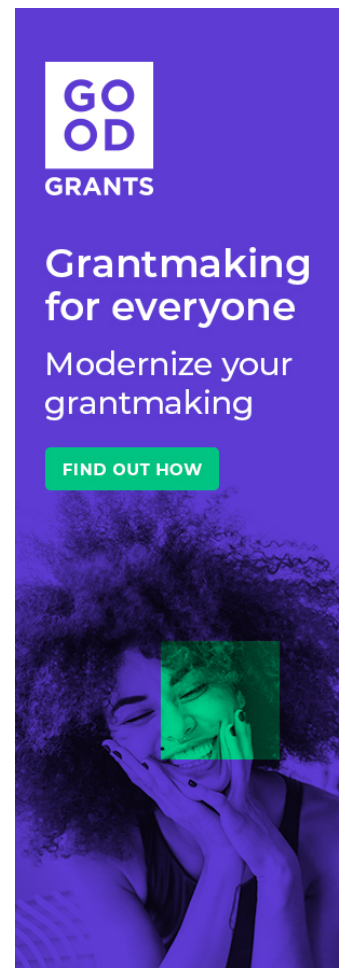


The Beginnings Fund: Good News for Mothers and Children as Aid Funding Collapses

Laurie Udesky | June 5, 2025



A MOTHER PRACTICES KANGAROO CARE AT A HOSPITAL IN MALAWI. CREDIT: FREDERIC COURBET



Dr. Victoria Nakibuuka recently encountered a mother who was crippled with fear about the health of her baby, born at 26 weeks and weighing under two pounds.

“The mother wondered if her baby would really live and be able to go home,” said Nakibuuka, who heads pediatrics and the neonatal intensive care unit at the St. Francis Nsambya Hospital in Kampala, Uganda.

But the baby survived, leaving the hospital as a healthy infant two months after its birth, an outcome that Nakibuuka said would have been far less certain a decade ago when intensive care units for newborns in Uganda did not exist, nor did many of the interventions now more available, such as a human milk bank, an idea which Nakibuuka pioneered at Nsambya Hospital.

Nakibuuka was the first in the country to set up neonatal intensive care units after receiving specialized training in neonatology — the care of newborn infants, especially those who are born prematurely with complex medical problems. She is also one of several health leaders who are serving as expert advisors on a new philanthropic initiative known as the [Beginnings Fund](#).

Announced this spring, its goal is to provide quality care to 34 million mothers and babies and prevent 300,000 avoidable maternal and infant deaths by 2030 in up to 10 countries in sub-Saharan Africa, including Uganda, Ethiopia, Rwanda, Malawi, Kenya, Lesotho, Nigeria, Ghana, Tanzania and Zimbabwe.

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Involving major names in global giving like the Gates Foundation and ELMA, the Beginnings Fund’s “joint philanthropic commitment of nearly \$600 million” — which includes \$100 million in support for related health initiatives from its funders — was a rare bit of good news in a global health space that has been ravaged this year by a drawdown in government aid, particularly from the U.S.

Who’s backing the Beginnings Fund and what will it seek to do?

Despite medical advances that have slowed maternal and infant mortality rates, 182,000 women die each year in sub-Saharan Africa and it has the highest newborn mortality rate in the world: more than 27 deaths per 1,000 live births, according to the most recent data from the World Health Organization.

“The impetus behind forming the Beginnings Fund is refusing to normalize these deaths,” said Alice Kang’ethe, the fund’s CEO. “We’re not accepting that it’s OK for 1.2 million newborns to die every year.” “

The Beginnings Fund’s donors include the Mohamed bin Zayed Foundation for Humanity, the Gates Foundation, the ELMA Foundation, the Children’s Investment Fund Foundation, the Patchwork Collective, and the Horace W. Goldsmith Foundation.

So far, the fund’s founding donors have committed \$450 million toward a \$500 million fundraising goal, which it hopes to achieve by 2030.

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Additionally, core philanthropic partners Mohamed bin Zayed Foundation for Humanity, the Gates Foundation and the ELMA Foundation have committed \$100 million in direct investments toward related maternal and newborn health initiatives outside the fund.

The Beginnings Fund is coming into being at a time when the Trump administration has interrupted foreign assistance to global maternal and child health programs, forcing organizations that receive funding [to lay off thousands of workers](#). The federal government has gutted USAID, which a report from the Kaiser Family Foundation [estimated](#) would affect services for 16.8 million pregnant women annually, as well as stop postnatal care for 11.2 million newborns in their first two days of life.

Kang’ethe said those cuts will mean slashing the funding used to pay salaries of some of the health workers who were recruited under USAID-funded programs, which will have short-term impacts on the upskilling and expansion of the maternal and infant health workforce — one of the goals of the Beginnings Fund. But the new fund’s model itself benefits from veering far away from a traditional top-down approach: “We’re not coming in and saying we know the solutions and our money will only do X,” she said.

Instead, the Beginnings Fund is designed to put the ministries of health in the participating countries in the driver’s seat and will be working with their brain trusts of health experts to identify needs, solutions and opportunities to scale up best practices, Kang’ethe said. “We have sustainability from the onset with government leadership

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and government ownership.”

Besides building up the maternal and infant health workforce, the initiative will be providing funding for low-cost, high-impact medical equipment and evidence-based interventions, such as “kangaroo care,” which was a life saver for the tiny newborn Nakibuuka described. The baby flourished in part because it spent 10 hours every day nestled skin-to-skin, kangaroo-like, against its mother’s chest and stomach, according to Nakibuuka. [Kangaroo care](#) is associated with reducing the risk of dying by 33% among low-birth-weight newborns, according to a [research review](#) by the World Health Organization.

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Identifying urgent opportunities to save lives at a fraught moment

With the U.S. government abdicating its global development and aid roles, and other governments following suit, private philanthropy’s indispensability has never been as sharply in focus as it is today. It’ll be crucial — a matter of life and death — for major philanthropies like the ones backing the Beginnings Fund to continue stepping

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up and filling gaps.

This is something that even funders without deep global health experience can do — such as by [bankrolling urgent opportunities to save lives](#) that experts have already identified. But the work that longtime global health funders have done on the ground will be crucial in standing up the initiatives that will, most likely, have to succeed public aid funding lost for good.

The core funders who are part of the Beginnings Fund initiative have maintained a long-term presence in Africa and have built relationships fostered by local experts on staff, who identify opportunities that might have otherwise been missed, according to Kang’ethe.

“One of our staff saw an ad in the paper placed by Dr. Nakibuuka, who was wanting to raise money to build a human milk bank with donors,” recalled ELMA Philanthropies President Robyn Calder. The foundation already knew Nakibuuka. It had been an early seed funder of The African Paediatric Fellowship Programme in South Africa through which Nakibuuka received training in neonatology.

ELMA staff had read research about human milk banks and asked Nakibuuka to pitch the idea to ELMA’s board. The board approved funding for equipment and maintenance, according to Calder. “Then it’s low cost, because women are donating the milk. It’s a renewable resource,” she said. “We just thought this is brilliant...it’s self-sustaining and will save lives in the process,” she said. Nakibuuka set up the first

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[human milk bank in Uganda.](#)

In a recording of a [symposium](#) on lactation that took place last year, Nakibuuka explained how critical milk banks are in affecting long-term outcomes for newborns. In particular, she explained, newborns born prior to 32 weeks and under two pounds should have breast milk as early as possible on their first day of life. “But most mothers don’t produce milk in the first 48 hours because of inadequate lactation,” she told attendees, and pointed to studies showing an association between late lactation, poor weight gain and developmental delays.

ELMA, along with the Gates Foundation and the Children’s Investment Fund Foundation, have all been major funders of another initiative known as [NEST360](#), whose purpose has also been to prevent maternal and infant deaths by helping develop innovative, life-saving technologies that are easy to assemble and maintain, according to Faustina Fynn-Nyame, executive director, Africa, at the Children’s Investment Fund Foundation.

One of the innovations that emerged from the NEST360 initiative that will also be provided to participant countries in the Beginnings Fund’s initiative is continuous positive airway pressure (CPAP) machines for newborns who have difficulty breathing. “It’s low tech so that medical physics teams at hospitals know how to fix it and operate it, and it’s cost efficient for the hospitals to be able to buy themselves,” Fynn-Nyame said.

That’s not the only easy-to-implement intervention that the

fund will aim to popularize. In a Beginnings Fund video, Hadiza Shehu Galadanci, a professor of obstetrics and gynecology at Bayero University in Kano, Nigeria, tells students that the loss of 500 ml of blood by the mother is the most common reason that women die after childbirth, which accounts for [up to half](#) of maternal deaths in sub-Saharan Africa. She shows the students a plastic blood collection drape that's put under a mother after she's given birth. The drape measures the amount of blood a mother has lost "without having to guess," Galadanci says.

If needed, "You can start treatment immediately," says Galadanci, who in 2024 was named one of the 100 most influential people in health by *Time* magazine. Relevant interventions, which include massaging the uterus and administering medications and intravenous fluids, aren't new, but they're all done together. A [clinical trial](#) of the drape-and-bundled approach, which was funded by the Bill and Melinda Gates Foundation, showed 60% lower adverse outcomes among those women who received the drape-and-bundled treatment compared to those who did not in 80 hospitals in Kenya, Nigeria, South Africa and Tanzania.

"It's very clear that by coming together as a collaborative, there's more philanthropies can do than what any donor would achieve on their own," the Beginnings Fund's Kang'ethe said. But in order for that to work, she insisted, "You have to have government ownership, government leadership and planning for sustainability from the onset."

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