The MacArthur Foundation in India: Report on Activities
The MacArthur Foundation supports creative people and effective institutions committed to building a more just, verdant, and peaceful world. In addition to selecting the MacArthur Fellows, the Foundation works to defend human rights, advance global conservation and security, make cities better places, and understand how technology is affecting children and society.

MacArthur is one of the United States’ largest foundations. Through the support it provides, the Foundation fosters the development of knowledge, nurtures individual creativity, strengthens institutions, helps improve public policy, and provides information to the public, primarily through support for public interest media.

The Foundation makes grants and loans through four programs.

- The **Program on Global Security and Sustainability** focuses on international issues, including human rights and international justice, peace and security, conservation and sustainable development, higher education in Nigeria and Russia, migration and human mobility, and population and reproductive health. MacArthur grantees work in about 60 countries; the Foundation has offices in India, Mexico, Nigeria, and Russia.

- The **Program on Human and Community Development** addresses issues in the United States, including community and economic development; housing, with a focus on preserving affordable rental housing; juvenile justice reform; education, with an interest in digital media and learning; and policy research on domestic concerns.

- The **General Program** supports public interest media, including public radio, documentary programming, and work to explore the use of digital technologies to reach and engage the public. Grants are also made to arts and cultural institutions in the Chicago area and for special initiatives. The General Program also provides a few grants a year to help build the capacity of groups that work in the Foundation’s areas of interest.

- The **MacArthur Fellows Program** awards five-year, unrestricted fellowships to individuals across all ages and fields who show exceptional merit and promise of continued creative work. It is limited to U.S. citizens and residents.

John D. MacArthur (1897-1978) developed and owned Bankers Life and Casualty Company and other businesses, as well as considerable property in Florida and New York. His wife Catherine (1909-1981) held positions in many of these companies and served as a director of the Foundation.

**WHAT IS A PRIVATE FOUNDATION?**
In the United States, private foundations are charitable organizations that provide grants to organizations or individuals, helping those in need or working to solve social problems. Foundations can operate locally, nationally, or internationally and enjoy considerable flexibility in choosing where to work and what to support. Private foundations act independently of the United States government and receive no government support. Many private foundations, including MacArthur, have endowments that are the sole source of funds for the grants they make.
The MacArthur Foundation works in nearly 60 countries around the world, and we maintain offices in five, including India. Our presence here reflects the nation’s importance as the world’s largest democracy and a critical participant in regional and global security issues.

MacArthur’s grantmaking in India began in 1986 with support for work in the population field. In 1994, we opened an office in New Delhi and began by awarding fellowships to mid-career professionals in the population field. Five years later, we moved our grantmaking from Chicago to New Delhi to take full advantage of local expertise and build an even stronger connection among people and institutions.

MacArthur has awarded $33.2 million in grants to 267 individuals and groups in India. The Foundation’s work has focused in two main areas: reducing maternal mortality and morbidity, and advancing the reproductive and sexual health and rights of adolescents. Our work on maternal mortality helps increase the chances that women will have safer pregnancies and deliveries, a worthy goal in itself, but also an indicator of the availability of services that are needed for women to make informed reproductive choices. The focus on young people, one-third of the nation’s population, is expected to increase the likelihood that they will make wise choices about their sexual and reproductive health. Given the large number of people between the ages of 10 and 24, a delay in childbearing will have a major effect on population growth rates.

I met with our grantees and key participants in the population field when I visited India. And I encouraged them to scale up successful programs at small clinics and in rural villages that were saving the lives of mothers and their newborns and educating young people about reproductive health. I am pleased to share some of the results of this important work in this report.

In 2008, we added a new area of work in India, the Asia Security Initiative. The goal of this initiative is to help increase the effectiveness of international cooperation in preventing conflict and promoting peace and security in Asia. The initiative will make $68 million in grants over seven years to institutions located across Northeast, Southeast and South Asia. The Foundation seeks to support a network of policy research institutions to address the security problems of common concern in the Asia-Pacific. We anticipate participation from Indian institutions that will partner with their colleagues from across Asia, North America and Europe.

I welcome your comments and questions, which can be sent to 4answers@macfound.org. You can also access more information about the Foundation or sign-up for our free monthly electronic newsletter at www.macfound.org. I look forward to hearing from you.

Jonathan F. Fanton
President
November 2008
The MacArthur Foundation in India

Focal States in India

Rajasthan
Maharashtra
Gujarat

Bay of Bengal

Afghanistan
Pakistan
Nepal
Bangladesh
Myanmar
Sri Lanka
More than 100,000 women in India die each year due to complications from pregnancy or childbirth — 22 percent of all such deaths globally. Most of these deaths occur because the women do not have access to adequate medical care. Almost 50 percent of women in India deliver at home with untrained birth attendants. In addition, 50 percent of young girls get married before the legal age of 18, and their youth often results in high-risk pregnancies as well as increased instances of infant mortality and morbidity. More than one million newborns die each year, or 25 percent of these deaths worldwide.

MacArthur’s efforts in India focus on two themes: reducing maternal deaths and advancing the sexual and reproductive health and rights of young people. The Foundation supports nationwide research and training to help inform sound national policy, but focuses its initiatives in three states—Rajasthan, Maharashtra, and Gujarat—where there is a tremendous need for reproductive health information and services. These contiguous states are also home to several local NGOs that share MacArthur’s priorities and have impressive organizational and technical capacity.

The Foundation’s grantmaking in India takes a comprehensive approach, reflecting the belief that women’s well-being is central to effective population policy and that individuals should be free to determine and plan the size of their families. People will make wise choices with information and access to adequate health care, and with women treated as equal partners with men in making sexual and reproductive decisions. This approach reflects the recommendations adopted by 189 countries at the landmark International Conference on Population and Development in Cairo in 1994.

A major focus of MacArthur’s work is reducing mortality and morbidity. MacArthur has three objectives in its work in this area:

• Develop and test innovative community-based models for reducing maternal deaths, including an antishock garment which is used to stabilize a hemorrhaging woman while she is transported to a medical facility
• Enhance the skills of health professionals, such as efforts to train skilled birth attendants
• Support evidence-based policies on critical issues related to maternal mortality and morbidity, such as the need to improve the quality and coverage of health services

In the area of adolescent sexual and reproductive health, the Foundation seeks to increase the chances that young people will make responsible decisions about their sexual and reproductive health. MacArthur supports initiatives that:

• Increase the availability of high quality sexuality education for youth, including the development of curriculum for use in and out of school
• Provide confidential health services in settings that attract young people, and
• Promote a favorable policy environment for individual decisions such as delaying the age of marriage.
Whether researching maternal depression or helping youth make informed choices about their reproductive health, Sangath is committed to providing a holistic, multidisciplinary perspective on health with a strong emphasis on quality services, research, and training.

Since its inception, the Goa nonprofit organization has focused on adolescents and youth, child development and family guidance, and behavioral and psychosocial health. In the process, Sangath has created a model for how India can deliver much-needed reproductive and sexual health services to youth. The organization runs projects in schools, in the community, and through its clinical services. It conducts research on the factors that affect children and young people’s health outcomes, such as their families, schools, communities, and service providers. And Sangath assists individuals and institutions with projects and research.

Over the past decade, the organization has emerged as a national center for research and training on reproductive health, with a focus on issues related to young people. With support from the MacArthur Foundation, Sangath has completed landmark research studies, such as its work on the link between maternal depression and child malnutrition.

Dr. Vikram Patel, senior researcher and founding member of Sangath, says the organization has increased the priority given to “mental health and psychosocial issues in national health policy,” through integrating these issues within social welfare programs.

Founded in 1996 with a staff of seven, Sangath now has more than 85 employees whose work targets people between the ages of 10 and 24.

Among its goals are to develop a center to promote training and research on adolescent/youth health that will further influence national policies and programs.

Sangath’s impact already extends beyond the borders of India. Its research studies on such topics as maternal depression have led to policy change at the World Health Organization and other United Nations agencies concerned with maternal and mental health. And the organization’s initiatives have influenced health policy beyond India—in Pakistan, Brazil, Cambodia, Vietnam and other countries.

In recognition of the impact of its work, Sangath was awarded the 2008 MacArthur Award for Creative and Effective Institutions, which honors small but promising and highly effective organizations around the world.

For more information, go to www.sangath.com
MAHILA SEWA TRUST: SUPPORTING THE HEALTH AND WELL-BEING OF WOMEN

They are called “barefoot doctors”—more than 500 midwives and health workers trained by Mahila SEWA Trust (MST) to be primary care providers in the state of Gujarat. Supported by a team of health educators, these workers go door-to-door to provide women and their families with basic, preventive health care and information.

MST organizes poor, self-employed women—93 percent of India’s workforce—working to improve their economic status and overall well-being. Established as a trade union in 1973, the group now has a nationwide membership of over a million women workers engaged in the informal economy. The group takes an integrated approach to organizing the women based on the belief that issues of population and poverty are interlinked. In this context, MST promotes health education and provides health services for its members. It also educates, markets, and processes claims for a health insurance program for the 16,000 women workers and their family members enrolled in the program. MST’s experience of developing maternity benefits for its women workers has been incorporated into proposed national legislation on social security for unorganized workers.

Through its healthcare programs, MST provides women with skills while helping them address the country’s health needs, and ensuring access to quality, free health services offered by the government. For example, the “barefoot doctors” are trained to diagnose simple ailments, sell low-cost medicine, and identify and make referrals to nearby government and private health facilities. And midwives trained through MST’s Dai (village midwife) School, a nationally recognized program, can also earn money for delivering babies.

Savitaben Jivanbhai Valand, a 53-year-old widow, was initially taught how to deliver babies by a relative. But after receiving the midwife training from MST, she now earns income from these deliveries, as well as from her job as a health worker. “Earlier we were paid in food grains or nothing at all. After my training, people have started paying me for my services. I help deliver at least two babies every month, sometimes as many as five babies in a month,” said Savitaben, whose mother died in childbirth.

The organization’s comprehensive health services cover two cities and 14 districts in Gujarat. With support from MacArthur, MST will expand this project beyond Gujarat to include Bihar, West Bengal, Rajasthan, and Delhi through SEWA-Bharat, its national federation.

For more information, go to www.sewa.org
More than one-third of the new HIV infections in India occur among people between the ages of 10 and 24. Yet very little is known about the sexual and reproductive health concerns and needs of this age group. To fill in this information gap, the MacArthur and Packard Foundations supported a comprehensive study of more than 50,000 youth in six states—Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan, and Tamil Nadu.

This study will provide benchmarks for married and unmarried males’ and females’ sexual and reproductive choices, as well as factors that may impact their behavior, notably education, economics, and the use of health services.

The Youth in India: Situation and Needs Study, conducted by the International Institute for Population Sciences in Mumbai in collaboration with the Population Council in New Delhi, focuses on unmarried youth and married females age 15-24 and married males age 15-29. Key findings from the study include:

- Many women marry before the legal age of 18, ranging from a high of about 90 percent of women interviewed in Bihar to a low of 36.3 percent in Tamil Nadu.
- Women reported less comprehensive knowledge about HIV than men. The greatest gap between the sexes was in Rajasthan, where 47.5 percent of married men and about 50 percent of unmarried men stated that they had significant information about HIV, compared to 15.3 percent of married women and 27 percent of unmarried women.
- Married couples in Maharashtra, Tamil Nadu, and Rajasthan reported the highest use of health professionals in the deliveries of their first born. Ninety-three percent of married men and women in Tamil Nadu said their first birth was attended by a health professional, while only 45.1 percent of married men and 41.7 percent of married women in Jharkhand said that was the case.

For more information, visit www.popcouncil.org
The MacArthur Foundation’s Asia Security Initiative was established in 2008 to help increase the effectiveness of international cooperation in preventing conflict and promoting peace and security in Asia. MacArthur seeks to support a network of policy research institutions and emerging leaders to address the security problems of common concern in the Asia-Pacific. Through the initiative, the Foundation will make $68 million in grants over seven years to institutions in Northeast, Southeast, and South Asia and beyond.

The Asia Security Initiative focuses on two critical policy research themes:

• Managing state-to-state competition and cooperation as economic, political and social forces transform the security relationships among Asia-Pacific states, and

• Responding to internal crises and their cross-border effects as the peoples of the Asia-Pacific face security challenges that derive from within states rather than from competition or changing relations among states.

Through support for policy research on these issues, the Foundation will build the capacity of university centers and think tanks in Asia, and link these strengthened institutions to their counterparts around the world. Together, these institutions will develop cooperative solutions to a wide array of issues, from persistent security challenges such as North Korea to emerging security problems such as energy competition.

For more information, visit www.macfound.org
REPORTATIVE LIST OF GRANTS IN INDIA

MATERNAL MORTALITY AND MORBIDITY

**Academy for Nursing Studies**  
*Hyderabad, India*  
$200,000 in support of a project to reduce maternal mortality and morbidity through skill building and gender sensitization of Auxiliary Nurse Midwives in rural Gujarat (over three years). (2005)

**Action Research and Training for Health**  
*Udaipur, India*  
$230,000 in support of a project to enhance the skills of nurse-midwives to provide a continuum of maternal-newborn health services in a primary care setting in southern Rajasthan (over three years). (2006)

**Centre for Development and Population Activities**  
*Washington, DC*  
$200,000 to support an alliance for advocacy to reduce maternal mortality and morbidity in the Foundation’s priority states of Rajasthan and Maharashtra (over two years). (2007)

**Federation of Obstetric and Gynecological Societies of India**  
*Mumbai, India*  
$185,000 in support of a project to prepare general practitioners to provide quality emergency obstetric care in rural areas of India (over two years). (2007)

**Ipas**  
*Chapel Hill, NC*  
$200,000 in support of the scaling up of Comprehensive Abortion Care services in the public sector in the state of Maharashtra (over two years). (2006)

**JHPIEGO**  
*Baltimore, MD*  
$185,000 in support of a project to develop the training capacity of Federation of Obstetrics and Gynecological Societies of India to prepare general practitioners to provide quality emergency obstetric care in rural areas of India (over two years). (2007)

**Mahila SEWA Trust**  
*Ahmedabad, India*  
$200,000 to scale up health insurance to reduce maternal mortality and morbidity in Gujarat and nationally (over three years). (2007)

**Nehru Foundation for Development**  
*Ahmedabad, India*  
$250,000 in support of a project to reduce maternal mortality and morbidity through Traditional Birth Attendants and Auxiliary Nurse Midwives in rural Gujarat (over three years). (2005)

**Pathfinder International**  
*Watertown, MA*  
$3 million (of a four-year, $10.7 million grant) is dedicated to work in India, towards implementing a package of interventions aimed at reducing postpartum hemorrhage. (2007)

**Society for Education, Action and Research in Community Health**  
*Maharashtra, India*  
$300,000 in support of a new research center to study maternal mortality and morbidity and young people’s sexual and reproductive health in India. (2006)  
$390,000 in support of a program to reduce maternal mortality and morbidity in Maharashtra (over three years). (2006)

**Society for Education Welfare and Action-Rural**  
*Dist. Bharuch, India*  
$200,000 to test model interventions to reduce maternal mortality and morbidity in the state of Gujarat (over three years). (2007)  
$350,000 in support of a new training and resource center for maternal mortality reduction in India. (2007)
**YOUNG PEOPLE’S SEXUAL AND REPRODUCTIVE HEALTH**

**Institute of Health Management, Pachod**  
**Maharashtra, India**  
$430,000 in support of a program to increase access to maternal and reproductive health information and services among married adolescents in Maharashtra (over three years). (2006)

**International Center for Research on Women**  
**Washington, DC**  
$300,000 to implement, evaluate and disseminate results from pilot tests in India on a youth sexual and reproductive health initiative. (2008)

**International Institute for Population Sciences**  
**Mumbai, India**  
$600,000 in support of a research program on young people’s sexual and reproductive health in six states in India (over four years). (2004)

**Mamta-Health Institute for Mother and Child**  
**New Delhi, India**  
$330,000 in renewed support of a project on young people’s reproductive and sexual health and rights with special focus on early marriage and early pregnancy in the state of Rajasthan and nationally (over three years). (2008)

**Population Council**  
**New York, NY**  
$500,000 (of a three-year, $1.8 million grant) is dedicated to research on young people’s reproductive health in India. (2006)

**Ritnjali**  
**New Delhi, India**  
$225,000 in support of a program to assess and scale up a sexuality education in public schools in two districts of Rajasthan (over three years). (2006)

**Sangath**  
**Goa, India**  
$500,000 in support of an intervention, training and research program addressing reproductive and sexual health of young people in India (over four years). (2008)

$350,000 in support of a new service, training and research center for young people in India. (2008)

**Socio Legal Information Centre**  
**New Delhi, India**  
$220,000 in support of a legal advocacy program on young people’s sexual and reproductive health and rights with a focus on delaying the age of marriage in India (over three years). (2006)

**Talking About Reproductive and Sexual Health Issues**  
**New Delhi, India**  
$65,000 in support of publication and dissemination of two books to advance young people’s sexual and reproductive health and rights in India (over two years). (2007)

**PROVIDING TECHNICAL AND OTHER ASSISTANCE**

**Anusandhan Trust Centre for Enquiry into Health and Allied Themes**  
**Mumbai, India**  
$350,000 to strengthen the monitoring and evaluation capacity of non-governmental organizations working in the fields of maternal mortality and morbidity and young people’s sexual and reproductive health in India (over three years). (2008)

**Management Systems International**  
**Washington, DC**  
$680,000 to scale up interventions to reduce maternal mortality and morbidity and improve young people’s sexual and reproductive health in Foundation focus countries (over two years). (2007)

**Population Foundation of India**  
**New Delhi, India**  
$330,000 to scale up successful model interventions on reducing maternal mortality and morbidity and advancing young people’s sexual and reproductive health (over two years). (2008)
The following individuals are members of the MacArthur Foundation Board of Directors:

**Robert E. Denham** is chair of MacArthur’s board. He is an attorney with the law firm of Munger, Tolles & Olson LLP, specializing in corporate, financial, and strategic issues.

**Lloyd Axworthy** is the president and vice-chancellor of the University of Winnipeg. He served as Canada’s Minister of Foreign Affairs from 1996–2000.

**John Seely Brown** is the former chief scientist of Xerox Corporation and former director of Xerox Palo Alto Research Center. Mr. Brown co-founded the Institute for Research on Learning, which explores the problems of lifelong learning.

**Jonathan F. Fanton** has been president of the John D. and Catherine T. MacArthur Foundation since September 1, 1999. Previously, he was president of New School University in New York City and vice president for planning at The University of Chicago, where he taught American history.

**Jack Fuller** was president of Tribune Publishing (1997–2001) and on its board of directors from 2001 until he retired in 2004. In 1986 he won a Pulitzer Prize for his editorials in the *Chicago Tribune* on constitutional issues.

**Jamie Gorelick** is a partner in the Washington office of WilmerHale. She has previously served as a member of the 9/11 Commission, as Deputy Attorney General of the United States, and as General Counsel at the Department of Defense, among other positions.

**Mary Graham** co-directs the Transparency Policy Project at Harvard’s Kennedy School of Government. Her current research focuses on the strengths and weaknesses of transparency systems as means of furthering public priorities.

**Donald R. Hopkins**, M.D., M.P.H., is associate executive director for health programs at The Carter Center, a nonprofit, nongovernmental organization based in Atlanta, GA. He is responsible for leading public health efforts such as the Center’s worldwide Guinea worm eradication initiative and its efforts to fight river blindness and trachoma in Africa and Latin America.

**Alan B. Krueger** is the Bendheim Professor of Economics and Public Affairs at Princeton University. He has published widely on the economics of education, terrorism, labor demand, income distribution, unemployment, well-being, social insurance, labor market regulation and environmental economics.

**Will Miller** is chairman and chief executive officer of Irwin Financial Corporation of Columbus, IN, an interrelated group of financial services companies serving consumers and small businesses across the United States and Canada.

**Mario J. Molina** is a professor at the University of California, San Diego, with a joint appointment in the Department of Chemistry and Biochemistry and the Scripps Institution of Oceanography. He is a member of the U.S. National Academy of Sciences and the Institute of Medicine, and of the Pontifical Academy of Sciences.


**Claude M. Steele** is the Director of the Center of Advanced Study in Behavioral Sciences at Stanford University. His research interests include how people cope with threats to their self-image and how group stereotypes can influence intellectual performance.
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