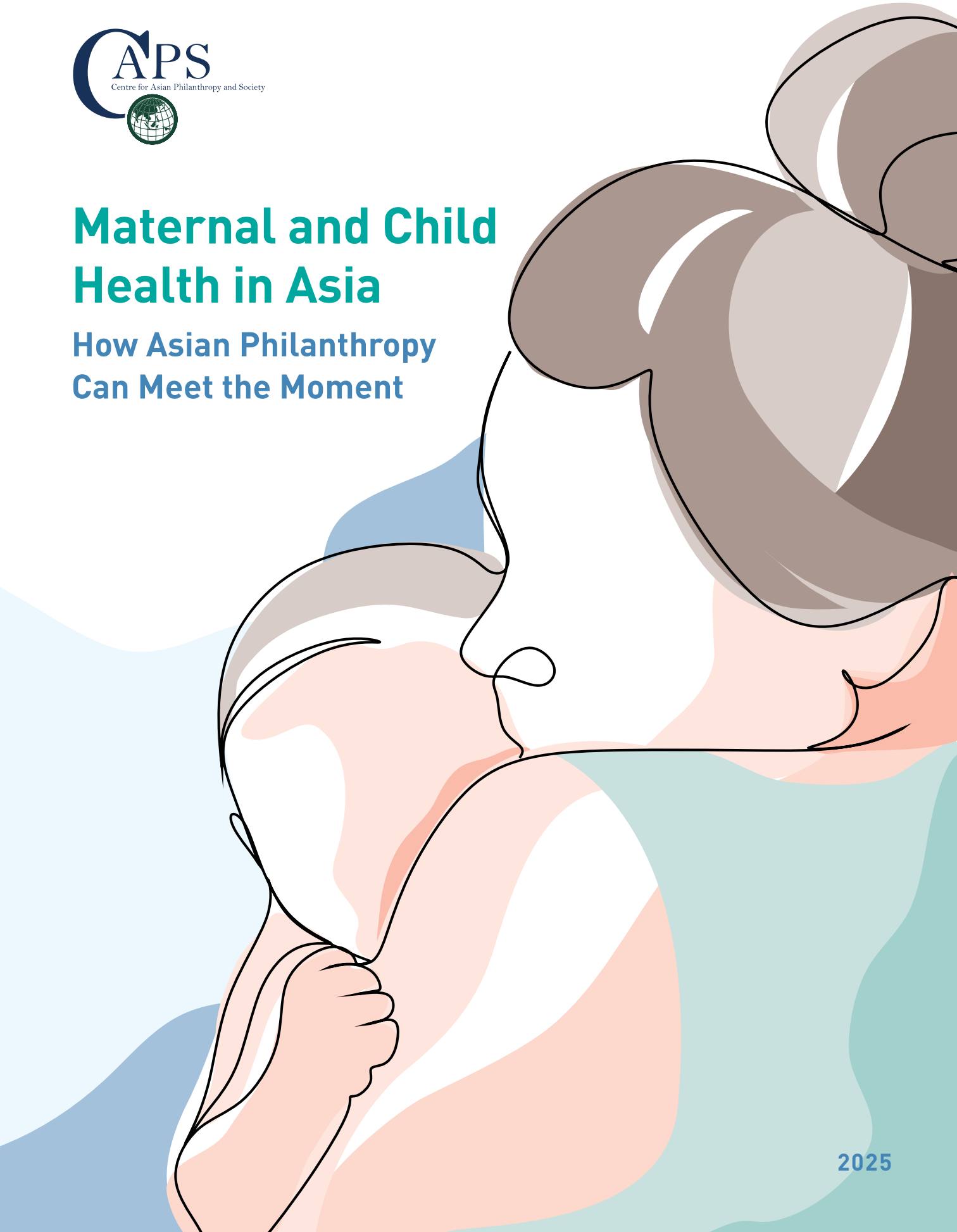
CAPS
Centre for Asian Philanthropy and Society

Maternal and Child Health in Asia

How Asian Philanthropy Can Meet the Moment



2025

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Acknowledgments

At the Centre for Asian Philanthropy and Society (CAPS), we are committed to understanding and addressing the evolving social needs and philanthropic trends across Asia. Our mission is to enhance the quantity and quality of private social investments in the region. This research study adds to our knowledge by highlighting how philanthropy has supported improvements in maternal and child health (MCH) in Asia and identifying opportunities for further contributions.

We would like to express our sincere gratitude to the organizations and individuals (listed in Appendix II) for sharing their time and insights in our interviews. Their commitment to the mission of improving MCH in Asia is truly inspiring, and their insights were invaluable in helping us identify persistent needs as well as opportunities for philanthropic interventions.

Additionally, we would like to thank the Tanoto Foundation for their generous support for this study.

Executive Summary

Key Messages

- Advancing maternal and child health (MCH) is critical to poverty alleviation and economic development, but the withdrawal of the United States (US) and other foreign assistance is threatening the impressive gains made over the past two decades in reducing maternal and child mortality rates in Asia.
- Domestic philanthropy has also played a role in bolstering MCH in the region. The Centre for Asian Philanthropy and Society's (CAPS) research in China, Indonesia, India and the Philippines reveals how Asian philanthropy has driven successful initiatives on the ground, bringing unique resources and know-how to the table, alongside critical capital.
- Our research finds that Asian philanthropy is well-positioned to meet the moment and to ensure that hard-won progress in MCH is not lost. But government, public health, and social sector leaders will need to do more to encourage domestic philanthropy to double down on MCH initiatives—for instance, stressing the importance of ongoing investments in MCH; linking the foundational issue of MCH to other donor priorities; and building trust to facilitate the longer-term financial commitments required for success.

Overview

Efforts to improve the well-being of women and children in Asia during pregnancy, childbirth and early childhood have flourished in recent decades, through the support of international and domestic donors. Recognizing that investment in MCH not only bolsters economic prosperity and reduces poverty but also eases the strain on health care systems through disease prevention, Asian governments have also stepped up and optimized their delivery of maternal and child care—resulting in a considerable decline in mortality rates for mothers, newborns and young children in the region.

While great strides have been made to advance MCH in Asia, the current geopolitical landscape and the significant pullback of foreign aid mean that MCH programs in the region face critical risks. The cessation of US aid has left Asian countries that received long-term MCH program support from the US particularly vulnerable to a reversal in the long-term trend of reducing maternal and child deaths and stillbirths. Between 2024-25, US foreign funding allocated to MCH dropped by 28% in India and 84% in Indonesia.[i,1] This reduction in overseas development assistance, combined with the existing health care disparities across the region, creates a pressing need and also presents an opportunity for domestic funders to step up and bridge the funding gaps that have opened up.

This report gathers insights from philanthropists, companies, nongovernmental organizations (NGOs) and experts investing in or delivering MCH services in China, India, Indonesia and the Philippines—countries with distinct needs and priorities that together make up 67% of the region's population.[2] It examines the impact of the shifting funding landscape, spotlights domestic MCH programs and interventions, and highlights opportunities to leverage Asian private resources to sustain and amplify the valuable gains made in the field of MCH.

[i] Calculations by the Centre of Asian Philanthropy and Society (CAPS) based on funding obligations data as at August 29, 2025 reported by Foreignassistance.gov.

Key Findings

THE FUNDING LANDSCAPE

- **Recent adjustments to foreign aid budgets are disrupting MCH resourcing in Asia.** The US government has been the top donor for MCH programs around the world. Significant cuts to US foreign aid have reduced overseas development and assistance programs, including MCH support, by 80%.[3] In Indonesia, MCH support from the United States Agency for International Development (USAID) has been reduced by as much as 84%.[4] This redirection of resources has forced many social sector organizations to scale back their services, program implementation and delivery.

- **Domestic funders are boosting MCH.** Asian family foundations and intermediary organizations are channeling their resources and expertise into MCH. A number of Asian conglomerates contribute actively to MCH through their CSR efforts, often as part of a broader focus on public health. In some countries, such as Indonesia, faith-based giving is a notable source of MCH funding.

- **There are unique characteristics to how domestic philanthropy approaches MCH in Asia.** The activities supported by domestic funding entities align more closely with national health strategies and priorities. Some are drawing on their own business infrastructure and technical expertise to optimize their grant allocations and program implementation, as well as collaborating with local governments. Some Asian corporate and family foundations have moved away from solely disbursing grants and prefer to design and implement their own MCH programs to ensure direct impact.

WHERE ASIAN PHILANTHROPY IS DRIVING CHANGE

- **Several domestic philanthropic interventions focus on capacity-building initiatives for frontline health workers.** Such initiatives include scaling midwife training for community health workers (CHWs) to serve as intermediaries between the health care system and the local community, facilitating peer-to-peer exchange of expertise and resources among CHWs, developing specialist life-saving skills among nurses in rural areas, and upskilling doctors and nurses nationwide in emergency neonatal care.

- **Domestic philanthropy supports the local implementation of national MCH policies, minimizing inconsistencies of execution due to resource shortages, inadequate national guidance and decentralized decision-making across multiple agencies.** There has been a focus on building leadership capacity among local government officials and community leaders, strengthening central government capacity, engaging with different levels of government to provide technical support, and improving access to local MCH services through the mobilization of community-based networks.

- **Domestic philanthropists have stepped in to build infrastructure and provide essential medical supplies in remote and underserved regions.** Their initiatives have focused on delivering critical MCH services to remote areas by providing "floating clinics," building health stations, donating essential MCH equipment and supporting the delivery of affordable clinical services.

- **Certain locally-funded philanthropic initiatives integrate public health education into MCH programs, covering nutrition, family planning and access to health care.** Some programs drive community engagement and outreach to encourage positive health behaviors. Many organizations design public health education to be inclusive of men and other family members, emphasizing a shared responsibility to maternal health. Digital tools and technology have also been leveraged to build awareness and disseminate information.

- **Given the strong link between malnutrition and poor MCH outcomes, governments and domestic funding organizations across Asia have developed integrated approaches to essential nutrition.** Addressing some of the root causes of malnutrition and stunting at all levels, solutions have sought to promote community awareness and behavioral change among families, integrating these efforts with improved access to critical services.

An Inflection Point for MCH in Asia

As the full impact of the US aid cuts unfold, Asian donors will face competing priorities. However, there is a critical imperative to protect the gains made in the advancement of MCH in the region.

Asian philanthropists are uniquely positioned to drive the success and sustainability of MCH projects by taking a localized approach and harnessing a deep understanding of cultural nuances and community-specific needs. They have a holistic perspective of impact, embedding MCH into wider educational, nutrition and economic development programs to ensure long-term effectiveness. By working collaboratively with governments and stakeholders at various levels, Asian donors can help scale MCH programs. With their ability to take risks and provide patient capital, philanthropic entities have greater scope to allocate resources more innovatively and pilot technologies and models for better outcomes.

Our research shows great promise for domestic philanthropy to further uplift MCH in Asia. To maximize the benefits of domestic giving, governments, public health, and philanthropic leaders will need to work together to overcome the barriers holding Asian funders back from investing in MCH—for instance, stressing the importance of ongoing investments in MCH; linking the foundational issue of MCH to other donor priorities; and building trust to facilitate the longer-term financial commitments required for success.

There is vast untapped potential for private social investments in MCH—which is fundamental to progress on broader developmental challenges such as socioeconomic disparities, nutrition, climate resilience, and gender equity. Thus, philanthropy directed towards MCH represents an opportunity to profoundly shape the health and future of Asian communities for generations to come.

Introduction

Why Funding Maternal and Child Health in Asia Matters

Over the past few decades, great strides have been made to address the well-being of women and children during pregnancy, childbirth and early childhood—what constitutes "maternal and child health" (MCH)—in Asia.[ii] Mortality rates for mothers, newborns and young children have dropped dramatically in the region's most populous countries—China, India, Indonesia and the Philippines, which together make up some 67% of the region's population and over one third of the world's population.[5]

These historic gains have been driven in large part by improving economic conditions, interventions to increase access to antenatal services and safer deliveries, and encouraging the utilization of such services.[6] These efforts have resulted in more women and newborns surviving pregnancy and childbirth in recent decades, with dramatic improvements in maternal and newborn mortality rates between 2000 and 2020 across these four countries.[iii]

Building on this progress, some Asian governments have prioritized and broadened their delivery of MCH, incorporating services such as sexual and reproductive health, family planning, prenatal care and early childhood development to address the root causes of poor mother and child health. This is key, given the evidence that investing in the health of women and children leads to poverty reduction and economic growth. Maternal and newborn deaths result in an estimated US$15 billion in productivity losses each year,[7] while addressing undernutrition in pregnant women and in young children can boost lifetime earnings by up to 10%.[8] Investments in MCH also ease the strain on health care systems by preventing diseases and medical complications.[9]

Yet, despite the impressive strides made, there are reasons for continued concern about the health and well-being of mothers and children in Asia. One is the persistence of health care disparities. Across the region, fewer women are assisted by skilled birth attendants in rural areas—for example, only 42.4% of pregnant women in the rural Mindanao region in the Philippines had such support, against the national average of 88.4%.[10] Further, maternal mortality ratios can vary greatly. In India's more urbanized state of Kerala, there are 19 maternal deaths per 100,000 live births, compared to 195 in rural Assam;[11] and in China, rural maternal mortality ratios are higher across the board (19 per 100,000 live births, compared to 14 in urban settings).[12]

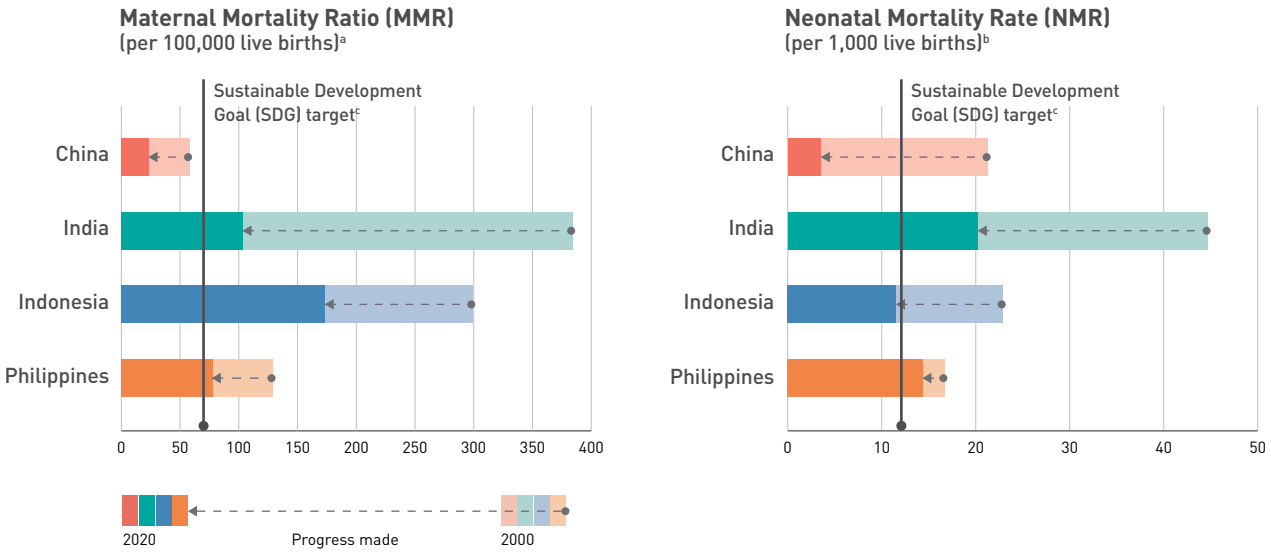
Research has also shown that income inequality matters: in Indonesia, more low-income women (27.6%) face difficulties accessing health care than high-income women (7.4%).[13]

Such disparities are likely hindering progress on the UN Sustainable Development Goals (SDGs) for key Asian countries—particularly SDG 3: Good Health and Well-being, which aims to reduce maternal and newborn mortality and ensure universal health care access.

[ii] MCH is a broad term that refers to the spectrum of medical and social care provided to mothers and children during pregnancy and early childhood. It encompasses prenatal care, safe childbirth, neonatal and infant care, immunization, nutrition and early childhood development support. Some organizations use other terms and acronyms including: "maternal, neonatal and child health (MNCH)," "reproductive, maternal, neonatal, child health and adolescent (RMNCHA+)," and "the first 1000 days." Sexual and reproductive health, family planning, and adolescent health initiatives are also interrelated with MCH. In this report, we use the term 'MCH' to encompass all these variations.

[iii] Key MCH indicators include maternal mortality ratio (MMR), neonatal mortality rate (NMR), under-five mortality rate and skilled birth attendance.

Maternal and neonatal mortality: progress between 2000 and 2020



[a] World Bank, (2025). *World Development Indicators*. [Data file]. Retrieved from https://databank.worldbank.org/source/2?series=SH.STA.MMRT
[b] World Bank. (2025). World Development Indicators. [Data file]. Retrieved from https://databank.worldbank.org/source/2?series=SH.DYN.NMRT
[c] United Nations Department of Economic and Social Affairs. (n.d.) *Goal 3: Ensure Healthy Lives and Promote Well-being for All at All Ages: Targets and Indicators.* Retrieved from https://sdgs.un.org/goals/goal3#targets_and_indicators

Another recent challenge is the changing dynamics around overseas development assistance, especially in relation to the United States' (US) contribution to global public health programs. The US government has been the top donor to MCH activities around the world,[14] and the restructuring of the United States Agency for International Development (USAID) and its reduced expenditure on global public health will likely impact the delivery of MCH services globally. One study anticipates that these cuts would significantly reverse gains in MCH, projecting a rise in maternal mortality rates (by 29%) and under-five mortality rates (by 23%) in 2025 itself.[15] Asian countries whose MCH programs have received long-term support from the US—namely, Indonesia, India and the Philippines—are especially vulnerable. Budgets for their MCH programs are contracting: between 2024 and 2025, US foreign assistance allocated to India dropped by 28% and by 84% for Indonesia.[16]

In an environment where the US and other overseas funders are pulling back, domestic funding will be critical for Asian countries to maintain progress, avoid backtracking and meet their international commitments to MCH outcomes. At this critical moment, the Centre for Asian Philanthropy and Society (CAPS) explores some key questions:

- What is the current picture of domestic philanthropic funding for MCH in Asia?
- Where is private social capital already being directed to improve the health of mothers and children, and what impact is it having?
- Importantly, where are the opportunities for Asian philanthropy and other forms of private social capital to fill the gaps left by the retraction of foreign assistance?

Progress in meeting the SDGs: MCH-related indicators for four Asian countries

SDG Indicator		China	India	Indonesia	Philippines
3.1.1	Maternal mortality ratio	●	●	●	●
3.1.2	Proportion of births attended by skilled health personel	●	●	●	●
3.2.1	Neonatal mortality rate	●	◐	●	●
3.2.2	Under-5 mortality rate	●	●	●	●

● SDG achieved ● Challenges remain ◐ Significant challenges remain ● Major challenges remain

Note: The figure indicates the level of SDG achievement as of May 2025.
Source: Sustainable Development Report. (2024). Country Profiles. Retrieved from https://dashboards.sdgindex.org/profiles

We interviewed over 50 philanthropists, companies, implementing organizations and experts investing in or delivering MCH services in China, India, Indonesia and the Philippines—selected to represent four populous countries with very different needs and priorities around MCH care (see "Country Snapshots").

We found that MCH has not always been a priority for local philanthropists—especially in India, Indonesia and the Philippines, where international funding has dominated the sector. In China, foreign funding entities are less visible in this space, and (like other regional counterparts) domestic philanthropy contributing to MCH is better aligned with national priorities and dovetails with policy focus areas. **Our research shows that domestic funds invested in MCH services are protecting gains and driving innovation on the ground**—and that there are clear opportunities for Asian philanthropists to double down to fill the impending gaps and to drive impact and scale.

In this report, first, we explore the evolving landscape of MCH funding, tracing shifts in foreign aid, highlighting domestic approaches and identifying persistent barriers to private funding in this sector. We then examine where private social investment has flowed to MCH, spotlighting projects where domestic philanthropy has bridged gaps and driven meaningful change. To conclude, we highlight how private resources can be leveraged to meet the moment and build upon the valuable gains already made.

CHINA

Key MCH Statistics

Income Status (2023)[a]

Upper-middle Income

Gross Domestic Product (GDP) per Capita (2023)[b]

US$ 12,951

Population (2023)[c]

1.42 billion

Life expectancy at birth (2023)[d]

78 years

Maternal Mortality Ratio (MMR) (2020)[e]

23 per 100,000 live births

(SDG target: 70)

Neonatal Mortality Rate (NMR) (2020)[f]

3.5 per 1,000 live births

(SDG target: 12)

Births Attended by Skilled Health Personnel (2016)[g]

99.9%

Sources:

[a] World Bank. (2025). *The World by Income and Region*. Retrieved from https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html

[b] World Bank. (2025). *GDP per capita* (current US$) [Data file]. Retrieved from https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=IN-PH-ID-CN

[c] United Nations, Department of Economic and Social Affairs, Population Division. (2024). *World Population Prospects: The 2024 Revision* [Data file]. Retrieved from https://population.un.org/wpp/

[d] World Bank. (2024). *Life Expectancy at Birth, Total (Years)*. Retrieved from https://data.worldbank.org/indicator/SP.DYN.LE00.IN

[e] World Bank. (2025). *Databank: World Development Indicators*. [Data File]. Retrieved from https://databank.worldbank.org/source/2?series=SH.STA.MMRT

[f] World Bank. (2025). *Databank: World Development Indicators*. [Data File]. Retrieved from https://databank.worldbank.org/source/2?series=SH.DYN.NMRT

[g] UNICEF. (2024). *Maternal and Newborn Health Coverage* [Data file]. Retrieved from https://data.unicef.org/resources/dataset/maternal-newborn-health/

Key MCH Characteristics

Through concerted government funding and efforts, China has achieved low maternal and child mortality rates—though regional disparities exist. While national MCH indicators have declined across both urban and rural areas, gaps persist, largely due to variations in health care workforce capacity and quality of care.[17, 18]

The government is focused on keeping maternal and newborn mortality down and improving child and maternal nutrition. MCH outcomes are outlined and updated every 10 years in the government's *Outline for Women's Development in China* and the *Outline on the Development of Chinese Children*.[19, 20] In the 2021–30 iterations, both documents define mortality targets and focus on nutritional status.

Demographic shifts mean that preterm births and high-risk pregnancies are a growing challenge in China. As fertility rates in China decline, the average maternal age has risen, leading to an increase in high-risk pregnancies and related complications.[21] In 2020, the country recorded one of the highest global counts of preterm births, with over 750,000 babies delivered before 37 weeks.[22] Preterm births are a leading risk factor for neonatal mortality and a cause of developmental difficulties.

INDIA

Key MCH Statistics

Income Status (2023)[a]

Lower-middle Income

Gross Domestic Product (GDP) per Capita (2023)[b]

US$ 2,530

Population (2023)[c]

1.44 billion

Life expectancy at birth (2023)[d]

72 years

Maternal Mortality Ratio (MMR) (2020)[e]

103 per 100,000 live births

(SDG target: 70)

Neonatal Mortality Rate (NMR) (2020)[f]

20.2 per 1,000 live births

(SDG target: 12)

Births Attended by Skilled Health Personnel (2021)[g]

89.4%

Sources:

[a] World Bank. (2025). *The World by Income and Region*. Retrieved from https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html

[b] World Bank. (2025). *GDP per capita* (current US$) [Data file]. Retrieved from https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=IN-PH-ID-CN

[c] United Nations, Department of Economic and Social Affairs, Population Division. (2024). *World Population Prospects: The 2024 Revision* [Data file]. Retrieved from https://population.un.org/wpp/

[d] World Bank. (2024). *Life Expectancy at Birth, Total (Years)*. Retrieved from https://data.worldbank.org/indicator/SP.DYN.LE00.IN

[e] World Bank. (2025). *Databank: World Development Indicators*. [Data File]. Retrieved from https://databank.worldbank.org/source/2?series=SH.STA.MMRT

[f] World Bank. (2025). *Databank: World Development Indicators*. [Data File]. Retrieved from https://databank.worldbank.org/source/2?series=SH.DYN.NMRT

[g] UNICEF. (2024). *Maternal and Newborn Health Coverage* [Data file]. Retrieved from https://data.unicef.org/resources/dataset/maternal-newborn-health/

Key MCH Characteristics

India has significantly reduced its maternal and child mortality rates in the last two decades—but its numbers remain high in global terms. For example, in 2023, the country recorded 19,000 maternal deaths, accounting for 7.2% of the global total.[23] In the same year, India registered over 400,000 neonatal deaths out of approximately 2.3 million worldwide.[24]

A significant disparity in MCH outcomes persists between urban and rural India. For instance, as noted earlier, the maternal mortality ratio ranges from 19 in urban Kerala to 195 in Assam, a predominantly rural state.[25] This contrast reflects challenges in accessibility, availability and utilization of quality maternal care. Exacerbating these challenges are shortages of skilled health workers and essential supplies, inefficient referral systems, poor management and underreporting of critical health data.[26]

The government is aiming for universal antenatal care, expanding access throughout the country. *Janani Shishu Suraksha Karyakra*m (2011) and *Pradhan Mantri Surakshit Matritva Abhiyan* (2016) are key national schemes that aim to offer all pregnant women access to free, comprehensive antenatal care and institutional deliveries.

Nutrition has become a core component of India's national approach to MCH. With mortality rates declining, the *National Nutrition Mission* was launched in 2018 to improve the nutritional status of adolescent girls, pregnant and lactating women, and children under five years, with the aim to support healthier pregnancies and optimal infant development. The various aims and programs under this mission were last updated in 2021, emphasizing last-mile delivery of services and the use of fortified foods.

INDONESIA

Key MCH Statistics

Income Status (2023)[a]

Upper-middle Income

Gross Domestic Product (GDP) per Capita (2023)[b]

US$ 4,876

Population (2023)[c]

289.19 million

Life expectancy at birth (2023)[d]

71 years

Maternal Mortality Ratio (MMR) (2020)[e]

173 per 100,000 live births

(SDG target: 70)

Neonatal Mortality Rate (NMR) (2020)[f]

11.5 per 1,000 live births

(SDG target: 12)

Births Attended by Skilled Health Personnel (2023)[g]

95.7%

Sources:

[a] World Bank. (2025). *The World by Income and Region*. Retrieved from https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html

[b] World Bank. (2025). *GDP per capita* (current US$) [Data file]. Retrieved from https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=IN-PH-ID-CN

[c] United Nations, Department of Economic and Social Affairs, Population Division. (2024). *World Population Prospects: The 2024 Revision* [Data file]. Retrieved from https://population.un.org/wpp/

[d] World Bank. (2024). *Life Expectancy at Birth, Total (Years)*. Retrieved from https://data.worldbank.org/indicator/SP.DYN.LE00.IN

[e] World Bank. (2025). *Databank: World Development Indicators*. [Data File]. Retrieved from https://databank.worldbank.org/source/2?series=SH.STA.MMRT

[f] World Bank. (2025). *Databank: World Development Indicators*. [Data File]. Retrieved from https://databank.worldbank.org/source/2?series=SH.DYN.NMRT

[g] UNICEF. (2024). *Maternal and Newborn Health Coverage* [Data file]. Retrieved from https://data.unicef.org/resources/dataset/maternal-newborn-health/

Key MCH Characteristics

While child mortality rates have reduced significantly in Indonesia, maternal mortality ratios are among the highest in Southeast Asia—though maternal deaths dropped from 311 per 100,000 live births in 2000 to 184 in 2020.[27] The adolescent birth rate is 26.6 per 1000 girls aged 15-19 years old.[28]

The quality and availability of health care, especially in remote areas, continue to be a key challenge for MCH service delivery. Rural and remote regions—typically serviced by community health care workers and midwives (*kaders*) serving large populations—experience challenges due to a lack of access to quality care, the absence of facilities and a shortage of trained health workers.[29]

To improve MCH parameters, the national government provides free maternal and neonatal care at recognized health facilities under its National Health Insurance (JKN). In 2021, the government also introduced the *Maternal and Child Welfare Law*, which grants rights and statutory privileges to working mothers.

Continued progress on reducing childhood stunting is a key focus area. The government has set the ambitious goal of further reducing the stunting rate through targeted programs in health, nutrition and early childhood education.[30] Already, Indonesia has made significant strides in reducing childhood stunting, with the national stunting rate dropping from 21.5% in 2023 to 19.8% in 2024.[31]

PHILIPPINES

Key MCH Statistics

Income Status (2023)[a]

Lower-middle Income

Gross Domestic Product (GDP) per Capita (2023)[b]

US$ 3,804

Population (2023)[c]

114.89 million

Life expectancy at birth (2023)[d]

70 years

Maternal Mortality Ratio (MMR) (2020)[e]

78 per 100,000 live births

(SDG target: 70)

Neonatal Mortality Rate (NMR) (2020)[f]

14.4 per 1,000 live births

(SDG target: 12)

Births Attended by Skilled Health Personnel (2022)[g]

89.6%

Sources:

[a] World Bank. (2025). *The World by Income and Region*. Retrieved from https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html

[b] World Bank. (2025). *GDP per capita* (current US$) [Data file]. Retrieved from https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=IN-PH-ID-CN

[c] United Nations, Department of Economic and Social Affairs, Population Division. (2024). *World Population Prospects: The 2024 Revision* [Data file]. Retrieved from https://population.un.org/wpp/

[d] World Bank. (2024). *Life Expectancy at Birth, Total (Years)*. Retrieved from https://data.worldbank.org/indicator/SP.DYN.LE00.IN

[e] World Bank. (2025). *Databank: World Development Indicators*. [Data File]. Retrieved from https://databank.worldbank.org/source/2?series=SH.STA.MMRT

[f] World Bank. (2025). *Databank: World Development Indicators*. [Data File]. Retrieved from https://databank.worldbank.org/source/2?series=SH.DYN.NMRT

[g] UNICEF. (2024). *Maternal and Newborn Health Coverage* [Data file]. Retrieved from https://data.unicef.org/resources/dataset/maternal-newborn-health/

Key MCH Characteristics

The Philippines has made strides in reducing mortality rates among mothers and children—but progress on child nutrition has slowed in recent years. An increase in the availability and the use of skilled birth attendants has resulted in safer births, but child stunting and low birth weights persist. In 2020, the percentage of stunted children under five was 29.7%, which reflects only a 2.9 percentage point decrease since 2010.[32] Additionally, the percentage of low birth weight babies has also remained virtually unchanged for 20 years.[33]

Progress varies widely across different regions of the country, where rural and income disparities persist. For example, in the Bangsamoro Autonomous Region in Muslim Mindanao, a region with very high levels of poverty, the under-five mortality rate is almost twice the national average and only 34% of births are facilitated by a skilled birth attendant, compared to a national average of 84% between 2017 to 2018.[34]

MCH has been a key focus area in the government's health care agenda, with a focus on improving health care access, nutrition and early childhood support. The government enacted the *Kalusugan at Nutrisyon ng Mag-Nany Act* (Maternal Health and Nutrition Act) in 2018[35] and *Kalusugan Pangkalahatan* (Universal Health Care) in 2019[36] to address these issues.

The high proportion of teenage pregnancies in the Philippines is regarded as a national social emergency.[37] In 2023, the adolescent fertility rate was 31.9 births per 1,000 women aged 15-19 in the Philippines, compared to 22.2 in South Asia and 14.6 in East Asia and the Pacific.[38]

Chapter 1

The Funding Landscape in Asia: Who's Supporting Maternal and Child Health?

Governments play a crucial role in funding maternal and child health (MCH) in Asia. However, as a global development priority, MCH has also attracted philanthropic funding from both international and domestic sources. This chapter explores the current state of these two funding streams, as well as some common characteristics of local philanthropic support for MCH initiatives.

Funding in Flux: International Assistance for Maternal and Child Health on the Decline

International funding has been a cornerstone of MCH initiatives globally and in Asia—though in 2025, changes in decisions around the disbursement of overseas aid are shifting the funding landscape.

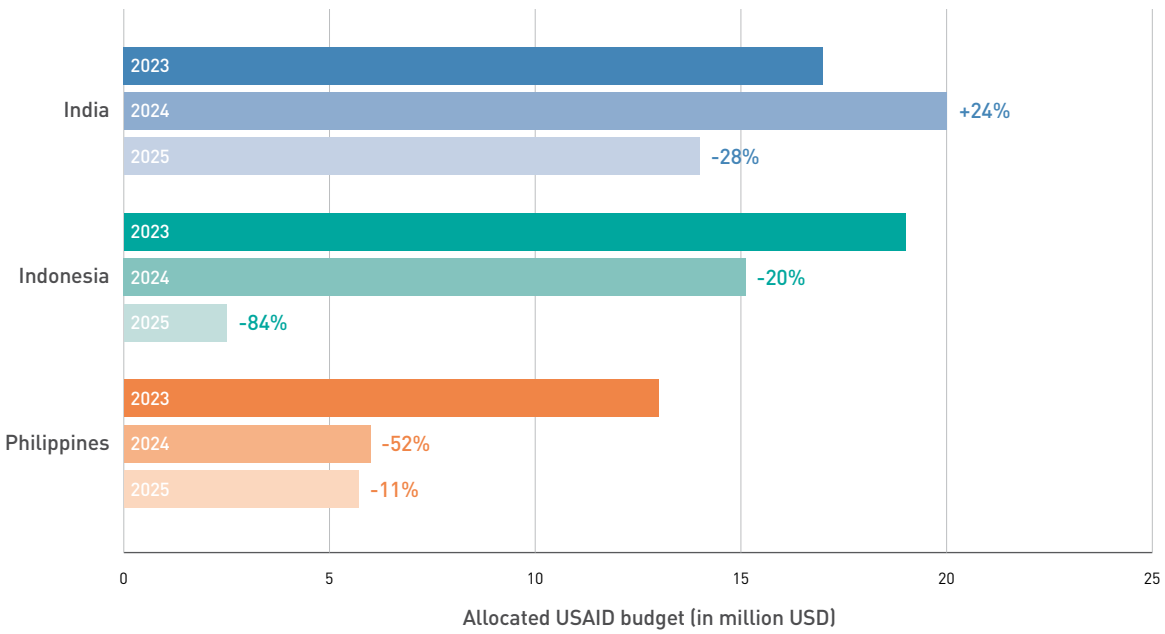
Funding for MCH in Asia has typically come from three sources—bilateral aid, multilateral and international organizations, and global foundations. Under the auspices of overseas development aid, high-income countries such as the United States (US), Japan, Korea and Australia have typically provided direct funding, cofunding and technical expertise to support MCH in middle- and lower-income countries, with the US alone allocating US$1.3 billion to MCH in 2025.[39] The Japan International Cooperation Agency also prioritizes MCH, contributing more than JPY29 billion (~US$204 million) through technical cooperation and official development assistance grants.[40]

Various national governments also support MCH through international organizations or multilateral organizations that pool funds from multiple public and private donors. These include the Global Fund; Gavi, the Vaccine Alliance (GAVI); the United Nations Children's Fund (UNICEF); and the World Health Organization (WHO). Philanthropic organizations such as the Gates Foundation and the MacArthur Foundation are also key contributors to MCH globally—in 2023 alone, the Gates Foundation provided US$363 million in grants for maternal, newborn and child nutrition and health.[41]

Reliance on international funding for MCH is most pronounced in Asia's larger emerging markets, such as India, Indonesia and the Philippines. In 2024, the three countries received more than US$41 million from the US for MCH and family planning support, representing 29% of its total funding in Asia on MCH that year.[iv,42] The reliance on foreign funding was highlighted by organizations who deliver MCH services on the ground as well—for example, the Summit Institute of Development, a research-focused implementing organization working primarily on Lombok, Indonesia, reported having little to no domestic funding, while the 1000 Days Fund, an Indonesia-wide implementing organization focused on grassroots capacity-building, receives approximately 90% of its funding from overseas sources.

However, recent adjustments to foreign aid budgets are disrupting how MCH is resourced in Asia. In early 2025, the US government announced significant cuts to foreign aid, reducing overseas development and assistance programs, including support for MCH.[43] In Indonesia, MCH support from the USAID has been reduced by as much as 84% compared to the previous year.[44] The cuts affect not only direct bilateral aid but also the work of many multilateral organizations supporting global public health, such as UNICEF, WHO and GAVI, to which the US is a major contributor.[45] More broadly, changes in the US reflect a trend of donor countries reducing their aid budgets and redirecting resources back home to manage economic and geopolitical challenges as they refocus their public expenditure.[46] As a result, many social sector organizations are being forced to scale back their services, delay program implementation and seek alternative sources of funding.

USAID funding for MCH and family planning



Note: USAID has not allocated funding towards maternal and child health in China.
Source: Foreign Assistance.gov. *U.S. Foreign Assistance by Country*. Retrieved on August 29, 2025, from https://foreignassistance.gov/cd/indonesia/2024/obligations/1

[iv] Calculations by CAPS based on funding reported by by United States Agency for International Development (USAID).

Beyond Aid: Domestic Funders are Boosting MCH

International funding cuts and redirections mean that there will be a greater need for domestic funders to step up and bridge funding gaps. Even prior to the curtailing of US and other foreign assistance for MCH, local funders had been active, directing resources through local philanthropic organizations and foundations, companies' corporate social responsibility (CSR) initiatives and religious groups.

Several family and private foundations in Asia are channeling resources and expertise towards MCH. For example, in India, the Piramal Foundation—the philanthropic arm of the Piramal Group—prioritizes MCH as a core focus area, while the Tanoto Foundation, an independent, family-owned philanthropic organization with offices in Jakarta, Beijing, Singapore and Sao Paulo, focuses on nutrition and prevention of stunting. The Zuellig Family Foundation, a leading family foundation in the Philippines, collaborates with rural municipalities to enhance health indicators, including those of mothers and children.

Recently, intermediary organizations in the region have focused attention and resources on MCH initiatives. The Asia Philanthropy Circle (APC), a Singapore-based membership platform for Asian philanthropists, established the 1000 Days Fund Indonesia to pool funding from Singapore- and Indonesia-based members and funders to address stunting and malnutrition in Indonesia. In 2025, the Philanthropy Asia Alliance (PAA), a Singapore-based multi-sector partnership for collaborative philanthropy, announced the launch of a new Health for Human Potential community to unite various partners, including the Tanoto Foundation, the Temasek Foundation (Singapore) and the Institute of Philanthropy (Hong Kong), to collaborate and fund high-impact projects aimed at reducing preventable deaths and disease across Southeast Asia, with a particular focus on child health and nutrition.[47] In 2022, the Singapore-based Asian Venture Philanthropy Network (AVPN), a group of social investors in Asia, distributed grants from a pool fund to four organizations, specifically for working to improve maternal, neonatal and child health in Southeast Asia.[48]

Companies, both multinational and domestic corporations, also play an important part in contributing to MCH, often through their CSR efforts. Many leading Asian conglomerates, including the Alibaba Group, Tencent, the Adani Group, the Adaro Group, and Astra International, actively support or run MCH programs through their foundations, as do a number of multinational corporations with local operations, particularly those with businesses tied to the health of mothers and children, such as Johnson & Johnson, Pfizer, Philips and Nestlé.

In some countries, such as Indonesia, faith-based giving is a notable source of funding for MCH programs. Islamic acts of faith-based giving—*zakat, infaq, sadaqah* and *waqf*—include both obligatory and voluntary acts of charity.[49] Leading religious organizations such as the Dompet Dhuafa and the Muhammadiyah harness these funds to support various MCH programs, particularly for underserved communities. In 2023, Dompet Dhuafa collected Rp397 billion (~US$24 million) in religious contributions, allocating approximately US$2 million toward health interventions, including various programs that target stunting, wasting and maternal and child mortality.[50]

Common Threads: How Domestic Philanthropy Approaches MCH in Asia

Across the region, local philanthropic support for MCH takes on some common characteristics, reflecting the confluence of business and philanthropic activities and a tendency for funding entities—often family foundations or CSR initiatives—to align their giving with national developmental priorities.

The activities of domestic funders reflect a close alignment with national health strategies. One of the main reasons the Adaro Foundation in Indonesia focuses on funding MCH is because it is aligned with government targets to reduce Indonesia's high stunting levels. The Tanoto Foundation too has been actively working to prevent stunting in Indonesian children since 2018, in part to support the government's efforts.

Similarly, Astra International always refers to the government's policy when developing programs.

In the Philippines, the San Miguel Foundation, the philanthropic arm of the San Miguel Group, launched a 1,000-day nutrition program in response to the government's First 1000 Days Act.

In India, Tata Trusts, one of India's oldest philanthropic organizations, expanded their nutrition program—called Making It Happen—to support the government's Integrated Child Development Services, which focuses on improving women's and children's nutrition.

Some domestic funding entities are drawing on their own infrastructure and technical expertise to optimize their grant giving and support partners. In the Philippines, the GT Foundation—the Ty family foundation—not only provides grants for MCH initiatives but also assists with program implementation. Partnering with Plan International, an international charity protecting children, the foundation leverages its business infrastructure to collaborate with local governments to implement its programs.

In China, Alibaba provides technical support to the Amity Foundation, an independent Chinese nongovernmental organization (NGO) operating since 1985, and has helped develop its crowdfunding strategy to generate new revenue streams.

Some Asian corporate and family foundations favor a hands-on approach to MCH, over a more arms-length approach such as providing grants. This is reflective of a tendency of donors across the region to design and implement their own philanthropic programs to ensure direct impact, rather than solely supporting third-party organizations.[51,52] Some funders—many rooted in family businesses[v,53]—see how their resources, expertise and infrastructure can be leveraged to deliver social impact more effectively than working through local NGOs and thus prefer to work directly with mothers and children on the ground.[54]

The Adaro Foundation[vi] in Indonesia is a case in point—its Stunting Reduction Acceleration Program through 'Adaro Ignites Wellbeing' oversees all aspects from design to implementation and data monitoring. In 2023, Adaro's interventions improved the health of 989 stunted children and supported safe deliveries in 114 high-risk pregnancies.

Similarly, in the Philippines, the Zuellig Family Foundation directly trains local government leaders to integrate MCH interventions into existing health care systems, with the government now adopting and expanding this project.

In India, Tata Trusts operates its own MCH programs, including training frontline medical workers in handling high-risk pregnancies and developing a mobile app to monitor pregnancies and collect health data in real-time.

More broadly, the MCH activities of these three organizations speak to the pattern of family or corporate foundations choosing to directly deliver services to mothers and children themselves, moving away from an initial focus on disbursing grants.

[v] In Southeast Asia, 75% of conglomerates are family owned, significantly higher than the global average of 50%.
[vi] The Adaro Foundation is the coordinating body for the CSR projects of the subsidiary companies of AlamTri (formerly the Adaro Group).

Chapter 2

Addressing Critical Needs: Where Asian Philanthropy is Focused on Maternal and Child Health

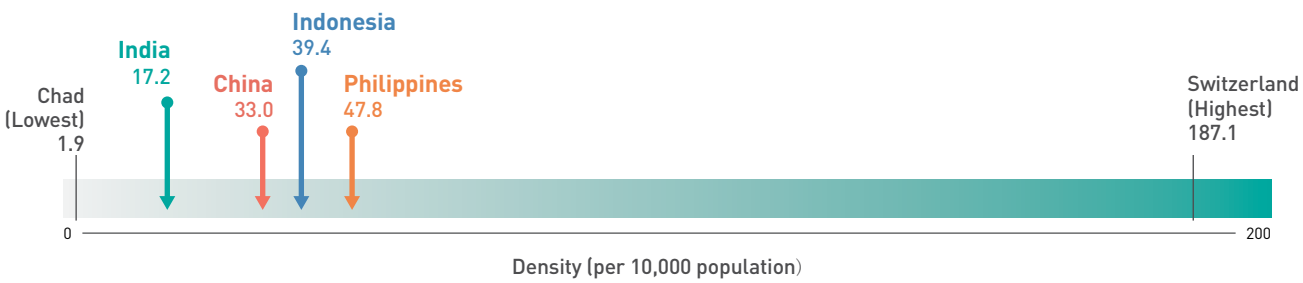
Funding entities and organizations delivering maternal and child health (MCH) services in the region are directing their energy and attention to ensure meaningful improvements in outcomes for mothers and children. Our research surfaced four areas of focus where domestic philanthropy, in particular, has been filling gaps and driving results.

I. Strengthening Health Care Workers: Building the Capacity for MCH Care

Capacity constraints in many Asian countries—marked by a dearth of trained health care professionals, insufficient training and inadequate resources—affect MCH outcomes, especially in rural and underserved areas. Research suggests that 83% of maternal and neonatal deaths can be prevented if sufficiently trained and well-supported nurses and midwives are available.[55] Yet the number of these professionals remains low in some countries in the region.[56]

The capacity challenges extend to community health care workers (CHWs), who are often the first point of contact for pregnant women and children, monitoring pregnancies, facilitating births, administering immunizations, tracking newborn growth and providing family planning services, especially in rural areas and wherever marginalized groups live. Yet, CHWs often receive only limited training. Indonesian CHWs receive only one week of training.[57] In India, they receive 28 days of training spread over the first year of serving.[58] While those in the Philippines are mandated to take 6 months training, but the implementation of this varies from one local government unit to another.[59] Compounded by limited continued development, many CHWs do not have the adequate training and support to meet the complex needs of maternal and neonatal care.[60]

Density of nursing and midwifery personnel in 2020



Source: World Health Organization. (2025). *Density of nursing and midwifery personnel* (per 10 000 population) [Data file]. Retrieved August 28, 2025, from https://data.who.int/indicators/i/B54EB15/5C8435F

Recognizing the opportunity and need to improve the capacity of frontline health workers, a number of philanthropic interventions supported by domestic funders are focused on building local capacity and innovating for scale:

Scaling midwife training to support mothers and children. Astra Untuk Indonesia is a CSR initiative by PT Astra International aimed at boosting public health in Indonesia, with a focus on supporting maternal, child and adolescent health through various community-based efforts, including training *kaders*—CHWs who serve as intermediaries between the health care system and local communities. As of 2023, the initiative had trained 12,210 kaders.

Facilitating peer-to-peer learning among CHWs. To combat capacity shortages, organizations are introducing peer-to-peer learning and "learn on the job" programs for CHWs. In Indonesia, the 1000 Days Fund recruits CHWs as "surrogate instructors" for other CHWs, equipping them with the knowledge and confidence to train other CHWs.

Similarly, in the Philippines, Plan International facilitates inter-village health collaborations where CHWs share expertise and resources.

Other organizations have created their own CHW networks to supplement government-endorsed programs. The Swades Foundation, a rural empowerment nonprofit funded by philanthropists Ronnie and Zarina Screwvala in India, and International Care Ministries, a large nonprofit in the Philippines, both enlist volunteers from the community to assist CHWs at the local level. Not only does this foster community ownership of MCH initiatives, but it also builds knowledge within the community, ensuring that overburdened CHWs have an additional resource to rely on as they move across communities.

Improving MCH capacity at the community level. This is one of the several anchors of the Piramal Foundation's approach to drive lasting systemic change and improve the health outcomes of disadvantaged communities in India. In rural areas in Bihar, for instance, the District Mentoring Team (DMT) initiative focuses on training hospital and community nurses to build skills and strengthen the quality and coverage of services they provide. One example is the training of the local auxiliary nurse midwife to detect, screen and manage anemia during pregnancy.[61] In 2024, the model was rolled out across 19 districts and 1,447 frontline workers were trained.[62] The DMT initiative aims to establish a strong talent-development framework at the district level. Through comprehensive, continuous training, the nurses gain essential skills and competencies and are overseen to propagate and establish better practices throughout the community.

Training emergency care specialists nationwide. The Children's Medical Foundation (CMF) implements initiatives to provide sustainable health care solutions for underprivileged children in China. As part of its Comprehensive Neonatal Health Project, the CMF has developed a "train the trainer" model to improve neonatal emergency care in parts of rural China. Under this model, six medical personnel from each of the participating regions are trained in neonatal resuscitation and basic newborn emergency care, who then return to their hometown hospitals and train at least 120 doctors and nurses from the surrounding country, township and village health care facilities.[63] The curriculum was codeveloped with local training partners to ensure that each region's contextual challenges are considered and, to date, over 3,000 doctors and nurses across 1,480 hospitals have been equipped to respond to neonatal emergencies.[64]

II. Bridging The Policy Action Gap: Supporting Local Implementation

Local governments in Asia sometimes struggle to implement national MCH policies and vary significantly in terms of appetite, capacity and resources to do so. Several interrelated factors hinder them—interviewees pointed to resource shortages, staffing limitations and inadequate national guidance, leading to inconsistent execution. The decentralized nature of health care delivery in many Asian countries also diffuses responsibility, with multiple agencies overseeing implementation but lacking clear accountability.

To address these challenges, domestic philanthropy has supported a number of initiatives to ensure that MCH remains a priority at the local level and that local governments have the capacity to implement these programs:

Building leadership capacity among local government and community leaders. The Zuellig Family Foundation helps build leadership capacity among local government and community leaders, with the goal of improving health outcomes, including MCH. In this model, government officials are trained to identify health challenges and integrate MCH strategies into local development plans, while community leaders receive health education to enable them to disseminate MCH knowledge at the household level. Zuellig Family Foundation has found that this two-pronged method creates ownership of maternal health outcomes within the community and makes interventions self-sustaining. In 2013, the Philippines' Department of Health invited Zuellig Family Foundation to expand this program nationwide, and it has now been implemented in 52% of the municipalities across the country.

Strengthening central government capacity for local MCH programming. In Indonesia, the Tanoto Foundation has actively supported the government's efforts to reduce stunting through several programs, including their flagship SIGAP program. "SIGAP", which means "energetic" or "ready to take action" in Indonesian, aims to support early childhood development at the national, district and community levels. The program's main focus is strengthening central and regional governments' capacities to plan and budget for national-level policies and translate them into local practices.[65]

Engaging different levels of government for better MCH outcomes. In India, Tata Trusts seeks to strengthen the public health system to secure improved health and nutritional outcomes for women and children, engaging with different levels of government—from district to state and central—to build capacity, provide technical support and pilot new innovations. They work in partnership with the government, using technology to support operational innovations, and support government decision-making to improve service delivery. While Tata Trusts looks to expand successful interventions in one state to other states, they recognize the need to customize them to fit the local geography, governance structures and social dynamics of each region.

Improving access to local government programming. In regions where local governments already provide MCH services, some organizations work to improve access to them. For example, in Mumbai, India, the Society for Nutrition, Education & Health Action (SNEHA), a leading health nongovernmental organization (NGO), observed low awareness among communities about the availability of MCH hospitals and services. Through its Public System Partnerships program, SNEHA introduced a maternal referral system for high-risk MCH cases, ensuring better connectivity between vulnerable populations and existing local services. Crucial to this success was working with Mahila Arogya Samitis—government-endorsed committees of 8–12 local women representing every 100 households. By mobilizing these community-based networks, SNEHA strengthened the links between primary health care centers and underserved populations, ultimately supporting 130,000 mothers through their high-risk pregnancies from 2016 to 2025.[66] Due to its success, the model is now being extended to other states.

III. Building Infrastructure: Providing Essential Medical Supplies and Equipment

Effective MCH delivery requires basic, hygienic and well-equipped health care facilities. Yet, across the region, many facilities remain underequipped, lacking critical tools such as neonatal incubators, maternal monitors and emergency care equipment necessary for safe deliveries. Remote and underserved regions are especially vulnerable to shortfalls in essential equipment. Domestic philanthropy has sought to address this problem too:

Getting critical MCH services to remote areas. In Indonesia, providing health care, including MCH services, to remote islands remains a challenge. To address the needs of these populations, Kimia Farma, an Indonesian pharmaceutical company, partnered with Dompet Dhuafa to launch the Indonesia Healthy Island Floating Clinic in 2019. Kimia Farma funds the operation and maintenance costs, while Dompet Dhuafa provides medical services.[67] There are now two floating clinics servicing seven regions in West Lombok and eight islands in Kepulauan Seribu. Dompet Dhuafa also operates health outlets targeting the poorest in society, who often do not have health insurance. In 2023, it served 38,180 people across eight outlets.[68]

Constructing health facilities in underserved regions. The GT Foundation partnered with Plan International, Philippines, to construct local health stations in previously underserved areas. As of 2019, they had supported the building and operation of four health stations, with the latest clinic designed to serve six surrounding neighborhoods, benefiting around 5,000 residents.[69] In these clinics, there is a strong focus on providing maternal services and there is space to conduct pregnancy consultations and deliveries as well as facilitate the mothers' recovery.

Another partnership in the Philippines to support infrastructure for MCH is that between Health Futures Foundation, a local NGO, and the IPI Foundation, a Filipino pharmaceutical company. Using its own funds, the Health Futures Foundation built local health stations to ensure adequate access to health care in rural Philippines. The IPI Foundation supported the NGO in these projects by helping it to equip the facilities with midwifery kits and other essential supplies for deliveries.[70]

Addressing shortfalls in essential MCH equipment. The need for medical equipment and supplies is ongoing. Even in China, where there are many MCH-specific clinics, some of these hospitals remain poorly equipped. Seeing this need, in 2019, the Amity Foundation donated over 450 maternal and infant monitors, breast milk analyzers and neonatal incubators to primary medical institutions across eight provinces. It also distributed 2,754 home-visit toolkits to rural clinics.

Supporting delivery of affordable services. In Indonesia, Yayasan Kusuma Buana (YKB), an NGO focusing on health care, reproductive health and community empowerment, pioneered semicommercial family planning clinics, offering low-cost and high-quality services, with extended hours to address the shortage of MCH facilities in the country. From 10 such clinics, it has come down to only one, but YKB pivoted to delivering its services to women directly at the factories where they work. These outreach programs are being funded by companies with local operations, such as Marks & Spencer, Nike and Levi's.

In the Philippines, though, FriendlyCare and Gota de Leche—two NGOs working on improving reproductive health—reported similar struggles, having had to reduce or close their clinical services due to the reduction in (predominantly international) funding.

IV. Changing Health-Seeking Behaviors: Involving Individuals and Communities

Despite the significant advances, women in Asia face economic, social and cultural barriers that prevent them from seeking timely medical interventions. Our conversations highlighted the need for more public health education and messaging to enable women, families and communities to make informed health choices.

Some locally funded philanthropic initiatives are focused on integrating public health education into MCH programs, covering nutrition, family planning and health care accessibility:

Raising awareness of MCH services to communities. In the Philippines, FriendlyCare partners with local government units (LGUs) to promote breastfeeding, reproductive health and family planning during community clinical checkups.

Likewise, in India, community engagement and outreach are among the key approaches of SNEHA to assess the health and nutritional status of women and children. Among its many initiatives, the organization engages with local migrant communities through its Building Bridges program to address significant gaps in awareness on family planning, immunization and giving birth at health care facilities. Through communication materials and community events, SNEHA helps raise awareness, encourage positive health behaviors and direct critical information about the public health services to communities.[71]

Educating men and the broader community on MCH. Husbands, extended families and community leaders play a crucial role in ensuring the prioritization of MCH. Many organizations design public health education modules to be inclusive and community-driven, enabling families to support women's health choices. In the Philippines, the Zuellig Family Foundation trains local leaders to organize awareness campaigns within their communities. NGOs such as Yayasan Usaha Mulia (Indonesia), SurfAid (Indonesia), Swades (India) and SEARCH (India) codesign their programs with different members of the community to reinforce MCH as a collective responsibility. The Tanoto Foundation in Indonesia and SNEHA in India also actively involve men in public health education, emphasizing shared responsibility for maternal health and strengthening family and community support.

Delivering critical health information to women with technology. Domestic philanthropy is supporting the development of digital tools to help drive awareness of the importance of MCH care, making timely, accessible information available to women in need. For instance, ARMMAN, an NGO that offers tech-based solutions to support MCH in India, uses texts, calls, WhatsApp and mobile apps to deliver vital pregnancy-related information in multiple regional languages, working to overcome technological and language barriers. In the Philippines, FriendlyCare developed ePlano, a family planning app integrating service booking to improve accessibility and privacy for women and adolescent girls.

Feeding Mothers and Children in the First 1,000 Days: Integrated Approaches to Essential Nutrition

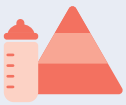
Poor nutrition leads to adverse health outcomes for mothers and, in turn, affects the nutritional status of their infants. Children of undernourished mothers are more likely to be underweight or stunted, with long-term effects on cognitive development, school achievement and economic productivity in adulthood.[72]

Given the strong link between malnutrition and poor MCH, governments across Asia have developed national nutrition policies targeting pregnant women and children, particularly in the first 1,000 days, the critical period from conception until the child's second birthday.[73]

Domestic funding organizations—including China Development Research Foundation (China), Swades Foundation (India) and Zuellig Family Foundation (Philippines)—have supported and developed programs to ensure that mothers and their children receive essential nutrition at critical stages in their development. What is notable about these programs and those of the foundations highlighted in this section is their alignment with government strategy and a focus on holistic solutions. Addressing some of the root causes of poor nutrition, they comprise multiple elements such as raising community awareness on the importance of early childhood nutrition; driving behavioral change among families and larger communities; and improving access to critical services and nutrition for mothers and their children.

Regional policy milestones: Maternal and early childhood nutrition

CHINA



National Nutrition Plan of Action (2017)

China released its *National Nutrition Plan of Action* in 2017, which targets anemia in pregnant women and children under five, promotes exclusive breast-feeding and aims to reduce stunting prevalence to 5%.

INDIA

POSHAN Abhiyaan (National Nutrition Mission) (2018)

In 2018, India launched *POSHAN Abhiyaan*, a nationwide scheme to coordinate efforts to combat stunting, undernutrition, anemia, low birth weight and malnutrition in pregnant and lactating women and children.

INDONESIA

National Strategy to Accelerate Stunting Prevention (2017)

In 2017, Indonesia introduced a presidential regulation on nutrition in the first 1,000 days and launched the *National Strategy to Accelerate Stunting Prevention*.

PHILIPPINES

First 1000 Days Act (2018)

The Philippines enacted the *First 1000 Days Act* in 2018, mandating health and nutrition services for mothers and children.

Tackling undernutrition and stunting by addressing root causes. The Tanoto Foundation's flagship program, SIGAP, targets stunting prevention as part of a broader initiative to address early-childhood education and development.[74] The program adopts a behavior-change approach focusing on diet, parenting practices and a clean and healthy lifestyle. It operates at the national, district and community levels. At the national level, the goal is to support the Indonesian government in developing policies aimed at preventing stunting. At the district level, it offers technical assistance to district and village governments to tailor and implement behavioral change initiatives in their respective areas. At the community level, the focus is on capacity building of community and health workers and public awareness campaigns to improve understanding of stunting and how to prevent it in young families.

Changing behaviors to reduce stunting prevalence. In Indonesia, Adaro Group's Adaro Ignites Well-Being program enhances health access and awareness among local communities in alignment with national MCH priorities. To support the Indonesian government's target to reduce the prevalence of stunting to below 14% by 2024, the Adaro Foundation partnered with local governments and community partners to accelerate programs in the areas of implementation.[75] The initiative included educational health days, with home visits for personalized

support and guidance on nutrition and health insurance schemes and local health care services. Similarly, YKB engages in advocacy, research and training to improve public health awareness and access to essential health care services. One of its key initiatives, the Stunting Prevention in the Workplace program, provides nutrition and child development education for pregnant women in labor-intensive industries.

Working with government and communities to boost nutritional outcomes. In India, one arm of Tata Trusts' nutrition portfolio is to strengthen existing government nutrition programs, such as the Integrated Child Development Scheme (ICDS).[76] Their approach is multifaceted, focusing on improving government service delivery and engaging with communities to increase program participation. On the service delivery side, Tata Trusts collaborates closely with Anganwadi centers—government-run childcare centers in rural areas—to enhance the nutritional quality of the food provided to children. On the community engagement side, they conduct public awareness campaigns to highlight the importance of quality ICDS services. This ensures that local communities and governments are equipped with the necessary skills and knowledge to maintain and improve the nutritional quality of the food provided to children.

Delivering critical care and nourishment to mothers and children. Similarly, the San Miguel Foundation in the Philippines initiated the First 1000 Days program in alignment with the government's policy. In collaboration with San Miguel Foods, the program offers a variety of services during both the prenatal and postnatal stages, including prenatal checkups, ultrasounds, maternal health education and provision of fortified meals. Since its launch in 2022, the program has benefited over 1,000 individuals across 24 barangays (communities) and 89% of the enrolled children have achieved normal height and weight for their age.[77]

Conclusion

An Inflection Point for Maternal and Child Health in Asia

Maternal and child health (MCH) outcomes have improved greatly across Asia in the last few decades, thanks to governments prioritizing it, with support from international and domestic donors. Recent United Nations (UN) estimates suggest that between 2000 and 2023, the maternal mortality ratio reduced by 71% in South Asia, 68% in East Asia and 50% in Southeast Asia.[78] Asia's gains are strong, relative to an average global reduction of 40%.[79]

But these achievements are at risk of being reversed, as overseas development assistance to MCH from the United States (US) and other donor countries is scaled down. New studies are projecting a global spike in maternal and child deaths and stillbirths from the cessation of US aid.[80] They also suggest that the reverberations will be felt more profoundly in countries that have historically relied on this support to boost outcomes—including, India, Indonesia and the Philippines.[81]

Yet, the care and attention that domestic philanthropists, corporations and foundations have shown for improving the health of mothers and children offers a glimmer of hope. Our research has highlighted how Asian philanthropists have harnessed their business acumen, coordinated innovative approaches and drawn from a nuanced understanding of local contexts to develop and roll out MCH interventions.

Asian philanthropists will have many competing priorities by the time the full impact of the foreign aid cuts is felt, but the imperative to protect the MCH gains in the region is critical. This will require sustained philanthropic capital and commitment. It will also require government, public health and leaders in the philanthropy sector to address some of the barriers holding domestic funders back from investing in MCH.

What is Holding Back Domestic Giving?

The need in rural areas is less visible to urban-based donors. Indeed, the stellar performance by Asian countries in reducing maternal and child mortality may be obscuring the urgency of MCH priorities for domestic funders. Stakeholders can do more to highlight and quantify the positive gains to society from donors doubling down on investment. This includes telling the story of why MCH matters more than ever to each country's national growth and prosperity.

Local donors face shifting priorities, drawing attention and capital away from MCH. In the Philippines, the Zuellig Family Foundation sees a growing emphasis on climate and disaster-linked initiatives, prompting them to brainstorm what new services for maternal health during emergencies might look like.

Similarly, Tata Trusts in India anticipates that climate change will impact women's and children's health and nutrition, leading them to adopt a more integrated strategy around MCH and nutrition that considers factors such as agriculture, climate and gender equity. Many organizations have also reported that funders in Asia have been channeling their focus to newer challenges such as climate change, developing urban resilience and improving livelihoods. While the health of women and children is intimately interlinked with these concerns,[82] organizations are finding that the shift in focus has placed pressure on the continuity of their funding.

Articulating how MCH is interconnected to a range of donor interests can pique interest and unlock more innovation, as exemplified by the holistic interventions developed by funders to boost maternal and early childhood nutrition.

MCH requires long-term financial commitments, which is not always consistent with shorter-term, project-based grants—sometimes preferred by foundations and corporate entities in the region. Some organizations delivering MCH services on the ground reflected on the limitations of short funding cycles and feel the pressure to align program durations to donor expectations. Still, in many of the examples illustrated through this report, creative partnerships and flexibility have allowed for some corporate-funded initiatives to take root and flourish, in turn building trust among involved parties to elicit longer-term investments.

A historical emphasis on foreign funding. Some organizations focused on the delivery of MCH services say that they have not needed to develop comprehensive domestic fundraising strategies or organizational fundraising capacity due to the stability of foreign support (excepting China, where support for MCH is more domestically focused). As the landscape shifts, new efforts will need to carry domestic donors along and create space for conversations about how they can bring new resources as well as their unique skills to the table. We found that domestic donors are also willing to leverage expertise from their business and other interests to their MCH investments and to get "hands on," deploying their local expertise.

Strategies for Success: Beyond Capital

Our research shows that alongside much-needed capital, domestic philanthropists in Asia have brought additional value to drive the success and sustainability of MCH projects and programs.

A deep understanding of local, cultural, geographical and community-specific characteristics. Oftentimes, local donors can leverage their reach and knowledge of local markets and communities to ensure that interventions are culturally relevant. As foundations such as Tata Trusts and the Piramal Foundation in India have shown, their ability to engage directly with communities, local leaders and health professionals has helped to ensure localized approaches—whether it is adapting traditional health practices or customizing outreach methods—for greater community trust and impact.

A broader perspective on the wider impact and importance of MCH. Given the interconnectedness of MCH with other development issues, the work of Asian philanthropists has shown that MCH initiatives can be embedded into broader community initiatives such as education, nutrition and economic development programs to enhance accessibility and long-term effectiveness. The work of the Tanoto Foundation in Indonesia to address the root causes of stunting by engaging with the community is an example of this holistic perspective.

An openness to collaborating for success and scale. By strategically working with others— governments, nonprofits or companies, philanthropic organizations—can leverage external expertise, access greater funding and ensure community buy-in. The propensity for Asian donors such as Zuellig Family Foundation in the Philippines to partner with national, regional and local governments to address MCH priorities and bring MCH programs to scale is a case in point.

Creative utilization of assets and resources. Advancing MCH to reach the last mile requires innovative resource allocation. With an ability to take risks and provide patient capital, philanthropy plays a vital role in piloting programs, testing novel health technologies and championing sustained, long-term investments. Asian philanthropists show an openness to leveraging their own assets and expertise to amplify outcomes by directly utilizing company resources for equipment and food and by sharing technology to support government decision making and data collection. Further, they have enabled the proliferation of digital tools to allow mothers to access critical health information.

Our research shows great promise for domestic philanthropy to protect the gains and move the needle further on MCH. But it's clear that the full potential remains untapped.

Proven interventions include strengthening health workers' skills, bridging policy gaps, developing essential infrastructure and fostering community engagement. Moreover, philanthropy for MCH extends beyond immediate health concerns; it can help society meet other developmental challenges, such as socioeconomic disparities, food security and malnutrition, climate resilience and gender equity.[83] The interconnected nature of these issues means that MCH interventions often require a comprehensive strategy for lasting impact.

Thus, philanthropy directed toward MCH represents not just an opportunity for meaningful change but also a responsibility that can profoundly shape the health and future of communities across Asia.

Appendix I

Methodology

The findings in this report are based on a qualitative analysis of maternal and child health (MCH) in Asia through an extensive literature review and in-depth interviews. Specifically:

CAPS reviewed over 100 reports and articles from both academic and non-academic sources to assess the state of maternal and child health in Asia. Our literature review included peer-reviewed journal articles, government reports, policy briefs, and publications from international organizations such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). We prioritized recent publications (from the past 10 years) but also included seminal works for historical context. The findings were synthesized thematically to identify trends, gaps, and regional disparities in maternal and child health outcomes.

CAPS conducted in-depth interviews from June to December 2024 with over 50 donors and stakeholders actively involved in maternal and child health initiatives across Asia. Participants included senior executives from private foundations, corporate foundations, and representatives from social delivery organizations. Interviews followed a semi-structured format, combining open-ended questions with targeted inquiries on funding priorities, program effectiveness and systemic challenges. Interviews were conducted virtually and in person. Insights were derived using thematic analysis, which were further triangulated with findings from the literature review to strengthen the validity of our conclusions.

Appendix II
List of Interviewees

CHINA

Amity Foundation
China Development Research Foundation
Children's Medical Foundation
Save the Children China

INDIA

The Antara Foundation
ARMMAN
Piramal Foundation
Society for Education, Action and Research in Community Health
Society for Nutrition, Education and Health Action
Swades Foundation
Tata Trusts
USAID

INDONESIA

1000 Days Fund
Adaro Foundation
Astra International
Dompet Dhuafa
Jhpiego
Muhammadiyah
Save the Children Indonesia
SurfAid
Summit Institute for Development
Tanoto Foundation
USAID
Yayasan Kusuma Buana
Yayasan Usaha Mulia

PHILIPPINES

FriendlyCare
Gota de Leche
GT Foundation
Health Futures Foundation
Plan International
San Miguel Foundation
USAID
Zuellig Family Foundation

Endnotes

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Established in 2013, the Centre for Asian Philanthropy and Society (CAPS) is a uniquely Asian, independent, action-oriented research and advisory organization, committed to improving the quality and quantity of philanthropic giving throughout Asia. Our mission is to improve the social investment sector in Asia by researching and advising best practices, models, policies, and strategies that can contribute to positive system change.

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