



The Atlantic Philanthropies in South Africa 1991-2013

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The Atlantic Philanthropies in South Africa

An Overview in Numbers*

Total Investment (1998-2013)	Grant Count	Average Grant Amount
\$331,484,825 ZAR 2,174,981,909	479	\$692,035
Top 3 Grantees		First Grant
1. University of the Western Cape	\$35,754,261 18 grants	\$100,000 to Institute of International Education (1992)
2. University of KwaZulu-Natal Foundation	\$20,444,684 30 grants	
3. University of the Witwatersrand Foundation	\$18,820,055 40 grants	
		Capital Grants
		\$58,287,497 19 grants

Historic and Current Programme Area	Grants	Total
Population Health	119	\$125,715,718
Reconciliation & Human Rights	128	\$107,167,315
Higher Education	88	\$37,969,274
Founding Chairman	4	\$18,447,736
Country-Wide	4	\$5,630,556
Equality, Rights, and Justice	45	\$10,942,961
Health	14	\$7,722,670
Nonprofit Sector/Voluntarism/Philanthropy	30	\$6,093,426
Peace and Reconciliation	20	\$4,530,799
Outside Programme Areas	6	\$2,313,033
Early Childhood Development	1	\$2,148,659
Strategic Learning & Evaluation	3	\$798,709
Legacy Programme Area	1	\$727,384
CEO	3	\$255,000
Community Development and Civic Engagement	6	\$259,719
Miscellaneous	3	\$253,025
Continuing and Adult Education	3	\$219,778
Evaluation	1	\$289,065
Total	479	\$331,484,825

*All figures are in U.S. dollars and include approved grants (1998-2013).

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Key Grantee Achievements

- 2M individuals in public health care receive antiretroviral (ARV) medication treatment in 2013, up from zero in 2004
- 80% of all pregnant women in public health care receive ARVs, reducing perinatal transmission of HIV/AIDS from 8.5% to 2.7% between 2010 and 2012
- Adoption of the first national road map for nursing, articulating the vision for nursing education, research, practice and working conditions, led by the new position of Chief Nursing Officer
- 44% increase in the number of nurses between 2005 and 2011
- \$120M government commitment over 5 years to develop nursing colleges, house nursing students and establish a health leadership training institute
- Improved system for recruitment, registration and placement of foreign qualified doctors in rural hospitals
- Same-sex marriage legalised, following rulings securing LGBTIs the right to adopt, access to employment and partners' benefits, employment equity in the workplace and the military, and the right of foreign LGBTIs to political asylum
- Communal Land Rights Act reversed, securing access to land ownership and improving the livelihoods of 16M women
- \$1B pledge by government for school improvements in the Eastern Cape
- Access secured for ex-combatants to housing, jobs and skills training through a new Department of Veterans Affairs within the Ministry of Defence
- Establishment of an enduring infrastructure to protect the rights of LGBTIs, the immigrant community and the rural poor
- Reform of immigration legislation to allow all citizens of countries in the Southern African Development Community the right to live and work in South Africa for longer periods
- Formation of a government task force to combat hate crimes
- Constitutional court rulings limiting purchasing, taking over and exploiting land long-held by communities or from which communities were forcibly removed under apartheid
- Mining rights awarded to communities forcibly removed from mineral-rich land under apartheid
- Extension of the Child Support Grant to all under age 18 (from age 7 in 1994)
- Limited local governments to evict tenants without providing alternative accommodation
- Guaranteed access to free water for all indigent people
- Strengthened movements and organisations to protect democracy and essential freedoms under the Constitution
- Protected independence of the press
- Ended a 15-year government moratorium on spending for higher education infrastructure through a matched funding strategy

Context and Environment

When apartheid ended and South Africa held its first democratic elections in the early 1990s, the country was faced with fundamental challenges endemic to new democracies. Chief among them was the need to build, almost from scratch, a new social order based on equality among races.

The new democratic government inherited a virtually bankrupt economy with a large deficit, low growth and massive debts. Little money would be available for social spending to ameliorate the conditions in which the black majority lived. South Africa's new leaders knew that they would quickly have to create a more participatory, egalitarian system of government. When the Constitution was approved in 1996, it quickly became recognised as one of the most progressive and inspirational constitutions in the world. The new Constitution included a Bill of Rights with unprecedented but largely undefined rights, including the right to housing, food, water, health care and social assistance.

In a recent interview, when asked about the best constitutional examples for post-revolutionary Egypt, U.S. Supreme Court Justice Ruth Bader Ginsburg replied: "I would not look to the U.S. Constitution, if I were drafting a Constitution in the year 2012. I might look at the Constitution of South Africa... That was a deliberate attempt to have a fundamental instrument of government that embraced basic human rights and had an independent judiciary."

While an inspiring document, the South African Constitution, to be truly effective, had to be put into practice. The legal system that would have to interpret and enforce the newly enumerated rights was still evolving and the cadre of experienced lawyers—like virtually all elite groups in South Africa—was overwhelmingly white. Furthermore, few South Africans—black, white or "coloured" (mixed race)—had any experience of the kind of democratic system they hoped would take shape.

During this time of remarkable transition, many foundations considered investing in the country. South Africa was among the few countries in the world to resolve longstanding civil conflict through democratic means. Other regions, including Northern Ireland and the Balkan states, were mired in civil conflict. None showed signs of peaceful resolution. A successful transition to democracy in South Africa, progressive funders believed, could serve as an example and inspiration for others. To make that transition, the newly-emerging democracy needed help to deliver on the promises of its Constitution.

What Atlantic Set Out to Achieve

Atlantic became involved in South Africa largely on the initiative of Harvey Dale, Atlantic's founding president. An attorney and law professor, Dale was particularly interested in how Atlantic could promote black lawyers, of which there were very few, to advance the far-reaching rights of the newly-approved Constitution. In 1991, Dale sent John R. Healy, who was based in the Dublin office, to South Africa to explore potential investment opportunities.

Mr. Healy and consultants based in South Africa surveyed the landscape and identified three areas where the foundation might make an important contribution. Even as the legal structures of democracy took hold, South African higher education remained segregated, with few opportunities for blacks or those without means to assume leadership roles. The health system was similarly inequitable. Ninety per cent of primary care doctors worked in the private health sector, which was limited to people who could afford costly health insurance. While nurses accounted for 80 per cent of all staff in primary health care, a severe nursing shortage posed a serious threat for most South Africans' access to quality health care.

Atlantic had already made substantial investments in higher education in the United States and Ireland, and in reconciliation and human rights in Northern Ireland. This work formed the basis for the following fields of interest for Atlantic's work in South Africa in the 1990s:

- **Justice.** Building and fortifying a new legal system, by supporting training and career development for lawyers, especially black professionals
- **Civil Society.** Solidifying the role of nonprofit and community-based organisations to advance the rights in the new Constitution, supporting disadvantaged South Africans in securing their rights, and holding the government and private sector accountable for ensuring the Constitution's standards and obligations
- **Higher Education.** Helping colleges and universities serve greater numbers of disadvantaged, non-white students.

In 2001, when the Founding Chairman Chuck Feeney and Atlantic's Board decided that the foundation would be a limited life institution, Atlantic re-focused its grant programmes on areas where they could have the greatest impact within a shortened time horizon. That led to a focus on four key programmes: (1) ageing; (2) disadvantaged children and youth; (3) population health; and (4) reconciliation and human rights.

For the South Africa work, the decision was to concentrate on reconciliation and human rights, and population health. The South Africa Reconciliation & Human Rights Programme was a natural extension of existing work on democracy-building in a multi-racial society. Population

Health Programme work could meet a critical need for greater health equity and would encompass the needs of older people and children and youth.

- **Reconciliation & Human Rights.** Atlantic focused on the *pursuit of equality and justice for three marginalised groups* of South Africans:

- Farmworkers and the rural poor
- Refugees, asylum-seekers and undocumented migrants
- Sexual minorities (lesbian, gay, bisexual transgendered and inter-sex people).



Voices from the Land, Jurgen Schadeberg, South Africa 2005

Much of Atlantic's work was aimed at raising the voices of these groups. At the time, there were few organisations to advocate for them. The organisations that did exist were small, often volunteer-led and had minimal resources to engage in effective advocacy and mobilisation.

To promote reconciliation and understanding across racial lines, Atlantic also supported:

- *Re-integration of former combatants* into the peacetime economy and democratic society. Supporting key organisations to deal with the trauma experienced by ex-combatants and advocacy to address their needs
 - *Preservation and public awareness of the history of the anti-apartheid struggle.* Protecting and publicising key materials in a living archive to promote a better understanding of the history of apartheid and the struggle against it.
- **Population Health.** Atlantic's goals in the Population Health Programme were to secure the fundamental right to health for all citizens, and to improve the health and well-being of the most vulnerable through:
 - *Improving human resources in health.* Supporting the key institutions that would train and place a cadre of health professionals to work in the areas that needed them most, especially rural South Africa or informal settlements

- *Developing primary health care systems.* Strengthening primary health care at the district level where most of South Africa's health care is delivered
- *Amplifying the voices of disadvantaged and vulnerable populations in the health system.* Monitoring the implementation of health care policies to ensure that the government delivered on the promise of the Constitution.

What Has Been Achieved

Assessments and evaluations have helped the foundation and its grantees learn the impact of the work and to make course corrections. The following findings are all drawn from independently commissioned evaluations and other observations.

Phase I: Justice, Civil Society and Higher Education

In the first few years of Atlantic's investments, from 1994 to 1996, the grants focused almost entirely on the justice sector, helping black lawyers overcome entry barriers to practice by providing apprenticeships for recent graduates.

Programme Brings Black Lawyers to the Constitutional Court

One of Atlantic's initial successes was a 1995 initiative by which young, black law school graduates could learn constitutional law at the Constitutional Court, South Africa's newest and highest judicial body. In 1995-1996, Atlantic grants placed 33 young law students as second research clerks to each of the 11 judges, with a particular focus on recruiting black and women graduates. After the grants ended, the Court made the "second research clerk" a mainstream position. Since the end of Atlantic's \$730,000 initiative, approximately 140 more research clerks have participated in this programme in one-year clerkships.

Less successful was a similar Atlantic-supported programme at the Supreme Court of Appeal, a more established body in a conservative setting in Bloemfontein. That programme met a series of setbacks and was terminated after six months; few details about this programme were recorded.

Both efforts were facilitated by the Constitutional Court Trust, a nonprofit body under a board composed of leading figures in South Africa's legal community. Founded at the initiative of Atlantic and supported by the foundation through 2013 (most recently for preservation work within the Court), the Trust serves as a means to attract funds from other donors to meet special needs of the two high courts, and (together with Atlantic) to support a scholarship programme

for advanced legal study by law clerks. Creation of the Trust was timely and well-researched; it serves as a creative example of how private philanthropy can support public institutions.



Legal Resources Centre, Cape Town, South Africa 2009

To enter the practice of law in South Africa, one must serve two years as a “candidate attorney” apprenticed to recognised lawyers. The shortage of such apprenticeships was a major barrier, especially for black law graduates. In 1994, Atlantic awarded the first of 20 grants (totalling \$7.7 million) to the Legal Resources Centre (LRC), South Africa’s leading public interest law organisation. The LRC

provided dozens of two-year internships in law firms and nonprofits serving poor and marginalised people. As of 1999, some 45 per cent of the participants had gone into public interest law, 19 per cent into public service and 26 per cent into nonprofit organisations. This helped to improve racial diversity in the profession and stimulated a greater interest in public service.

As changes began to take place Atlantic’s efforts to encourage more black lawyers quickly became less necessary.

Efforts to Increase Black Faculty Brings Mixed Results

A similar effort by Atlantic to promote racial diversity in law schools was less successful. On the premise that black faculty provided important role models, the foundation sought to tackle racial imbalances in universities, including law schools. In one initiative, Atlantic sought to draw black legal talent to teach in South Africa’s four leading law faculties. In this initiative, university graduates could engage in postgraduate study abroad and then return to teach for the same amount of time as the international fellowship. The idea was to spot promising students and give them incentives to stay in academia, rather than move on to the commercial sector.

Participating South African law schools struggled to compete with the higher salaries and prestige that private law firms offered to black law graduates. Black lawyers tended to leave academia as soon as they had fulfilled their commitment.

As of March 2003, only 18 per cent of participants were in tenured positions. The rate of attrition has been high: 59 per cent had either not been retained on faculties or were pursuing legal careers in the private sector. The remaining 23 per cent were still in preparatory stages in academia.

A similar effort, called the Employment Equity Programme (EEP), sought to increase the number of black faculty in universities in a number of disciplines, not only the humanities. In 1998, Atlantic began helping leading universities attract and retain black scholars across a range of academic disciplines, especially the humanities. The chief model for EEP was a two-step arrangement: first a scholarship for attainment of a Ph.D.; second a provisional teaching appointment (sometimes with a faculty mentor) subsidised by the grant.

The expectation was that this programme would grow a cohort of young black academics to replace ageing white faculty. The programme focused on the humanities because those fields were receiving less attention by funders. But it also included some universities in which women and blacks were underrepresented in their science departments.

These “grow our own timber” programmes have long gestation periods. As of the March 2003 evaluation by David Sogge, most participants were still in preparatory stages. No further evaluation has taken place. However, observations by Atlantic programme staff indicate there was marked success in creating and retaining a cadre of black faculty. For example, the science department at the University of Cape Town was able to retain much of the faculty recruited under this programme. The university focused its efforts on recruiting blacks and women because its faculty was predominantly male.

Much of this work was extended by the Carnegie Corporation of New York.

Life Sciences Building Propels University of the Western Cape into Top Research Ranks

Other grants in higher education, which received the bulk of Atlantic’s funding in its early years in South Africa, proved more uniformly successful and paved the way for later programmes in health and human rights. Efforts to strengthen top-level management and academic leadership helped several universities raise the quality of education for historically disadvantaged students. The University of the Western Cape (UWC), for example, was an underfunded institution created in 1960 to educate people classified as coloured for lower or middle level positions. Even after the end of apartheid, 85 per cent of the school’s students were black and poor. Despite having outdated facilities and technology, however, the school was producing internationally recognised work in science.



Life Sciences Facility, University of the Western Cape, Cape Town, South Africa

To retain and attract leading scientists and students, and extend UWC's deserved reputation as a serious research institution, Atlantic invested in a state-of-the-art Life Sciences Building at UWC. The facility became home to several research centres, including a United Nations-selected global centre for the study

of traditional medicines, a National Bioinformatics Institute, and a Male Fertility Research Unit. Today, the South African National Research Foundation ranks the University of the Western Cape first in research impact in biology and biochemistry, molecular biology and genetics, and physics.

As a condition of the foundation's funding, the Department of Education matched Atlantic's grant, ending a 15-year moratorium on spending for higher education infrastructure.

"What happened after Atlantic's funding, and this is very interesting, is that the state began to take the infrastructure very, very seriously, with respect to higher education," said Professor Brian O'Connell, vice-chancellor and rector of UWC. "To date it has spent almost, close to 7 billion rand [\$826 million] on assisting with new buildings and refurbishing the old."

University of the Western Cape now produces the largest number of black and female science graduates in South Africa.

In 2001, based on similar initiatives in the United States and Ireland, Atlantic also established the Children's Institute, a research-and-advocacy organisation at the University of Cape Town that has influenced South African research and policy on the health, rights and well-being of children.

Evaluator David Sogge wrote that the Children’s Institute “contributed substantively to public policy affecting children, notably in school health, management of orphans, and other vulnerable children in the context of HIV/AIDS and social security.”

Phase II: Reconciliation & Human Rights

Atlantic and its grantees have sought to foster a successful democracy by promoting reconciliation and human rights. Much of this work has been drawn from Atlantic’s long-standing approach in all of its geographies: find or create institutions and organisations that can effect lasting change for the most disadvantaged.

Expanded Rights for South Africans Through Public Interest Litigation

While South Africa had adopted a progressive Constitution that provided comprehensive rights, securing and activating those rights would be a difficult struggle. With little experience with democratic, constitutional government, one of the most pressing questions among South Africans was “how can we ensure the rights and promote the individual dignity of all?” Drawing upon the experience and challenges of perfecting constitutions in other democracies, Atlantic grantees turned to the law. Grantees would litigate and set precedents to secure broad rights for all, particularly for those most disadvantaged and discriminated against: people living in informal settlements and rural areas; people with HIV/AIDS; and the gay, lesbian, bisexual, transgender and intersex (LGBTI) community.

“Atlantic grantees have been at the heart of every important legal challenge to advance social and economic rights in South Africa,” said Gerald Kraak, Atlantic Programme Executive for Reconciliation & Human Rights in South Africa.

Protecting People from Widespread Evictions

As noted above, in 1994 Atlantic made its first grant in South Africa to the Legal Resources Centre (LRC), a nonprofit law practice, to help create apprenticeships for black lawyers. The LRC was established in the 1979 in Johannesburg at the height of apartheid by a group of lawyers who, under apartheid, sought to exploit apartheid-era laws in innovative ways to advance human rights. Its work remained important in the post-apartheid era in making sure government and the legal system lived up to the promise of the South Africa Constitution. With Atlantic support, the LRC established the country’s first dedicated constitutional law practice, pursuing landmark cases, creating essential precedents and defining government obligations to enforce the Bill of Rights.

One example was the eviction of Irene Grootboom and her neighbours from a squatter camp in 1998 in the City of Cape Town. Ms. Grootboom and 900 neighbours were living in shacks on land that the city council wanted to develop. The LRC's convincing brief led the Constitutional Court to take, for the first time, an expansive approach to individual rights. It ruled that the City of Cape Town could not evict people from unauthorised settlements without providing an alternative place to live. The ruling created a precedent that has been a deterrent to authorities from evicting people without providing alternative shelter, notably in Cape Town.



Legal Resources Centre, Cape Town, South Africa 2009

Protecting the Rights of People Living in Communal Areas

In 2010, the LRC and private, pro-bono counsel challenged the Communal Land Rights Act, which would have subjected 23 million people living in “communal areas” to the authority of tribal chiefs and traditional systems of law. Women, in particular, would have been barred from owning or inheriting land under traditional provisions of communal law. Citing the Legal Resources Centre’s challenge, the Constitutional Court struck down that legal vestige of ethnic and gender inequity.

Giving Voice and Skills to Disadvantaged Populations

In addition to supporting anchor organisations to carry out strategic litigation at the national level, Atlantic provided funding to amplify the voices and develop advocacy skills of disadvantaged populations at every level, from small rural towns to national decision-making.

Defending and Advancing the Rights of the Rural Poor

Deep geographic, economic and social chasms divide middle- and upper-class urban South Africans from their poor neighbours. This gulf is particularly wide for those in rural areas, which make up two-thirds of the country's geography and are home to 40 to 45 per cent of the population. For rural South Africans, public infrastructure and services are uneven and substandard, housing is primitive, water and sanitation are inadequate, and education and health care are deficient.

Social, economic and geographic isolation also means that many rural residents are either ill-equipped to exercise their rights to better conditions and services or unaware that these rights even exist. For them, the distinguished law practices in major cities, such as the Legal Resource Centre, are of limited use. To bridge that divide, Atlantic supported networks of Advice Offices – sources of basic information on the law, rights and remedies, which are usually staffed by paraprofessionals or trained activists. The National Association for the Development of Community Advice Offices, an Atlantic grantee, supports some 230 of these legal advice centres that help people living in rural areas identify and advocate for the rights guaranteed under the Constitution.

Another grantee organisation working in rural areas, Black Sash, was established in 1955 and is one of the oldest human rights organisations in South Africa. As part of its advocacy for the rights of rural populations, Black Sash analysed data in the late 1990s and noticed that an overwhelming number of its older clients had trouble accessing their pensions. When they did, they were not receiving the back pay due to them. Black Sash's data showed that people were waiting from nine months to three years, which had a serious impact on their lives.

Working with the Legal Resources Centre, Black Sash brought a court case against the government and documented the stories of people affected. In September 2001, a judge issued a pension remedy and ruled that people should receive credit for back pay from the time they applied. After that ruling, Black Sash also found people who were entitled to back pay and helped them access it. The organisation persuaded the government to pay for pamphlets about the court order that would outline how to access back pay.

Gays and Lesbians Win Increased Rights

South Africa was the first country in the world to decriminalise and safeguard sexual orientation as a human right in its Constitution, but equality for the LGBTI community was not a given.

Beginning in 2002 and two years before pursuing the constitutional right for gay and lesbians to marry, the Atlantic-funded Lesbian and Gay Equality Project conducted a careful strategy of

public litigation to build up case law to support same-sex marriage. As a result, in 2005 the Constitutional Court ruled in favour of gay marriage. The South African government legalised gay marriage in 2006. Between 2002 and 2012, Atlantic gave the Equality Project \$1.6 million. Rights granted at the national level, however, do not always translate into equal rights and justice in small towns. Gays and lesbians who live in rural areas often face severe discrimination. Lesbians, for example, are often victims of “corrective rape” – rape by gangs of men in the belief that it will “cure” women's sexual orientation. To change such attitudes and practices, the organisation Out in Africa, with \$1 million in support from Atlantic, hosted a series of regional film festivals that brought gay and lesbian cinema to small towns and rural communities. This effort contributed to greater visibility and understanding of homosexuals as relatives, neighbours and colleagues.

“I think that Atlantic Philanthropies demonstrated a real ethic of activist grantmaking in South Africa,” said Melanie Judge, associate of Inyathelo: The South African Institute for Advancement and a member of the governing board of the Gay and Lesbian Memory in Action. “One of the key features was allowing the activists on the ground to determine the work that was to be done. That requires a hell of a lot of risk-taking. And that requires not being hell-bent on being able to tick off the boxes of how we’re going to be able to measure the change that we’re going for. It is much more fluid and open and iterative process of supporting activism on the ground. That is a grantmaking practice that has set a very high bar.”

Defending the Rights of Immigrants, Refugees, and Asylum-Seekers

Atlantic also assisted South Africa’s rapidly growing population of immigrants and refugees fleeing violence and persecution in nearby countries. In recent years, the greatest number of migrants came from Zimbabwe. In South Africa, whose own economy has slowed and where at least one in four people are unemployed, immigrants have faced hostility and violence.

In May 2008, over a period of two weeks, a series of attacks took place all over South Africa against some of the refugees. In a clash between the poorest of the poor, gangs of local black South Africans descended on informal settlements and shanty towns, armed with clubs, machetes and torches, and attacked immigrants from Mozambique, Malawi and Zimbabwe. Locals accused these immigrants of taking jobs. Over the course of those two weeks, over 60 foreigners were killed, several hundred injured, and many thousands of immigrants were displaced or returned to their home countries.

Atlantic began its work in migration in South Africa in 2007, just before those attacks and before the flood of Zimbabwean refugees, in particular, drove South Africa’s immigration system into a state of seemingly endless crisis.



Zimbabwean Refugees, Musina, South Africa 2008

Much of Atlantic's grantmaking in this field, totalling close to \$9 million, was channelled through the Centre for Education Policy Development (CEPD) and the Humanist Institute for Co-operation with Developing Countries (HIVOS). Between 2007 and 2013, Atlantic supported a broad spectrum of frontline organisations working in immigrant communities, refugee camps, processing centres and service agencies across the country.

For example, Atlantic supported organisations that serve as an early warning capacity to detect violence or other abuses against immigrants, refugees and asylum-seekers. One grantee, the Mamadi Legal Advice Centre, worked with Zimbabweans employed as temporary labourers on South African farms. As refugees with no legal status in the country, they

had been easily exploited as cheap labour; assaults and evictions were common. Mamadi Legal Advice Centre provides legal advice and support and works to ensure that the local farming community complies with South African labour laws.

The activities of Atlantic grantees have had important impacts on the immigrant community. Litigation has led to the closure of detention centres that do not meet minimum health requirements; many illegal deportations (including renditioning of political asylum-seekers) have been prevented. The courts have ruled that asylum-seekers and refugees have the same rights and access to education, health and housing as citizens. Effective lobbying has resulted in changes to the law, making it easier for foreigners to work and live in South Africa and for longer periods. In response, the Department of Home Affairs has upgraded facilities at some reception centres.

Re-Integration of Former Combatants

During the negotiations for a democratic South Africa and in the formative years following the first free and fair elections in 1994, the social, employment and health needs of a crucial group of people—the estimated 80,000 ex-combatants who had fought to end the country’s apartheid system—were largely overlooked. Atlantic funded work, largely through the National Peace Accord Trust, to help re-integrate these former combatants back into the country’s social and economic fabric.

Much of the work of the National Peace Accord Trust relies on a combination of psychosocial therapy to overcome the remnants of trauma and routine violence with vocational training, education and job placement. Through this work, these former freedoms fighters have gradually gained political savvy and are demanding recognition and government resources to meet their needs. “At every level of government, someone is now accountable for work with ex-combatants,” according to a 2012 case study prepared by Marian Nell and Janet Shapiro. “In areas where there are many ex-combatants, 3 per cent of positions in government departments at various levels are reserved for them.” The Ministry of Defence has also established a Department of Veteran Affairs to ensure that former combatants have equal access to housing, education, social security and employment.

Preserving South Africa’s Historical Record of Transition from Apartheid to Democracy

As South Africa began to create a new national identity, creating a clear and accurate history of apartheid and the transition to democracy became a critical aspect of national reconciliation and recovery. A growing body of literature suggests that the recollection of painful events, together with dialogue about the past, is among the peace-building initiatives that help achieve long-lasting reconciliation. Artefacts and records are often fragile and easily lost or destroyed; thus recovery and preservation of suppressed or unrevealed information can be critical to national understanding and healing.

A strong component of Atlantic’s work has been to help preserve the archive on colonialism and apartheid as well as of the anti-apartheid struggle. Atlantic supported at least a dozen projects, including the establishment of Traces of Truth, a digital archive of the Truth and Reconciliation Commission to safeguard its findings.

Disseminating the archival information broadly is also a key goal of Atlantic’s grantees. In 2006, Atlantic funded a South African History Archive collaboration with the *Sunday Times Heritage Project* to remind people of the anti-apartheid struggles. The broadsheet newspaper constructed 40 public memorials of unheralded individuals and events around the country. The most innovative aspect of the project was supporting scholars and young people to research and build their own memorials.

Atlantic's largest grant in its memory portfolio—close to \$4.5 million—helped restore and turn the Johannesburg Fort at Constitution Hill into a museum on the struggle against apartheid. Also funded by the Ford and Mott foundations, the Fort was built in the late 19th century as Johannesburg's equivalent of Robben



Nelson Mandela, Constitution Hill, Johannesburg, South Africa

Island and served as a prison where many political activists were detained. To symbolise the victory of ordinary people over apartheid, South Africa's new Constitutional Court was built adjacent to the Fort.

"We South Africans have the only prison in the world, we can say with dubious pride, where both Gandhi and Mandela were locked up," said Albie Sachs, former justice on the Constitutional Court and anti-apartheid activist. "And that's where we decided to build our [Constitutional] court, in the heart of that prison. And we needed something that would conserve those buildings, that could tell the stories of people who were locked up there and also the stories of people who were hoping and dreaming of a new, good, decent, humane South Africa that embraced everybody. Well that's not the easiest thing to get from government, when you need money for health, for housing, for education, for everything else. If government could not afford to spend money on preservation where would the money come from? As it happened, there was a source that did not wish to call attention to itself. And this mysterious organisation--Atlantic Philanthropies we learned afterwards--was there."

Atlantic also supported The Nelson Mandela Gateway at Robben Island and the District Six Museum, dedicated to preserving the history and memory of the forced removals, under apartheid, of 60,000 residents from a racially-mixed section of Cape Town.

Phase III: Population Health

When Atlantic embarked on its Population Health Programme in 2004, the foundation was chiefly concerned with inequitable access to quality health care in South Africa. People with private health insurance had access to top-notch care. But three-quarters of South Africans—some 40 million people—suffered from severe shortages of health personnel, lack of infrastructure and limited advocacy for quality health care provided in the public sector. Most of these South Africans were black and poor or working class and lived in rural areas.

Developing Human Resources in Health

Atlantic's initiatives first focused on supporting institutions that would train health care professionals to meet the primary care needs of South Africans, particularly those living in rural areas.

Strengthened Schools of Public Health

In South Africa, much of primary health care is delivered through local and district-level health facilities. In 2004, when Atlantic began its work in population health, these facilities largely lacked skilled managers with a public health background. Skilled managers were crucial in ensuring the effectiveness and efficiency of the health system at the local level.

To enrol more students in schools of public health, expand the schools' research capabilities, and generate knowledge to inform government policies and programmes in public health, Atlantic invested a total of \$22.9 million in four schools of public health: the University of the Western Cape, the University of Witwatersrand, the University of Cape Town and the University of Pretoria.

Atlantic's \$11.9 million in grants, starting in 2004, to UWC's School of Public Health enabled the university to build a state-of-the-art building, including a computer lab, a resource centre to facilitate student learning, modern classrooms and a large hall for public events, among other additions, as well as to strengthen its faculty. The investment has helped attract faculty, transforming the school from four permanent academic posts in a few prefab structures, into a staff of nearly 100 people in a spacious, modern building. The school's student numbers have also expanded rapidly over the years and, through 2012, it has enrolled 218 Masters and 27 Ph.D. students—the largest in South Africa. The school has also created short courses for public health managers and 3,000 have completed the curriculum.



University of the Western Cape, Cape Town, South Africa 2010

The new building also enabled the school to host 46 research projects that are making a difference in policy and practice. For example, the school has become a leader in creating a national standardised curriculum for training community health workers, which is a central part of primary health care reform. The school also houses a new Centre for Research in HIV and AIDS, which is strengthening collaboration among the University of the Western Cape and other African institutions.

Improved Primary Health Care Through Data and Training

At the time of Atlantic's investments in 2004, local and district health systems were receiving substantial funds from the national government for primary health care, but lacked the management expertise to make effective use of these funds. At the same time, a national government's proposal to "re-invent" primary health care was difficult for many local and district managers to understand and interpret. Atlantic funded nongovernmental organisations and leadership training to provide needed guidance and assistance for these local managers. Among those funded were the Health Systems Trust, Benguela Health and Health-e news.

For example, in 2010, Atlantic and the Kaiser Family Foundation took a high-level delegation for a 10-day study visit to Brazil, led by South Africa's Minister of Health, eight provincial ministers and several senior government leaders. Representatives from other countries including Mexico, Chile, England and Malaysia shared their experiences and advice. As a result of that process, South Africa adopted a primary health care re-engineering programme, which is being piloted in 10 districts based on the lessons learned in Brazil. The pilot has three key components:

- Community outreach, led by community nurses and community health workers who do home visits to identify cases and refer them to local clinics
- A school health service programme where nurses provide health services into schools such as immunisations, oral health, and eye and ear health
- A local hospital-based district specialist team of health professionals such as gynaecologists and midwives who would provide specialist care at these hospitals rather than referring patients to larger hospitals much further away.

If the pilot phase proves successful, the government will roll out the programme across the country.

The foundation also supported Health Systems Trust, a nongovernmental organisation, to work with district level managers to develop basic skills, such as developing annual plans and budgets, preparing annual reports and developing key performance indicators.

In addition, Atlantic supported mid-career education for government managers in health. The best known of these has been the Oliver Tambo Fellowships, based at the University of Cape Town, that allow managers in provincial health systems to develop leadership skills and earn a postgraduate diploma in health management through courses offered jointly by the schools of public health and business. The programme has graduated more than 250 senior managers.

As in many other countries, poor communication among different health providers is a persistent problem in South Africa. For example, a patient with tuberculosis who is discharged from a hospital might then go to a local clinic for follow-up care and medication, only to learn that the clinic is unaware of the patient's history and lacks the necessary medicine. Atlantic funded a consulting firm, Benguela Health, to work with provincial and district authorities to pilot a process of communication and referral.

The project developed a unique telecommunication system in which health personnel at all levels are able to use their private cell phones to consult on cases – at no cost to themselves. The project also created documents to support the new referral system concepts and manage the registration of referrals. This facilitates information flows so that patients who fail to complete a referral can be identified and followed up. In 2013, Atlantic has supported Benguela Health to help the KwaZulu-Natal government roll out the project across the province and to document and share the province's learnings and accomplishments with targeted audiences in the national Department of Health as well as with the eight provincial health departments in South Africa. They will also introduce the key health referral system concepts and processes to national health departments in six Southern African countries.

Transforming the Nursing Sector

Between 2006 and 2012, Atlantic invested \$32.8 million to strengthen the nursing sector. The achievements of Atlantic's grantees in remaking the nursing profession were extensive and transformational. According to evaluations of Atlantic-supported nursing work:

- **The process of debating and working on specified difficulties within the nursing sector is likely to have contributed substantially to a government commitment to invest an additional \$120 million into the sector over five years.** The funding will develop nursing colleges, build homes to house nursing students, and establish a national institute that will provide leadership training in health
- **The number of trained nurses is steadily increasing**, with many electing to receive four-year degrees and beyond. From 2005 to 2011, there was an overall increase in the number of nurses from 177,869 to 248,737 or 44 per cent. Atlantic can claim a large role in this jump, as foundation-funded grantees produced 50 per cent of all nurses in South Africa during that period
- **The government is assuming responsibility for Atlantic initiatives**, particularly innovative higher education models for nurse training. For example, the government will take up the costs of a first-of-its-kind four-year undergraduate primary care nursing program at the Durban University of Technology. Similarly, local government in Pretoria is adopting and funding a Tshwane University of Technology model of training nurses in previously underserved community settings. The Tshwane University of Technology will equip master's level nurses with additional skills in areas such as oncology and will also train them to work in low-resource places. At the Durban University of Technology, the first cohort of 80 nurses graduated in 2013 with an additional 400 nurses currently enrolled. The university expects to graduate about 100 nurses a year.

More Medical Doctors in Rural Areas

South Africa also has a shortage of physicians in rural areas. Its eight medical schools annually contribute about 35 doctors a year to rural communities with a population of approximately 19 million people. Physicians are needed not only for higher level care but also to supervise HIV/AIDS programmes and to train nurses and other health professionals.

Because it will take years for South Africa to produce the number of physicians needed in rural areas, Atlantic supported Africa Health Placements, which recruits 350 experienced physicians from other countries to South Africa each year—10 times the number that the country's medical schools produce. Physicians recruited through this programme commit to remaining at least a year and many stay longer. Foreign doctors placed in rural settings also provide supervision and mentorship to recently graduated students.

These doctors come to work in South Africa not for the pay, which is modest, but for the opportunities to learn about diseases such as malaria, tuberculosis and HIV/AIDS; to assume great responsibilities, such as running a hospital; and to make a tangible difference in the rural communities they serve.

Growing Health Professionals from Rural Areas

Rural health areas need health professionals at all levels. People who already live in rural areas are the ones most likely to commit to work there. A fundamental challenge however in recruiting health care workers from poor rural communities is that rural schools typically graduate students with skills well below the level of their urban counterparts. Even the most accomplished rural students often come from villages and families in which no one has ever attended university. Most have no role models, advisors or mentors to help them make the leap into a large institution of higher education or, from there, into a profession.



Umthombo Youth Foundation, South Africa 2009

A solution to this problem emerged in rural northeastern KwaZulu-Natal through the Umthombo Youth Development Foundation. With Atlantic's support, Umthombo developed and implemented an education and training model that addresses staff shortages in rural primary health care facilities through training students from rural areas. Umthombo identifies,

trains and supports rural youth to become qualified health care professionals. In return, the youth are required to work at a rural hospital for the same number of years for which they received support.

Of the 135 participants who have completed their training since 1999, 72 per cent are working either in rural hospitals or with health-related nongovernmental organisations in rural areas. Another 50 are expected to graduate in 2013, the largest cohort since the inception of the programme. These results seem to confirm that rural students will, if given the opportunity for advanced study and support along the way, return to apply their new skills in rural areas. The programme also has shown that rural youth can succeed at university if they receive appropriate mentoring and support.

In a 2011 review of Atlantic's rural and primary health care grants in South Africa, Professor Steve Reid of the University of Cape Town singled out Africa Health Placements and Umthombo as among the most effective grants Atlantic has made.

"Both of these projects have had outcomes that have far exceeded initial expectations," Reid wrote. "Their success lies in the fact that they have developed key strategies that are complementary to governmental efforts in recruitment and retention of professional staff and they are showing that they can work effectively in partnership with government."

Atlantic also supported the development of a new credential for primary health care professionals known as "clinical associates," which are comparable to physician assistants in the United States. In a system with a shortage of doctors and concomitant demands on nurses for basic care, the role of the clinical associate could fill an important gap by serving patients who need a higher level of care without the need for a referral to often-distant physicians. Clinical associates can assess patients, make diagnoses, prescribe appropriate treatments and undertake minor surgical procedures under the supervision of doctors. The three-year degree programme was developed at the Walter Sisulu University and the University of the Witwatersrand, and has spread to two other universities. These programmes are now mainly funded by government. The first group of 24 clinical associates graduated in 2011 and were based in district health facilities, which are cornerstones of the primary health system.

Strong and Effective Voices of Disadvantaged Populations in the Health System

Atlantic has believed in supporting organisations that would hold the government accountable for implementing the far-reaching health care rights enshrined in the Constitution.

Between 2002 and 2013, Atlantic provided a total of approximately \$7.6 million to support the Treatment Action Campaign, an HIV-rights organisation, and the campaign's primary source of legal counsel, the AIDS Law Project at the University of Witwatersrand. South African President Thabo Mbeki and the Minister of Health had been denying the link between HIV and AIDS since 1999, making it impossible for poor mothers with HIV to obtain medicine that would help prevent transmission of the virus to their children. The only way to obtain these drugs was to buy them, but they cost more than \$10,000 a year. In 2002, about 26.5 per cent of mothers were HIV-positive.

Together, these organisations, with support from the Legal Resources Centre, carried out a concerted campaign, both in the public domain and in the courts. The effort culminated in a Constitutional Court ruling in 2002 that the government must allow HIV-infected mothers access to medicine that could protect their unborn children.



Treatment Action Campaign, Cape Town, South Africa 2007

“The court gave the famous judgement in 2002 that asserted the rights of people under the right to health care to start receiving antiretroviral treatment, which was given at a very crucial time when President Mbeki was sponsoring scepticism about HIV and its causes,” said Edwin Cameron, a Constitutional Court Justice. “The court’s judgement at the time was an extraordinary act of institutional power and clarity and morality.”

As a result, 80 per cent of all pregnant women in public health care receive antiretroviral medications today, which has reduced perinatal transmission from 8.5% to 2.7% between 2010 and 2012.

The Treatment Action Campaign's activism caused the government to increase public spending on HIV/AIDS by 1,850 per cent in 10 years, pressured pharmaceutical companies to lower the price of antiretroviral medications from \$10,439 per person annually in 2000 to \$182 annually by May 2005, and forced the government to make these drugs available to low-income people. In 2004, not a single person in South Africa was receiving HIV/AIDS treatment through the public health system; in 2013, two million people with public coverage have received treatment as a result of the work of the Treatment Action Campaign, the AIDS Law Project and others. Complementing the Treatment Action Campaign, a nonprofit news service, Health-e News



Mothers2Mothers, Cape Town, South Africa 2008

continually documented the problem of HIV-infected mothers not receiving antiretroviral treatment for their unborn babies. The service had begun as an initiative of the Kaiser Family Foundation in the late 1990s. When Kaiser ended that relationship, Population Health Programme Executive Zola Madikizela proposed that Atlantic step in to continue funding. Atlantic's support has helped Health-e News become independent and grow into an influential and widely circulated source of investigative reporting and feature stories on health issues across South Africa. For example, it produced frequent stories on the failures of the former health minister and her denial of the science behind HIV and AIDS. It reported for years on the unchecked spread of tuberculosis at the turn of the 21st century. Health-e News was also the first media agency in the world to report on the emergence of the Extensively Drug-Resistant TB in 2006.

“During the era of AIDS denialism, Health-e played the role of almost the Ombudsperson, like an investigative arm if you had a complaint,” said Professor Francois Venter of the Southern African HIV Clinicians’ Society. “Health-e News was very good because they were critical but in a way that wasn’t ideological, particularly about the crisis in the Free State when the province suspended the antiretroviral programme because of a shortage of funds. I honestly don’t think much would have happened if Health-e hadn’t intervened. Health-e was actually able to piece it out and get comment and reaction to and clarification. I suspect that more people would have died if it hadn’t been for Health-e.”

All of these organisations have shined a continual spotlight on the work yet to be done in improving health care for the majority of South Africans.

Summing Up

By the end of 2013, Atlantic will have invested \$355 million to promote transformative social change and foster human rights and dignity in South Africa and deliver on the promise of the democratic Constitution. The foundation’s work has concentrated on seeking justice and delivering services for the most neglected and historically disadvantaged communities of South Africa. Atlantic’s investments have built, strengthened and promoted critical institutions that are now better positioned to carry on that work, and that have scored major victories in improving the lives for the country’s least advantaged people. Atlantic’s investments and grantee partnerships have literally affected the lives of millions of people, and strengthened systems that will continue to serve millions more in years to come.