

From Silos to Synergy:

How the Funding Landscape is Shifting for Maternal and Newborn Health, Justice, and Equity

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About Global Health Visions

Global Health Visions — a woman-owned and operated business — is an agile network of results-oriented, passionate global health and development professionals providing targeted expertise and guidance to partners working on the biggest issues of our time. Our work provides expertise that improves the outcomes and impacts of our partners and contributes to a more just and equitable world. Ultimately, our work transforms ideas into social change through analysis, strategy, and action.

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About Global Force for Healing

Community-led, culturally respectful care has the power to end preventable maternal and newborn deaths in underserved areas around the globe. Global Force for Healing (GFH) supports access to high quality care by listening to the needs of our 17 local partners, each a model for mother-centered, respectful birth, and reproductive health care, and provides support to the solutions they identify as having the greatest potential for impact. Our services to this group, known as the Compassionate Birth Network, include technical

assistance, sourcing funding and other resources, educational offerings, and advocacy for the human rights of childbearing women and infants. Our goal is to nurture and proliferate effective models of compassionate care that result in thriving mothers, babies, and communities around the globe.

Global Force for Healing is directed by Kay Sandberg. Amanda Coslor, GFH Board member, also collaborated from the study's conception. In addition to GFH, Amanda is a Board member of the Groundswell Fund. Groundswell creates a larger frame around reproductive justice in the United States to include birth and the midwifery model of care via the Birth Justice Fund.

For more information on how you can support the programs and partners in the Global Force for Healing network, please visit www.globalforceforhealing.org.

About National Birth Equity Collaborative (NBEC)

The National Birth Equity Collaborative (NBEC) is a program, in partnership with the National Collaborative for Health Equity and supported by the Foundation for Louisiana, that creates solutions to optimize Black maternal and infant health through collaboration, training, advocacy, public education and research. NBEC's vision is that all Black mothers and babies thrive. Founded by Dr. Joia Crear-Perry, NBEC works with organizations, communities and stakeholders to develop and implement strategies to achieve health equity.

And to learn more about NBEC's work to support Black pregnant and parenting families, please visit www.birthequity.org.

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List of Acronyms and Key Terms

Acronyms

- BIPOC** – Black, indigenous, and people of color (used primarily in the U.S.)¹
- CDC** – Centers for Disease Control and Prevention (U.S.)
- COVID-19** – coronavirus disease 2019
- HHS** – U.S. Department of Health and Human Services
- LGBTQI+** – lesbian, gay, bisexual, transgender, queer and intersex
- MCH** – maternal and child health
- MDGs** – Millennium Development Goals
- MH** – maternal health
- MNCH** – maternal, newborn, and child health
- MNH** – maternal and newborn health
- NGO** – non-governmental organization
- ODA** – official development assistance
- OECD** – Organisation for Economic Co-operation and Development
- RMNCH** – reproductive, maternal, newborn, and child health
- SDGs** – Sustainable Development Goals
- UNICEF** – United Nations Children’s Fund
- USAID** – United States Agency for International Development
- WHO** – World Health Organization

Key Terms

The terminology, perceptions, adherence to, and usage of several terms related to maternal and newborn health, human rights, birth equity, and reproductive justice vary widely. For the purposes of this study, the following definitions have guided our usage of these terms throughout this report:

Birth equity

The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.

Birth justice

The birth justice framework advocates for the elimination of legal and economic barriers so all can have access to the care of a midwife or birth-worker(s) of their choice. Birth justice includes access to health care during the childbearing years that is holistic, humanistic, and culturally centered, across the pregnancy spectrum.

Cultural humility

Honoring and trusting the wisdom of those who live and dream in their respective communities to make their own informed choices that are equally valid and deserving of respect. Cultural humility is founded on deep listening to other culture groups or people and self-awareness of one’s own cultural background and how it shapes perceptions of the world and access to power.

¹ We believe that people and communities should determine the pronouns or ethnicity in which they identify; the authors of this report acknowledge that the usage of the BIPOC acronym is not representative of all people or identities. While flawed, the acronym is used here in an effort to be as inclusive as possible while being succinct. We have also attempted to use gender-inclusive language as much as possible, as birthing people encompasses a wide spectrum of gender identities.

Human rights (or rights-based approach)²

Per the United Nations, a human rights-based approach (HRBA) is a “conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyze inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress and often result in groups of people being left behind.” In this report, the term “maternal and newborn rights” is used to indicate the rights of birthing parents and infants, which are considered by the authors to be human rights.

Reproductive rights

Per the 2018 Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights, sexual health, sexual rights, reproductive health and reproductive rights are combined into a comprehensive definition. This includes the rights of all individuals to: have their bodily integrity, privacy and personal autonomy respected; freely define their own sexuality, including sexual orientation and gender identity and expression; decide whether and when to be sexually active and choose their sexual partners; have safe and pleasurable sexual experiences; decide whether, when and whom to marry; decide whether, when and by what means to have a child or children, and how many children to have; and have access over their lifetimes to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence.³

Reproductive justice

The human right to maintain personal bodily autonomy, have children, and parent the children in safe and sustainable communities.

² United Nations, [The human rights-based approach to development cooperation: Towards a common understanding among UN agencies](#), accessed February 1, 2021.

³ Starrs, A., Ezeh, A., Barker, G., Basu, A., Bertrand, J., Blum, R., et al. (2018.) [Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission](#). *The Lancet Commissions* | Volume 391, Issue 10140, p2642-2692, June 30, 2018.

EXECUTIVE SUMMARY

Overview

There is no better gauge of the health of a society than the health of its mothers and children. Since 1990, there has been tremendous progress in reducing maternal and newborn mortality rates around the world. The number of maternal deaths decreased 44% between 1990 and 2015, the number of infant deaths decreased 55% from

1990 to 2018, and the number of deaths of children under 5 decreased 59% from 1990 to 2019.⁴

However, more than 800 women still die every day from preventable

complications related to childbirth, and each year, 2.4 million babies do not survive past their first 30 days of life.⁵

Progress — or lack thereof — on maternal and newborn health can be attributed to a multitude of factors, including political will, the quality of the health systems infrastructure, availability of a skilled workforce, and numerous environmental conditions. **Addressing these factors and implementing solutions undoubtedly requires funding.** This report is intended to acknowledge and highlight the vital role that both philanthropy and organizations play in shaping the future of maternal and newborn health, as well as to **provide insight as to how the funding landscape can be more efficient and impactful for all stakeholders.**

⁴ WHO, [Maternal mortality facts](#), and [Children: Improving survival and well-being](#), accessed February 1, 2021.

⁵ WHO, [Every Newborn Action Plan Coverage Target to 2025 Online Global Consultation](#), accessed February 1, 2021.

“Funders have created an environment by funding organizations based on what they accomplish, which creates a competition among the grantees. One way to address this issue is by trying to think about the work as an ecosystem, where pieces come together and work together to accomplish their broader goals.”

—U.S. Donor

Key Findings

Through 30 interviews with key donors, donor networks, and collaboratives in the United States (U.S.), as well as input from leaders at 15 key civil society and/or implementing organizations, this report reveals a significant and encouraging shift in thinking about how funding decisions are made and where funding may be more effectively invested to advance progress on maternal and newborn health, rights, and birth justice issues. In the U.S., the movement towards more inclusive decision-making and equitable distribution of funding to support community-based approaches is encouraging and has the potential for lasting, systemic change. However, our research reveals a significant **need for funders to more comprehensively and urgently address systemic inequities and racism in their funding priorities**. Globally, the maternal and newborn health community has amassed a body of evidence regarding which interventions work and how they are best implemented. However, there remains a **significant gap in the funding needed in order to maintain progress** in maternal and newborn health, versus the amount that has been appropriated from government agencies and private philanthropy.

Our interviews reflect an **authentic commitment on the part of donors and funders networks to improve outcomes for birthing parents and infants, particularly parents of color and indigenous communities**. There is also **consensus that human rights and equity must be front and center in their grantmaking approaches**. While donors are notably in different stages of progress, almost all interviewees acknowledged **the need to shift more funding to grassroots organizations led by local communities** and to **elevate the power of those communities to drive funding decisions**. Many donors are struggling with how to operationalize these shifts from traditional, top-down grantmaking approaches to those that are more participatory and innovative. However, there are some promising models and trends among

donors that are questioning the status quo. On the heels of an historic and challenging year, rife with public displays of deep-rooted racism, misogyny, corruption, and police brutality — in combination with the chaos and tensions stemming from the global COVID-19 pandemic — philanthropy may be at a tipping point, as reflected in our rich conversations with study participants.

Recommendations

Through an analysis of extensive background research and in-depth interviews and surveys, key recommendations emerging from this study include:

- Decolonize philanthropy and international development.
- Shift significantly more funding to locally led, grassroots, and BIPOC-led organizations.
- Establish close relationships to engender trust.
- Invest in community power building for maternal and newborn health and rights' advocates and leaders.
- Diversify foundation boards, leadership structures, and decision-making processes.
- Facilitate a more engaged, informed, and coordinated donor base.
- Dismantle silos around intersecting health issues and artificial geographic boundaries.
- Explore and support innovative funding models and approaches.

While this report includes clear recommendations, it also raises important questions and considerations that will warrant future study. The authors of this report recognize that these findings represent a snapshot in time amid dramatic shifts in the funding landscape in response to the COVID-19 pandemic, the racial justice movement in the U.S., and other significant global transformations. We look forward to continued progress, partnership, and action in support of common goals.

INTRODUCTION

Background

In March 2011, Global Health Visions (GHV), in partnership with the Maternal Health Task Force, completed a thorough analysis of U.S.-based donors focused on global maternal health (MH) programs, resulting in the [U.S. Maternal Health Donor Landscape Analysis Report](#). The report examined and summarized donors' MH funding priorities, key gaps and trends, as well as recommendations and considerations for enhancing funding for global MH programs. It has been ten years since GHV completed this work, and with a rapidly shifting landscape for maternal and infant health, there was a need to revisit the initial analysis to reflect current trends.

In 2020, a group of partners — led by Global Force for Healing — commissioned GHV to update the donor landscape analysis, this time with a focus on funding trends for maternal and infant health, equity, rights, and birth justice programs globally and in the U.S. This partnership soon expanded to include the National Birth Equity Collaborative (NBEC) as a key collaborator on the project.

The current analysis also builds on the 2019 report [Funding Equity: Birth Justice and Human Rights in Maternal and Infant Health](#), which includes a series of position papers on the critical role of funders in promoting birth justice and maternal health rights in the U.S. and around the world.

Given recent shifts in the funding landscape, including budget cuts, the effects of the COVID-19 pandemic, and growing social justice movements centered on equity both within and outside of the U.S., this report comes at a crucial time. Within the broader maternal and newborn health landscape, understanding and assessing what work is being funded, who is funding it and why, and where there are gaps that need to be addressed will be fundamental to achieving progress in reducing maternal and newborn mortality. It is necessary to support this important work and ensure that aligned movements are not sidelined.

Who is this report for?

This report aims to reach organizations working to solicit funding from U.S.-based donors for maternal and infant health, equity, human rights, and birth justice programming domestically and globally, as well as donors and philanthropic networks whose funding streams and strategies are critical to shaping the landscape. The report explores existing trends, gaps and challenges, and innovative funding models, and serves as a resource for donors and implementing organizations alike to collaborate on addressing gaps and building on proven or promising approaches. Ultimately, the report serves to outline the trends in the landscape both globally and in the U.S. to ensure that maternal and infant health, equity, human rights, and birth justice programs can continue to be supported and expand.

Global Maternal and Infant Health Trends

Throughout the past few decades, dramatic strides have been made in reducing maternal and child mortality around the world. The number of maternal deaths decreased 44% from 1990 to 2015; the number of infant deaths decreased 55% from 1990 to 2018; and the number of deaths for children under 5 decreased 59% from 1990 to 2019.⁶ This public health crisis, however, is far from resolved. Every day, more than 800 women die from preventable complications either during pregnancy or following childbirth, and every year, 2.4 million babies die in their first month of life.⁷ Moreover, the burden of these injustices is not distributed equally across the globe. Roughly 86% of the world's maternal deaths and 82% of the world's under-five deaths occur in sub-Saharan

⁶ WHO, [Maternal mortality facts](#), and [Children: Improving survival and well-being](#), accessed February 1, 2021.

⁷ WHO, [Every Newborn Action Plan Coverage Target to 2025 Online Global Consultation](#), accessed February 1, 2021.

Africa and Southern Asia, and even within those countries, there are significant disparities for women living in rural areas as compared with those living in urban areas.

Overall, the primary driver behind these inequities is inadequate access to high-quality, respectful maternity care. Most women who die as a result of complications from childbirth live in low-resource settings and have limited access to skilled care or birthing facilities. Infants who die within the first 28 days of life suffer from conditions and diseases associated with a lack of quality care or treatment, either at birth or within the first days of life.⁸ Access to quality health care before, during, and after childbirth is therefore key to reducing maternal and infant mortality, and quality health systems must be prioritized. Yet, by 2030, it is expected that there will be an 18 million shortfall of health-care workers worldwide.⁹ These challenges have been further exacerbated by the COVID-19 pandemic, as women and children have less access to essential services. As much as a 45% increase in maternal deaths is possible, per month, if coverage of those essential services is reduced by 39-52%.¹⁰

The eight Millennium Development Goals¹¹ provided a framework in which to measure the effectiveness of certain health interventions. Globally, maternal and infant health improved drastically due to a combination of political will, financial resources, multi-stakeholder partnership, infrastructure improvements, improved data, and human resources to provide necessary interventions or care. With the launch of the Global Strategy for Women's and Children's Health in 2010, progress for maternal and child health was further accelerated. However, progress was uneven, often leaving behind the poorest and most vulnerable.¹² In 2015, the Sustainable Development Goals (SDGs) sought to be more "person-centered," recognizing underlying

barriers to progress across the health and development spectrum, and prioritizing equity, human rights, and non-discrimination, as well as partnership, the critical role of civil society, and a shift from focusing on developing countries with funding from high-income countries, to an expectation that all countries must contribute to meeting the SDGs. Launched in 2015, the updated [Global Strategy for Women's, Children's, and Adolescents' Health](#) similarly aimed to address inequities, as well as intersectional issues such as access to quality, respectful services, clean water, good nutrition, and a life free from violence and discrimination.

A recent follow-up study on the 2014 landmark series on midwifery published in *The Lancet Global Health* estimated that 67% of maternal deaths, 64% of neonatal deaths, and 65% of stillbirths in 88 low-income and middle-income countries could be averted with investments in midwifery-led interventions and the universal adoption of the midwifery model of care.¹³ The midwifery model centers on the continuum of compassionate, skilled care for childbearing women, newborn infants and families throughout pre-pregnancy, pregnancy, birth, postpartum, and the early weeks of life.¹⁴

Despite laudable progress in the years leading up to 2015, the global health and development community must continue to address the shocking number of mothers and newborns who continue to die from preventable causes. Progress will require bold action, innovative approaches, accountability for disparities in the treatment of mothers who are Black, indigenous, and people of color (BIPOC), and creative partnerships to respond to and fill gaps. Actions to tackle these complex challenges should be undertaken keeping in mind holistic, people-centered solutions that are rooted in responding to community needs.

⁸ WHO, [Newborns: improving survival and well-being](#), accessed February 1, 2021.

⁹ WHO, [Health workforce](#), accessed February 1, 2021.

¹⁰ Robertson, T., Carter, E., Chou, V., Stegmuller, A., Jackson, B. et al. (2020). [Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: A modelling study](#). *The Lancet Global Health*. Published: May 12, 2020.

¹¹ Waage J, et al. (2010). [The Millennium Development Goals: A cross-sectoral analysis and principles for goal setting after 2015](#). *The Lancet Commissions*. 376 (9745): 991-1023.

¹² Kumar, S. et al. (2016). [Millennium Development Goals \(MDGs\) to Sustainable Development Goals \(SDGs\): Addressing unfinished agenda and strengthening sustainable development and partnership](#). *Indian J of Community Med*. 2016 Jan-Mar; 41(1): 1-4.

¹³ Nove, A. Friberg, IK., de Bernis, L. et al. (2020). [Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: A Lives Saved Tool modelling study](#). *Lancet Global Health* 2021; 9: e24-32.

¹⁴ WHO, [The case for midwifery](#), accessed February 1, 2021.

Maternal and Infant Health Trends in the United States

In the United States, more than 700 women die every year from pregnancy or childbirth-related causes, of which 60% of maternal deaths are preventable.¹⁵ Similar to the global landscape, however, the risks of dying during pregnancy or childbirth are not the same for all women. Black women are more than three times as likely to die from pregnancy-related causes than white women, followed by Native American/Alaska Native women, who are twice as likely to die from pregnancy-related causes than white women. While national data indicate that fewer Latinx women die from pregnancy-related causes than white women (11.4 per 100,000 vs. 13 per 100,000, respectively), these data do not clearly reflect sub-national equity variations or morbidity variations. For example, a 2018 study in New York City that looked at ethnic sub-groups revealed that Puerto Rican, foreign-born Dominican, and foreign-born Mexican women showed elevated rates of severe maternal morbidity compared with white women; the research indicates that the delivery sites and associated quality of care may be factors in the increased morbidity.¹⁶

The causes of maternal deaths in the U.S. vary by race and ethnicity, but include hemorrhage as the most common during pregnancy and delivery. Heart conditions and mental health-related conditions during the postpartum period are the most likely causes. Furthermore, the rates of Caesarean sections (often linked to leading causes of maternal death and disability such as hemorrhage) have tripled since 1990, with Black women accounting for the majority for these procedures across all age groups. Evidence is steadily mounting that structural racism is a root cause of infant and maternal mortality in the U.S.^{17,18}

The disparities in infant health are equally troubling. Black, Native American, Alaskan Native, and Native Hawaiians/Pacific Islanders' infants are more than twice as likely to die in their first year compared to white infants. While most countries in the developing world have seen a steady decline in maternal and infant mortality, the U.S. has a steadily increasing rate, and the highest rates of maternal and infant mortality among all high-income countries. Despite this country's wealth, infrastructure, and highly trained health practitioners, maternal health for women of color and low-income, non-binary, and transgender people can be inaccessible, inefficient, neglectful, abusive, and racist.

Although there have been significant strides in public health progress in the U.S. generally, results from HealthyPeople2020 — a ten-year, data-driven agenda to improve the health of the American population — indicate that the U.S. still lags in every maternal, infant and child health objective.¹⁹ In response to these complex public health crises, the maternal and infant health community is proposing solutions that lie beyond the typical clinical setting towards more accessible, affordable, and holistic approaches. These include community-based, parent-centered support systems that encompass doulas, midwives, and mental health providers. Model clinics or birthing centers offer an empowering and respectful childbirth experience, which is associated with more positive outcomes for parents and babies.²⁰ Coalitions are advocating for improved maternal and infant health policies, workplace support such as paid family leave, and increased federal funding. To address systemic racism within the health-care workforce, communities of color are organizing to attract, train, and retain health-care providers from BIPOC communities and retrain current clinicians to address biases and institutional racism (to

¹⁵ [Building U.S. Capacity to Review and Prevent Maternal Deaths. \(2018\). Report from nine maternal mortality review committees](#), accessed February 8, 2021.

¹⁶ Howell, Elizabeth A et al. (2017). [Severe maternal morbidity among Hispanic women in New York City: Investigation of health disparities](#). *Obstetrics and Gynecology*, 129(2): 285-294. doi:10.1097/AOG.0000000000001864

¹⁷ Wallace M, Crear-Perry J, et al. (2017) [Separate and unequal: Structural racism and infant mortality in the U.S.](#) *Health Place*, 45:140-144. doi: 10.1016/j.healthplace.2017.03.012. Epub 2017 Mar 28. PMID: 28363132.

¹⁸ Taylor JK. (2020). [Structural racism and maternal health among black women](#). *The Journal of Law, Medicine & Ethics*. 48(3):506-517. doi:10.1177/1073110520958875

¹⁹ Office of Disease Prevention and Health Promotion. Healthy People.gov. [Maternal, infant, and child health](#), accessed February 8, 2021.

²⁰ National Academies of Sciences, Engineering, and Medicine. (2020). [Birth settings in America: Improving outcomes, quality, access, and choice](#). Washington, DC: *The National Academies Press*.

match the cultural preferences of clients). The birth justice movement, a component of the reproductive justice movement, further promotes these solutions by empowering birthing people through education and advocacy specifically to address the intersecting inequalities that directly contribute to the ongoing maternal mortality crisis.

Methodology and Limitations

This landscape analysis is based on both qualitative and quantitative (where available) data from a wide range of public sources, key stakeholder interviews, and surveys, including:

- **Desk research and funder database review:**

A thorough, though not exhaustive, review of existing literature was conducted to identify key information, trends, and gaps available. Scholarly databases such as PubMed, Scopus, and EMBASE were used. A variety of fundraising sources were also reviewed, including databases such as Candid/Foundation Center Online, philanthropic news outlets such as the Chronicle of Philanthropy, Philanthropy Online, and the Nonprofit Times, and other sources such as Stanford Social Innovation Review, Advancing Philanthropy, and the National Council of Nonprofits. Individual funder websites and publicly available reports were also reviewed.

- **Key stakeholder interviews and surveys:**

This study included 30 interviews with U.S.-based private foundations, donors, and funder collaboratives. Private sector donors were not prioritized in this study; however, two private sector funders (Merck for Mothers and Johnson & Johnson Foundation) were included because of their pronounced leadership in the maternal and newborn health funding landscape, as well as their frequent partnership with other types of funders. Interviews with funders and funder networks and collaboratives were conducted, ranging from large private foundations with international reach, to smaller family foundations with a small board of trustees, as well as non-traditional funders such as those focused on impact investing and other financial service approaches. The researchers also aimed to find a balance in geographic focus and funding priorities to provide diverse perspectives on the

field. Interviewees were identified through the desk research, and using a snowball sampling technique, in order to build on the expertise and relationships of experts in the field.

A standard interview guide was used for interviews, but interviewees were empowered to direct the flow of dialogue and the focus of the conversation. To facilitate candid responses, interviewees were extended confidentiality unless they specifically gave permission to be quoted.

Brief written surveys or interviews were also conducted with 15 civil society organizations, research institutions, networks, and grassroots service providers focused on maternal and newborn health, human rights, and birth justice in order to garner additional perspectives on potential funding needs and gaps from the perspective of non-governmental organizations (NGOs).

The report does not reflect the individual views of the authors, funders, advisers, or others listed throughout this report. All themes, trends, and gaps herein are synthesized based on the literature review, online database research, and interviews and surveys. The recommendations reflect the authors' analysis and suggestions for addressing gaps and leveraging positive trends.

Limitations of this analysis include:

- **Interviewee and survey respondent selection:**

Interviewees and survey respondents were primarily identified through desk research or recommended by other interviewees and/or existing networks and contacts. The interviewee and survey respondent list is not exhaustive and does not include all relevant U.S.-based donors and civil society organizations working on global and U.S.-based maternal and newborn health, human rights, and birth justice issues.

- **Limited geographic donor focus:** The focus of this report centers specifically on U.S. donors funding work both globally and domestically. While many donors fund maternal and infant health, equity, human rights, and birth justice work around the world, a U.S.-only donor focus

allowed us to consider opportunities for direct collaboration and coordination. This focus also allowed us to examine intersections and silos between the U.S. and global contexts. We recognize, however, that in a global/virtual world, this can be a limitation and may not be necessarily relevant in all spaces.

- **Exclusion of bilateral and multilateral funders:** While bilateral and multilateral funders make up a large proportion of the total funding landscape relevant to maternal and infant health, equity, human rights, and birth justice, we did not focus our research on their funding strategies, approaches, etc. However, to provide context, we did include a high-level overview of official development assistance (ODA) for reproductive, maternal, newborn and child health (RMNCH), as well as United States Agency for International Development (USAID) funding trends.
- **Limited coverage of corporate and company-sponsored foundations:** As noted above, only two private sector donors were included in our interviews and in-depth research. Corporate donors often follow very different mechanisms for strategic planning, partner selection, and accountability, which were outside the scope of this study to comprehensively research. However, there are notable contributions to the funding landscape for maternal and newborn health by corporate donors that should be recognized.

- **Time and scope limitations:** While the landscape for this issue is broad, our research could not address all of the complex intersectoral issues, and related funding streams, for maternal and newborn health and rights within the allocated timeframe and budget for the work. The trends and recommendations of the report also represent a snapshot in time. The landscape is shifting rapidly, as many foundations are in the process of strategic planning or shifting internal protocols and processes as a response to the racial and civil unrest that occurred in the U.S. last year, and this work is still ongoing.
- **Uniformity of data collection:** Given that multiple researchers assisted with conducting interviews with various stakeholders, the framing of questions and the documentation of responses cannot be interpreted as uniform in nature. To mitigate elements of this concern and to streamline and unify the interview process, written questionnaires were used by all facilitators.

FUNDING LANDSCAPE FOR GLOBAL MATERNAL AND INFANT HEALTH AND RIGHTS

In the past decade, donor funding for global RMNCH programs increased to \$1.36 billion in FY2019, up from \$728 million in FY2006.²¹ Aid for RMNCH tripled from 2003 to 2012, with the largest percentage of funds going to child health (\$7.4 billion, 46%), followed by reproductive health (\$5.4 billion, 34%), while maternal and newborn health (\$3.1 billion, 19%) received the smallest share of funding.²² The most recent U.S. administration's budget significantly reduced foreign aid in FY2020 — the lowest in ten years.

TABLE 1

U.S. Assistance for Global MCH *in millions

2011	\$862.83
2012	\$919.54
2013	\$917.92
2014	\$982.60
2015	\$995.06
2016	\$798.47
2017	\$913.51
2018	\$881.12
2019	\$883.28
2020	\$855.07

Source: www.foreignassistance.gov

In 2015, the financing gap for reproductive, maternal, newborn, child, and adolescent health (RMNCAH) was estimated to be \$33.3 billion (across 63 high-burden countries.²³). The Global Financing Facility for Women, Children, and Adolescents aims to reduce this gap by focusing on increasing financing efficiencies, increasing domestic resources, and mobilizing and coordinating increased development assistance.²⁴

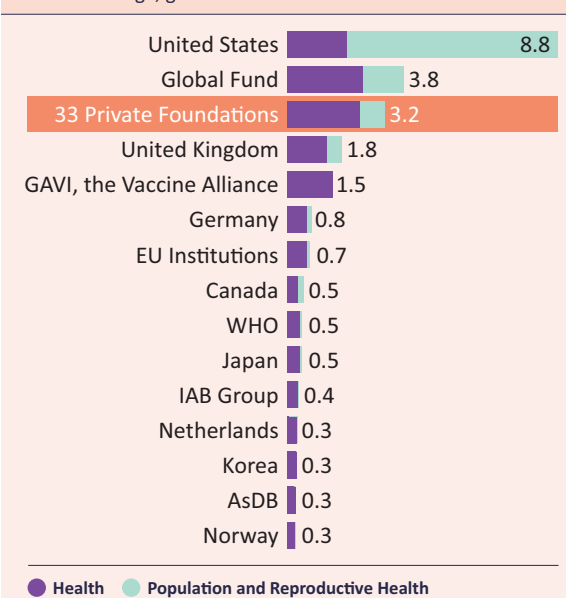
While this analysis did not include an in-depth review of multilateral and bilateral agencies, funding from other donor governments, or an analysis of domestic resources for RMNCAH, it is clear that foreign aid, private philanthropy, and domestic resources combined will still leave a substantial gap in necessary funding for RMNCAH programs.

Private philanthropy plays a unique role in the overall funding landscape for global health and development. The Organisation for Economic Co-operation and Development (OECD) regularly tracks development assistance funding as well as private funding from 33 foundations. Added

FIGURE 1

Top Providers in the Health & Reproductive Health Sectors, All Developing Countries

2017-18 average, gross disbursements USD billion



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²¹ KFF. (2020). [The U.S. government and global maternal & child health efforts](#), accessed March 6, 2021.

²² Dingle, A., Schäferhoff, M., Borghi, J., Lewis Sabin, M., Arregoces, L. et al. (2020). [Estimates of aid for reproductive, maternal, newborn, and child health: Findings from application of the Muskoka2 method, 2002-17](#). *The Lancet Global Health*. 8(3), e374–e386.

²³ RMNCAH (reproductive, maternal, newborn, child and adolescent health) is used here to reflect the Global Financing Facility analysis, as well as a more comprehensive, inclusive acronym.

²⁴ Global Financing Facility (2015). [Global Financing Facility in support of Every Woman, Every Child: Business plan](#).

together, the donations from these private foundations account for the third largest line item for health, across all low-income countries (see figure 1).^{25,26} (Four of these foundations were among the interviewees for this study: The Bill & Melinda Gates Foundation, Ford Foundation, John D. and Catherine T. MacArthur Foundation, and William and Flora Hewlett Foundation).

These trends provide important insights into the role of philanthropy in global health. Through additional analyses of 140 private foundations by OECD, other key relevant trends emerged, including that while private philanthropy makes up only 5% of the volume of total development assistance, health is “by far the sector that benefits most from philanthropy”. OECD reports also indicate that most philanthropic funds come from the U.S., and half of the funds from private philanthropy to developing countries come from the Bill & Melinda Gates Foundation. Most private foundations continue to fund through short-term grants (23% average 1-2-year engagements, 62% average 3-5-year engagements), though innovative financing mechanisms such as social and development impact bonds are increasingly being explored.²⁷

²⁵ OECD, 2020. [Private philanthropy for the SDGs](#), accessed January 31, 2021.

²⁶ OECD, [The role of philanthropy in financing for development](#), accessed January 31, 2021.

²⁷ OECD (2018). [Private philanthropy for development](#). *The Development Dimension*. OECD Publishing, Paris.

FUNDING LANDSCAPE FOR U.S. MATERNAL AND INFANT HEALTH AND BIRTH JUSTICE PROGRAMS

In the past decade, funding for maternal and perinatal (the period immediately before and after birth) health from U.S. based non-governmental sources (i.e. private foundations, donor-advised funds, operating foundations, etc.) has been difficult to identify and track due to a number of factors. The growth in popularity of donor-advised funds, anonymous grantmaking, and a lack of consistency in classifying grants as RMNCH makes it almost impossible to conduct a comprehensive analysis of the total funding gap. While Table 2 lists the largest funders of “maternal and perinatal health” (as reported and classified in the Foundation Center’s database), a large percentage of private funding involved grants to research universities and children’s hospitals, as well as support for large NGOs based in the U.S. but providing services in another country. The “maternal and perinatal health” classification also includes conflicting programmatic intent, in that some funders may focus on reproductive rights, while other funders classified under the same umbrella may focus on nutrition or pro-life counseling.

Still another challenge to capturing accurate funding data is the lack of consistent reporting on grantmaking. Currently, the umbrella term “maternal and perinatal health” could involve a range of programs and investments. For example, the donors listed in Table 2 report a variety of MNH grants, including a capital campaign donation for a hospital ward, a donor-advised fund that supports a variety of organizations each year, or a health clinic. This presents an analytical challenge in terms of how much money is actually needed and where it needs to be directed. What is significant to note, however, are the assets, total giving, and the amount each donor allots for maternal and perinatal health.

Of note, in December 2020, the U.S. Department of Health and Human Services (HHS) announced an urgent, five-year Call to Action to Improve Maternal Health, which “provides a roadmap for addressing risk factors before and during pregnancy, improving the quality of and access to maternity and postpartum care, and supporting a research agenda to fill gaps in current evidence”. The plan centers on three primary targets: reducing the maternal mortality rate by 50%; reducing low-risk cesarean deliveries by 25%; and achieving blood pressure control in 80% of women of reproductive age with hypertension²⁸. The plan is ambitious, and perhaps an important signal that the U.S. government is finally acknowledging the health inequities that have plagued Black and Brown communities for centuries.

The current budget for HHS provides a total of \$116 million for this initiative, to include \$7 million to ensure policy makers have timely and accurate data; \$24 million for the CDC to expand the Maternal Mortality Review Committees to all 50 states; and \$80 million to improve the quality of maternal health services, expand access to care, and reduce disparities in care. Lastly, the budget invests \$5 million to help improve health outcomes by standardizing care, increasing cultural awareness, and improving care for pregnant women.²⁹

With the 117th Congress (2021-2022), legislators have enhanced policies aimed at addressing America’s maternal health crisis by centering those most affected — Black birthing people.

Congresswoman Lauren Underwood, Congresswoman Alma Adams, Senator Cory Booker, and members of the Black Maternal Health Caucus recently introduced the Black Maternal

²⁸ Department of Health and Human Services. (2020). [Healthy women, healthy pregnancies, healthy futures: Action plan to improve maternal health in America](#). Published December 3, 2020.

²⁹ Department of Health and Human Services. (2020). [Putting America’s health first: The FY2021 President’s budget for HHS](#), accessed March 6, 2021.

TABLE 2

Top U.S. Donors to Maternal and Infant Health

GRANTMAKER NAME	TOTAL ASSETS	TOTAL GIVING	AMOUNT FUNDED	# OF GRANTS
W.K. Kellogg Foundation	\$8,604,726,112	\$345,059,463	\$111,219,729	212
The Susan Thompson Buffett Foundation	\$2,364,881,506	\$624,148,421	\$77,833,420	45
The Robert Wood Johnson Foundation	\$11,917,251,112	\$434,541,128	\$33,739,546	46
The Duke Endowment	\$3,612,795,810	\$160,200,000	\$22,344,050	23
Seattle Foundation	\$937,498,000	\$121,376,000	\$14,874,665	78
Richard King Mellon Foundation	\$2,453,031,404	\$102,066,792	\$13,011,497	7
Missouri Foundation for Health	\$1,118,235,896	\$50,333,879	\$12,845,536	57
National Christian Charitable Foundation, Inc.	\$2,220,030,143	\$1,511,427,368	\$12,179,178	719
National Philanthropic Trust	\$6,088,409,005	\$994,564,442	\$11,382,700	21
The William and Flora Hewlett Foundation	\$9,761,950,364	\$468,995,716	\$11,279,700	10
Fidelity Charitable Gift Fund	\$21,223,553,156	\$3,764,811,986	\$9,858,842	3117
The David and Lucile Packard Foundation	\$7,423,383,781	\$350,044,837	\$9,071,211	34
Vanguard Charitable Endowment Program	\$5,162,019,762	\$698,530,860	\$8,622,365	106
The Gerber Foundation	\$75,293,684	\$3,794,288	\$9,224,623	62

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Health Momnibus Act of 2021. The act advances critically important policies such as 12-month postpartum Medicaid coverage, which would ensure that mothers have access to the care and support they need for the full postpartum period.

Even with increased focus within Congress, there are significant differences in how states invest — or underinvest — in maternal and newborn health care, which can contribute to poor maternal health outcomes. Although Medicaid pays for more than four in ten births,³⁰ the cost of prenatal, labor and delivery, and postpartum care varies widely by state. These variabilities represent a “substantial proportion of national health care spending and utilization,” according to a study by the Health Care Cost Institute.³¹

Despite slower progress at the federal level, several states and large cities have enacted mandatory paid family leave for postpartum

women.³² Moreover, health departments, community-based organizations and advocacy groups such as the National Birth Equity Collaborative are pushing for national standards on demographic data and maternal mortality statistics.

There are signs that the Movement for Black Lives and other social justice movements centered on maternal and newborn health and human rights are creating a ripple effect, and the impact of these movements on many donor priorities and investments is still emerging. Our research and interviews with donors indicate that many foundations are re-evaluating their maternal and newborn health portfolios and approaches, especially with regard to how those programs are addressing the intersection of issues such as racism, gender, economic inequality, housing, mental health, and access to quality care.

³⁰ KFF (2020). [Analysis of federal bills to strengthen maternal health care](#), accessed December 21, 2020

³¹ Health Care Cost Institute. (2020). [U.S. maternal health spending varies by state, driven by cost of childbirth](#), accessed May 13, 2020.

³² KFF (2020). [Paid family and sick leave in the U.S.](#), accessed December 14, 2020.

TRENDS AND GAPS IN FUNDING FOR MATERNAL AND INFANT HEALTH AND RIGHTS

Funding Priorities and Processes

Issue Focus

Of the funders and collaboratives researched for this analysis (see Annex 1), 17 specifically identify maternal and/or newborn health as a core component of their publicly stated funding priorities, while 11 additional donors noted that maternal and newborn health is integrated into other priorities such as reproductive health and justice, and/or is a growing part of their portfolio. While it is widely recognized that access to family planning and safe abortion care are considered key interventions in averting maternal and neonatal mortality, this study did not focus on comprehensively reviewing those donors that fund reproductive health and justice programs, though this important perspective was included. Nonetheless, donors working on traditionally siloed approaches to reproductive health or maternal health may be increasingly interested in working together on collective strategies that support the continuum of care. Two interviewees focus on other health, development, and/or racial and social justice issues that are indirectly related to maternal and newborn health and rights.

All 30 of the funders and funders networks interviewed for this study said that equity, anti-racism, and/or racial justice were important in their funding priorities or network priorities.

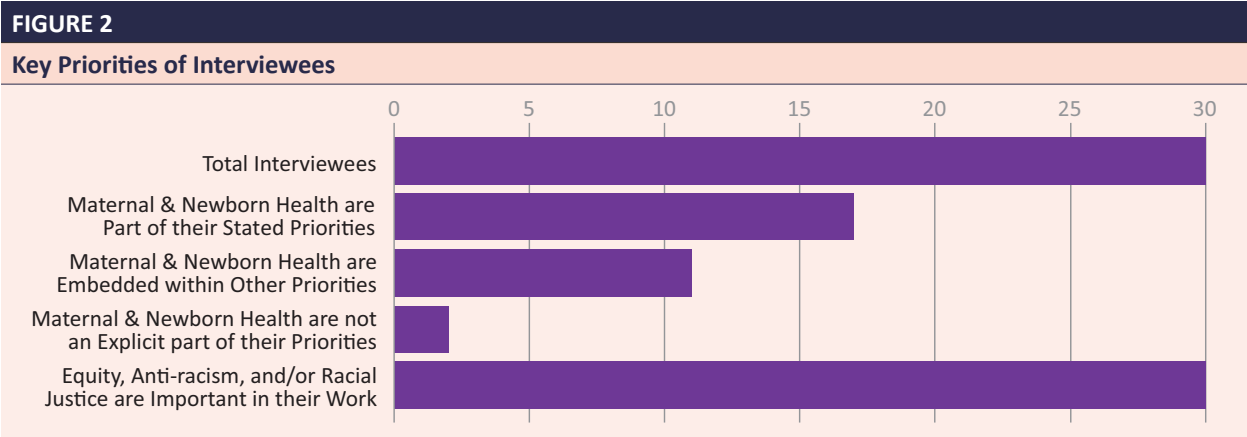
In addition, many donors have come to realize the power that advocacy and coalition building can have in terms of policy change, budget appropriations, and community empowerment, and are now funding more of that type of work. Many interviewees described how their investments are designed to support indirect interventions including systems and policy change.

“There is a shift away from only listening to large entities; decentralizing the power through participatory grantmaking via our local offices. That funding has supported regranting mechanisms, more sub-granting and regional networks.”

- Global and U.S. Donor

Geographic Focus and Decision-Making

Donors’ funding priorities are determined through a range of methods and approaches. In an effort to shift decision-making and funding to the Global South, donors with large global portfolios such as the Bill & Melinda Gates Foundation, Open Society Foundations, Johnson & Johnson Foundation, and



“As the program started to work more on health system responses, the need for data, working with doctors, midwives, nurses, public health leaders, and research institutions, we also began to take on and understand the rights-based perspective and intersections with the public health system. We learned that public health only looks at health outcomes rather than human interactions, so we included more women’s rights partners in the movement.”

- Global and U.S. Donor

the William and Flora Hewlett Foundation, are in the process of growing their staff, capacity and/or budget envelopes in select country offices where the maternal and child mortality rates are highest, particularly in Africa and South Asia, to establish local partnerships and allow for more regional decision-making. Other smaller foundations, such as the Dalton Foundation, concentrate their funding in very specific regions with select partners that already have an established presence in those communities.

According to multiple foundations interviewed, having a more localized presence in priority countries has led to a more context-specific approach to funding maternal and newborn health. Because the causes of maternal and newborn mortality are numerous, interrelated, and often specific to a geography, a more regionalized presence can also identify and address factors that directly (i.e. supplemental nutrition programs) or indirectly (i.e. policy change) influence maternal and newborn health outcomes. For example, before MacArthur wound down their Population and Reproductive Health program in 2018, the foundation’s offices in Mexico, India, Nigeria, and Brazil each devised a country-specific strategy that would have the most impact. For example, the India office focused on respectful care and policy changes within the government. In Mexico, the program concentrated significant resources on building a midwifery “movement” to include cross-cutting issues of obstetric violence, reproductive justice, support to indigenous rights organizations, and quality of care.

Relationships with Grantees

Many foundations focused on supporting both U.S. and global programs also emphasized the need to engage in consistent dialogue with grantee partners to talk about unmet needs, how impact is being measured, and where investments are making a difference. One foundation surveys their grantee partners every year to talk about challenges and progress, and discuss ways in which the foundation can provide support and improve grantmaking. Most funders still rely on some variation of a traditional monitoring and evaluation process and/or periodic reports to track progress and expenditures. However, several funders described shifts in their approach, grounded in providing general operating support, and with grantees having more autonomous decision-making power over how to allocate funds.

“We are moving towards a more impact measurement system, less focused on operational roles and advocacy, more looking at changes at power dynamics, effective civil society collaboration, decision-making processes.”

- Global and U.S. Donor

Every Mother Counts, the Ford Foundation, the Libra Foundation, and the W.K. Kellogg Foundation are some of the donors that are prioritizing general operations funding to allow grantees to determine their own priorities based on community needs, and to build more sustainable, community-led organizations; funding for intermediaries and larger networks; and moving away from project-based grants. When the New York Women’s Foundation hosts a convening at the end of a five-year grant period to talk to grantees about successes, lessons, and their roles as funders, aiming to understand what they can do better and where they might adjust their funding in the future.

The Global Fund for Women, while not a traditional maternal and newborn health funder, relies on a “change matrix” to track progress, assess impact, and adjust as needed across four focus areas for influencing gender power structures:

- increased awareness and agency among women and girls;
- increased access to resources, services, and power for women and girls;
- changes in social norms and practices; and
- influencing policies.

Several donors noted trying to find a balance between the foundation’s priorities and those of the grantees, though they also emphasized that funding decisions must be connected to their mission and the Board’s guidance.

The Maverick Collective — a strategic group of women philanthropists focused on a range of issue areas, including maternal and child health — is built on the premise of cultivating and facilitating deep engagement between philanthropists and the projects or partners they support. This support includes both financial assistance and leveraging the unique areas of expertise of the philanthropists themselves.

Current Funding Models and Trends

Recognition of the deep-rooted disparities in maternal and infant health has prompted a movement towards justice, equity, and inclusion on all levels: in grantmaking, in decision-making, and in problem-solving. With global acknowledgment of enduring colonialism, patriarchal values, white supremacy, and systemic racism — spotlighted by the Black Lives Matter and the #MeToo movements — there are positive signs that philanthropy is shifting to better meet the needs of those who have been historically oppressed.

Funding Collaboratives, Networks, and Pooled Funds

Several prominent foundations have responded to these societal shifts by scrutinizing and reinventing their traditional grantmaking

“The cornerstone metric is ‘ownership’... this is the core social determinant of health; community wealth and ownership is our core metric in everything that we do.”

- U.S. Donor

programs to develop innovative and collaborative funding models to be more impactful, reach more communities, and maximize investments. Many leading foundations have partnered to create funding collaboratives, in which multiple stakeholders combine their philanthropic dollars to address a specific issue, or funders come together to share lessons and strategies, and align efforts to fill gaps. Some of these models are outlined below:

- **Funders networks:** Several funders networks exist that focus on issues involving or related to maternal and infant health and rights, including: Funders for Reproductive Equity (U.S. and global), Grantmakers in Health (U.S.), the Midwifery Funders Group (U.S.), and Hispanics in Philanthropy (U.S. and Latin America). These groups seek to convene the leading funders in RMNCH to improve communication, foster collaboration, increase resources, and enhance the effectiveness of funders specific to health issues related to women and children — a goal that is being welcomed by nearly all of the foundation staff interviewed for this report. Other funders’ networks focused on related racial and social justice issues, such as ABFE — A Philanthropic Partnership for Black Communities (U.S.) — are also important avenues to explore and facilitate donor conversations about the critical intersections between racism and maternal and newborn health, and to provide trainings to donors regarding how to assess their funding strategies through a racial equity lens.

- **Women’s philanthropy groups and funds:** Another area of growth in the past decade is the creation and expansion of women’s philanthropy groups. Ten years ago, a handful of female philanthropists foretold the value of educating and empowering women to support programming for women and girls. The Global Fund for Women, Women Moving Millions, and Dining for Women were among the first to

There has not been an actionable or executable maternal health policy agenda and that is an area of great need. There's been great work in education and awareness of maternal health issues, but it often feels like one hand is not talking to the other in these spaces

- Global and U.S. Donor

establish a women's philanthropy network to bring attention and money to issues that impact women and girls across the globe.

In 2019, the Foundation for a Just Society, the Open Society Foundations, the Wellspring Philanthropic Fund, and the William and Flora Hewlett Foundation committed \$20 million over five years to help women's funds increase their impact through investments in communications, resource mobilization, leadership development, information technology, and monitoring, evaluation, and learning, and share those learnings with other philanthropic organizations.³³ Today, the Internal Revenue Service (IRS) reports that 43% of the top wealth holders in the U.S. are women with assets of at least \$1.5 million, an estimated total value of approximately \$4.6 trillion.³⁴ A conversation with the Maverick Collective showcased how individual female donors are both passionate about funding issues that affect women and girls but are also interested in a collaborative model that offers peer support and learning opportunities that develop the donor as well. The Maverick Collective offers donors a chance to be immersed and integrally involved in the program or project being funded.

Novel Funding Models and Public-Private Partnerships

Venture philanthropy, impact investing, and new financial tools that go beyond traditional grantmaking, such as development impact

bonds and loans (e.g. for midwifery students or birth center owners), are growing in popularity, though still nascent. A 2018 OECD report notes that 91% of foundations still preferred a traditional grantmaking approach.³⁵ Public-private partnerships, including those between governments and the private sector, as well as those that engage private foundations and civil society organizations, are also on the rise, as stakeholders recognize the value of bringing together diverse skill sets and resources in support of common goals. In addition, many donors are considering how to integrate these kinds of innovative approaches into their portfolios, promoting shared responsibility and decision-making between stakeholders as well as essential community engagement. For example:

- **Nurture NJ:** In the U.S., one recent collaboration of note is a public/private effort called [Nurture NJ](#), which aims to reduce infant and maternal mortality and morbidity and “ensure equity in care and in outcomes for mothers and infants of all ethnic groups in New Jersey”.³⁶ Spearheaded by the current First Lady of New Jersey, Tammy Murphy, the campaign developed a comprehensive, statewide strategic plan to reduce maternal mortality by 50% over five years and eliminate racial disparities in birth outcomes. With funding from the N.J. Department of Health, The Nicholson Foundation, and the Community Health Acceleration Partnership (CHAP), Nurture NJ was able to convene 100 stakeholders, including departments and agencies, health systems, providers, doulas, community organizations, grant-makers, experts, and mothers and families, to develop its comprehensive strategy.
- **Birth Center Equity:** Another unique model is [Birth Center Equity](#), which focuses on building the next-generation of birth centers led by and serving women of color in the U.S. To do so, Birth Center Equity is building a three-pronged funding model that combines: (1) traditional grantmaking, (2) catalytic capacity building support for birth center owners and leaders,

³³ Candid. (2019, November 21). [Four private foundations announce they will provide at least \\$20 million in a combined grantmaking initiative to strengthen women's funding organizations around the world](#). *Philanthropy News Digest (PND)*.

³⁴ Raub, B. (2004). [Personal Wealth, 2004](#). Internal Revenue Service.

³⁵ OECD (2018). [Private philanthropy for development](#). *The Development Dimension*. OECD Publishing, Paris.

³⁶ Official Site of the State of New Jersey. [Nurture NJ: Every mother, every baby, every family](#), accessed February 1, 2021.

and (3) loans, equity, and integrated capital investments. The innovative model aims to “leverage public and private investments to quadruple the scale and strength of the BIPOC community birth economy over the next five years”.

- **Merck for Mothers:** As part of their \$500 million global initiative, Merck for Mothers (known as MSD for Mothers internationally) is leveraging the private sector to foster collaborative community-led solutions to improve maternal health outcomes and advance health equity. In the U.S., for example, their [Safer Childbirth Cities](#) initiative provides funding to communities around the country that have higher rates of maternal mortality and morbidity, in hopes of improving maternal outcomes and addressing the racial inequities within these outcomes. This funding opportunity centers the engagement of the community to create innovative solutions to make cities around the U.S. safer places for mothers to give birth. Internationally, MSD for Mothers uses public-private financing collaborations to provide capital for small businesses and improve health systems for many countries around the world. One example is the [Saving Mothers, Giving Life](#) initiative, which is co-funded by the U.S. government, Every Mother Counts, the American College of Obstetricians and Gynecologists, the Norwegian Ministry of Foreign Affairs, Project Cure, and the Governments of Uganda, Zambia, and Nigeria. These investments are working to improve the quality of maternity care, sustain progress, and advance life-saving maternal health technologies and resources in areas with high need.

Collecting Data to Build Evidence

For many years, reliable, consistent data on infant and maternal mortality rates and causes did not exist. Without a robust and evidence-based approach to maternal mortality reviews and surveillance, astounding numbers of women and children who died as a result of complications from childbirth simply fell through the cracks.

- **The Precision Public Health Initiative:** On the global front, the Rockefeller Foundation launched an historic initiative designed to use large-scale data to build the evidence base for improved health. A recent \$100 million initiative launched by the Rockefeller Foundation called the [Precision Public Health Initiative](#) aims to “accelerate existing efforts to apply data and data science to the practice of public health globally,” with particular emphasis on improving maternal and neonatal health outcomes. By using “big data,” the initiative, comprised of a partnership effort between the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), global health funding agencies, ministries of health, technology companies, and others, will arm frontline health workers with information to prevent health threats. For example, if a midwife has ten pregnant patients in her service area, data gathered through the initiative may help predict which women and/or children are at greater risk of health complications so that their care can be prioritized. In addition, the initiative aims to develop predictive analytics to target vulnerable areas in which to build facilities and deploy resources before a health challenge arises. While “big data” does not directly fund maternal and newborn health services on the ground, Rockefeller’s “focus remains on leveraging technological resources to bend the health curve toward equity”.³⁷

- **Equal Measures 2030:** While the Bill & Melinda Gates Foundation’s maternal, newborn, and child health strategy is multi-faceted, it includes a strong focus on strengthening the evidence base for health systems to deliver effective interventions and service delivery models at scale. This includes “upstream” investments in developing tools and technologies, and “downstream” investments in implementation research that will inform country-level health systems, policies, and funding for proven models. The foundation has also committed \$80 million towards addressing the gender data gap,³⁸ including support for [Equal Measures 2030](#) — a public-private partnership that supports efforts to measure progress for girls and women towards the SDGs.

³⁷ The Rockefeller Foundation. [The Precision Public Health Initiative](#), accessed March 6, 2021

³⁸ Bill & Melinda Gates Foundation. [The Bill & Melinda Gates Foundation announces \\$80 million commitment to close gender data gaps and accelerate progress for women and girls](#), accessed March 6, 2021.

“These are values that everyone is on board with, but we do not know how to implement them... this is an area that is ripe for change and feedback from grantees.” - Global and U.S. Donor

Shifting Resources to Grassroots Organizations

Through our interviews and research, there was almost unanimous recognition of the need to sustainably fund more grassroots organizations, particularly those led by Black women, indigenous groups, and other communities of color.

- Funding grassroots organizations through intermediaries:** A number of interviewees — particularly larger foundations — noted that they are struggling with the logistics of how to shift funding to more local, grassroots organizations, rather than international NGOs. Interviewees noted the need to push their grantmaking in this direction, but they also recognized that to do so correctly, they needed a thorough understanding of local contexts and in-depth engagement with local partners. As a result, some funders have chosen to make large grants to foundations and organizations that serve as intermediaries between donors and grassroots organizations. For example, the [Birth Justice Fund](#), which is hosted by Groundswell Fund, supports community-based organizations in the U.S. that are reflective of the communities themselves. Groundswell has committed \$80 million over the next 5 years to grassroots organizations led by women of color and trans people of color, which includes increasing investments in birth justice organizations led by birthworkers of color who are addressing health disparities. Groundswell’s goal is to increase the Birth Justice Fund to \$1.5 Million per year by 2025 and the Catalyst Fund for Reproductive Justice (that includes support for birth justice organizing and policy advocacy) to \$5 Million per year by 2025.
- Trust-based philanthropy and participatory grantmaking:** “Trust-based philanthropy” and “participatory grantmaking” are relatively recent funding approaches that aim to shift the

traditional power imbalance between funders and grantees through shared decision-making around funding priorities, or by focusing on multi-year, unrestricted funding, rather than project-based grants. Donors such as Every Mother Counts, the Libra Foundation, and the Ford Foundation almost exclusively provide general operations support to allow organizations to determine their own priorities. The New York Women’s Foundation and the Global Fund for Women also practice participatory grantmaking, which shifts the power back to their grantees to ensure that decisions are made at the community level.

In 2011, Global Health Visions reported that several organizations had expressed some frustration that foundations had become “more directive in their funding decisions and reporting requirements, particularly the larger foundations,” and that “foundations are increasingly behaving like implementers that are subcontracting to the organizations, rather than choosing to fund a particular type of work and letting the organizations largely determine how to best implement the programs”. Foundations will continue to be very strategic in determining their funding priorities; yet, as we have learned through this process, philanthropy may be edging towards an important juncture where priorities and decision-making are determined through close relationships and engagement with their grantees and the communities in which they work. Smaller and more progressive foundations have already integrated this into their grantmaking philosophy. It remains to be seen how this will impact ongoing monitoring and evaluation requirements, and whether this will leave room for smaller and/or more grassroots NGOs — especially those working in rural communities outside of the United States — to have increased access to foundation staff and philanthropic dollars.

Capacity building, leadership development, and power building:

The Birth Justice Fund at Groundswell was an early trailblazer in terms of valuing (and funding) capacity building and coalition support, while several funders — including Kellogg

Foundation, Birth Equity Fund, and Tara Health — are exploring, in partnership with their grantees, innovation opportunities and BIPOC entrepreneurship to build more power and strengthen leadership in the traditionally under-resourced non-profit community. In an effort to create funding opportunities that better reflect the needs of those in communities, donors such as Tara Health and Perigee Fund are creating advisory committees that bring the voices of experts such as community members, community-based organizers, and practitioners to the funding priority process. The shift from solely having the decision-making power within the donor’s staff and board to collaboratively developing areas of funding needs by those directly impacted is an important move to ensure that the funds are distributed to areas where they are truly needed, and not assumed. The Robert Wood Johnson Foundation recognizes that in order to advance health equity, it is critical to address obstacles to health, including powerlessness; they have embarked on a power building investment, where funds are allocated to three areas of focus: birth justice, power building, and building capacity. The goal of these investments is to learn from the grantees as experts, along with improving the foundation’s method of measuring success.

Reducing Issue Silos and Addressing Social Determinants of Health

Another interesting shift in philosophy noted by interviewees is a growing recognition with funders that maternal and newborn health cannot be addressed in a vacuum. This has been apparent on both the global and U.S. fronts, but this integration of related issues signals an effort to move away from artificial siloes created by historical global frameworks and traditional approaches to philanthropy. Rather, a more integrated approach to health and well-being needs to be considered, including societal, environmental, and structural factors impacting birth, reproductive health, and newborn and child health, as well as the impact of funders on those trends.

- **Social determinants of health:** Since the advent of the SDGs, the global health community has shifted its focus towards strengthening health systems, advancing universal health coverage, and addressing the intersections of health and

“In some ways, the shift [at our foundation] was in seeing maternal health as a justice issue... [about] advancing constitutional rights.”

- Global and U.S. Donor

social determinants including education, gender equality, water and sanitation, and economic empowerment. Several donors noted that they are increasing their focus on civil society engagement, including women and other historically marginalized communities at decision-making tables, citizen-led accountability mechanisms, and seeing quality care and maternal health as rights and justice issues.

- **The mother-baby dyad and improved maternal-newborn health linkages:** Similarly, there is notable progress with respect to funding for programs and services which holistically and comprehensively address the synchronous relationship between a healthy mother/parent and a healthy baby. For example, the recently launched [AlignMNH](#) initiative, co-funded by the Bill & Melinda Gates Foundation and USAID, aims to facilitate the dissemination of data and evidence, and bring together global maternal and newborn health stakeholders through convenings, a knowledge platform, and support for countries. Perigee Fund also considers the integration of mothers’ and infants’ health and well-being is critical to their funding strategy, as is as a supportive environment for expectant families and families with infants and toddlers. The Pritzker Family Foundation/Pritzker Children’s Initiative is reframing early childhood frameworks to focus more holistically on the prenatal-to-child continuum, including maternal health and well-being.
- **Finding common ground between RMNCH stakeholders:** For years, reproductive health and justice organizations operated separately from maternal and newborn health communities, and child health was on a different playing field altogether. While the 2011 donor landscaping report noted increasing efforts to support integrated approaches, more linkages and less siloed funding approaches were a clearly expressed need. This study’s interviews indicate that the reproductive health, maternal and

newborn health, and birth equity communities are now coming together to find common ground on these interrelated issues, a relatively new shift in problem solving. Funders for Reproductive Equity, Groundswell Fund, the Hewlett Foundation, and others indicated a desire to bring more traditionally disparate funders and community actors together to foster more collaboration and exercise more power in support of common goals. Kellogg Foundation and Grantmakers in Health are planning a convening in 2022 to bring maternal, newborn, and child health funders together, including those also working to support mental health and reproductive justice, in an effort to foster relationships, share strategies, and collectively address gaps — a promising step in addressing the interrelated health needs for both mother and child.

“We cannot program our way out of inequities when it comes to women’s health outcomes. We should be using funding to build BIPOC leaders and organizations up, instead of program delivery.”

- Global and U.S. Donor

Gaps and Challenges in Funding

While the cultural narrative is shifting, there are still many gaps and challenges facing both foundations and the organizations providing vital maternal and infant health services.

Lack of funding for local organizations and those led by BIPOC communities:

Perhaps the most disheartening theme validated throughout this research project is that philanthropy has historically and consistently overlooked funding opportunities to support communities of color, particularly via organizations led by communities of color. A study conducted by the National Committee for Responsive Philanthropy found that only 1% of

grantmaking from 25 community foundations across America was specifically designated for Black communities, even though a combined 15% of these 25 cities’ populations are Black.³⁹ Another report commissioned by the Ms. Foundation for Women found that in the U.S., total philanthropic giving to women and girls of color is about \$5.48 per year for each woman or girl of color in the U.S., and approximately 0.5% of the total \$66.9 billion given by foundations directly supports women and girls of color.⁴⁰ In addition, LGBTQI, immigrants, and other people with intersecting identities do not receive adequate funding for their maternal or reproductive needs. Given the United States’ maternal mortality rate, particularly for Black and Brown women, it is apparent that the necessary investments to reduce mortality rates have not been sufficient from either private philanthropy, public funding, or private business.

At the same time, a recent Guardian article reports that globally, only 5.2% of U.S.-based foundations giving to Africa goes to African-led organizations. Reasons consistently cited include: lack of access to funders and funder networks, philanthropy’s concerns around risk and local capacity to absorb and manage funds, and implicit bias in grantee review and selection processes. And yet, these African-led organizations are the ones with the best knowledge, expertise, and understanding of local contexts, needs, and solutions. “Closing the race gap in philanthropy demands radical candor,” notes Kennedy Odede, co-founder and CEO of Shining Hope for Communities, and a Guardian contributor.⁴¹

Disconnect between foundation staff, boards, and trustees:

There were some common frustrations voiced during the interview process that centered on internal structures, systems, and procedures. Of particular note, however, is that multiple foundation staff described a significant disconnect in funding priorities between the program officers and their boards/trustees, in which staff often have a better

³⁹ Barge, B., Collins-Calhoun, B. et.al. (2020). [Black funding denied: Community foundation support for black communities](#). National Committee for Responsive Philanthropy.

⁴⁰ Howe, E and Frazer, S. (2020). [Pocket change: How women and girls of color do more with less](#). Ms. Foundation for Women. Published June 2020.

⁴¹ Baranshamaje, D. and Bunten-Wamaru, K. (2021). [Aid spending in Africa must be African-led – it needs a Black Lives Matter reckoning](#). *The Guardian*.

understanding of the need to address intersectoral issues impacting maternal and newborn health (e.g. racial inequality, ingrained power dynamics, etc.). Multiple staff articulated a need to fund grassroots organizations led by communities, whereas trustees in many large foundations are more comfortable supporting more established and predominantly white-led, Western-based NGOs and institutions. Interviewees expressed the need to avoid transactional or “one-time solutions or donations” to fix systemic problems. Others mentioned ongoing tension between board and staff regarding the pace of progress and decision-making — a concern that was echoed by multiple implementing organizations with regard to the grantmaking process.

“A broader group of funders should come together to see where there are shared priorities and to share and learn where gaps are.”

- U.S. Donor

Geographically siloed funding efforts

In many ways, the global health community and its funding partners have surpassed the U.S. in thinking about the health and empowerment of women and girls as a crucial component of a healthy community. However, interviews confirm that the majority of global health funders continue to think in terms of health systems and reliance on technological solutions in hospital settings, overlooking the positive impact made by direct services and alternative settings led by midwives, for example. Traditional funding models have also focused on water and sanitation, gender equity, etc., rather than on ways in which health intersects with race, class, or socioeconomic status. In addition, there continues to be siloed thinking and disconnects in both U.S. and international philanthropy regarding maternal and newborn health, reproductive health, and justice as separate program tracks, rather than treating these issues as part of a comprehensive continuum of care and as a human right.

“We need to foster more relationships between funders, including, MNCH, repro justice, maternal mental health.” - Global and U.S. Donor

While a handful of donors support maternal and newborn health programs in both the U.S. and global contexts, interviews confirm that there are few efforts to bring these communities together. Local contextual factors should always be considered when designing and funding maternal and newborn health programs, but there are also some significant similarities between the U.S. context and those of other countries. This lack of coordination, communication, and information-sharing across actors working in the U.S. and the Global South is a missed opportunity for learning, advocacy, and leveraging funding for change.

Lack of funding to develop a clear policy agenda:

Among both U.S.-focused and global-focused interviewees, there were quite a few comments on the lack of funding for policy advocacy or a coordinated policy agenda. While there have been more opportunities for maternal health and justice networks to coordinate and strategize, funding for coalition building, advocacy, and lobbying has been difficult to earmark. U.S. tax regulations are stringent regarding accounting for lobbying activities, and policy and systems change are difficult to measure via traditional monitoring and evaluation mechanisms.

“There has not been an actionable or executable maternal health policy agenda and that is an area of great need. There’s been great work in education and awareness of maternal health issues, but it often feels like one hand is not talking to the other in these spaces.” - Global and U.S. Donor

“The global development community remains neo-colonial in many ways, and we need to do a lot more to shift power to partners in countries. We often continue to fund Global North partners, often because of absorptive capacity.” - Global Donor

Logistical challenges of shifting funding to local, grassroots organizations:

Lastly, while interviewees consistently reported a desire to shift more funding to community-based organizations and partners in the Global South, reflecting a positive trend, many interviewees emphasized that the logistics of how to accomplish that goal are challenging, particularly for larger foundations that are not set up or accustomed to granting that way. Several foundations mentioned that they are working towards giving more autonomy and decision-making power to their in-country offices as well as grantee partners, but they are struggling with hiring and setting up systems fast enough to respond to these strategic priority shifts. Other large funders acknowledged that they have traditionally supported large, Western/Northern-based NGOs because of prior established relationships, capacity and organizational systems for financial management, and the streamlined process for funders involved in granting to large international NGOs, which can then sub-grant or implement programs in multiple countries through their country offices and partners. These historical challenges, unfortunately, leave a critical, unacceptable gap in funding for local, grassroots organizations.

Coordination and alignment among funders are improving, but nascent:

As mentioned, we have learned that many organizations are building collaborations with other organizations to address interrelated issues of reproductive justice, birth equity, and health disparities; it is clear from our interviews that there is a need for funders to do the same. Funders for Reproductive Equity, the Midwifery Funders Group, and others are providing crucial opportunities for funders to convene and share

strategies, identify successful approaches, or discover areas for impactful investments, but there is a notable lack of a comprehensive funders’ network for maternal and newborn health focused on U.S. or global efforts.

Concerns about “white-washing”: Both from a domestic perspective and an international one, a number of foundation staff acknowledged that they have operated from a “savior” complex, touting “empowerment” programs, which perpetuates power imbalances and privilege. Most communities are powerful in their own right, but inequitable distribution of resources, historical trauma, violence, and disenfranchisement has resulted in the need for programs focused on justice and equity. However, reproductive and birth justice are relatively new terms and concepts to many U.S. funders and to some organizations, and this language is seldom used in larger global health institutions. As these concepts and terms become more prominent in the lexicon of well-intended funders, longstanding community actors in the birth justice field are rightly concerned that the holistic and all-encompassing meaning of birth equity and racial justice will become diluted, or co-opted by predominantly white-led organizations, which are historically funded at much higher rates than BIPOC-led organizations. That said, a number of donors are focused on birth justice, and they are actively engaging with their grantees to be better informed on how to operationalize and execute these concepts.

The Novel Coronavirus (COVID-19): Unprecedented Steps for Unprecedented Times

Just a few short weeks after GHV began this research and analysis, the coronavirus pandemic swept the globe. Coupled with the rising tensions from racial unrest and police brutality, the pandemic was a tipping point for social change. Many leaders, advocates, and allies that had long been fighting for justice were suddenly flooded with media attention and funding. For funders who have been working in the birth justice space, the moment was a watershed opportunity to influence the direction and significance of

“More organizations are starting to pay attention to intersection of MH and racial justice, and COVID has highlighted the structural, institutional racism that we have in our health system. This just did not get the kind of attention it needed. Especially with Black maternal mortality issues — it is about racism, and not really about income or education. [However,] we don’t have enough MH donors focused on these systemic issues.” - U.S. Donor

reproductive justice and birth equity for the future. At the same time, soaring unemployment rates and extreme illness and death due to COVID-19 were devastating Black and Brown communities in the U.S., and the pandemic virtually shut down many life-saving global health programs and services.

At the time of this publication, funders across the world are continuing to grapple with how to respond to overwhelming needs in an unprecedented crisis, but several groundbreaking steps have been taken to respond to these perilous times. In May, a group of 260 high net worth philanthropists who call themselves the “Patriotic Millionaires” wrote to Congress to advocate for an increase in the mandatory amount that foundations are required to donate each year, from 5% to 10% of a foundation’s assets over the next three years. The group is also calling for donor-advised funds to give 10% of their assets to charity.⁴² According to the Institute for Policy Studies, this three-year Emergency Charity Stimulus would amount to an estimated \$200 billion in additional payouts.⁴³

Meanwhile, at the Ford Foundation, President Darren Walker devised an unorthodox solution. The institution would become the first foundation

in history to borrow an historic \$1 billion to create a Social Bond, in which the net proceeds would be granted out over the next two years. Doris Duke Charitable Foundation, MacArthur Foundation, W.K. Kellogg Foundation, and Andrew W. Mellon Foundation followed suit, resulting in an anticipated \$1.7 billion in increased funding to help grantees engage in and support national dialogue and advocacy, as well as providing much-needed emergency funds.⁴⁴

It will likely take years to recover from the effects of the pandemic on the economy and on public health, and nearly every sector will be feeling the aftershocks for a long time. It is not yet known how the global financial crisis will impact bilateral donor funding and domestic resources within countries, or whether MNH needs will be prioritized. However, these challenging times have also prompted many philanthropic actors to take swift and extraordinary action. According to the Center for Effective Philanthropy, nearly 90% of philanthropies have increased funding to support racial equity and communities disproportionately affected by the COVID-19 pandemic. In addition, a survey conducted by OECD early in the pandemic reported that in less than two months into the COVID-19 crisis, 35 foundations had committed \$1 billion to developing countries, and an estimated \$579 million domestically.^{45, 45} Lastly, reporting from the Center for Strategic Philanthropy indicates that COVID-19 may also be having an impact on the historical imbalance in power between Global North and South, within philanthropy. The report notes that “the urgency and unexpectedness of COVID-19 has shaken up existing mechanisms for identification of programs and fund disbursement,” with more unrestricted funding for local organizations, and less cumbersome funding processes, recognizing a need to move money quickly to local organizations that could respond in real time to the pandemic and the shifting realities and needs on the ground.⁴⁷

⁴² Davison, L. (2020). [Wealthy donors press Congress to require higher giving in crisis](#). Bloomberg News. Published May 19, 2020.

⁴³ Collins, C. (2020). [Move charity dollars to the frontlines](#). Institute for Policy Studies. Published June 10, 2020.

⁴⁴ Stewart, J. & Kulish, N. (2020). [Leading foundations pledge to give more, hoping to upend philanthropy](#). New York Times. Published June 10, 2020.

⁴⁵ Buteau, E. (2020). [Philanthropy and racial equity in 2020: Moving the needle?](#) Center for Effective Philanthropy. Published December 9, 2020.

⁴⁶ OECD (2020). [DAC Working Party on Development Finance Statistics: COVID-19 Survey- Main Findings](#), accessed March 1, 2021.

⁴⁷ Center for Strategic Philanthropy (2020). [Philanthropy and COVID-19: Is the North-South power balance finally shifting?](#), accessed March 8, 2021.

Reflections and Insights from the NGO Community

Garnered from 15 surveys and interviews with nonprofit maternal and newborn health and birth equity leaders, there is optimism that issues around maternal and infant health, gender equity, and reproductive justice are finally getting the attention and recognition that has been long overdue. With this awareness, several nonprofits that we interviewed expressed hope that adequate funding will follow. Most, however, felt that the burden of fundraising has hindered progress, in that scaling proven interventions and successful pilot programs are undercut by restrictive budgets and reporting requirements, time-bound grant cycles, and constraints on overhead costs.

I strongly believe that considering the scope of the problems in maternal and child health and reproductive justice [in the U.S.], maternal and birth justice is woefully underfunded, and the lack of investment in addressing the root causes — along with supporting the community-based models that have solutions — is unconscionable.

- NGO

Be nimble: Despite this ongoing frustration, NGOs continue to be nimble and innovative in order to sustain their work. One interviewee at an NGO based in Africa described how she leveraged early donations and grants as seed money to develop a more sustainable business model that includes a fee for services on a sliding scale. This ultimately attracted more paying patients to the clinic who had the perception that free services were substandard in quality.

While some of these mechanisms may not be an option for every organization, a recurring theme heard from several interviewees at both global and domestic institutions is that, when feasible, alternative sources of revenue should be explored, including some revenue-enhancing programs more familiar in the for-profit world.

Provide more sustainable funding: All NGO interviewees expressed a strong need for more sustained funding to enable programs to exist beyond emergencies and high visibility news cycles.

“If [funders] came in and said ‘OK, here are all the orgs working on MH in Uganda — tell me how you’ll work together and we’ll fund it,’ NGOs could knock it out in five years, using success models and proven concepts that already exist.”

- NGO

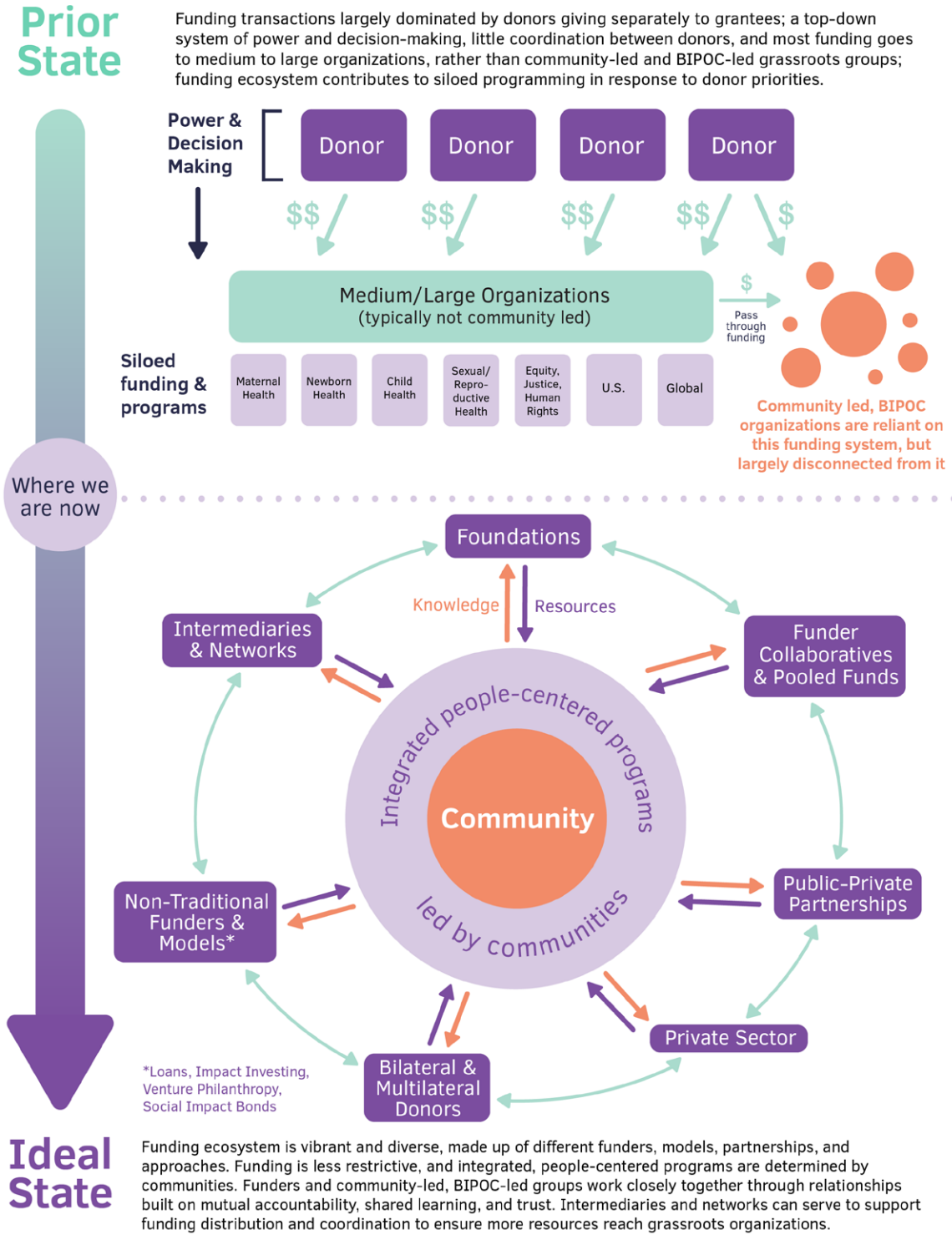
Increase collaboration and reduce competition:

All NGOs agreed that the current system of philanthropy fosters competition for limited funds, rather than promoting cooperation. Responding to requests for proposals, combined with a business model approach to philanthropy, only exacerbates the competition and has even forced some NGOs to compromise on their priorities.

Listen to each other: An important shift on the part of both funders and NGOs is the need to listen to each other. If philanthropy expands to give equal weight to perspectives, challenges and successes from communities, NGOs, and funders, progress will be achieved more quickly, with more compassion and synergy between approaches.

FIGURE 3

The shifting funding ecosystem for maternal and newborn health



KEY RECOMMENDATIONS

If there is one theme that stands out through our research and many conversations with philanthropists, program officers, thought leaders, activists, and organizations, it is that MNH funders have a responsibility, and even a mandate, to engage with and be accountable to the communities where mothers and newborns have had poor outcomes. In addition, the COVID-19 pandemic, the #MeToo movement, and ongoing highly publicized cases of police brutality globally have brought awareness to the oppressive infrastructures through which current systems neglect marginalized and minoritized people. This newfound awareness is causing shifts in how foundations are improving their grantmaking processes to foster racial, gender, and social equity. Sustained anti-racist leadership, policies, and practices must be implemented to move from intention to action; performative statements about racial equity, diversity, and inclusion will no longer suffice. The following recommendations can serve as building blocks to accomplish those overarching goals:

- **Decolonize philanthropy and international development:** The term “decolonizing” originates out of a movement to offer reparations to native people and land. “Decolonizing” philanthropy stems from the need to give philanthropic dollars back to native-led work as reparations. Recently, the term has been used more broadly, to address the root causes of inequities that stem from patriarchy, white supremacy, colonialism, and capitalism. Additionally, grantmaking often embraces Westernized approaches that can be a barrier in grassroots organizations’ ability to garner support. This contributes to a cycle of burnout, overwork, and scarcity in communities that are already experiencing intersecting forms of harm. Philanthropy must continually strive to improve its internal operations and external grantmaking practices as viewed through a racial justice and cultural humility lens. To truly advance racial equity and better maternal and newborn health across the world, philanthropy needs to reflect on how the absence of racial justice in their work perpetuates the very racial inequities their grantees are seeking to confront.

- **Shift significantly more funding to locally led, grassroots, and BIPOC-led organizations:**

There is almost unanimous agreement among interviewees that donors have an ethical responsibility to accelerate and prioritize this shift in grantmaking. Funders have the resources to reconfigure current structures, staffing, and systems to reduce funding applications and reporting burdens, shift decision-making to community partners, and support long-term, sustainable growth for local organizations that will drive solutions. Multiple interviewees mentioned that intermediaries with close ties to the community serve an important role in facilitating grassroots grantmaking. In addition, program officers who were interviewed talked extensively about the value and impact of investing in grassroots coalitions and networks, which magnifies and empowers the issue (and thus, the donor’s investment).

- **Establish close funder/grantee relationships:**

NGOs spend an exorbitant amount of time and resources to fundraise. Smaller, grassroots organizations rarely have the time or resources to grow their revenue and often get by through the grit and determination of a few passionate, underpaid visionaries who could accomplish so much more if they had the ear and the trust of a consistent funder. For philanthropy to be built on trust, it requires the development of rich and meaningful relationships with grantees that result in sustainable partnerships by moving beyond monetary support. From there, funders can end the nonprofit starvation cycle through unrestricted, loosely restricted, capacity building, general operating, or rapid response funding. When a donor genuinely understands the value and impact of an NGO’s work, they often relinquish their need to control or influence program design and outcomes. This past year has demonstrated that these types of grants are a lifeline for many nonprofits struggling through the pandemic.

“We have solutions, we know what to do. Women are dying because of lack of political will.”

- Global Donor

- Invest in community power building for maternal and newborn health and rights advocates and leaders:** Throughout history, advocacy, coalition building, and community activism have played a huge role in societal progress and addressing systemic inequities, yet these activities are woefully underfunded and often volunteer-driven. By example, the global movement behind the midwifery model of care was born out of a grassroots effort to focus on the needs and preferences of the birthing parent, which was a turning point in improving MNH outcomes. Funders should be investing in building the leadership skills, influence, and power of individuals and communities, especially those who are led by BIPOC, LGBTQI, and vulnerable, marginalized, or local communities, as they have been minimized and are often excluded from discussions about their own lived experiences. Now is the time to demand change, and funders must invest in a powerful, people-driven movement.
- Diversify foundation boards, leadership structures, and decision-making processes:** Philanthropy must use a racial justice lens in its maternal and infant health work starting by hiring, promoting and retaining staff and leadership with decision-making authority who inform priorities and practices, involving communities in decision-making, and developing accountability measures to address institutional discrimination. Who holds the power in foundations? Are representatives from communities, who have been historically oppressed, sitting at the table, informing funding strategies? Through which lens are foundation staff viewing progress, impact, or scale? Explore ways in which foundation boards and leadership can learn from and listen to their program officers and staff in a more meaningful way, as they are often the ones who are directly communicating with grantees and partners on the ground on a regular basis.

- Facilitate a more engaged, informed, and coordinated donor base:** Donors that are more engaged and informed on today’s most pressing issues in maternal and newborn health, birth equity, and reproductive justice will be more generous and influential in advancing the cause. Grantmakers should consider facilitating more grantee convenings for information sharing and learning. In addition, providing opportunities for maternal and newborn health funders to also coordinate, align, and share lessons learned offers an essential element of effective philanthropy for maternal and newborn health and rights.
- Dismantle silos around intersecting health issues and artificial geographic boundaries:** Maternal and newborn health outcomes are not limited by geography or determined by a single cause. To wit, reproductive, maternal, newborn, child, and adolescent health are all part of a continuum of care. Recognizing that racism impacts health, and especially maternal and newborn health, can hardly begin to untangle these deep-rooted and interrelated issues, donors should attempt to fund cross-cutting programs or wraparound services that use a person-centered framework, as well as address the holistic relationship between the health of a mother and her child. Investing in a single intervention at the expense of other confounding factors inhibits creativity and progress.
- Explore and support innovative funding models and approaches:** Now is the time to re-think traditional philanthropy, and try new approaches that disrupt the status quo. In the for-profit world, investors know to anticipate and build in some element of risk in their investment strategies. Many donors, however, are more risk-averse. NGOs, meanwhile, have to choose between making payroll or expanding an intervention. When NGOs have more sustainable revenue streams, they will have more of an opportunity to innovate. Several donors interviewed for this report offered a snapshot of some creative approaches to funding that NGOs and funders might explore.

CONCLUSIONS

It seems that since the beginning of time, not-for-profits have been stuck in a starvation cycle in which they must continuously expend significant time and resources to raise funds in order to maintain their programs. To be sure, philanthropy is continually evolving, albeit sometimes at a glacial pace. The early 2000s brought a new emphasis on innovation, taking programs to scale, and an openness to supporting previously unpopular efforts focused on advocacy and policy change. When GHV last analyzed U.S. funding for international maternal health programs in 2011, many of the objectives laid out in the MDGs were met, thanks to significant investments and collaboration from the global community.

Ten years later, despite hard evidence that foreign assistance has contributed immensely to improved health outcomes, foreign aid writ large is still less than 1% of the overall U.S. spending budget. Meanwhile, in the U.S., the maternal mortality rate increased, and the chasm between maternal and newborn health between BIPOC and white communities has widened.

Today's political and social upheaval — in addition to the dire global public health challenges

stemming from the coronavirus — offers an opportunity for funders and their grantees to have a meaningful dialogue to reassess how the evolution of philanthropy has both benefited and harmed communities. Moreover, government and private funding for maternal and newborn health in the U.S. and worldwide needs to be dramatically increased, and urgently. Exactly how much is needed is another question. Further research is needed to explore the financial implications of centuries of racism and bias in health care systems and begin to address these inequities. Philanthropy can contribute by acknowledging its role in longstanding practices and systems that perpetuate systemic inequity — disparities that are now irrefutable.

This is the challenge and the opportunity of our time. What we have learned through this analysis is a movement is building, and eliminating inequities in access to quality, culturally sensitive care must be front and center. And while we have seen progress, there is much left to be done. We hope the report raises important questions to explore further and inspires systemic change with urgency and resolve.

A NOTE FROM THE SPONSORS

Dear Reader,

We acknowledge that much more may be said and more community-led research is warranted regarding the collective impact of the nonprofit (or better said, “social profit”) world on transformative change and movement building towards a more just, sustainable future for all.

A companion document to this report provides additional context: [*Funding Equity: Birth Justice and Human Rights in Maternal and Infant Health*](#) (2019), produced by Visionary Allies, LLC, Aligned Strategies Consulting, and Global Force for Healing. Our purpose of commissioning this study and “Funding Equity” is to foster active dialogue and deepen understanding among funders and allies in the not-for-profit arena, and highlight the critical role of funders in promoting birth justice and human rights.

Both of these publications are emblematic of the role that NGO’s and intermediaries — including Global Force for Healing — play in advocating for increased visibility, funding, and equal access to quality, person-centered care. Our process reflects aspects of the “ideal state” towards which the recommendations in this report aim.

To all of the visionary and dedicated people with whom we have worked in solidarity to improve the health of women, birthing parents and infants, we are so grateful for your partnership. In particular, we would like to acknowledge: the contributors and leaders who have lifted our work to improve funding through this report and Funding Equity; the midwives and doulas who have led the charge for person-centered and respectful care; the allies, advocates and coalitions whose voices we hear loud and clear in fighting for equity, rights and justice; the communities and community partners that inspire us daily by their wisdom, patience and collaborative spirit; and our families, who support us in every way.

It has been an honor and a privilege to collaborate on the birth of this publication.

With love and appreciation,

Kay Sandberg, MA
Founder and Executive Director
Global Force for Healing

Amanda Coslor, LM, CPM
Board Member
Global Force for Healing and Groundswell Fund

ANNEX 1:

Study Participants and Interviewees

Funders and Funders Networks/ Collaboratives

Anonymous Foundation
ABFE – A Philanthropic Partnership for Black Communities
The Bill & Melinda Gates Foundation
Birth Center Equity Fund
Birth Justice Fund
California Health Care Foundation
Community Health Acceleration Partnership (CHAP)
The Dalton Foundation
Every Mother Counts
Ford Foundation
Funders for Reproductive Equity
Global Fund for Women
Grantmakers in Health
Groundswell Fund
The William & Flora Hewlett Foundation
Hispanics in Philanthropy (HIP)
The Johnson & Johnson Foundation
The Libra Foundation
The John D. and Catherine T. MacArthur Foundation
Maverick Collective
Merck for Mothers

Midwifery Funders Group / Full Circle
New York Women's Foundation
Open Society Foundations
Perigee Fund
J.B. and M.K. Pritzker Family Foundation/Pritzker Children's Initiative
Robert Wood Johnson Foundation
St. David's Foundation
Tara Health Foundation
W.K. Kellogg Foundation

Civil Society Organizations

Black Midwives Alliance
Cameroon Agenda for Sustainable Development*
Commonsense Childbirth
Elephant Circle
Global Force for Healing
Helpline, India
Hope Foundation for Women & Children of Bangladesh*
Maison de Naissance Birth Center, Haiti*
Midwives for Haiti*
National Birth Equity Collaborative
One Heart Worldwide, Nepal*
PATH
Southern Birth Justice Network
Sunrise Centre, Uganda*
White Ribbon Alliance

*Indicates membership in the Compassionate Birth Network

ANNEX 2:

Top U.S.-based Funders for Maternal and Newborn Health and Birth Equity Programming

Donor/ Organization	Geographic Focus Areas	Mission	Stated funding priorities with respect to maternal and newborn health; birth equity; reproductive health and justice; and/or other related issue areas
Birth Center Equity	United States	The Birth Center Equity Foundation is creating a world where every community has access to a birth center.	Birth Center Equity supports established and emerging BIPOC community birth center leaders by investing in infrastructure and capacity building to benefit the birth equity ecosystem as a whole.
Bloomberg Philanthropies	Global	Bloomberg Philanthropies focuses on five key areas for creating lasting change: public health, environment, education, government innovation, and arts & culture.	Bloomberg Philanthropies works to address the high rate of unintended pregnancies due to lack of access to contraceptives, as well as preventable maternal deaths from lack of access to emergency obstetric care by providing access to quality maternal and reproductive health services and advocating for the provision of these services by the national government in the countries where they work.
California Health Care Foundation	United States	The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. CHCF is working to document inequities in the health care system, hold system leaders accountable, and transform care to uphold the dignity that each Californian deserves.	Giving birth is the primary reason for hospitalizations in the US and California. Annually, 500,000 babies are born in the state, with half paid for by Medi-Cal. There are significant, unwarranted variations in maternity care quality, alarming disparities, and wasted resources. CHCF aims to improve quality and lower the costs of maternity care in California, especially for birth people with low incomes, by ensuring appropriate care and reducing disparities in outcomes.
The Commonwealth Fund	United States	The Commonwealth Fund supports independent research on health care issues and make grants to promote better access, improved quality, and greater efficiency in health care, particularly for society's most vulnerable, including people of color, people with low income, and those who are uninsured.	Our nation's legacy of racism is embedded in our health care system. For many people of color, this legacy has meant less access to quality care and poorer health outcomes. The Commonwealth Fund researches and promotes the policies and practices needed to achieve an antiracist health system where people of color can thrive. This includes work related to maternal and reproductive health.
The Conservation, Food & Health Foundation	Global	The foundation supports projects that demonstrate local leadership and promote professional development in the conservation, agricultural, and health sciences; develop the capacity of local organizations; and address a particular problem or question in the field. The foundation prefers to support projects that address under-funded issues and geographic areas.	The foundation supports public health programs that focus on populations rather than individuals. It funds programs that emphasize disease prevention and health promotion over those that emphasize disease diagnosis, treatment, and care. It supports research, technical assistance, and training projects that improve public health through community-based efforts that address health promotion, disease prevention, family planning, and reproductive health.
The Dalton Foundation	United States/ Global	The Dalton Foundation exists to demonstrate the message of grace and salvation by promoting unity, connection, collaboration, and community while developing sustainability and supporting organizations working to help the least of these.	The Dalton Foundation welcomes the opportunity to provide grants and strategic guidance to partners that reach out to women and children to fulfill basic needs, improve pregnancy outcomes, and provide access to education, job training, and mentorship. Their goal is to help these individuals make the most of their God-given talents to improve their own lives as well as the lives of those around them.

Donor/ Organization	Geographic Focus Areas	Mission	Stated funding priorities with respect to maternal and newborn health; birth equity; reproductive health and justice; and/or other related issue areas
Dining for Women	Global	Dining for Women is a powerful community of women and allies engaged in education, advocacy, and grant making to build the movement for global gender equality.	Dining for Women supports partners focused on gender equality, maternal health, and reproductive health including Care 2 Communities, an organization providing comprehensive Sexual and Reproductive Health Education for Young Women and Girls in Northern Haiti and Norra Health, a maternal, newborn, and child health care companion program in India, among others.
The Elma Foundation/ The ELMA Philanthropies	Global	The Elma Foundation invests in organizations that improve the lives of children in Africa.	The Elma Foundation succeeds when pregnancy and delivery are safer for more women, and when health systems prioritize newborns. This includes building the workforce supporting children, maternal and newborn care (making pregnancy and delivery safer, and strengthening health systems for newborns), early childhood development, HIV/AIDS testing and treatment for children, NTDs, and private sector solutions.
Every Mother Counts	United States/ Global	Every Mother Counts invests in organizations working to improve access to quality, respectful and equitable maternity care around the world.	Every Mother Counts works to achieve quality, respectful, and equitable maternity care for all by giving grants and working with partners and thought leaders to increase awareness and mobilize communities to take action. Every Mother Counts' guiding principles include placing mothers at the center, strengthening the health workforce, advancing proven care models, and facilitating access to resources.
Fistula Foundation	Global	Fistula Foundation focuses exclusively on delivering fistula repair surgery because of its enormous impact. With each surgery we provide, they know that we can help change one woman's world forever. And they know that the ripple effect of her restored health—on both her family and community—is profound.	Fistula Foundation focuses exclusively on delivering fistula repair surgeries. Their goal is to identify local surgical teams in Africa and Asia already successfully treating women with fistula—and then work to amplify their efforts. Top local surgeons are their eyes, ears, and hands on the ground.
Ford Foundation	United States/ Global	Across eight decades, the Ford Foundation's mission has sought to reduce poverty and injustice, strengthen democratic values, promote international cooperation, and advance human achievement.	The Ford Foundation believes gender justice and reproductive justice are critical to achieving equality for all people. The ability to choose whether to have a child and when; to give birth safely; and to raise children in a healthy, thriving environment is central to the opportunities, freedoms, and equality of women and gender-nonconforming people. They strengthen equitable access to quality reproductive care to ensure pregnant people are supported regardless of their decision to give birth or seek an abortion.
Foundation for the Advancement of Midwifery	United States	"The Foundation for the Advancement of Midwifery (FAM) is a 501(c)(3) non-profit organization seeking to improve maternal and child health by funding projects that advance midwifery as the gold standard for North American maternity care through research, public education, advocacy, and health equity initiatives.	FAM supports research activities and public education initiatives relating to the midwifery model of care. They also support advocacy around legislative and policy issues regarding maternal and child health care and/or women's health that favors using the midwifery model of care and midwives as care providers. They support health equity initiatives that implement the midwifery model of care as a solution to meeting the maternal and child health care needs of the most vulnerable with a goal to reduce infant and maternal mortality rates, increase health equity, and reduce health disparities.

Donor/ Organization	Geographic Focus Areas	Mission	Stated funding priorities with respect to maternal and newborn health; birth equity; reproductive health and justice; and/or other related issue areas
The Bill & Melinda Gates Foundation	Global	The Bill & Melinda Gates Foundation works to ensure more children and young people survive and thrive, empower the poorest especially women and girl to transform their lives, combat infectious diseases that particularly affect the poorest, and inspire people to take action to change the world.	The Bill & Melinda Gates Foundation works to address the leading causes of maternal and newborn mortality through “downstream” (strengthening primary health care systems) and “upstream” (development of tools and products) investments.
Global Fund for Women	Global	Global Fund for Women envisions a world where movements for gender justice have transformed power and privilege for a few into equity and equality for all. They fund bold, ambitious, and expansive gender justice movements to create meaningful change that will last beyond our lifetimes.	Over the course of 30+ years, Global Fund for Women has supported the fight for gender justice around the globe. They began their work providing critical funding to grassroots women-led organizations, over time developing a thematic approach focused on groups whose issue areas aligned with their organizational priorities. Today, building on historic wins and the latest research, they are shifting to an approach that supports gender justice movements to allocate funding based on their own needs.
Groundswell Fund	United States	Groundswell Fund strengthens U.S. movements for reproductive and social justice by resourcing intersectional grassroots organizing and centering the leadership of women of color – particularly those who are Black, Indigenous, and Transgender.	The Birth Justice Fund works to eliminate disparities in pregnancy and birth outcomes experienced by women of color, low-income women, young women, and transgender people. They accomplish this by increasing access to empowering and culturally relevant birthing options, led by midwives, doulas and other birth workers of color, and changes in policy and practice aimed at improving birth outcomes.
The Grove Foundation	United States	The Grove Foundation is a philanthropic family foundation based in Los Altos, California. Their primary program areas are reproductive health, immigrant integration, and local safety net services.	<p>"The Reproductive Health, Rights, and Justice Program aims to ensure that people have the education, resources, and power to determine their sexual and reproductive lives. This requires education that is inclusive, accurate, and non-judgmental; equitable access to health care that is delivered without prejudice; and the removal of other barriers to reproductive decision-making.</p> <p>The Grove Foundation’s areas of focus include: School-based Sex Education: Partnering with organizations to increase school districts’ capacity to deliver sex education, share resources and best practices related to implementation, and build community support Birth justice and ending Black maternal mortality: Supporting research that prioritizes experiences of birthing people, community-based care models (e.g. midwifery and doula care) and work addressing racism in medicine Reproductive justice: Funding work that recognizes the root causes of reproductive inequities and seeks social change, particularly organizations led by women of color and/or QTPOC (Queer and/or Trans People of Color)."</p>
Helmsley Charitable Trust	United States/ Global	The Helmsley Charitable Trust aspires to improve lives by supporting exceptional efforts in the U.S. and around the world in health and select place-based initiatives. They strive to make a meaningful impact in their focus areas, employing not only their significant financial assets but also a rigorous and results-oriented approach.	The Vulnerable Children in Sub-Saharan Africa invests in increasing access to essential health services, including disease treatment and prevention; improving maternal and infant care; and promoting good health, nutrition, and sanitation practices throughout communities.

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Hispanics in Philanthropy (HIP)	United States/ Global (Latin America, Mexico)	Hispanics in Philanthropy (HIP) is on a mission to strengthen Latino leadership, influence, and equity by leveraging philanthropic resources, and doing so with an unwavering focus on social justice and shared prosperity across the Americas.	HIP helps donors identify the most pressing issues affecting Latino communities and create strategies to effectively support the cutting-edge nonprofits addressing them. Past initiatives have focused on health, migrant children, labor rights, education, women’s rights, and aging, among others.
The International Foundation	United States/ Global	The International Foundation funds US-based non-profit organizations who partner with poor communities in the developing world to improve their health, education, and incomes, while strengthening local capacity to sustain their benefits.	Simply stated, the International Foundation funds grants in three key areas—health, education, and incomes. However, each of these areas represents a range of investment opportunities that, if integrated with other program areas, can lead to broader, more balanced and more sustainable results. Under the bucket of Public Health, the foundation supports reproductive health and family planning, maternal and child health, nutrition, sanitation, and water for sanitation and health (WASH).
The Irving Harris Foundation	United States	The Irving Harris Foundation enhances the quality of life for children, families, and communities by advancing human potential, social justice and equity, and creative experience and expression.	The Foundation's vision includes advancing access to high-quality and respectful reproductive, maternal, and infant health care as a critical component to promoting social and emotional health and to creating a more equitable world for very young children and their families. They support organizations, initiatives, and leaders that strive for reproductive justice, so all people will have the rights and resources to determine if, when, and how to become parents, and will be able to raise their young children in thriving families and safe communities.
Izumi Foundation	Global	IZUMI Foundation nurtures partnerships to address complex health challenges across Africa, Latin America, and the Caribbean.	IZUMI Foundation supports effective programs that sustain both the mother and child, recognizing that newborn and maternal health and survival are closely linked. By increasing pregnant women’s access to quality care before, during, and after childbirth, mothers and babies around the world can have a bright future. They believe keeping mothers healthy improves the health of the whole family.
The Johnson & Johnson Foundation	Global	Johnson & Johnson believes good health is the foundation of vibrant lives, thriving communities, and forward progress. That’s why for more than 130 years, they have aimed to keep people well at every age and every stage of life. Today, as the world’s largest and most broadly-based healthcare company, they are committed to using our reach and size for good.	The Johnson & Johnson Foundation works to reduce death and illness in women and children by supporting programs to train health workers and midwives, increasing education and access to care, simple surgeries (fistula).
The JPB Foundation	United States	To advance opportunity in the United States through transformational initiatives that empower those living in poverty, enrich and sustain our environment, and enable pioneering medical research.	Everyone in the US deserves a fair chance to achieve their goals for themselves, their families, and their communities. But today, millions of Americans who live in poverty face steep and unfair obstacles to attaining financial security, good health, and a voice in decisions that affect them. We must provide hope and tangible opportunities for children born into poor families, and for all people struggling to make ends meet, to move and stay out of poverty. Using a social justice lens, they focus on: Health Equity – to enable people in poverty to lead healthy lives by reducing the incidence and impact of obesity, diabetes, and toxic stress, and ensuring that women and girls can make informed reproductive health decisions.

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Lemlem (Liya Kibede) Foundation	Global	The Lemlem Foundation helps women artisans in Africa thrive by connecting them to healthcare, education, and pathways to jobs.	The Lemlem Foundation supports maternal and women's health outreach, education, and services in communities along Lemlem's supply chain in Africa.
The Libra Foundation	United States	The Libra Foundation supports social justice movements that focus on transforming the criminal justice system, environmental and climate justice, and gender justice.	The Gender Justice program includes supporting organizations that are led by and for the communities most impacted by gender-based structural oppression, including women and girls, and queer, gender nonconforming, and trans individuals. The foundation prioritizes organizations that use movement-building, organizing, advocacy, and culture change at the intersections of multiple forms of discrimination based on race, ethnicity, class, gender identity, sexuality, etc. to achieve gender justice for all.
The John D. and Catherine T. MacArthur Foundation	United States/ Global	The John D. and Catherine T. MacArthur Foundation supports creative people, effective institutions, and influential networks building a more just, verdant, and peaceful world. MacArthur is placing a few big bets that truly significant progress is possible on some of the world's most pressing social challenges, including advancing global climate solutions, decreasing nuclear risk, promoting local justice reform in the U.S., and reducing corruption in Africa's most populous country, Nigeria.	Before the Population and Reproductive Health program wound down its funding, it worked to reduce maternal mortality and improve the quality of maternal and reproductive health care in India, Mexico, and Nigeria. For more than three decades, grantmaking in Mexico supported civil society organizations focused on human rights, reproductive healthcare, and migration issues.
Merck for Mothers	United States/ Global	Merck for Mothers takes a holistic approach to addressing the many factors that impact maternal health and strive to leverage the private sector for public good.	The "Safer Childbirth Cities" initiative is intended to reduce the number of maternal deaths and life-threatening childbirth events and narrow disparities in maternal health outcomes in the U.S. "Safer Childbirth Cities" is part of Merck for Mothers, Merck's global initiative to end preventable deaths of women from complications related to pregnancy and childbirth. Building on its earlier investments to reduce maternal mortality in the U.S., Merck for Mothers is committing an additional \$10m to improve maternal health across the country. The \$134 billion annual Sustainable Development Goal (SDG) funding gap ¹ is spurring the health and development community to explore new avenues for capital and mechanisms for its deployment. There is an estimated \$200 trillion in funding available from global capital markets – mobilizing only 1% of this would address the entire SDG funding gap.
Ms. Foundation for Women	United States	The mission of the Ms. Foundation for Women is to build women's collective power in the U.S. to advance equity and justice for all. They achieve their mission by investing in and strengthening the capacity of women-led movements to advance meaningful social, cultural, and economic change in the lives of women.	With women's basic reproductive rights under attack, the Ms. Foundation for Women funds organizations that are working to ensure women's access to the full range of women's reproductive health services – including birth control and abortion. It's also just as fundamental for them to support organizations working to protect the right for women of all ages and backgrounds to bear children if they so choose, and support policies that allow them to parent with dignity, respect, and support. This is critical to continually build expand an inclusive reproductive justice movement that will address all women's needs and secure greater wins for generations to come.

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The New York Women's Foundation	New York City	<p>The New York Women's Foundation advances economic, gender, and racial justice for women and families by investing in women leaders building solutions in their communities.</p> <p>The foundation's bold investment in women as agents of change multiplies the effect of women's financial gains, boosts local economic growth, strengthens families, and creates thriving communities. Designed to move the needle toward justice and equity for all, investments focus on all women including girls and young women, immigrants, people with disabilities, the LGBTQI community, and gender non-conforming individuals.</p>	<p>The New York Women's Foundation recognizes health as a fundamental right and necessity for a woman to achieve and sustain complete mental, spiritual, political, economic, and social well-being. A core value of Foundation funding in this area is that as women, girls, and transgender individuals become informed about and take control of their health, they are better able to advocate on behalf of themselves and their families and communities. Grantmaking in this area is focused on efforts that protect and ensure reproductive justice and rights, especially for low-income women and women of color; and protect access to quality.</p> <p>As a grantee of Groundswell's Catalyst Fund, The New York Women's Foundation committed to partner and increase investments and visibility of the vital contributions of women of color who are leaders in the reproductive justice movement. Through grantmaking, the foundation supports organizing and power-building strategies for reproductive justice and supports the leadership of women of color and trans and gender non-conforming communities, within this work.</p>
Open Society Foundations	United States/ Global	<p>The Open Society Foundations, founded by George Soros, are the world's largest private funder of independent groups working for justice, democratic governance, and human rights. They provide thousands of grants every year through a network of national and regional foundations and offices, funding a vast array of projects—many of them now shaped by the challenges of the COVID-19 pandemic.</p>	<p>The foundation's Early Childhood and Public Health programs are funding Roma Healthy Start, an initiative aimed at improving prenatal and early childhood care for Roma mothers and babies. The effort seeks to reduce infant mortality and address developmental challenges by taking a comprehensive approach to caring for pregnant women and their families. The Public Health Program works to build open societies in which all people's health and human rights are valued and fights discrimination and abuse in health care settings. The foundation supports communities that receive substandard care or face barriers to services because of who they are—including Roma and other minorities, transgender and intersex people, people with intellectual disabilities or with lived experience of mental health problems, sex workers, people who use drugs, and migrants and refugees.</p>
The David & Lucile Packard Foundation	United States/ Global	<p>Improving the lives of children, families, and communities—and restoring and protecting our planet.</p>	<p>The Reproductive Health program is committed to promoting reproductive health and rights, with a focus on high-quality information and services. They place a special emphasis on engaging and serving youth and believe that young people have the best potential for building and sustaining a movement of change. The Foundation works to slow population growth and reduce maternal mortality in high fertility areas through contraception, family planning, safe abortion (legal), RH services, and advocacy for MDG #5.</p>

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Perigee Fund	United States	Perigee Fund is a national philanthropic endeavor committed to advancing work in the field of infant and early childhood mental health and maternal mental health.	<p>"Babies and adult caregivers need intimacy and connection to thrive. Pregnancy and the time right after a baby is born or adopted is a time of extraordinary growth, development, and connection for a family. It is also a time of increased stress, especially for families impacted by racism, trauma, and poverty.</p> <p>Everyone should have what they need to experience healthy foundational relationships, though many communities do not. Inclusive policies, programs, and community resources are required to make sure caregivers can create and sustain strong relationships.</p> <p>Perigee Fund supports partners focused on advancing systems and policies that support the wellbeing of expectant families and families with infants and toddlers. The foundation is also focused on getting resources to families in ways that can help decrease stress and overload."</p>
Pritzker Children's Initiative	United States	Pritzker Children's Initiative supports efforts to better understand the impact of policies and programs on the developmental outcomes of at-risk infants and toddlers.	The Pritzker Children's Initiative supports efforts to build the capacity of organizations working to create prenatal- to-three systems of care and supports the work of organizations that make the case for policies and programs that impact the lives of infants and toddlers. The Initiative also supports the work of organizations to encourage innovation and bring promising programs to scale.
Robert Wood Johnson Foundation	United States	The Robert Wood Johnson Foundation funds a wide array of programs which are working to help build a national Culture of Health.	The health of the U.S. depends upon the health and well-being of children and families. All families—no matter who they are, where they live, or how much money they make—should have the resources they need to foster healthy development from their child's earliest years. The foundation works to ensure that all families can raise healthy children by addressing the broader social and economic circumstances that make it difficult for too many families to fulfill their aspirations for their children.
Rotary Foundation	Global	The Rotary Foundation provides service to others, promotes integrity, and advances world understanding, goodwill, and peace through their fellowship of business, professional, and community leaders.	Rotary expands access to quality care, so mothers and children everywhere can have the same opportunities for a healthy future. An estimated 5.9 million children under the age of five die each year because of malnutrition, inadequate health care, and poor sanitation — all of which can be prevented. Rotary provides education, immunizations, birth kits, and mobile health clinics. Women are taught how to prevent mother-to-infant HIV transmission, how to breast-feed, and how to protect themselves and their children from disease.

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The Rockefeller Foundation	United States/ Global	The Rockefeller Foundation works to improve lives and the planet, and unleash human potential, through innovation. By identifying and accelerating breakthrough solutions, ideas and conversations, The Rockefeller Foundation works to improve the well-being of people everywhere.	The Precision Public Health Initiative aims to leverage data and analytic tools to accelerate progress on the world's greatest public health challenges, starting with reducing maternal and child deaths in low- and middle-income countries. They are pleased to be partnering with UNICEF, the World Health Organization, global health funding agencies, ministries of health, and technology companies, among others. The Rockefeller Foundation's \$100 million Precision Public Health Initiative will make community health more proactive and responsive to patient and population needs, with the goal of saving the lives of at least 6 million women and children by 2030.
Seventh Generation Fund for Indigenous Peoples	Global	The fund's vision for community renewal and revitalization is an approach that is responsive and respectful, keeping in mind the uniqueness of each Indigenous community with which they work. Therefore, SGF's direct support to Indigenous community projects is focused on providing an integrated and dynamic program. They accomplish this through small grants, fiscal management, program-related training, peer learning opportunities, and leadership development.	<p>Thriving Women supports Indigenous women-led, community-based projects that empower Native Peoples to address gender violence and restore wellness for the individual, family, and community. The program recognizes the inherent link between violence against Native Women, Girls, and Two-Spirit relatives, and the wellbeing of the Earth. Overall, the program nurtures healthy and thriving Native communities, with the vision of reclaiming a world without violence against Native Peoples.</p> <p>Birthkeeping, Motherhood, and Kinship – Projects under this pathway centralize traditional birthing systems, motherhood, and kinship-building, such as midwifery, prenatal community education, and sisterhood convenings/groups.</p>
Segal Family Foundation	Sub-Saharan Africa	The Segal Family Foundation is building an equitable community of visionary organizations—both doers and donors—across Sub-Saharan Africa so that together they can improve the lives of millions.	The Segal Family Foundation supports partners focused on maternal health like Mother Health International (MHI) who is dedicated to responding and providing relief to pregnant women and children in areas of disaster, war, and extreme economic poverty, and We Care Solar, who promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.
The Stavros Niarchos Foundation	Global	The Stavros Niarchos Foundation (SNF) is one of the world's leading private, international philanthropic organizations, making grants to nonprofit organizations in the areas of arts and culture, education, health and sports, and social welfare.	The Stavros Niarchos Foundation has funded programs focused on reproductive, maternal, newborn, child health, maternal mortality, nutrition, and the elimination of mother to child transmission of HIV, among other issues.
Tara Health Foundation	United States	The Tara Health Foundation aims to improve the health and well-being of women and girls through the creative use of philanthropic capital.	<p>Tara Health Foundation has a set of goals which include:</p> <ul style="list-style-type: none"> • Leveraging 100 percent of their assets (financial and human capital) in service of their mission, and work to influence a sector-wide shift in philanthropy to do the same. • Measure and demonstrate social and financial returns on their grantmaking and investments. • Center their grantmaking and investments with a lens on closing disparities in the areas of domestic reproductive and maternal health, equitable workplaces, and gender lens impact investing."

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The William and Flora Hewlett Foundation	United States/ Global	The William and Flora Hewlett Foundation is a nonpartisan, private charitable foundation that advances ideas and supports institutions to promote a better world.	The Global Development and Population Program makes grants to expand women’s reproductive and economic choices, amplify citizen participation, and improve policymaking through evidence.
Wellspring Philanthropic Fund	United States/ Global	Wellspring Philanthropic Fund supports the realization of human rights and social and economic justice for all people. Their work is rooted in respect for the dignity and worth of every human being.	One priority area of Wellspring includes promoting the realization of human rights and access to economic and social justice — including racial, gender, and economic justice — as reflected in global norms, national policies, and local practice.
W. K. Kellogg Foundation	United States Global (Mexico, Haiti only)	The W.K. Kellogg Foundation supports children, families, and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society.	To support families in giving their children a healthy start, the Kellogg Foundation advances models that are proven to support healthy birth outcomes, quality maternal and infant health care, and children’s early development. They invest in efforts that increase breastfeeding rates, especially in communities of color; that expand access to oral health care; and that increase access to fresh, local, healthy food and improve nutrition for children and families in early child care settings, in schools, and across communities. Equitable communities are places of opportunity where all children and families can develop, grow and contribute; where people recognize that community well-being depends on the participation of every person.
Women’s Donor Network	United States	Women Donors Network is a community with a purpose — together they connect, learn, and take action to further their shared vision of a more just, equitable, and sustainable world.	The Women’s Donor Network focuses on social justice movements, equality, participation, accountability; international peace and democracy; and reproductive health and justice.