing approaches that currently exist suggest that no single model meets the needs of all funders. We will identify current staffing model options and analyze their relative strengths and limitations. Our guidance will also include key principles, decision points, and illustrative case examples to help funders select and adapt the most appropriate model for their needs and social impact goals. Once developed, this guidance will be integrated into CHIP's Funder Education programs.

More Resources for Identifying Nonprofits to Support

Category	Name	Description	Website
Nonprofit Information	Guidestar	World's largest source of information on nonprofits	http://www.guidestar.org/Home.aspx
	Charity Navigator	Rates nonprofits on financial health, accountability, and transparency	https://www.charitynavigator.org/
	GreatNonprofits	Community-sourced stories about nonprofits, written by donors, volunteers, and beneficiaries	http://www.about.greatnonprofits.org/
	ImpactMatters	Provides "audits" of nonprofits that have proven evidence of impact	http://www.impactm.org/
Children & Youth (U.S.)	Blueprints for Healthy Youth Development (University of Colorado)	Registry of evidence-based youth development programs and best practices to improve the lives of children	http://www.blueprintsprograms.com/
	Child Trends	Catalogue of programs that work and those that don't for supporting kids	https://www.childtrends.org/
	KIDS COUNT	Premier source of data on children and family indicators in the U.S.	http://www.aecf.org/work/kids-count/
Violence Prevention (U.S.)	Center for the Study and Prevention of Violence (University of Colorado)	Identifies the most effective programs that promote behavioral, mental, physical, and academic health and success	https://cspv.colorado.edu/
Global Poverty	GiveWell	Rates charities based on empirical data, cost-effectiveness, and capacity for increased funding	https://www.givewell.org/
	Innovations for Poverty Action	Research on over 300 potential solutions to poverty	https://www.poverty-action.org/
	The Life You Can Save	Charities that aid the global poor vetted for record of effectiveness	https://www.thelifeyoucansave.org/
	The Abdul Latif Jameel Poverty Action Lab	Database of over 850 publicly available randomized evaluations of programs found to be effective	https://www.povertyactionlab.org/
Knowledge for smarter giving	Giving Compass	Curates content from many expert sources, including the Center for High Impact Philanthropy, with the goal of sharing knowledge in order to create social change	https://givingcompass.org/
	Root Cause Social Impact Research (SIR)	Reports on cause areas and topics for creating social change	http://www.rootcause.org/resources/
	IssueLab (a service of Foundation Center)	Organizes research from social sector organizations on 30+ cause areas	https://www.issuelab.org/

Nonprofits Mentioned in this Guide

Page	Organization	URL
5	Prevention Point Philadelphia	https://ppponline.org/
	Harm Reduction Coalition	http://harmreduction.org/
6	Meta House	http://metahouse.org/
	SAMHSA	https://www.samhsa.gov/grants/awards/2017/TI-17-007
7	Lwala Community Alliance	http://lwalacommunityalliance.org/
	VillageReach	http://www.villagereach.org/
	Living Goods	https://livinggoods.org/
	BRAC	http://www.brac.net/
8	Last Mile Health	http://lastmilehealth.org/
	Comprehensive Rural Health Project, Jamkhed	http://jamkhed.org/
9	Partners in Health	https://www.pih.org/
	Muso	https://www.musohealth.org/
	Last Mile Health	http://lastmilehealth.org/
	Possible	https://possiblehealth.org/
10	Child First	http://www.childfirst.org/
	Youth Villages/YV LifeSet	https://www.youthvillages.org/
11	Youth Guidance	https://www.youth-guidance.org/
	Children's Aid Society's Carrera Program	http://stopteenpregnancy.childrensaidsociety.org/
	The Brotherhood/Sister Sol	https://brotherhood-sistersol.org/
12	College Advising Corps	https://advisingcorps.org/
	College Possible	https://www.collegepossible.org/
	uAspire	https://www.uaspire.org/
	Peer Forward	https://www.peerforward.org/
13	NeedsList	https://needslist.co/
14	Center for Disaster Philanthropy	https://disasterphilanthropy.org/
	World Food Programme	https://www.wfpusa.org/
	RAPIDO	http://www.rapidorecovery.org/

Nonprofits Mentioned in this Guide

Page	Organization	URL
15	Americares	https://www.americares.org/
	Direct Relief	https://www.directrelief.org/
	Mercy Corps	https://www.mercycorps.org/
	Team Rubicon	https://teamrubiconusa.org/
	Episcopal Relief & Development	https://www.episcopalrelief.org/
	Central Carolina Community Foundation	https://www.yourfoundation.org/
	Foundation for the Carolinas	https://www.ffmpeg.org/
	North Carolina Community Foundation	https://www.nccommunityfoundation.org/
	Florida Disaster Fund of the Volunteer Florida Foundation	https://www.volunteerflorida.org/emergency-management/
	Accountability Lab	http://www.accountabilitylab.org/
	Disaster Accountability Project	http://disasteraccountability.org/
16	Center for Disaster Philanthropy	https://disasterphilanthropy.org/
	All Hands and Hearts	https://www.allhandsandhearts.org/
	My Brother's Workshop	http://www.mybrothersworkshop.org/
	Community Foundation of the U.S. Virgin Islands	https://www.cfvi.net/
	Greater Houston Community Foundation	https://ghcf.org/
	ConPRmetidos	https://www.conprmetidos.org/puerto-rico-hurricane-recovery-fund/
17	Feeding America	https://www.feedingamerica.org/
	UNICEF – USA	https://www.unicefusa.org/
	International Rescue Committee	https://www.rescue.org/
	Save the Children	https://www.savethechildren.org/
	International Refugee Assistance Project	https://refugeerights.org/
	Root Capital	https://rootcapital.org/
	Partners in Health	https://www.pih.org/
	Four Things You Can Do To Support Refugees	https://www.impact.upenn.edu/four-things-you-can-do-support-refugees/
18	Family Separation Crisis on the U.S. Border: How Donors Can Help	https://www.impact.upenn.edu/family-separation-crisis-us-border-donors-can-help/
	Campaign for Grade Level Reading	http://gradelevelreading.net/
	Foundations, Inc.	https://www.foundationsinc.org/

Nonprofits Mentioned in this Guide

Page	Organization	URL
19	The National Academy Foundation (NAF)	https://naf.org/
	The National Career Academy Coalition	https://www.ncacinc.com/
	The College & Career Academy Support Network	https://casn.berkeley.edu/
20	GuideStar	http://www.guidestar.org/Home.aspx
	Charity Navigator	http://www.charitynavigator.org/
	BBB Wise Giving Alliance	http://www.give.org
22	CHIP's Early Childhood Toolkit	https://www.impact.upenn.edu/toolkits/early-childhood-toolkit/
	CHIP's Improving Child Survival Rates	https://www.impact.upenn.edu/our-analysis/opportunities-to-achieve-impact/child-survival-guidance-for-donors/
	CHIP's Lifting the Burden of Addiction	https://www.impact.upenn.edu/our-analysis/opportunities-to-achieve-impact/lifting-the-burden-of-addiction/

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