



The Center for
High Impact Philanthropy
School of Social Policy & Practice
UNIVERSITY of PENNSYLVANIA

ANNUAL GUIDE

High Impact Giving in the Age of COVID



High Impact Giving in the Age of COVID

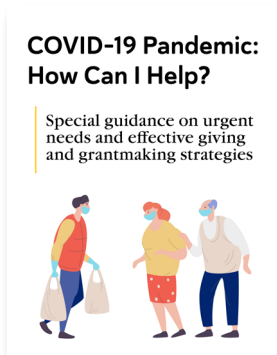


In this guide

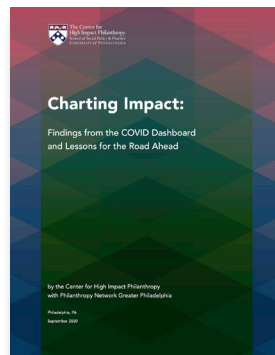
High impact giving in the age of COVID	3
Lessons and best practices for crisis grantmaking	4
Tips for practicing high impact philanthropy	5
Nonprofits making a difference	6
CareMessage Telehealth care management by text	7
Center for Employment Opportunities Providing jobs and connections to returning individuals	8
Child First Support for parents, caregivers, and children under stress	9
HOPE Closing the racial gap in economic mobility	10
Last Mile Health Continuity of care to rural communities	11
Resolve Philly Ensuring reliable, local news	12
Riders for Health Logistics to deliver rural health care	13
Soccer Without Borders Connecting youth in times of disruption	14
Springboard Collaborative Working with children and parents for literacy gains	15
Tips for avoiding fraud	16
More resources for giving	17
Nonprofits mentioned in this guide	19

Welcome to the 2021 High Impact Giving Guide, designed to help donors make a bigger difference with their philanthropic gifts.

The effects of COVID-19 made 2020 a year like no other, prompting all donors—whether they had \$5 or a billion dollars—to ask, “How Can I Help?” Timely, accurate information is central to making any good decision, but can be particularly difficult to access in times of crisis. For that reason, starting in March 2020, CHIP’s work has been focused on high impact philanthropy in the age of COVID-19. CHIP has launched multiple efforts to provide actionable guidance for the current pandemic.



[COVID-19 Pandemic: How Can I Help?](#) released in April, offers strategies for effective crisis grant making, urgent needs to address, and nonprofits to consider supporting. This guidance is a public resource accessible to anyone around the world seeking answers to that question. It builds on 13 years of providing disaster philanthropy guidance (e.g., prior [High Impact Philanthropy in the Downturn](#), [Haiti: How Can I Help?](#)).



[COVID-19 Response Dashboard](#), released in September, offers a unique, regional view, analyzing the immediate philanthropic response from 13 COVID-19 emergency funds in a 10-county Southeastern Pennsylvania and Southern New Jersey region. If you make grants to nonprofits, or are leading grantmaking for one of the many COVID-19 response funds, visit [Charting Impact: Findings from the COVID Dashboard and Lessons for the Road Ahead](#). In it, you’ll find our analysis of more than \$40 million in rapid-response grantmaking, as well as lessons for how all funders can respond better to the ongoing crisis.



[Health in Mind in the Age of COVID-19](#), released in December, expands on CHIP’s February guidance, [Health in Mind: A Philanthropic Guide for Mental Health and Addiction](#). We provide strategies and nonprofits helping those most at-risk of mental health issues due to COVID-19: frontline workers, children out of school and their families, and those struggling financially, with guidance for addressing the stark racial disparities laid bare by the pandemic.

While long-awaited vaccines and therapies are being distributed, the crisis continues. Infections and hospitalizations continue to spike. The most effective, widely implemented tool for containing the disease—social distancing—continues to leave schools struggling with virtual and hybrid delivery, millions without a livelihood, and people around the world isolated from both loved ones and those who would normally provide support. Against this backdrop, the question for individual donors and institutional grantmakers still remains: *How can I help?*

This guide incorporates what we have learned about best practices in crisis grantmaking and the ways COVID-19 is affecting communities. It contains profiles of nonprofits working in a broad range of cause areas touched by the pandemic: health, education, economic development, and reliable information. Nonprofits are a critical asset in crisis response and recovery. With your help, they and the communities they serve can weather the current crisis and build back better, in 2021 and beyond.

Lessons and best practices for crisis grantmaking

In times of crisis, the ability to address needs as they emerge is critical. No matter which nonprofit you support, whether you have \$10 to give or \$10,000, here's how you can help address needs during the pandemic.

GIVE IMMEDIATELY

The scale of this crisis means all nonprofit organizations—and the communities they serve—are affected. Giving immediately shores up the nonprofit infrastructure that every community relies on. Start first with the nonprofits you already know and trust, especially when they serve those already vulnerable to COVID-19 (e.g., older adults, anyone with serious underlying medical conditions, disabled people, pregnant women, and people experiencing homelessness) and those at risk due to their work (e.g., health care workers, first responders, and essential workers in retail, pharmacy, transit, farms, deliveries, warehouses, and manufacturing).



GIVE FLEXIBLY

Now is the time to consider removing restrictions of timing or purpose. For example, if you are an individual who gives a small amount every month and can afford to, make a larger donation at one time. If you are a grantmaker who gives restricted grants, consider converting those grants to general operating/emergency funding and give grants now that you had originally flagged for later in the fiscal year.



GIVE CONSISTENTLY

Organizations that received an early influx of relief need continued support. History shows that disaster funding peaks early and decreases quickly over time. According to the [Center for Disaster Philanthropy](#), a third of private giving happens in the first four weeks of a sudden disaster and two-thirds within two months, then giving stops almost completely after five or six months with less funding for recovery. Unlike sudden natural disasters, the devastation and loss of life from COVID-19 has already lasted nearly a year, and is likely to continue even as vaccines are approved, manufactured, and distributed.



PREPARE FOR THE NEXT CRISIS

There will always be another crisis, often before the first is resolved, as we saw when the COVID-19 pandemic overlapped with destructive storms, a catastrophic explosion in Beirut, and ongoing refugee crises. To learn more about disaster response, visit CHIP's Guidance: [Help Now](#), [Help Later](#), [Help Better](#) and [Phases of Disaster Recovery](#).





Tips for Practicing High Impact Philanthropy

All donors have a “philanthropic portfolio” that includes gifts that aren’t necessarily aimed at maximizing social impact. That is especially true during a crisis. At the beginning of the COVID-19 pandemic, you may have found yourself making impromptu donations to respond to urgent asks or compelling stories that emerged. As the crisis stretches on and you ask yourself, “How can my money do more good?”, here are tips to 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 non-

profits. Still can’t find what you’re looking for? You’ll find a wealth of free information on our website and in the resources at the end of this guide.

THINK “BANG FOR YOUR BUCK”

Even with the influx of giving throughout COVID-19, there is never enough money to solve every problem. 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, a \$1 donation can translate to enough food for 15 meals at a global food bank. \$500 can connect five new families to telehealth services for new mothers and infants. \$1000 can provide transportation and utility payments to help support an individual who has lost their livelihood from COVID-19. 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.

Nonprofits Making a Difference

COVID-19 is affecting health, economic security, and education worldwide. And amid what WHO calls an “infodemic” in the U.S., citizens are also looking for trusted, relevant local information on emerging solutions and resources.

Through our guidance [COVID-19 Pandemic: How Can I Help?](#) and our [COVID-19 Response Dashboard and report](#), we identified key areas of need:

- Health, mental health and addiction, and nutrition
- Education, including child care
- Economic opportunity and relief
- Reliable information

Here we profile 9 nonprofits addressing those needs. During the COVID-19 pandemic, nearly every nonprofit has been affected, whether through increased demand for services, reduced ability to fulfill mission, reduced revenues through cancellation of events or services. We looked for organizations whose work had evidence of high impact before the pandemic, and who have now successfully adapted their programming within the restrictions and safe practices required by COVID-19. We especially looked for organizations that are serving populations impacted during COVID-19, such as people living in hard-to-reach communities globally and in the U.S., those with existing health conditions, low-income families, Black, indigenous, and people of color (BIPOC), and those with diverse leadership that reflects the people served.

The organizations we feature include **Child First** and **Springboard Collaborative**, which work with parents and young children for mental health and literacy respectively; **Soccer Without Borders**, which supports refugee and immigrant children socially, emotionally, and academically through the world’s most popular sport; **Last Mile Health** and **Riders for Health**, which deliver needed health care in hard-to-reach communities in Africa; **HOPE**, a financial enterprise empowering communities of color in the U.S. Deep South; **Center for Employment Opportunities**, which provides training and work for people returning from incarceration; **CareMessage** and **Resolve Philly**, which are using text delivery to communicate about health and critical local news during the COVID-19 crisis. While the pandemic created tremendous, wide-reaching need and disruption, the programs and organizations we profile demonstrate daily that positive impact can be created under the most trying circumstances.



For more organizations that are making a difference, visit the CHIP website to find [COVID-19 Pandemic: How Can I Help?](#), [Health in Mind in the Age of COVID-19](#), and more.



SPOTLIGHT ON BEACON AWARDS HONOREES

Among the profiles in this guide are organizations recognized by the Lipman Family Prize Beacon Awards in 2020. The Lipman Family Prize is administered by the Wharton School, engaging faculty, staff, and students from across the University of Pennsylvania with collaboration, training, and analysis from CHIP. The Beacon Awards recognize the leadership of previous Lipman Family Prize honorees shaping and advancing effective models and practice in the social sector.

Look for profiles of the co-winners, **CareMessage** and **HOPE**, as well as **Soccer Without Borders**, one of the finalists, and semifinalist **Riders for Health**. Learn more about the Beacon Awards, the other two finalists, **READ Global** and **iDE**, and previous honorees at the [Lipman Family Prize site](#).





CareMessage

Telehealth care management by text

Chronic diseases such as heart disease and diabetes require continued treatment and behavior management. The COVID-19 pandemic has spotlighted the importance of communication between healthcare providers and patients for ensuring follow up care, especially when in-person appointments are not feasible. CareMessage helps close communication gaps with text messages.

WHAT IT DOES

CareMessage provides a technology service to health care centers and free clinics that allows them to send customized text messages to their patients to help low-income and uninsured communities manage chronic diseases. The vast majority of their customers' patients (74%, excluding free clinics which do not report demographic data) are racial and ethnic minorities, groups that have been disproportionately affected by COVID-19.

CareMessage's service reminds patients of upcoming appointments, provides referrals to specialists and preventative screenings, and delivers curated educational content to help patients manage long-term disease. This technology helps over 350 clinics and other social safety net organizations communicate with 1.6 million patients per month across 41 states in the United States. In total, more than 7 million patients are reachable on the platform.

Unlike similar for-profit services, CareMessage specializes in health education, with an intense focus on the underserved community. The nonprofit has developed proprietary programs informed by findings in the medical literature, clinical reviews, and user feedback. It partners with independent, third-party re-

searchers to rigorously measure the effectiveness of its programs in driving clinical outcomes for patients. CareMessage focuses on chronic diseases and other health issues where there is opportunity for improving health outcomes for the most patients through modifying patient behavior.

In response to COVID-19, CareMessage recognized the increased need for telehealth services and launched CMLight, a COVID-19 specific version of CareMessage offered at no cost through targeted philanthropic support. The organization also publicly released their COVID-19 message library, with messages available in both English and Spanish, so that health centers everywhere can utilize them, even if they're not a CareMessage customer. This is continually updated with the latest guidance from health officials. CMLight drove significant increases in use of the platform: over 11 million messages were sent specifically for COVID-19 in the first two months of the product, compared to approximately 6 million total messages on their platform in a typical two-month period. Around 1.6 million messages have been sent on topics like food and housing, which have been dramatically impacted by the pandemic.

HOW EFFECTIVE IT IS

Clinics who use CareMessage report being able to operate more efficiently by reducing no-shows, filling more appointments, and getting more feedback from patients. CareMessage customers experience reductions in no shows consistently ranging from 5% to 12%, and as high as 75%. One clinic reported that participation in breast cancer screening rose from 20% to 63% among patients who received CareMessage texts. Another clinic saw responses to its annual patient satisfaction survey increase from 300 to 1,000 of its 2,500 patients at a fraction of the staff effort using CareMessage.

CareMessage can point to several studies demonstrating the impact of their intervention. A 2017 randomized control trial assigned patients suffering from nonalcoholic fatty liver disease (NAFLD) to counseling on healthy diet and exercise. Over the 22-week period of the study, the treatment group lost an average of 6.9 pounds compared to 1.8 pounds gained by the control group. Patients enrolled in CareMessage programs have reported that they felt supported as though "someone was worrying about their health."

A clinic that adopted CMLight wrote, "Our high-risk patients were able to feel connected with us, and we were able to cut down our workload by notifying negative COVID-19 patients via text message, as well as completing weekly outreach campaigns for preventive care."

HOW YOU CAN HELP

CareMessage finances its programs through a mix of philanthropy and earned revenue, where fees paid by health centers and free clinics cover 72% of their yearly expenses. Health centers pay market rates (\$10,000-\$250,000 per year depending on the size of the clinic), while free clinics pay a nominal fee of \$250. Philanthropic contributions are particularly important to expanding these below-market-rate offerings, and CareMessage estimates that \$100 helps support the use of their platform for approximately 100 patients. Support CareMessage at their website.

MORE WAYS TO HELP

Outside the U.S., community health workers play a similar role in care management. For an example of a nonprofit using this model, see CHIP's profile of [Last Mile Health](#). Like CareMessage, it has adapted its programs to a digital platform to ensure safe delivery during COVID-19. To learn more about community health models, visit CHIP's guidance, [Community-Based Approaches to Health](#).



Center for Employment Opportunities

Providing jobs and connections to returning individuals

Returning home from incarceration is a time of economic risk, worsened in recent months by the effects of COVID-19. Business closures have made finding new employment difficult. This has disproportionately affected low-income communities of color, to which many incarcerated individuals return. Due to the high risk of community spread for the virus in correctional environments, many jails, state departments of correction, and the Federal Bureau of Prisons have released people early. Center for Employment Opportunities (CEO) is supporting returning individuals at this especially crucial time.

WHAT IT DOES

CEO immediately connects an individual returning home from a period of incarceration with a transitional job, skills training, and ongoing career support. This leads to full-time job placement and post-placement retention support services. Initially, work on a maintenance crew provides an immediate opportunity to earn a paycheck and build skills—as early as four days after signing up. In total, CEO operates in 30 cities in 11 states.

Participants earn a paycheck while building connections with staff, creating a work history, and connecting to more comprehensive services. They meet one-on-one with a coach regularly while in the program, and up to a year after job placement. Individual and group programming emphasizes the practical skills of getting and maintaining a job (interviewing, dealing with conflict, how to describe past conviction). Participants receive monthly stipends for maintaining employment and meeting with their CEO coach. If they lose a job, they can re-enroll in transitional work during their job search. In addition to sup-

porting participants, CEO works with private partners to recruit and support employers open to hiring CEO graduates.

In response to the pandemic, CEO, as much as safely possible, has kept their transitional work crews operating, understanding the importance of a daily wage for their clients. CEO program participants provided, and continue to provide, essential services during this pandemic. Between March and November 2020, CEO enrolled approximately 2,500 participants directly in services. This represented a decrease from 2019, driven by needed program modifications to ensure safety and social distancing in accordance with health authority guidelines. For example, on CEO crews that use passenger vans for daily transportation to and from the work site, reduced capacity allowed for safe social distancing during the work day. CEO also partnered with state and local governments to maintain state roads and public parks; provide enhanced cleaning services to public buildings and housing; and assist local food banks with food distribution. Furthermore, other crucial supports like job

coaches and business account managers continued to work remotely with clients and help those who lost their job regain employment.

To fill the gap in services due to COVID-driven program capacity reductions, CEO began the Returning Citizen Stimulus (RCS) program. The RCS provided up to \$2,750 in cash assistance to more than 8,000 program participants. CEO partnered with other reentry organizations in six cities to provide income support to their clients as well. In total, CEO has distributed more than \$270,000 in support.

HOW EFFECTIVE IT IS

CEO's model of job readiness and employment placement is proven effective. Stable employment is a strong predictor of lower long-term recidivism. A rigorous study found that CEO reduced the three-year recidivism rate by up to 22% for participants recently released from prison, with particularly strong effects for the most high-risk groups such as young adults, those without a high school diploma or GED, and those with prior convictions. The same external study estimates that, based on overall effectiveness, the program generates between \$1.26 and \$3.85 in benefits to society per \$1.00 of cost.

HOW YOU CAN HELP

The cost of providing CEO services is approximately \$6,000 per participant for the year-long program, including \$1,000 in direct payments to participants. You can fund CEO at a national level, or provide support to any one of their community-based offices in California (Los Angeles, Marin, Oakland, San Bernardino, San Diego, San Jose, Sacramento, Fresno, and Riverside); Colorado (Colorado Springs, Denver); Kentucky (Louisville); Louisiana (New Orleans); Michigan (Detroit); New York (Albany, the Bronx, Buffalo, Manhattan, Rochester); North Carolina (Charlotte); Ohio (Cincinnati, Cleveland, Columbus); Oklahoma (Oklahoma, Tulsa); Pennsylvania (Harrisburg, Philadelphia, Pittsburgh); and Tennessee (Memphis). Donate at the [CEO website](#).

MORE WAYS TO HELP

To support the mental health and wellbeing of reentering individuals, [Homeboy Industries](#) provides therapeutic services in the Los Angeles area, while also connecting formerly incarcerated individuals to other key supports and employment opportunities (i.e., via social enterprises).



Child First

Support for parents, caregivers, and children under stress

The COVID-19 pandemic has exacerbated the challenges for low-income families with children. Child First is working with families in new and innovative ways so that they can receive critical, consistent services during this unpredictable time.

WHAT IT DOES

Child First is an evidence-based program that delivers therapy for both parents and children in the home for families with children under 6 years of age. Each family is connected with a Child First team, made up of a mental health/developmental clinician and a care coordinator. This two-generation support builds strong, nurturing, caregiver-child relationships, promotes adult capacity, and connects families with needed services. Child First's home-based intervention has proven to reduce child abuse and neglect.

Child First currently has 15 affiliate sites in Connecticut, five in North Carolina, and three in Florida. Each team, working out of the affiliate sites, serves an average of 23 families a year. 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.

At the start of the COVID-19 pandemic in March 2020, Child First teams of care coordinators and mental health clinicians immediately transitioned to providing services via telehealth. All affiliate sites are providing "visits" remotely, contacting families via video conference or phone. In September 2020, 12% of ser-

vices were provided in-person, under special circumstances with safety guidelines followed.

Child First provided intensive training to affiliate site staff so that they were able to be effective with tele-visits. By staying connected, they are able to assess the level of risk and needs of each of their families. Needs vary and can include maternal depression, substance abuse, child welfare involvement, major child behavioral challenges, domestic violence, chronic and acute health problems, food insecurity, housing instability, and job loss.

Emergency funding during the pandemic supports basic needs for families including delivery and access to technology, food, appliances, diapers, utilities, and housing. For one family in Florida, this emergency funding was used to move the family into a new trailer home which was necessary to preserve their health and safety. Care coordinators have also learned to navigate families' medical needs, often locating necessary resources and supporting families who do not speak English.

HOW EFFECTIVE IT IS

According to a randomized control trial before COVID-19, children in Child First were 68% less likely than a control group to have the kinds of language delays that might put them in special education. They were also 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.

After three years, the percentage of Child First families compared to control families still involved with Child Protective Services (CPS) dropped substantially from 45% to 27%. Child First is cost effective: the intervention costs about \$9,000 to \$10,000 per family compared to the \$86,000 to provide traditional case management to a family in CPS for three years.

Since instituting telehealth during the pandemic, demand continues for Child First services, with a steady increase in the number of families seen from April–October 2019 to April–October 2020. Child First staff have identified new and creative methods to maintain a therapeutic relationship with families via telehealth; although the average time spent with a client per visit has decreased, the average number of contacts per client has increased by 14%, and discharges have decreased by almost half. Telehealth also provides increased flexibility when accommodating families' schedules and reaching families in rural areas.

HOW YOU CAN HELP

Child First is actively expanding to new states, and philanthropy is a critical source of start-up funding that supports Child First's ability to reach more families in need. This funding supports the cost of intensive training, consultation, data collection, evaluation, and other expenses not covered by public funds.

Child First established a COVID-19 Emergency Relief Fund to be able to act immediately and get resources into parents' hands to avoid hunger, eviction, and severe health risk. As of December 1, 2020, Child First merged with [Nurse-Family Partnership](#), a nurse-visitation program that provides support and services for new parents living in poverty to ensure better health for the entire family. A \$50 donation provides one family with a new tablet to engage in telehealth with their Child First team, \$100 covers necessary grocery, diaper or utility costs for a family, and \$1,000 supports greater financial costs for families including rent, insurance, and re-location assistance. To donate any amount, visit the [Child First website](#).

MORE WAYS TO HELP

To learn more about investing in early childhood education, visit CHIP's [Early Childhood Toolkit](#). Find more two-generation approaches to support young children in [Two-Generation Lens: Helping Children by Helping Families](#).



HOPE

Closing the racial gap in economic mobility

Of the nation's 50 least economically mobile counties, 72% are in five states: Alabama, Arkansas, Louisiana, Mississippi, and Tennessee. Approximately 2.9 million households in the region are unbanked. This disproportionately affects Black households, 47% of whom in the United States are unbanked or underbanked. The average white family is nearly 10 times as wealthy as the average Black family. HOPE, which comprises Hope Enterprise Corporation, Hope Credit Union, and Hope Policy Institute, provides financial services, economic development programs, and policy advocacy to increase the financial empowerment of underserved communities in these five states.

WHAT IT DOES

HOPE is a financial institution owned and led by people of color, reflecting the majority-Black cities and counties in the Deep South that it serves. HOPE has 28 financial inclusion centers throughout the region providing loans to consumers, homeowners, and businesses. HOPE's economic development teams partner with local financial institutions, community groups, and government institutions to raise financial capital for catalytic projects like school buildings and health facilities. Their advocacy efforts aim to attract financial resources and influence policy to provide greater economic opportunity to the region. In 2019, HOPE deployed \$87.6 million in community-accountable capital. Over its 26-year history, HOPE has generated over \$2.9 billion in capital, benefitting more than 1.7 million people in the Deep South.

Both in direct service and advocacy, HOPE has responded to the COVID-19 pandemic and resulting economic crisis. It is calling attention to those on the margins of economic

opportunity in public and private policymaking through a blog series on the pandemic and is actively supporting impacted communities through its banking services. In addition to granting forbearances and deferrals to over 500 borrowers, HOPE processed 7,366 PPP applications, approving 2,912 loans totaling \$85.4 million, supporting more than 30,000 employees and their families.

HOW EFFECTIVE IT IS

HOPE's mortgage lending in 2019 helped 143 home buyers, including 91% first-time home owners and 88% people of color. Each year of home ownership is estimated to increase a family's net worth by an average of \$13,700. In 2019 they provided access to \$12.9 million of affordable credit to 3,330 consumer loan borrowers, many of whom would have been denied affordable credit from other lenders. Among these borrowers, only 11% had prime credit scores. Bringing consumers into the financial mainstream helps them avoid fees and exorbitant interest payments associated

with predatory lending. HOPE estimates its financial services save its members \$1.1 million per year. Of their 36,500 member-owners, up from 24,500 in 2016, 87% are people of color, and 47% were previously unbanked or underbanked.

HOPE's economic development activities have financed projects that fill needs unmet by the existing market. It has dedicated funds for health facilities, schools, and grocery stores. For example, in 2017, HOPE loans led to a new grocery store in Pascagoula, Mississippi, and a new building for a charter school in Memphis serving 448 6th-9th graders, of whom 90% qualify for free and reduced-price lunch. In 2019, HOPE provided \$58.7 million in affordable, manually underwritten financing to more than 35 small business and community-strengthening projects, of which 61% were owned or led by women and/or people of color.

HOPE's policy advocacy efforts also attract additional resources to the communities that HOPE serves. For example, in 2016, responding in part to HOPE's advocacy, USDA set up a \$500 million fund to support Community Development Finance Institutions (CDFIs) lending to persistent poverty areas.

HOW YOU CAN HELP

Enterprise wide, HOPE's revenues through its lending activities have covered between 67% and 73% of its total expenses over the past five years. Philanthropic sources make up the shortfall. Donations can be made on the [HOPE website](#); \$52 covers the cost of personalized financial counseling for a previously unbanked HOPE member-owner, and \$210 provides an alternative auto or other consumer loan to help a HOPE member-owner escape or avoid predatory lending. Donors can also support its work through non-charitable "transformational deposits." Starting at \$1,000, these federally insured deposits are the equivalent of a certificate of deposit or money market account through which impact-motivated investors can support HOPE while making a below market rate return on their investment.

MORE WAYS TO HELP

[Benefits Data Trust \(BDT\)](#) connects people to financial benefits and services (e.g., SNAP benefits, Medicaid) in six states. They are also helping state and local governments understand and adapt to new federal laws and supporting community-based organizations facing increased demand and strain.



Last Mile Health

Continuity of care to rural communities

COVID-19 has demonstrated the essential role of community and frontline health workers in responding to deliver essential primary health care in a pandemic. There has rarely been a more urgent or pivotal moment to invest in building resilient community-based primary health systems that reach all. Last Mile Health (LMH) brings high-quality primary health services to millions of rural people by partnering with countries to design, scale, strengthen, and sustain community-based primary health systems, while sharing tools and best practices to support community and frontline health workers across the globe.

WHAT IT DOES

Last Mile Health has expanded its model of training community health workers (CHWs) to provide primary health services to remote “last mile” communities, strengthening primary health systems for millions of rural people.

Following the Ebola epidemic in Liberia, LMH supported Liberia’s Ministry of Health and partners to design and scale the National Community Health Assistant Program, an initiative to deploy 4,000 community and frontline health workers to serve the 1.2 million people living at the last mile. LMH also works with Ministries of Health in Ethiopia, Malawi, and Uganda to strengthen the quality of their community health workforce through training, research, and advocacy. A main tool they have used to strengthen primary health services is their recently developed Community Health Academy (the Academy), a digital, open-source training platform for community health workers as well as current and future health systems leaders.

In response to the COVID-19 pandemic, LMH is collaborating with local partners and Ministries of Health to ensure the continuity

of primary healthcare services, limit health worker infections, and eliminate transmission from known cases. For example, Last Mile Health partnered with Liberia’s Ministry of Health to design and deliver a comprehensive COVID-19 curriculum focused on prevention measures, case detection and response, and a protocol for “no touch” delivery of primary healthcare services. Now, every CHW deployed in Liberia’s national program has been trained in the COVID-19 curriculum. These CHWs educate their neighbors on COVID-19 disease transmission, hand washing, and home isolation protocol, while also screening for COVID-19 during routine visits.

Alongside a coalition of partners, the Academy launched the COVID-19 Digital Classroom to provide medically-reviewed multimedia training and education content for frontline health workers and local communities globally. The Digital Classroom includes a course series focused on building core skills to manage COVID-19 cases at the community level, including contact tracing, home-based care and isolation, and community-based surveillance. To date, learners from 95 coun-

tries have enrolled in COVID-19 courses through the Digital Classroom, with over 70% reporting they are directly involved in the COVID-19 response. In Ethiopia, the Academy has partnered with the Ministry of Health to launch the COVID-19 Ethiopia app to train community and frontline health workers on safe coronavirus healthcare delivery.

HOW EFFECTIVE IT IS

Prior to the COVID-19 pandemic, Liberia’s community health workforce deployed nationwide has conducted 3.6 million home visits; screened and/or treated 1.1 million childhood cases of pneumonia, malaria, diarrhea and malnutrition; and identified over 4,900 potential epidemic events. In the midst of COVID-19, CHWs are demonstrating ongoing effectiveness: In communities served by the national program in Liberia, community health workers now treat 45% of all reported malaria cases for children under five.

Last Mile Health has been working closely with Ministries of Health in Liberia and Malawi to procure and distribute personal protective equipment for community and frontline health workers, including more than 800,000 pieces in Liberia, and 900,000 pieces to Malawi’s Ministry of Health. Early data indicates that service provision by CHWs has held steady since the onset of COVID-19, with only small declines in patients seen in facilities.

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 the [Last Mile Health](#) website.

MORE WAYS TO HELP

See CHIP’s profile of CareMessage for an example of a telehealth solution in the U.S. For other global community health providers, [Lwala](#) focuses on the transformation of traditional birth attendants to professionalized community health workers, and the [Community Health Impact Coalition](#) member organizations leverage the adoption of high-impact community health systems to advance universal health coverage. Find more organizations and models to support in CHIP’s guidance, [Community-Based Approaches to Health](#).



Resolve Philly

Ensuring reliable, local news

COVID-19 highlighted what WHO terms an “infodemic”—endless information, but much of it is unreliable or contradictory. Given the decentralized response to COVID-19 in the United States, localized civil unrest related to racial justice, and widespread misinformation on social media, local, reliable news sources are especially critical to reach both urban and rural communities. Resolve Philly supports news and information that reinforces social distancing, helps people understand how COVID-19 is affecting their community, and highlights local ways to find economic, social, and medical assistance.

WHAT IT DOES

Resolve Philly works to counteract this ‘infodemic’ by supporting the reporting of local news partners, elevating local voices and solutions to improve the flow of information to and from communities. Originally a project of the [Solutions Journalism Network](#), which trains journalists to rigorously report on responses to social problems, Resolve Philly was founded as its own organization in 2018.

Resolve’s longest-standing initiative is [Broke in Philly](#). [Broke in Philly](#) brings together more than 20 local newsrooms to report on economic mobility solutions for the one-half of Philadelphians who can’t make ends meet. The initiative also tracks the city’s push towards financial equity and the eradication of poverty. While the bulk of [Broke in Philly](#) reporting is executed by its newsroom partners, Resolve’s team provides editorial leadership, facilitates collaboration among partners, and supports deep investigative journalism work that is made available for publication by any collaborating newsroom. Resolve’s community engagement team works continuously

to build connections with communities that are under- or misrepresented in news media, working to ensure that the reporting collaborative’s storytelling and news coverage is as community responsive as possible.

To meet needs during the COVID-19 crisis, Resolve Philly launched [Equally Informed Philly \(EI\)](#), a text-based service to bridge the information divide for those most directly impacted by the physical, social, and economic fall-out of the pandemic. EI’s Equal Info text line is an individualized question and answer service available in English and Spanish with 1,000 regular subscribers in less than six months. The text line also shares easily accessible local news and information through weekly texts with news from partner newsrooms and relevant resources.

In addition, Resolve Philly has developed [Reframe](#), a set of tools and resources that help reporters use more authentic, accessible language in their reporting.

HOW EFFECTIVE IT IS

Resolve Philly has expanded the types of Phil-

adelphia stories reported on, increased the size and diversity of media audiences, and influenced policy that affect citizens.

[Broke in Philly](#) has published more than 800 stories and videos on economic mobility since it launched in the Spring of 2018. Reporters in partner newsrooms say the capacity and diversity of perspectives Resolve provides leads to articles that outlets could not report in isolation. The collaboration—which includes the *Philadelphia Inquirer*, local NBC and Telemundo affiliates, public radio, BIPOC media, single subject news sites, and digital startups—brings stories to a large, diverse audience. The [Reentry Project](#), an earlier project that coordinated a similarly broad and diverse partnership, won the Associated Press Media Editors’ Community Engagement award.

Resolve’s reporting has enabled responsive policy. After one of its efforts, the [Reentry Project](#), reported on challenges faced by deaf detainees, the Philadelphia Department of Prisons hired sign language interpreters. Following a [Broke in Philly](#) story showing that nearly \$3 million in bail fees for resolved cases were retained by the city of Philadelphia in 2018, Pennsylvania’s First Judicial District revoked the policy. The city now retains no bail for resolved cases.

HOW YOU CAN HELP

Funders can support [Resolve Philly](#) directly or by supporting their local newsroom partners, including [WHYY](#), [Philatinos Radio](#), [Generocity](#), or others listed on the [Broke in Philly](#) website. Every dollar donated directly to Resolve supports family-sustaining wages, comprehensive benefits, and contracts with local vendors, prioritizing Black- and Brown-owned businesses whenever possible. Contact Beka@resolvephilly.org for donation options.

MORE WAYS TO HELP

[City Bureau](#) is a nonprofit civic journalism lab based on the south side of Chicago that has been expanding local journalism with efforts including public newsrooms and neighborhood documenters since 2015. The [American Journalism Project](#) funds existing nonprofit newsrooms and provides intensive support to develop grantees’ fundraising and commercial media capacity. The [Solutions Journalism Network](#) supports community efforts to create positive social change with collaborative reporting that empowers citizens to take action and encourages responsive policy.

Read more about how to support local media in our [We the People](#) guidance.



Riders for Health

Logistics to deliver rural health care

While treatments in health care have advanced, there are still many people that are unable to access basic medications, family planning, and other health services due to logistics challenges. The greatest burden is borne by rural communities where no hospitals exist, only health centers that operate with very limited resources. As a result, 83% of rural inhabitants in Africa are unable to access critical health care. Riders for Health (Riders) works with organizations and government entities to design and implement sustainable and customized transport solutions.

WHAT IT DOES

Riders for Health transport patients, blood samples, medicine and equipment to health facilities throughout rural communities in partnership with ministries of health from five countries in Africa (The Gambia, Liberia, Nigeria, Malawi, and Lesotho). They also maintain and operate vehicles used for healthcare logistics.

Riders for Health's model differs across the five countries in which they operate, but their core activities are transportation and maintenance of the vehicles used in healthcare logistics. They partner with ministries of health to support critical services such as transportation of drugs and samples for testing, ambulance service, transportation of patients and health care providers. In The Gambia in 2018, Riders distributed 58,253 bed nets for prevention of malaria and other infectious diseases. In Lesotho, Malawi, and Nigeria, Riders picked up 2.0 million samples and returned 1.6 million testing results. In Nigeria and The Gambia, Riders covered a combined 580,285 km in the course of their transportation services.

As a critical part of the public health infrastructure in the countries where they operate, Riders for Health are instrumental in the response to COVID-19. They have been engaged at policy level, through technical working groups and WHO cluster meetings, in addition to facilitating COVID-specific logistics, including specimen referrals and managing vehicles used for COVID-19 response activities. For instance, in The Gambia, where 60% of the population lives in remote areas, Riders' emergency health transport service helps patients to facilities with the appropriate equipment, such as ventilators, quickly. Cumulatively, more than 40,000 COVID-19 samples have been transported through Riders' systems.

The organization has previous experience containing a deadly infectious disease: In early 2017, Riders Liberia stationed 60 couriers covering 302 pickup sites across all 15 counties in the country. From January to June of 2017, a total of 1,631 samples were collected for laboratory testing for eight priority diseases of epidemic potential, including Ebola, contributing to the effort to eradicate the disease.

HOW EFFECTIVE IT IS

Riders for Health transportation and logistics services increase the capacity of healthcare providers to drive better outcomes for 30 million people across the five countries where they operate. Prior to Riders' involvement in Liberia starting in 2015, most healthcare vehicles would quickly break down due to use of contaminated fuel or lack of maintenance. Drivers were untrained volunteers, and were involved in numerous accidents. Riders Liberia now manages a 500 vehicle fleet with six maintenance hubs across the country. As in other Riders countries, vehicles help patients complete referrals by transporting them to appointments, and transporting samples to enable better diagnostic services. A lab in Nigeria increased the number of samples they managed from 400,000 in a year to 1.5 million after contracting with Riders.

In The Gambia, Riders owns the fleet of healthcare vehicles and leases their use to the Ministry of Health in a model they call total asset management (TAM). This model has enabled every community health facility in the country to have an ambulance, and greatly increased the number of facilities and services the healthcare system can support. From 2008 (before TAM) until 2018, the number of community healthcare facilities has increased by 30% while the number of primary healthcare providers has increased by 81%.

HOW YOU CAN HELP

Riders for Health operates as a social enterprise which is primarily funded by government contracts and fees for service. Each country is a separate legal entity, but each country's leadership participates in the international support office to coordinate across countries. To support [Riders for Health](#), contact Kayode Ajayi, chair of this office and Executive Director of Riders Nigeria, at KAjayi@ridersng.org. They estimate the cost of a sample/vaccine transport bag at \$120, training a new rider on maintenance and sample transport at \$1,000, and an all-terrain ambulance at \$12,000.

MORE WAYS TO HELP

If you are interested in other global community health providers that serve rural communities, see CHIP's profile of [Last Mile Health](#) for an example of training community health workers to strengthen primary health services. Find more community health organizations and models to support in CHIP's guidance, [Community-Based Approaches to Health](#).



Soccer Without Borders

Connecting youth in times of disruption

More than 70 million people across the world—more than 1% of humanity—have been displaced by armed conflict, environmental disaster, and other strife. The United States has the largest resettlement program in the world, accepting an average of 60,000 refugees through resettlement over the last decade. Almost half of these were youth, who will face challenges of integration, including language acquisition, social isolation, discrimination, and adjustment to a new educational system. Soccer Without Borders (SWB) uses soccer—the most widely played sport around the world—to create points of connection and pathways to social belonging and personal growth for refugees, immigrants, and other marginalized groups.

WHAT IT DOES

SWB's programming includes organized soccer practices and games; academic tutoring and language development; workshops on topics like drug prevention, mindfulness, and healthy relationships; and team, family, and community events to build social capital and enable cross-cultural learning. They currently operate in seven locations serving 3,000 youth from 75 countries speaking 59 languages.

In addition to their own programming, SWB is a sector leader in sport for youth development, coaching other organizations on their model and forming partnerships both locally with schools and refugee resettlement agencies, and internationally with organizations like the U.S. Department of State and FIFA. They have trained coaches and delivered programming in 14 different countries, and are focused on formalizing this knowledge sharing work as a key element of their impact strategy. Based on the UN's Sustainable Development Goals, their Global Goal 5 accelerator program provides organizations and female soccer coaches from East Africa, Europe,

Central and South America, and the U.S. with tools and strategies to increase girls' participation, strengthen female leadership, and build more gender inclusive organizations.

When COVID-19 made in-person activities impossible for Soccer Without Borders, the organization emphasized that soccer is only a vehicle for its more important impact goal of social inclusion, achieved by putting youth first and forming meaningful relationships. As schools, parks, and leagues closed, SWB's direct service staff were in regular contact with participants. Nearly 700 participants engaged in mentoring programs and 900 families were reached by food deliveries and referrals. The organization immediately shifted to online programming, leveraging social media and creative activities. SWB launched a "Stay Home Season," including virtual training sessions, skill challenges, and a social impact challenge that 120 teams competed in. Their Virtual Summer Academy engaged 575 participants with an average of 40 hours of English language development, and 15 hours of fitness activities over a five-week program.

SWB also stepped up its advocacy, co-authoring a letter about addressing youth isolation during the crisis that has now been signed by 100 different organizations around the world.

HOW EFFECTIVE IT IS

Soccer Without Borders reaches youth who typically lack access to out-of-school activities due to linguistic, economic, cultural, and logistical barriers. In 2019, 96% of participant said they made a friend from another culture, and 93% said they accept people who are different from them. 92% of participants said SWB helps them to be healthy. 95% said their coach is a good role model. While 97% of participants speak a language other than English at home, 90% felt comfortable speaking English at SWB. On average Soccer Without Borders retains 76% of participants from one year to the next.

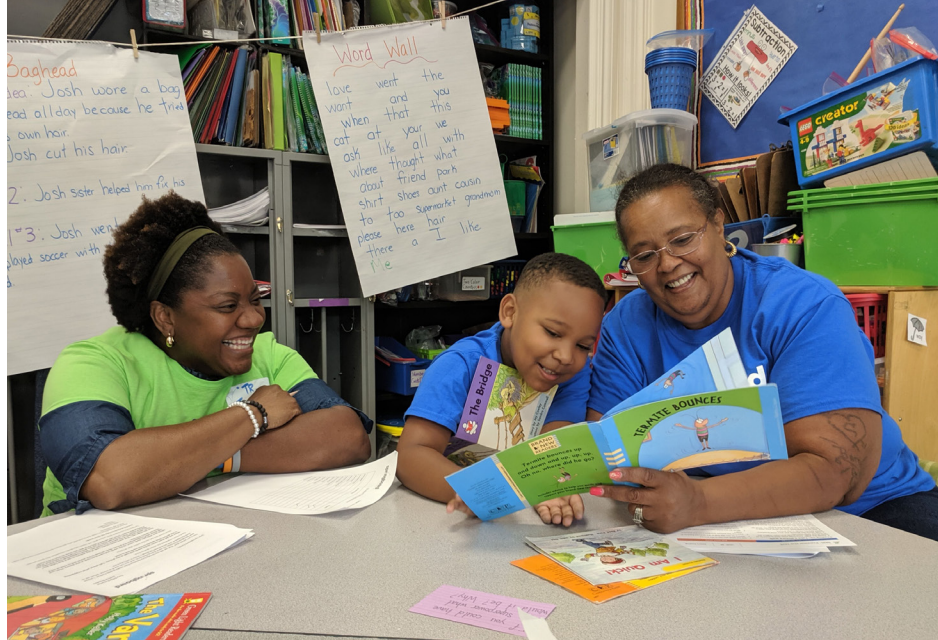
SWB also tracks their impact on educational outcomes. They have a 95% high school graduation rate for regular U.S. program participants, compared to about 62% of English language learners in states where they operate. 90% of SWB participants go on to 2- or 4-year colleges. In Nicaragua, 85% of program participants advance to their next year of schooling, while only 55% of students nationwide complete primary school.

HOW YOU CAN HELP

Soccer Without Borders programs are free to participants, nearly all of whom qualify for free or reduced lunch. Donate on the [SWB website](#); \$100 supports one newcomer youth in an SWB USA program for one month, with access to 24-40 hours of activities. A donation of \$75 supports one team game day, including healthy snacks and materials for a safe and inclusive event. A donation of \$35 provides the full range of SWB activities to one SWB Nicaragua or SWB Uganda participant for one month, with access to 40-70 hours of activities.

MORE WAYS TO HELP

To help at-risk youth beyond those just in the foster care system, consider [Youth Guidance's](#) Becoming a Man (BAM) and Working on Womanhood (WOW) programs, which have served more than 8,000 youth throughout Boston and Chicago. To help refugees around the world, [International Rescue Committee](#) works with refugees in 40 countries, including the U.S., Greece, Italy, Syria, and Yemen.



Springboard Collaborative

Working with children and parents for literacy gains

Research has shown that students in under-resourced communities lack continuous access to learning at home and school, resulting in slow progress during the school year and literacy slides over the summer. School closures during COVID-19 have made inequities starker, as children in poorer school districts learned at home with less digital access and fewer resources. McKinsey estimates that distance learning will exacerbate existing academic gaps for low-income, Black, and Hispanic/Latinx students by 15% to 20%. Springboard Collaborative works to prevent this pandemic from deepening inequality for an entire generation of children by equipping families to support learning at home.

WHAT IT DOES

Since 2011 Springboard Collaborative, a non-profit based in Philadelphia with programs in multiple cities, has helped close the literacy gap by bridging the gap between home and school. Springboard's model takes a hands-on approach to involving parents—not just teachers and students—in literacy learning. Their approach combines home visits, instruction, family workshops, coaching, and learning bonuses.

Springboard Collaborative uses a method called Family-Educator Learning Accelerators (or FELAs). FELAs are five- to 10-week cycles during which teachers and parents team up to help children reach learning goals. During a FELA, teachers typically work with 10 to 15 students in need of academic support, along with their parents. The experience kicks off with a home visit (in person or virtual) to build relational trust. The next steps include setting a baseline and achievable goals, then practice daily with parents and weekly (or more often) with teachers. The program concludes with growth assessment and progress celebration.

Within days of COVID-19 school closures,

Springboard launched a free resource portal with a parent page featuring a four-week learn-at-home plan with weekly strategies (by video), daily lessons, and e-books. The teacher page features a four-week family engagement plan as well as virtual professional development sessions. Springboard gave families free access to Springboard Connect (an app with personalized support) and virtual workshops hosted on Facebook Live. They established distribution partnerships with large networks including teachers' unions, the national PTA, TFA, National Parents Union, Univision, Common Sense Media, and Learning Heroes.

In April, Springboard launched Springboard Learning Accelerators (SLA), a starter kit for implementing FELAs remotely or in-person, at any time during the year, not just summer. These programs can be embedded into the school day or implemented as an out-of-school-time program. The response from school/district leaders was immediate. Springboard Collaborative is now serving more than three times as many children—and 10 times as many schools—as they reached in person. A home literacy app, family resource portal, and

distance learning make it possible to reach rural communities where it had previously not been financially or operationally feasible to run programming.

HOW EFFECTIVE IT IS

During in-person programs, students average a 3-4-month reading gain during each five- or 10-week program cycle, closing the gap to grade-level performance by more than half. A recent external evaluation found that the largest gains were for students who started below grade level. Rising fourth graders who started programming more than a year below grade-level averaged a 4.4-month gain. A Harvard researcher leading a comparative, multi-year study in Oakland found that Springboard is the district's most effective—and cost-effective—investment in literacy.

Within the hybrid and remote environments required by COVID-19, parental involvement in learning is essential. Through Springboard Learning Accelerators, parents learn how to be effective home literacy coaches. For every hour that a teacher leads a family workshop, parents deliver 25 hours of home-based instructional time. Attendance at Springboard's virtual family workshops is averaging 90%+, despite the challenges of the digital divide. Across Washington, DC public schools, virtual workshops averaged 99% parent attendance, with families reading an average of 101 books per student in just five weeks. Follow-up studies demonstrate that parents—and teachers—sustain habits long after each program cycle has ended.

Additionally, Springboard Collaborative has had 15,209 sign-ups for their home literacy app since March 2020. Their family resource portal has been visited over 11,600 times, and online videos for families have been viewed over 34,000 times since March.

HOW YOU CAN HELP

To donate any amount, visit [Springboard Collaborative's website](#). A \$15 donation pays for one take-home book pack, while \$100 pays for one backpack and home library. \$900 pays for home libraries for one Springboard class, and \$4,350 establishes a full independent reading library for a whole Springboard school.

MORE WAYS TO HELP

To learn more about investing in early childhood education, visit CHIP's [Early Childhood Toolkit](#). Find more two-generation approaches to support young children in [Two-Generation Lens: Helping Children by Helping Families](#).

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 or response fund, especially with causes and needs abounding amid the COVID-19 pandemic. 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 [Candid](#), [Charity Navigator](#), and [BBB Wise Giving Alliance](#) all provide free financial and programmatic 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 AND YOUR COMMUNITY

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. COVID-19 has changed the shape of volunteering but not the need. As service delivery moves online, so do opportunities to volunteer, through remote work like text-based lines, online advocacy, and skill-based work. Contact organizations like [VolunteerMatch](#) for opportunities for volunteers to help remotely or on-site. [80,000 Hours](#), a database of career and volunteering opportunities for people with varying skill levels interested in helping fight the pandemic, can also help you find ways to help.

Because COVID-19 puts older and immunocompromised people at especially high risk, there has also been a surge of healthy volunteers creating local mutual aid efforts. Mutual aid organizations support local communities outside of licensed organizations and the government, and create networks of volunteers and recipients. [Covid-19 Mutual Aid USA](#) helps you find your local mutual aid organizations and is a source of support for the growing network of people organizing in their communities.

More Resources for Giving

The following organizations can help you conduct due diligence and identify organizations to support.

Category	Name	Description	Website
Nonprofit Due Diligence	Candid (GuideStar)	World's largest source of information on nonprofits	https://www.guidestar.org/
	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.greatnonprofits.org/
	ImpactMatters (a service of Charity Navigator)	Provides "audits" of nonprofits that have proven evidence of impact	http://www.impactm.org/
	GiveWell	Rates nonprofits based on empirical data, cost-effectiveness, and capacity for increased funding	https://www.givewell.org/
	The Life You Can Save	Nonprofits that aid the global poor vetted for record of effectiveness	https://www.thelifeyoucansave.org/
Research on Cause Areas and Programs	Innovations for Poverty Action	Research on over 300 potential solutions to poverty	https://www.poverty-action.org/
	Grantmakers in Health	Helps grantmakers improve the nation's health by strengthening grantmakers' knowledge, skills, effectiveness, and collaboration	https://www.gih.org/
	The Jameel Poverty Action Lab	Database of over 850 publicly available randomized evaluations of programs found to be effective	https://www.povertyactionlab.org/
	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	https://rootcause.org/
	IssueLab (a service of Candid)	Organizes research from social sector organizations on 30+ cause areas	https://www.isuelab.org/
Disaster Recovery	Center for Disaster Philanthropy	National resource dedicated to helping donors make more intentional disaster-related giving decisions	https://disasterphilanthropy.org/
	International Federation of the Red Cross	World's largest humanitarian network that acts before, during, and after disasters and health emergencies	https://www.ifrc.org/
	The Global Disaster Alert and Coordination System	Cooperation framework between the United Nations, the European Commission and disaster managers worldwide to improve alerts, information exchange, and coordination in the first phase after major sudden-onset disasters	http://www.gdacs.org/
	Disaster Information Management Research Center	Quality health information resources and informatics research for disaster and public health emergency preparedness, response, and recovery	https://disaster.nlm.nih.gov/
	MSF/Doctors Without Borders	Well-regarded international nonprofit and often among the first on the scene of multiple international disasters	https://doctorswithoutborders.org/
	United Nations Office for Disaster Risk Reduction	International coordinating body promoting disaster preparedness and mitigation strategies among members	https://www.unisdr.org/
	Disaster Accountability Project	Nonprofit organization that provides long-term independent oversight of disaster management systems	https://disasteraccountability.org/

COVID Specific Resources

Category	Name	Description	Website
COVID-19 Dashboards and Information	CHIP's Regional COVID Response Dashboard	Grant award data from 13 COVID-19 response funds in Southeastern Pennsylvania and Southern New Jersey, visualized against indicators of community need, to help all funders plan beyond the initial relief efforts.	https://www.impact.upenn.edu/toolkits/covid-response-dashboard/
	Candid	List of funds specifically established in the wake of coronavirus, with a focus on funds hosted at US-based foundations that serve nonprofits	https://candid.org/explore-issues/coronavirus/funds
	Giving Compass	Comprehensive list and interactive map of vetted response and relief funds for COVID-19	https://givingcompass.org/coronavirus-covid19
	The COVID Racial Data Tracker	Collaboration between the COVID Tracking Project and the Boston University Center for Antiracist Research, gathering complete and up-to-date race and ethnicity data on COVID-19 in the United States	https://covidtracking.com/race
	The RVAgreen 2050 Climate Equity Index	Interactive map tool created by the City of Richmond Office of Sustainability that allows users to explore each Census tract through metrics including COVID-19 infection risk, climate impacts, social vulnerability factors, built assets, and natural resources	https://arcg.is/0aKT0i
COVID-19 Response Funds	COVID-19 Relief Funds	The Council of Foundations has a Community Foundation Locator that can help you find local, state, and international COVID-19 relief funds, many led by community foundations.	https://www.cof.org/community-foundation-locator
	World Health Organization COVID-19 Solidarity Response Fund	Supports health care practices and information on COVID-19, including the advanced medical systems of Europe as well as those that are already under-resourced	https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donate
	Center for Disaster Philanthropy CDP COVID-19 Response Fund	Supports response and recovery efforts for those most affected and for the responders; funded by a diverse mix of private foundations, community groups, and corporations	https://disasterphilanthropy.org/cdp-fund/cdp-covid-19-response-fund/

Upcoming Work

High Impact Giving in the Age of COVID

In 2021 CHIP will continue our work on High Impact Giving in the Age of COVID, with an emphasis on children, youth, and disproportionately affected populations. Sign up to receive updates: <https://www.impact.upenn.edu/connect-with-us/>.

Talent for Giving

CHIP, in partnership with the Bill & Melinda Gates Foundation, will present actionable guidance to help U.S.-based ultra-high-net-worth donors understand how to identify and organize the talent they need to achieve their philanthropic goals. Find out more at <https://www.impact.upenn.edu/talent-for-giving/>.

Choosing Change: Evaluating opportunities to address structural inequality

In partnership with the MacArthur Foundation's initiative, Lever for Change, CHIP is developing a rubric—i.e., criteria and ways for funders to assess proposals for their potential to address structural inequality. This effort builds upon CHIP's past work with MacArthur's 100&Change competition, [Bold Ideas for Change](#), where CHIP analyzed the top 92 applications for their potential to achieve greater social impact.

CHIP Executive Education

For more than 13 years, CHIP has been dedicated to teaching how to analyze social impact and invest in high impact philanthropy opportunities. Our newest executive education programs will activate social impact in a part-time, online schedule over the course of two to four weeks. Learn about CHIP education: <https://www.impact.upenn.edu/education/>.

High Impact Philanthropy Academy

CHIP has adapted our flagship Funder Education curriculum into an interactive, online program: High Impact Philanthropy Academy. Our first cohort launches for three weeks beginning February 8, 2021, with a second cohort forming for fall 2021.

Advising for Impact Certificate Program

CHIP's inaugural Advising for Impact certificate program lays the foundation for professionals seeking to incorporate social and philanthropic impact into their wealth advising practice. Join our first cohort of professionals including wealth advisors and staff at family offices and private banks.

Nonprofits Mentioned in this Guide

Page	Organization	Website
7	CareMessage	https://caremessage.org/
8	Center for Employment Opportunities	https://ceoworks.org/
	Homeboy Industries	https://homeboyindustries.org/
9	Child First	https://childfirst.org/
	Nurse-Family Partnership	https://nursefamilypartnership.org/
10	HOPE	https://hopecu.org/
	Benefits Data Trust	https://bdtrust.org/
11	Last Mile Health	https://lastmilehealth.org/
	Lwala	https://lwala.org/
	Community Health Impact Coalition	https://chwimpact.org/
12	Resolve Philly	https://resolvephilly.org/
	City Bureau	https://citybureau.org/
	American Journalism Project	http://theajp.org/
	Solutions Journalism Network	https://solutionsjournalism.org/
13	Riders for Health	https://riders.org/
14	Soccer Without Borders	https://soccerwithoutborders.org/
	Youth Guidance	https://youth-guidance.org/
	International Rescue Committee	https://rescue.org/
15	Springboard Collaborative	https://springboardcollaborative.org/

Acknowledgements

Thanks to CHIP colleagues who contributed to this guide: Kelly Andrews, Director of Knowledge Management and Marketing; Neha Butala, Social Impact Fellow; Mariah Casias, Social Impact Fellow; Conor Carroll, Social Impact Fellow; Patricia Jia, Communications and Marketing Associate; Hanh La, Director of Applied Research and Analysis; Carol McLaughlin, Senior Advisor; Melissa Ortiz, Applied Research Analyst; Katherina Rosqueta, Founding Executive Director; Emily Seeburger, Applied Research Analyst; Tamla Tinsley, Program Coordinator; Kristen Ward, Social Impact Fellow. Thanks as well to our colleagues at the School of Social Policy & Practice.

Special appreciation to our inaugural board of advisors who provide critical guidance and financial support: Julie Franklin, co-chair, Barry Porter, co-chair, Julie Cummings, Tim Fazio, Fred Gluckman, Gary Kiang, Patricia Silvers, Mona Sinha.

Gratitude to the organizational partners that supported our work in 2020: Bill & Melinda Gates Foundation, the John Heller Fund, Kennedy Forum, the Lenfest Foundation, Lever for Change, Lipman Family Prize, Mindful Philanthropy, Peg's Foundation, Philanthropy Network Greater Philadelphia, the Scattergood Foundation, Tara Health Foundation, and the William Penn Foundation.

Visit the Annual Guide Toolkit



**The Center for
High Impact Philanthropy**
School of Social Policy & Practice
UNIVERSITY *of* PENNSYLVANIA

About Us

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

WEBSITE	www.impact.upenn.edu
EMAIL	impact@sp2.upenn.edu
PHONE	(215) 573-7266
FACEBOOK	www.facebook.com/CenterforHighImpactPhilanthropy
TWITTER	www.twitter.com/ImpactSP2
LINKEDIN	www.linkedin.com/company/25077044/

Gold Sponsor



FIDELITY CharitableSM

The mission of Fidelity Charitable is to grow the American tradition of philanthropy by providing programs that make charitable giving accessible, simple, and effective. The Giving Account, a donor-advised fund, was introduced in 1991 when Fidelity Charitable was founded. Today, we work with more than 200,000 donors to support more than 278,000 charities and make more of a difference every day. www.fidelitycharitable.org