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How Foundations' Field-Building Helped the Reproductive Health Movement
Change the International Population and Development Paradigm

By

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Committee in charge:

Professor Ann Swidler, Chair
Professor Kim Voss
Professor Harley Shaiken

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Abstract

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Scholars have demonstrated that foundation grants channel social movements by encouraging professionalization and favoring moderate tactics, but they have overlooked critical mechanisms of foundation influence. Advancing Tim Bartley's (2007) field-building framework, I identify new mechanisms—including grants and activities other than grantmaking—through which five foundations helped channel the international Reproductive Health movement between 1990 and 2005, shaping its composition, trajectory, and outcomes.

The first of its kind, this study combines an analysis of an original data set including 8,103 grants made by five major philanthropic foundations from 1990-2005, interviews with foundation staff and leadership, and archival data, with an historical narrative of the population field and the Reproductive Health movement. I explain foundations' roles in the Reproductive Health movement's successful campaign targeting the 1994 United Nations International Conference on Population and Development (ICPD). There the movement transformed the population field's frame from Family Planning—reducing fertility through increasing access to contraceptives—to Reproductive Health—meeting women's broader reproductive health needs and advancing gender equality.

Unlike scholars who focus on movement organizations that receive grants, I analyze the grants themselves, including those to both movement and non-movement actors. Through examining the grants' purposes and the movement's trajectory, I find that foundations' field-building mechanisms included grants for research; communications; capacity-building, technical assistance, and training; networks/conference; and policy work. Grants to non-movement actors indirectly contributed to the movement's success by supporting the movement's strategy or shaping its context.

In addition to their material resources, foundations apply unique human and symbolic resources toward field-building. Mechanisms other than grantmaking that foundations used included brokerage, advocacy, and coordination. The foundations' field-building work helped to certify movement actors and frames and to diffuse frames.

Foundations' operations and programs were influenced by the historical eras in which the foundations were established and by the founders' involvement. Staff and board members' professional and personal networks were also influential, as was the presence of movement actors on staff. Status pressures within the foundation, the philanthropic sector, and the program area further shaped the foundations' work.

From the 1950s through the 1980s, the Ford and Rockefeller foundations helped establish the population field and the frame that the Reproductive Health movement later challenged at ICPD. Ford, MacArthur, and Rockefeller aided the ICPD campaign, including by intervening to afford the movement critical access to the United Nations. Following ICPD, these three foundations plus Packard and Hewlett helped institutionalize the Reproductive Health frame. Two of the funders actively promoted the frame; three resisted the movement but also inadvertently helped advance its frame.

Major funders of movements are themselves movement actors. Foundations were not the most important actors in the Reproductive Health movement field but their support at critical junctures was instrumental to the movement's success. Understanding the funder-movement relationship requires close examination of how foundations strategically use their material, human, and symbolic resources to build a movement field.

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As an exclusively qualitative researcher who found herself mired in a quantitative project, I am deeply indebted to those who guided me through that treacherous situation. Although not on my dissertation committee, Sam Lucas freely offered his time and expertise to me and was an important faculty advisor. His walking me through a mystifying process involving FileMaker Pro and Stata was vital to this project's success. I tremendously appreciated his expertise, generosity, and patience. In addition, Pat Hastings' guidance on how to extract meaningful numbers from Stata was key to my making sense of the data. I simply could not have done this project without both Sam's and Pat's help. I also relied on Douglas Allen's expertise in designing and programming my database, and I benefitted from Randy Trigg's early guidance in designing it.

I thank my dissertation committee for allowing me the freedom to aim high and to find my way to the answers I was seeking. In the process I also discovered countless answers I had not thought to seek. I am especially grateful to Ann Swidler, my committee chair, for having firmly believed in this project's value despite my unorthodox approach and despite the many obstacles that emerged along the way. Ann's encouragement and patience consistently reassured me, especially at times when they may have seemed unwarranted. Her genuine interest in what I was learning helped motivate me, and I truly enjoyed our conversations and reflecting on the questions she asked. Kim Voss has my gratitude for her early nudge to be rigorous in recording the decisions I made while coding grants. Many times this rescued me from confusion I would not have anticipated. Kim's excitement about my research findings was also heartening, as was Harley Shaiken's warmth and kindness as the outside member of my committee.

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Chapter 1

INTRODUCTION:

FOUNDATIONS, FIELD-BUILDING, AND THE REPRODUCTIVE HEALTH MOVEMENT

Through grants and other activities at home and abroad, American philanthropic foundations shape all facets of society from education and family life to development and human rights. Foundations in the United States granted $53.7 billion in 2014 (Giving USA 2015), engaging virtually every issue for which there is a social movement.[1] Scholars have long sought to understand how elite funders shape social movements (e.g., McCarthy and Zald 1977; Arnove 1982; McAdam 1982; Jenkins and Eckert 1986; Jenkins 1998; Sperling 1999; Bartley 2007). However, none of the existing approaches fully grasps how deeply embedded foundations can be in a social movement field or the range of mechanisms through which foundations influence movements. Prior scholarship has also not sufficiently explained the structural constraints, often self-imposed, that shape foundations' movement activity.

The case study presented here investigates how foundations shape social movements through multiple mechanisms, including grantmaking and other activities, that build the social movement field. The study is based on archival data, interviews, and an original data set analyzing 8,103 grants awarded by five of the most influential foundations in the field from 1990 through 2005. This is the first study to examine all of the grants multiple foundations awarded in a program area, focusing on what the grants were for and how they related to the social movement's trajectory. It is also the first study to combine an examination of grants with an investigation of the foundations themselves, using interviews and archival data to understand the foundations' practices and goals. This new, comprehensive approach revealed a more complex funder-movement relationship than other studies have observed.

The new approach also revealed a need for a multifaceted framework for understanding the role of foundations in social movements. To that end, starting from Tim Bartley's (2007) field-building framework, I identify the mechanisms through which foundations helped construct a social movement field that channeled the movement. Through their grantmaking programs, foundations provide funding to social movement organizations and to non-movement organizations for specific purposes that affect the composition and trajectory of a movement. Their grants support, for example, research, communications activities, and the formation of networks. Yet although movement organizations may rely on the grants, providing them is not the only way foundations contribute to social movements.

In addition to providing financial support, foundations serve as brokers and advocates and they coordinate with each other strategically.[2] They also deliberately employ movement actors as foundation program staff. Foundations broker relationships among movement actors and between movement and external actors. They also pressure governments on behalf of the movement. Behind the scenes, foundations coordinate with each other. The foundations' grants

and their other, non-grantmaking activities certify movement actors and approaches as legitimate and they diffuse movement frames.[3] Furthermore, even funders that oppose the movement may inadvertently advance its frame.

The foundations' actions reflect their program goals and strategies and their institutional norms. These goals, strategies, and norms are rooted in external factors, including the historical era in which the foundation was established. They also stem from internal factors, such as the founder's level of involvement in the foundation.

The case study centers on the international Reproductive Health movement and its success in 1994 in upending an entrenched global paradigm at the United Nations International Conference on Population and Development (ICPD) in Cairo. Through their population programs, major foundations allied with Reproductive Health movement organizations. Acting strategically, the foundations were instrumental in the movement's ability to exercise unprecedented influence over the UN process.

The result was the signing of a momentous agreement by delegates of 179 countries stating—for the first time—that population and development policies must protect and advance women's rights, status, and opportunities. Moreover, the agreement articulated how gender inequality affected all aspects of women's lives, from their schooling to the number of children they had, to their financial prospects. It recommended policies and programs to advance gender equality in every sphere. The document, the ICPD Programme of Action, was a landmark achievement for the Reproductive Health movement.

The agreement was a triumph for the movement because of the document's purpose: It was to guide international funding, national policies and budget allocations, a spectrum of national social programs, and research in the population and development fields for the next twenty years. The Reproductive Health paradigm the document presented changed the population field. It rendered illegitimate the field's longstanding Family Planning frame with a narrow focus on controlling fertility. The new paradigm instead required attention to broader reproductive health needs and the constraints on women that contributed to them.

How the Reproductive Health movement achieved its success at ICPD in 1994, the foundations' participation in the campaign, and the foundations' involvement in the movement's work over the decade that followed reveal aspects of the funder-movement relationship that prior literature has overlooked. This study focuses on the role five foundations played in the Reproductive Health movement from 1990-2005: the Ford Foundation, the William and Flora Hewlett Foundation, the John D. and Catherine T. MacArthur Foundation, the David and Lucile Packard Foundation, and the Rockefeller Foundation. The foundations varied in their approaches to population and to Reproductive Health, but all were major funders in the field.

Further illuminating the funder-movement relationship is the historical trajectory leading to the emergence of the Reproductive Health movement. The path to ICPD and the foundations' involvement in the field began with Ford's and Rockefeller's work in the population field in the 1950s, long before the Reproductive Health movement emerged in the early 1990s. Therefore, this study also explores how foundations contributed to the emergence of the movement.

In addition, this study delves into why the foundations participated in the population field and engaged the Reproductive Health movement as they did. This includes investigating why the foundations were interested in the issue and what influenced their perceptions of the problems and solutions. It also entails examining how the foundations determined their strategies, why they favored particular types of grants, and what influenced their personnel decisions. The study explores how the foundations' structures shaped their practices, which in turn affected the movement, and it examines why the foundations developed those structures.

Scholars have posited that foundation support can weaken movements (Piven and Cloward 1979; Arnove 1982) or strengthen them (Jenkins & Eckert 1986; Jenkins 1998), create conflict within a movement (Sperling, Ferree, and Risman 2001; Jenkins & Eckert 1986), or sustain a movement through periods of weak constituent support (Staggenborg 1988). They have also demonstrated that funders channel social movements by encouraging social movement organizations' professionalization (Jenkins 1998). They have also identified additional channeling influences, such as field-building mechanisms that include coordinating with other funders and helping create networks of social movement actors (Bartley 2007). However, this literature overlooks multiple grantmaking and other mechanisms of foundation influence, as well as their origins and consequences.

This study advances social movement scholarship by employing a novel methodological approach focused on the funders and on their grants. This method reveals multiple field-building mechanisms through which elite funders, some acting from within the international Reproductive Health movement, channeled the movement. These mechanisms include specific types of grants to social movement organizations and non-movement organizations. They also include additional, non-grantmaking activities such as brokerage and advocacy on behalf of the movement.

The study demonstrates how, through these mechanisms, foundations influenced the movement. They helped determine the actors in the movement field and the status of those actors. In addition, they affected movement organizations' activities. They also shaped the context in which the movement operated, which in turn influenced the movement's strategy—and its ability to carry out the strategy. The foundations' efforts certified movement actors and frames and helped diffuse movement frames. This was true even of foundations that also acted to resist the movement. This study also explores the structural reasons for similarities and differences among the foundations. In doing so, it illuminates previously-overlooked factors that shaped the funders' work.

Below I introduce the case study and present my research questions. I then discuss gaps in existing literature and introduce an expanded field-building framework for understanding the relationship between funders and movements. Next I describe my research methods and, finally, I outline the chapters that follow.

Case Study: The Reproductive Health Movement and ICPD

Comprised of diverse women's health and rights advocates from the Global North and South, the Reproductive Health movement emerged as a coalition of distinct but overlapping women's movements in the early 1990s.[4] In 1994, government delegations at the United Nations International Conference on Population and Development (ICPD) produced a consensus document representing two decades of local, national, and international mobilization, two years of focused organizing, and more than a week of contentious deliberations in Cairo. The agreement was to guide national policies and international aid for the next twenty years. The document, the ICPD Programme of Action, articulated a new paradigm that marked the hard-won achievement of the Reproductive Health movement.

Family Planning Approach

The ICPD agreement represented the Reproductive Health movement's successful challenge of the Family Planning approach to population, one that forty years of effective field-building had deeply entrenched in national and international institutions. Motivated by grave concern for the global social, economic, and political implications of rapid population growth, Family Planning advocates prioritized rapidly increasing the use of contraceptives in high-fertility countries, especially by women. Particularly once the United States government became its champion in the late-1960s, this endeavor was transformative for millions of women who wanted to control their fertility. However, it did not take into account how gender inequality might negatively affect, for example, family planning service delivery, women's use of the services, and women's other reproductive health needs and priorities. Painful consequences of this oversight inspired the Reproductive Health movement.

In their zeal to expand contraceptive use, the U.S. government, through the Agency for International Development (USAID), and other Family Planning funders sometimes deliberately flouted safety standards. For example, when evidence emerged that high levels of estrogen in oral contraceptives carried a significant risk of blood clots, causing India to reject them, USAID sent the supply to Nepal instead (Ravenholt 2002). Family Planning proponents maintained that women's health advocates exaggerated such risks and the negative outcomes, which paled in contrast to the benefits women experienced from using contraception (Ravenholt 2002; Sinding 2004). Nevertheless, advocates mobilized in response to repeated reports of uninformed consent, unsafe Intrauterine Devices (IUDs) and oral contraceptives, abusive treatment of patients, and inadequate medical care—all with consequences such as pain, suffering, infections, infertility, and even death (Ehrenreich, Minkin, and Dowie 1979; Germain 2003).

Reproductive Health Approach

Women's health advocates in the Global South and North argued that Family Planning proponents' focus on demographic imperatives led to policies and programs that positioned women's bodies as instruments for achieving national and global economic and political goals (Barroso 2009). Maintaining that this orientation encouraged disregard for women's health and rights, these advocates asserted that the focus should instead be on improving women's overall reproductive health and advancing their rights and status, not merely on controlling their fertility.

They argued that in many places women's low social status, lack of education, and unawareness of their rights and options affected the quality of care they received from family planning providers. These factors influenced, for example, whether women received the information necessary to provide informed consent. Moreover, especially in developing countries, women's dependence on men for financial security and social status frequently rendered them powerless to avoid unwanted sex, unwanted pregnancy, and sexually transmitted infections (STIs), and left them vulnerable to intimate partner violence (Barroso and Jacobson 2000).

These advocates thus maintained that the population field should prioritize addressing the social and economic factors structuring gender and family norms and, in turn, sexual and reproductive behavior. Consequently, when the Reproductive Health movement coalesced in the early 1990s, it called for women's rights, not demographic goals, to be the foundation of population policies and family planning programs (Rio Statement 1994; Barroso and Jacobson 2000).

The Reproductive Health Platform and the ICPD Programme of Action

The Reproductive Health movement's tactics for ICPD included establishing a broad base of support among women's groups from the Global North and South and influencing the official UN preparatory process. The latter involved a series of meetings for the purpose of developing a draft of the Programme of Action, the consensus document that the conference was to produce. The foundations' support was pivotal in both the movement's internal organizing and its ability to participate in the official process.

Ultimately, the ICPD Programme of Action reflected the Reproductive Health movement's agenda by emphasizing the gender inequity embedded in population and development policies and programs and permeating social and economic structures. For both those who supported it and those who opposed it, the Reproductive Health movement's mark on the fields of international population and development was extraordinary. So too was the involvement of the foundations. Yet as the next section discusses, existing social movement scholarship fails to capture several essential features of the foundations' roles.

Research Questions, Existing Frameworks, and a New Framework

This case raises the following research questions aimed at understanding the relationship between foundations and the Reproductive Health movement:

> First, *what* did foundations do to influence, advance, or impede the Reproductive Health movement? What grants did the foundations award and what did they do in addition to grantmaking? How did their grants and other activities shape the movement's composition and trajectory?

> Second, *why* did foundations do what they did? What were they trying to achieve, and why? What influenced their perceptions of opportunities and of the roles they could play? Why were the foundations similar in some respects and different in others?

Prior scholarship concerning the relationship between elite funders and movements does not provide an adequate framework for addressing these questions. Theories of how elite funders channel social movements are the most helpful, yet as we will see momentarily, they fall short. My starting point is a framework proposed by Tim Bartley (2007), who contends that foundations channel movements through field-building activities. Here I present the scholarship that grounds Bartley's framework, followed by an outline of a new approach that extends his framework.

Motives for and Consequences of Elite Funding

Early resource mobilization theorists proposed that movements require elite funding in order to be effective (McCarthy & Zald 1977). Subsequent research disputed this, finding instead that funding *followed* robust movements. The timing suggested a "radical flank" effect: funding for moderate social movement organizations followed an increase in more radical forms of movement activism (Haines 1984). Some scholars maintained that this timing indicated elites' effort to assert social control and that the funding served to weaken movements (McAdam 1982; Piven and Cloward 1979). This analysis suggested that, motivated by a desire for social control, funders aimed to co-opt movements, entailing the "transformation of goals and tactics in exchange for political incorporation" (Jenkins and Eckert 1986, 828). Yet additional studies did not find elite funding to have such direct consequences (ibid.). Furthermore, as Jenkins observed, "foundation goals are complex, ranging from genuine support of movement goals to social control" (1998, 212).

Despite the debates over funders' motives and influence on movements, scholars have widely agreed that elite funding leads social movement organizations to adopt professional organizational forms, resulting in diminished attention to the grassroots (Piven and Cloward 1979; McAdam 1982; Jenkins and Eckert 1986). Some have found that this shift in movement organizations' attention and in the movement's structure contributes to movement decline (Piven and Cloward 1979; McAdam 1982; Jenkins and Eckert 1986). From these observations emerged

a new framework for understanding the effect of elite funding: foundations' preferences indirectly *channel* movements toward moderate goals and tactics (Jenkins 1998; Brulle and Jenkins 2005).

Channeling

The dominant channeling thesis holds that funders shape movements mostly through two mechanisms pertaining to the types of organizations and strategies foundations favor. One mechanism is foundations' support for moderate social movement organizations that seek change through institutional means. This funding elevates those organizations and diminishes the role of more radical groups that employ disruptive tactics (McAdam 1982; Jenkins 2001). By helping develop these moderate movement organizations, this mechanism also channels movement discourse in the direction funders prefer (Brulle and Jenkins 2005).

Other literature finds that elite funding does not necessarily exclude support for social movement organizations that engage in disruptive tactics. For example, Bartley (2007) observes that foundations did support organizations that employed such tactics in the sustainable forest certification effort. The foundations and their more moderate grantees leveraged the disruption to encourage institutional change—a "good cop/bad cop strategy" (ibid., 247). Thus, foundations can influence movements through support for *both* institutional and disruptive tactics. Nevertheless, even in Bartley's study, foundations favored more moderate movement organizations and tactics.

It is important to note, however, that "what counts as disruptive will vary based on the institution targeted" (Armstrong and Bernstein 2008, 86). As subsequent chapters show, the Reproductive Health movement's tactics were simultaneously institutional, innovative, and disruptive. Foundation support was instrumental to the movement's capacity to employ those tactics. For example, foundations actively worked to ensure that the Reproductive Health movement *could* disrupt the UN process—not through protest but through enabling excluded, non-state actors to have unprecedented representation in and influence on a highly formalized process. Generally speaking, though, foundations do tend to support institutional tactics.

The second channeling mechanism emphasized in existing literature is foundations' direct and indirect professionalizing influence on social movement organizations (Jenkins 1998; Jenkins 2001).[5] The availability of funding for professional organizations can encourage movement organizations to adopt hierarchical structures and to seek institutional stability, such as through acquiring paid staff (Staggenborg 1988; Stroup 2012).[6] Foundations may also explicitly push grantees to professionalize and to rationalize their structures and practices (Stroup 2012; Kohl 2010).

These processes channel movements because "professional" social movement organizations tend toward institutional rather than disruptive tactics (Staggenborg 1988; Brulle & Jenkins 2005; Kohl 2010). Professional organizations are also less flexible and open to taking risks (Hwang and Powell), even where institutional tactics are not the most effective ones (Brulle & Jenkins

2005). Thus, foundations shape movements through their role in motivating movement organizations to professionalize, which affects their tactics.

Channeling Effects

Many scholars have observed the attenuating effects elite funding can have on social movements. Funding for moderate organizations that employ institutional tactics can weaken movements whose primary source of power is the ability to disrupt (Piven and Cloward 1979; McAdam 1982). Foundation support can also result in increased competition among movement organizations and decreased attention to the grassroots (McAdam 1982; Jenkins & Eckert 1986; Brulle & Jenkins 2005; Sperling et al. 2001). Moreover, it can lead movement organizations to focus on funders' goals at the expense of their own priorities, and it can disrupt the organizations' internal structures and relationships (Kohl 2010; Sperling et al. 2001; Ford-Smith 1997).[7]

On the other hand, some studies suggest that funders' professionalizing influence can benefit movements. Staggenborg (1988) finds that formal organizations can maintain productive coalitions of movement groups because they have the staff resources to coordinate them. Jenkins (1998) similarly notes that paid staff and other features of professionalization can enable movements to engage in activities that they otherwise could not. Professional organizations can also sustain a movement during periods of low constituent support and allow it to be ready to mobilize at critical moments (Staggenborg 1988). Further, Jenkins and Eckert (1986) find that institutional tactics can be important for solidifying movement achievements, such as through pursuing and monitoring the implementation of new laws and policies.

According to prior scholarship then, foundations' channeling mechanisms can potentially disrupt and weaken movements (Piven & Cloward 1979; Brulle & Jenkins 2005; McAdam 1982), hasten their decline (Jenkins & Eckert 1986), or strengthen them (Staggenborg 1988; Jenkins 1998). Despite this range of conclusions, all of these studies demonstrate that when philanthropic foundations direct their resources to social movement organizations, they alter the movement. My research supports the argument that foundations have a professionalizing influence on movement organizations and a general preference for institutional tactics, but these were not the foundations' most important contributions to channeling the Reproductive Health movement.

Foundations had a profound effect on the Reproductive Health movement's composition, trajectory, and outcomes. This resulted from funders' strategic use of not only their material resources but also their professional networks and their status to build a diverse field of movement and non-movement organizations over time. They gave grants that enabled the movement to establish new norms and frameworks to guide policies, programs, academic research, and discourse. They also facilitated influential networks spanning disciplinary, sectoral, and geographic boundaries. Moreover, their direct intervention gave the movement critical, unprecedented access to powerful actors and institutions, including the United Nations.

Gaps in Literature

Prior research does not explain what, specifically, foundations fund social movement organizations to do, yet these organizations' activities are major determinants of a movement's trajectory. Existing scholarship also mostly ignores what foundations do to support movements beyond providing grants. This oversight has led analysts to disregard important dimensions of foundations' non-material resources—their networks and status. Further, scholars do not sufficiently address foundations' movement goals, although their effectiveness in reaching those goals can inform analysis of foundations' power over movements. Finally, existing frameworks do not adequately explain why foundations choose particular funding strategies or practices, although both of these ultimately determine who receives grants.

Although my research supports claims of foundation influence on movements through the channeling processes prior scholarship has identified, it finds that these are not the only ways in which funders shape movement composition, trajectories, and outcomes. In fact, they were not the most significant mechanisms of foundation influence on the Reproductive Health movement. Tim Bartley (2007) provides a better framework for analyzing the relationship between foundations and the Reproductive Health movement by focusing on an additional channeling process: *field-building*. My research extends Bartley's approach by identifying field-building mechanisms that become evident through a new methodological approach. Before delving into the field-building framework, the next section introduces the relevant concepts.

Organizational Fields, Frames, and Social Movements

This study focuses on the Reproductive Health movement but it also discusses the Family Planning movement. Further explained in the next chapter, in the 1950s the Family Planning movement developed into primarily a policy and intellectual movement driven by demographers and other academics, funders, and government officials out of concern for the global implications of population growth. The Reproductive Health movement was an international social movement that arose in the early 1990s, rooted in international women's movements that began emerging in the 1970s. The Reproductive Health movement was initiated by women's rights and women's health advocates, many of whom formed or joined non-governmental organizations (NGOs) to advance their causes.

The Reproductive Health movement challenged the Family Planning movement. Both operated within and worked to influence the broad population field: They sought to define the population field's purpose, composition, activities, and norms. In fact, the population field was synonymous with Family Planning from the 1950s through the 1980s. There were no viable challenges to the Family Planning frame until the late 1980s. At that point, women's health and rights movements began to mobilize around reproductive health, and soon formed the Reproductive Health movement. As subsequent chapters show, foundations helped construct the Family Planning

field—and thus the population field. They later helped build the Reproductive Health social movement field, which challenged Family Planning and transformed the population field.

Organizational Fields

Philanthropic foundations and their grantees are part of the same organizational field, which is "a socially constructed arena of self-referencing, mutually dependent organizations" (Bartley 2007, 231). Members of an organizational or social movement field have different degrees of power within it based on their size, material and other resources (e.g., expertise, access to other actors, legitimacy), and their authority over other members (Fligstein 1991; Zald and Lounsbury 2010; Brint and Karabel 1991).

The significance of an organizational field is not solely that its members' work and interactions affect one another. It is also that their work and interactions establish frameworks that define the field's interests, priorities, and repertoire of acceptable activities, and they determine the status of field members (Galaskiewicz 1991). These frameworks affect people not only within a field but also those beyond its borders.

For example, as Chapter 4 discusses, in the 1950s the population field, dominated by the Family Planning paradigm, defined rapid population growth as a threat to global economic and political stability. The field determined that the solution was to increase contraceptive use by people in high-fertility countries, primarily through national programs that made contraceptives widely available and encouraged their use. This led to major changes in the reproductive behavior of individuals throughout the developing world.

Frames

Organization theorists have conceptualized such frameworks as *field frames*, "political constructions that provide order and meaning to fields of activity by creating a status ordering for practices that deem some practices as more appropriate than others" (Lounsbury, Ventresca, and Hirsch 2003, 76-77). Similarly, for social movement theorists, "frames help to render events or occurrences meaningful and thereby function to organize experience and guide action" (Benford and Snow 2000, 614). For example, when Family Planning dominated the population field, its framing of "voluntary" family planning held that a national family planning program providing poor women with minor financial incentives for contraceptive use was acceptable, but one requiring women who already had one child to abort further pregnancies was not.

Organizational Fields and Social Movements

The "political construction" of field frames is a major focus of social movement organizations. Social movement scholars characterize the framing process as "contentious in the sense that it involves the generation of interpretive frames that not only differ from existing ones but that may also challenge them" (Benford & Snow 2000, 614). The Reproductive Health movement

contested, for example, the Family Planning frame that financial incentives were compatible with voluntary family planning. The movement argued that it was inherently coercive to offer money in exchange for contraceptive use to poor women with limited financial options.

Social movements also conduct *frame-bridging* activities—reaching out to "ideologically congruent" actors, often from other movements, who might be supportive (ibid., 624).[8] Where successful, this expands the movement. Framing the population field as sanctioning coercive measures led a range of women's rights and health movements to support Reproductive Health.

In addition to determining what actions are appropriate within a field, frames can mobilize actors. Social movement scholars refer to such frames as *collective action frames*: "action-oriented sets of beliefs and meanings that inspire and legitimate the activities and campaigns of" social movement organizations (ibid., 614). The Reproductive Health movement's framing of the population field helped inspire supporters to participate in the movement in order to change the field.

Field-Building

A new organizational field, then, contains new organizations, new links among existing ones, and new frames that determine appropriate goals, priorities, and activities. Following Bartley, the process of building a social movement field entails: "creating an arena that brings a number of different actors (often with different interests, ideologies, and organizational forms) into routine contact with one another, under a common frame of reference, in pursuit of an at least partially shared project" (2007, 233). Exploring the involvement of foundations in the sustainable forest certification movement, Bartley finds that their field-building activities had a channeling effect.

The field-building mechanisms Bartley identifies offer a starting point for understanding the role of foundations in the international Reproductive Health movement: Foundations coordinated with each other to provide grants that had the effect of "fostering inter-organizational networks, promoting particular conceptions of appropriate action (or field frames), and enrolling others into a collective project" (ibid., 249). These processes helped build the field and, in turn, channeled the movement.

Additionally, because funders have different priorities, norms, and networks, coordination among multiple foundations with shared goals led to a broad range of organizations' becoming enrolled in the project. As a result, a diverse "field of mutually-supporting organizations" developed (ibid., 243). Bartley also finds that as the movement field expanded, new organizations chose to enter it even without direct connections to the funders. Thus, foundations' field-building work established a channel that became self-perpetuating as ever more actors entered it.

Extending the Field-Building Framework

Bartley's conception of foundations' field-building work accurately characterizes many aspects of the relationship between foundations and the Reproductive Health movement. For example, my research likewise shows that foundations coordinated and that their funding invited new organizations into the field and increased the organizations' capacity to act within it. Additionally, the foundations' extensive connections to disparate actors enabled them to establish new networks of previously unconnected actors. These networks expanded the field and were essential to the movement's effectiveness. However, Bartley's framework fails to capture some additional, critically important field-building mechanisms through which foundations shaped the Reproductive Health movement's composition, trajectory, and outcomes.

Bartley's analysis is limited by its focus on grants that were specifically for the forest certification effort. The same foundation grantmaking programs that provided forest certification grants also supported other initiatives, but Bartley's analysis disregards them. My research finds, however, that the grants foundations provide in the same program area but not for the specific movement campaign may affect the campaign by supporting the movement's strategy or shaping its context.

Additionally, Bartley does not address the different types of grants—such as those for research, services, or meetings—that uniquely influence a movement's approach, alter its context, and expand its reach. Yet my study finds, for example, that movement actors use research to achieve legitimacy in the eyes of state actors. Therefore, foundations' research grants—to institutions that are not social movement organizations—can contribute to a movement in unique ways.

Bartley also neglects foundation activities other than coordination and grantmaking that build the field. In the Reproductive Health movement case, foundations served as brokers between Reproductive Health movement organizations and state actors. Moreover, when brokering those relationships, foundations actively advocated on behalf of the movement organizations and their claims.

Furthermore, Bartley disregards foundations that did *not* support the forest certification movement. However, my research shows that funders that opposed the Reproductive Health movement's frame resisted it but *also* helped to institutionalize it. My study additionally finds that foundations' grantmaking and other activities play an important role in certifying and diffusing movement frames.

By identifying additional grantmaking and non-grantmaking mechanisms through which foundations' field-building work shapes movement composition, trajectories, and outcomes, this study extends Bartley's framework and adds to social movement literature on channeling. To this end, I developed a novel methodological approach that allows for findings that other analysts have overlooked.

Unit of Analysis: Grantees vs. Grants

As discussed, social movement scholars have explored how foundations lead movement organizations and the movements they represent to emphasize moderate, institutional tactics rather than disruptive ones. This has been an area of concern because tactics shape a movement's trajectory and outcomes. Scholarship in this area typically focuses on the types of organizations that receive funding, such as professional, indigenous, public interest, and empowerment organizations (Jenkins 1998), or membership associations, professional advocacy organizations, and technical assistance organizations (Brulle & Jenkins 2005). In this research, the type of grantee represents the type of tactics funders support.

My study shifts the focus away from the type of grantee organization or where a grantee's tactics fall on the continuum from disruptive to institutional. Instead I focus on how grants support the activities that constitute a movement's tactics; I additionally focus on how grants support particular objectives. I explore the significance of the specific tactics, objectives, and strategies foundations support. For example, did grants support research or professional networks? What was to be researched? What was to be the purpose of the networks? Did the research or networks affect the movement? Answering questions like these can help clarify the effects of foundation funding on movements through their support for both movement and non-movement organizations.

Prior research suggests the valuable insights to be gleaned from examining not whether a foundation's grants supported institutional or disruptive tactics, but what specifically they funded. In his study of the structuration of the U.S. art museum field, DiMaggio (1991) observes the effects of particular types of foundation grants. Beginning in the 1920s, grants to universities for research and training created knowledge, experts, networks, and a new class of actors in the organizational field. In addition, grants that enabled members of professional associations to meet and grants that facilitated dissemination of research findings helped diffuse field norms.

In their analysis of transnational advocacy networks, Keck and Sikkink (1998) note that funders were among the most important actors in the international human rights, environmental, and women's rights movements. They provide examples of several specific grants that had far-reaching effects on the movements, such as Ford's funding to establish independent research institutes for dissident intellectuals in authoritarian countries, and an influential strategic planning grant to five environmental NGOs to design a campaign targeting multilateral banks. Ford's research institute grants also indicate that support for non-movement organizations can be important for a movement. Other analysts also note consequences of specific types of grants. For example, Kohl (2010) finds that capacity-building grants led to increased professionalization of farmworker organizations.

Some analysts distinguish among grantees based on the type of work they engage in. For example, Brulle and Jenkins differentiate those that "conduct policy research, coordinate information and publicity, or provide managerial assistance for environmental groups" (2005, 160). However, my research finds that many grantees of large foundations engage in multiple tactics serving different purposes, which renders such distinctions less meaningful. For this

reason, examining the grants themselves is more instructive. Bartley (2007) does examine grants, but only to identify those awarded to forest certification organizations or to other organizations for work specifically related to forest certification. He does not systematically investigate what activities the grants funded or look beyond those explicitly addressing forest certification.

Knowing that foundations awarded a given amount of funding to a certain type of organization or for a particular campaign is helpful for deducing the organizational forms, goals, and discourse funders favor. However, most grants are awarded for specific projects. Without knowing what those projects are, it is difficult to discern what effect foundations are trying to have and what their funding enables or encourages grantees to do. For example, grants to women's organizations in developing countries to participate in international meetings would have a different effect than would grants to those same organizations to carry out a local or national communications strategy, train community leaders, or conduct evaluations of their programs. Merely knowing that the organizations received grants does not provide sufficient information to deduce the effect of the funding.

Another example further demonstrates the problem with analyzing foundation grants according to the type of recipient rather than the purpose of the grant. A foundation's grants to an international reproductive rights organization based in Norway may have different implications than its grants to an international reproductive rights organization based in Chile, where such rights are far more restricted. The former might aim to generate domestic public support for increased aid to family planning programs in developing countries. The latter might aim to build public support in the Latin American region for abortion rights.

These two grantees are structurally similar, both international reproductive rights advocacy organizations, and they employ comparable tactics—communications campaigns. Yet these particular grants aim to advance international reproductive rights in different ways. The Norwegian grantee seeks to inspire interest in and commitment to international family planning in order to sustain access to services, while the Chilean grantee seeks to change regional cultural norms that underpin laws.

Applying conventional approaches to social movement scholarship on foundations, an analyst could reasonably categorize the two grantees as the same type of organization and draw conclusions about the funder's preference for professional social movement organizations. The analyst might further include these grants as evidence that the funder helped channel the movement toward institutional tactics. Yet these observations would miss the funder's field-building strategy and the components of the movement's strategy that the funder enabled.

What Social Movement Organizations Do

As scholars have noted, in pursuit of foundation grants, social movement organizations may develop more professional structures, conform to foundations' preferred discourse and tactics, and emphasize the goals they share with the funders (Brulle & Jenkins; Kohl 2010; Sperling et al. 2001)—and these activities channel the movement. But in pursuit of *movement goals*, social movement organizations conduct communications campaigns directed at various target populations and addressing a range of issues. They analyze policies and monitor policy

implementation. They convene meetings and attend conferences with other social movement organizations, non-movement actors, and advocacy targets. They participate in coalitions, receive leadership training, and develop their organizational capacity. They evaluate programs and conduct research, and they provide services and train service providers.

Such activities largely constitute what a movement populated by movement organizations does to achieve its goals. Therefore, neglecting to learn what foundation grants to social movement organizations are *for* prevents researchers from grasping the range of effects foundation funding may have on a movement. Funding these activities is a primary way foundations build the field. Additionally, social movement organizations may benefit from grants to non-movement organizations that support the movement's strategy or help create a favorable context for the movement's work. Non-movement organizations can contribute to social and cultural change, including by providing research and other evidence supporting movement claims and by shaping norms.

Field-Building Mechanisms: Grants with a Purpose

My research investigates how different types of grants, awarded for specific purposes, contributed to building the field. These grants helped channel the Reproductive Health movement by shaping its composition and trajectory. Foundation grants help determine the actors in the field, the status of those actors, movement organization activities, and the ability of those organizations to conduct their activities effectively.

The chapters that follow particularly focus on grants for four categories of activity that were especially influential in the field-building process that shaped the Reproductive Health movement: *Capacity-Building, Technical Assistance, and Training*; *Communications*; *Networks/Conference*; and *Research*. Additional categories of activity are also addressed. Funding a range of approaches in multiple areas of the field was a deliberate strategy on the part of the foundations. As detailed in later chapters, the substantive purposes of the grants depended on the funders' alignment with the Reproductive Health movement or the incumbent Family Planning frame.

To illustrate the importance of examining grants in order to assess channeling effects in particular, consider Brulle and Jenkins' (2005) assertion that foundations' effect on discourse is one of the most powerful ways they channel movements. Understanding what foundations fund can help identify the mechanisms. For example, which grantees do they fund to convene a conference, and which do they support to attend it? For foundations that provide grants for communications projects, what populations are they targeting and with what message? Whose perspectives or behaviors are they trying to change, and how? Is there more emphasis on affecting policymakers' views directly or through gaining the public's support? When foundations emphasize academic research, do they legitimate new research questions and methods? Do other funders begin to support the same approach? Do movement actors make use of the findings? If so, how? Thus, instead of focusing primarily on the types of grantees, systematic examination of the grants themselves allows for a deeper understanding of funders' role in social movements.

Field-Building Mechanisms: Non-Grantmaking Activities

This study also investigates how foundations' activities other than grantmaking contribute to field-building. It focuses on three main categories of activity: coordination, brokerage, and advocacy. As noted above, Bartley (2007) found that multiple foundations coordinated their funding in order to be more effective in reaching their common goal. He also found that such coordination helped build the field in part by diversifying it. My research confirms that when funders with varying interests and areas of expertise work toward shared goals, they expand and strengthen different areas of the field. This multiplies the actors enrolled in the project and diffuses the frame. However, I also explore additional forms and purposes of foundation coordination that Bartley did not address.

In addition, I investigate the direct political role foundations can play on behalf of a movement by serving as brokers and advocates. These activities can provide movement organizations with access to powerful actors. They can also create opportunities for movement organizations to participate in formal political processes. I examine how foundations help channel the movement partly by choosing to which actors to provide these advantages.

I also explore some additional non-grantmaking field-building mechanisms. These include, for example, funders' influence on social movement organizations' personnel selection and their participation in developing new organizations and programs. Finally, I examine how both grants and non-grantmaking activities certify actors and frames and diffuse frames.

Summary

By focusing on the purposes of the foundations' grants and exploring what foundations do in addition to providing grants, this study goes beyond traditional approaches to understanding the relationship between elite funders and social movements. It extends Bartley's framework by identifying new grantmaking and other mechanisms through which foundations build a field, helping to channel the movement.

Why Foundations Fund Movements

As discussed above, scholarship concerning *why* foundations fund movements has held that foundations are motivated either by genuine support for the cause (Jenkins 1998), by an interest in social control—a desire to prevent the movement from effecting change that threatens elites (Piven & Cloward 1979; McAdam 1982), or both (Jenkins 1998). My research finds evidence of both genuine support and social control motivations, but it also goes deeper to uncover structural constraints on foundations' involvement in movements and the reasons for the constraints. This study examines how foundations' approaches to funding are rooted in institutional norms dating back to a foundation's origins, the orientation of its president, and its program director's history

in relationship to the movement. The combination of these and related factors constrain funders' social movement activity.

Prior literature also suggests the relevance of structural factors. In DiMaggio's (1991) aforementioned study of the U.S. art museum field, the foundation president created an external advisory group—and chose its members—to evaluate grant proposals. The group's recommendations had a major influence on the direction of the foundation's program and on the field. The group's recommendations were strongly influenced by its particular orientation toward the field, which the president was aware of when he established the group. This points to how individual staff members, in this case the president, can affect the field-building process. DiMaggio also notes that the foundation's organizational structure necessitated the use of an external advisory group in the first place: The foundation did not have sufficient staff to evaluate grant proposals or to develop programs for its art museum endeavor.

In her study of foundation involvement in the farmworkers movement, Kohl (2010) describes a foundation structure of conservative board members and progressive staff members. Needing the board's approval for grants, staff calibrated their recommendations in order to be able to fund movement organizations without overstepping a perceived line. My research finds less of an ideological divide between board and staff but confirms that staff members constrain their recommendations based on their perception of board preferences while also working to influence the board.

Stinchcombe (1965) suggests that organizational structures and staffing norms can have deep roots. He explored why organizations founded in the same historical era tended to have similar structures and practices. For example, he noted that having a professional staff was characteristic of "practically all industries whose organizational forms were developed" in the 20th century, but not in those established earlier (ibid., 144). One of his explanations was that founders of organizations are influenced by norms about what constitutes a good organization. Stinchcombe further observed that years later, despite significant changes in the external environment, organizations continued to reflect the norms that shaped them at their founding. He also noted that founders' social context shaped their perceptions of the needs their organizations might fulfill. I examine how norms in the philanthropic sector and in the population field when the foundations were established continued to influence the foundations' structures, practices, and programs decades later.

Moreover, my study investigates specific structures and practices that shape foundations' field-building activities. It explores how the historical era in which the foundations were established, along with the degree of the founders' involvement, shaped foundations' decision-making processes, program goals (e.g., emphasizing family planning or reproductive health), and preferred funding strategies (e.g., long-term scientific research or large-scale service provision). All of these factors affect the grants a foundation awards and, therefore, whether and how they support a movement. Thus, to understand the reasons foundations employ the field-building mechanisms outlined above, it is necessary to examine the origins and consequences of foundation structures.

Research Methods

This section first explains the time period on which I focus and the selection of foundations. It then elaborates on the research questions that guide the study before describing the data I collected and how I analyzed it.

Time Frame

The purpose of this study is to understand the role of foundations in the Reproductive Health movement's success at the UN International Conference on Population and Development (ICPD) in 1994 and in the movement's subsequent work. Most of the analysis, therefore, focuses on 1990-2005, which includes preparation for the conference, the event itself, and the aftermath. However, the work of foundations in the population field prior to the emergence of the Reproductive Health movement shaped both the movement and the nature of foundations' involvement in it.

In particular, the population field would not have developed as it did without the involvement of the Rockefeller and Ford foundations beginning in the 1950s. They helped establish the conditions that gave rise to the Reproductive Health movement in the early 1990s. They also helped define the role of foundations in the field. For these reasons, this study explores the history of Ford's and Rockefeller's population work from the 1950s through the 1980s, along with external developments that contributed to the emergence of the Reproductive Health movement. For the period of 1990-2005, the study's main focus, I continue to look at Ford and Rockefeller as well as three additional funders: MacArthur, Hewlett, and Packard.

Foundation Selection

Ford and Rockefeller were the most influential philanthropic foundations in the population field beginning in the 1950s. In the early 1990s, MacArthur joined them, followed by Packard and Hewlett. During the 1990s, these five became the top U.S. foundations in the field.[9] Ford, MacArthur, and Rockefeller were central actors in the ICPD story according to Reproductive Health movement organizers, other funders, and the UN's Secretary-General for ICPD (Kissling 2002; Dunlop 2004; Seims 2009; Sinding 2009; Barroso 2009). Although they were not the only major funders for ICPD,[10] they were particularly influential. Analysis of their involvement, therefore, provides essential insight into the role of foundations in the ICPD case.

Packard and Hewlett had been funding the population field since the 1960s, although at a much lower level than the other foundations due to smaller assets. However, from bequests following their founders' deaths, both foundations grew substantially after ICPD (see Appendix 1). Packard, in fact, became the largest funder in the field. Both funders' influence increased as the field began to respond to the events of ICPD; consequently, analysis of their work helps shed light on how foundations participated in that response. Moreover, unlike at the other three

foundations, at both Packard and Hewlett the founders and/or their family members remained in leadership positions throughout the research period. This distinction allows further insight into structural influences on foundations' work.

The inclusion of five foundations with distinctive structures, practices, and involvement in the population field—over more than fifty years—allows a more complex view of the philanthropic sector and its relationship to movements than typically emerges in related scholarship. Moreover, because not all of the five foundations supported the Reproductive Health movement but all helped shape it, this study illuminates the range of ways foundations can affect movements while also indicating the limits of that influence. Where funders that opposed the movement could not effectively resist it, their failure helps locate the boundaries of foundations' power.

The Five Foundations and the Philanthropic Sector

As explained in the chapters that follow, these five foundations represent different approaches to population and to the Reproductive Health movement field. They also represent different approaches to grantmaking. Exploring their similarities and differences reveals the range of roles foundations can play in social movements. Because these foundations were among the largest in the country, they are not representative of the average philanthropic foundation. Even so, they illuminate broader aspects of the philanthropic sector for three primary reasons.

First, a foundation of any size can make the kinds of grants discussed in this study. Smaller foundations make smaller grants, provide fewer of them, and tend to focus more narrowly within a field or geographical area, but they may still support the same types of activities that larger foundations do. They can also act as brokers and advocate on behalf of a movement, albeit typically at a more local level. Small foundations throughout the United States have had significant effects on local movements (Ostrander 2005; Kohl 2010).

Second, *because* of their size the large foundations wield disproportionate influence over the philanthropic sector.[11] They have been the largest funders of many of the organizations that support the sector and its political and public relations efforts. Among them is the Council on Foundations, the largest such organization in the country, providing foundations with a range of services and information. It also organizes the philanthropic sector's efforts to influence the tax policies that affect it.[12] In order to support the sector, Rockefeller and Ford helped establish the Council on Foundations as a national membership organization (Council on Foundations 2015). Large funders also pay a great deal more for membership than small funders.

In addition to providing disproportionate funding to organizations that support and influence the philanthropic sector, large foundations fund research about philanthropy aimed at improving practices. Moreover, as Chapter 2 discusses, large funders tend to be the focal points of public and state concerns about private philanthropy. These concerns have resulted in regulations affecting the whole sector.

Third, large foundations wield disproportionate influence over the structure and substance of the program areas to which they contribute. For example, discussed in Chapter 3, professionalization

processes internal to large foundations led to new standards for the organizations they funded. In turn, as major NGOs professionalized they established new norms in the NGO sector. And as noted above, when social movement organizations professionalize it affects their tactics and trajectories.

Additionally, because large foundations are able to influence the areas in which they fund and because they pay high salaries, they attract established experts to the program staff. These individuals' expertise and professional networks enhance the foundations' authority in the program area—and thus their influence on it. Furthermore, the size of large foundations' grants budgets enables them to develop more extensive grantee networks than smaller foundations can, which further amplifies their potential influence. Thus, large foundations affect the context in which smaller foundations operate.

Thus the findings of this study of five large foundations are relevant to the relationship between social movements and foundations of varying sizes. Moreover, because large foundations have a documented history of funding social movements directly and peripherally, they warrant investigation regardless of whether they represent the entire philanthropic sector.

Research Questions

To understand the role of the five foundations in the Reproductive Health movement, I sought to learn what the foundations did and what the movement did. What grants did the foundations award? What else did the foundations do? What were the movement's tactics and achievements? Answering these questions helped me identify correlations between the foundations' actions and those of the movement.

To assess the extent of the foundations' influence, I then inquired into the effects the foundations *intended* to have. What were the funders trying to achieve through their movement-related grants and other actions? Did the movement achieve what the funders wanted, by the means the funders supported? Of course funders were not the sole influence or necessarily the primary influence on movement tactics and achievements. And as noted above, unintended consequences of foundation involvement, such as inciting competition among movement organizations, can also indicate funders' influence on movements. However, identifying the achievement of intended effects can help locate the boundaries of foundations' power. Learning where the funders and the movement converged and diverged helped me locate such boundaries.

Finally, to explain why and how the foundations came to play the roles they did in the movement, I questioned not only their structures and practices but also the reasons for them. What were the foundations' decision-making processes? What influenced those processes? What was similar about how the foundations participated in or reacted to the movement? Why were there differences? Understanding the foundations' organizational structures and the internal and external influences that shaped the foundations' actions helped me answer such questions.

With the aim of understanding the funders' goals, strategies, and practices that shaped the Reproductive Health movement, and to understand the reasons for them, this study utilizes a range of sources. These include an original qualitative and quantitative data set, interviews with foundation staff and leadership, archival data, and secondary sources. This approach provides an unusually comprehensive view of foundations' roles in a movement. It offers insight into how funders support movements through their grants to both social movement organizations and non-movement organizations and through their other, non-grantmaking activities. It also illuminates foundations' motivations and the constraints on foundations' activities.

What Foundations Did: Grants Data

As discussed above, this study investigates how different types of grants awarded for specific purposes contributed to field-building and in turn shaped the Reproductive Health movement's composition, trajectory, and outcome. This section introduces the data I used for this endeavor (see Appendix 2 for further discussion).

Grants Lists

To understand how the foundations implemented their population program strategies through grantmaking, I developed an original qualitative and quantitative data set based on lists of their grants, typically published in annual reports. The data set includes 8,103 grants to 2,674 recipients. These grants represent nearly $1.9 billion awarded by the five foundations for work in the population field from 1990-2005.

The foundations' lists of grants include each grantee's name and location, a brief description of the grant's purpose, and usually the amount awarded. I developed a database and hand-coded the grants for over 150 characteristics, including location (where the grantee was based and where it worked), activity, issue focus, and target population (see Appendices 2, 3, and 4). Each grant could encompass multiple activity, issue, and population categories. I analyzed the data using Filemaker Pro and Stata for descriptive statistics.

Hewlett Foundation: Grantee Files

Data on Hewlett grants derive from four sources. Three are the same as for the other foundations: descriptions included in annual reports, grantee websites, and some third party sources. One data source, however, is unique to Hewlett: grantee application and report documents. The foundation permitted me to contact its grantees and request consent to view the application and report documents contained in their files. Hewlett was the only one of the five foundations that agreed to this.

Hewlett's available archives contained files for grants awarded from 1996-2005. During this period, the population program gave 267 recipients 709 grants totaling $304.4 million. With grantees' consent, I viewed the files of 104 grantees concerning 197 grants they received for a

total of $88 million. These numbers represent 39% of Hewlett's population program grantees, 28% of its grants, and 29% of the grant dollars the population program awarded from 1996-2005.[13]

The data from Hewlett also differ from the other foundations' data in additional ways. The grant descriptions that Hewlett included in annual reports tended to be cursory compared to those the other foundations provided. Hewlett also gave far more unrestricted, general institutional support grants, rather than grants for specific projects, than the other foundations did. It provided no descriptions for those grants because they were to support the organization as a whole. Thus, grants data from Hewlett's annual reports were sparse relative to those of the other funders.

On the other hand, Hewlett's grantee files provided exponentially more information about its grants than was available from the other foundations. The files included the grantees' mission, project goals, strategies, rationale, history, qualifications, challenges, and achievements. As a result, for a portion of the Hewlett grants addressed in this study, my data are more comprehensive than they are for the other funders.

Especially concerning general support grants, grantee files supplemented the annual report data and external sources. I reviewed Hewlett's files for general support grants representing one-third of the population program's general support grants and grant dollars for 1996-2005.[14] In order to code the remaining general support grants for which I did not have grantee file information, I needed to know a grantee's mission and general strategy. To this end, I read historical information presented on grantees' websites and—where available in searches of Internet archives—press releases, news items, and other NGOs' mentions of the grantees' work from the time period in question. Because general support grants are to support the grantee's pursuit of its organizational mission, these sources are adequate for identifying what the mission was and often the grantee's primary goals and strategies. I applied the same method when coding general support grants for the other foundations, although they made far fewer such grants.

Data from the grants lists, augmented with information from websites and third-party sources, provide a general overview of Hewlett's population grantmaking. The grantee files offer unique insight into the grantees, their self-presentation to the foundation, and the data Hewlett collected about applicants that became grantees. Combined, these sources provide a particularly multi-dimensional view of Hewlett's grantmaking.

Limitations

The grants data, even from the Hewlett grantee files, are an approximation rather than a literal record of what the foundations supported the grantees to do. Even under the best circumstances, what grantees use grant funds for is unlikely to match precisely the grant description in a foundation's annual report: The descriptions are brief but grantees' work is complex, so grant descriptions are inevitably incomplete. Furthermore, social movement organizations in particular may need to alter their course abruptly in response to changing circumstances. They may negotiate these changes with the foundation, but the grants lists will not reflect those changes.

Additionally, grantees often make adjustments that they do not negotiate with the foundation. As noted in the literature review, grantees may experience conflict between their priorities or capacities and the purpose of a grant. In grant proposals, applicants frame their work in a way that they think will appeal to the funder. This can entail emphasizing objectives or approaches that are less important to the applicants. An organization's effort to manage this conflict after receiving a grant may result in departures from the grant's purpose. Moreover, because funders prefer to support projects rather than general operating expenses, and because budget projections may not perfectly translate into reality, grantees can end up with a patchwork of support to cover a range of somewhat unpredictable expenses.

For any of these reasons and more, grantees likely used the funds for additional projects or for more extensive ones than those listed in the grant descriptions. And they may sometimes have used them for completely different projects. Nevertheless, there are three reasons to think that the approximation represented by the grants data remains a reasonable basis for determining what the foundations supported their grantees to do.

First, because most grantees of large foundations are well-established organizations or new organizations helmed by proven leaders, they typically have a track record for a particular kind of work. Deviations from the grant's purpose, therefore, are unlikely to be far removed from it. Funders also know that grant proposals are designed to appeal to them, so they evaluate and approve them in light of the applicant's history. Second, given the level of reporting large foundations require and the reliance of many major NGOs on foundation funding, grantees have incentive to do what they agreed to, even if not precisely as intended.

Although it is inevitable that some of the grant descriptions were inaccurate due to foundation error or grantees' change of course, it is improbable that they were usually, or even often, fundamentally inaccurate. Foundation informants characterized the grant descriptions as generally incomplete but not inaccurate. For the most part, grantees likely used the funds toward an effort comparable to but more complex than the one noted in the annual report: The purposes of the grantees' activities may have been more expansive than those listed, and their activities more numerous or with different emphases. Thus, it is more likely that the data understate the range of activities, issues, or target populations addressed by the grants, rather than overstate them or attribute them incorrectly.

Third, data analysis provides further support for the validity of the grants data. The evidence from grants data is supported by interviews with program staff and by secondary sources, and it is correlated with the movement's documented tactics. Furthermore, the strength of the patterns that emerged from the N of over 8,100 grants across five foundations suggests that major inaccuracies in the data were either rare or remarkably consistent. For all three reasons, although the grants data represent an approximation of what the foundations supported grantees to do, it is a well-supported and consistent approximation. It offers new evidence concerning foundations' involvement in social movements, providing a new avenue for understanding the relationship between funders and movements.

Coding and Analysis

As noted, I coded each grant according to over 150 characteristics in the following areas: Activity, Issue, Population, and Geography. Appendix 2 lists all of the categories for which I coded; Appendix 3 presents definitions of the categories discussed in this study. Appendix 4 describes the decision-making process I followed in coding the grants.

To determine the relevant Activity, Issue, and Population categories, I read annual report grant descriptions from each of the foundations and identified the terms they used that fell into these three groups. To some extent, developing the categories and coding were iterative processes. For example, when I came across sporadic grants addressing "female genital mutilation," I coded them for the Issue *Sexual and Reproductive Health*. However, when these grants began to appear more frequently, I added an Issue category for it and re-coded the previous grants.

To develop decision rules, I took cues from the grant descriptions and read the annual report program narratives in order to understand what the foundations meant by the terms they used. Coding by hand was necessary because the same word could have different implications depending on context. For example, grants addressing "fertility" could be concerned with any of several Issue categories: *Demography*, *Adolescent Pregnancy*, *Family Planning Access/Use*, or *Family Planning Methods*.

Foundation Strategies, Structures, and Practices:
Annual Report Narratives and Presidents' Statements

To understand the foundations' reasons for awarding the grants they did and to understand their institutional identities, structures, and practices, I examined annual reports, conducted interviews, and consulted secondary sources. This section explains the relevant data contained in the annual reports. I analyzed all five foundations' annual reports from 1990-2005. For additional historical context, I reviewed many of Rockefeller Foundation's annual reports dating back to 1913, all of Ford Foundation's from 1950 on, and all of Hewlett Foundation's from 1966.

In addition to grants lists, annual reports typically included a narrative explaining the program's purpose and its funding strategy, often highlighting a few grants. They also included a statement from the president and sometimes from other foundation leaders, such as a board chair or a vice president. Because the period covered in this study occurred almost entirely prior to the ubiquity of the Internet, annual reports provided the most direct and uniform way for funders to communicate to prospective grantees (Rabinowitch 1996; Seims 2009a) and to other foundations (Seims 2009a). Consequently, the narratives and presidents' statements tended to be comprehensive.

Annual Report Program Narratives

In annual reports, the grants list provides information on specific grants; a program narrative preceding the grants list explains the program's rationale for awarding those grants. Often in substantial detail, it describes the program's purpose and funding strategies. A comparison between sections of Ford's and Rockefeller's annual report narratives from 1993, the year prior to ICPD, illustrates the valuable context the narratives can provide.

Rockefeller's 1993 program narrative focuses on family planning, first describing the field's achievements:

> It is heartening to note that voluntary family planning services have proliferated in developing countries over the past 25 years. The proportion of women in the third world who use some form of contraception has risen from eight percent in 1965 to well over 50 percent today. According to the United Nations Population Fund, the average number of children has dropped from 6 to 3.9 per family. (28)

Continuing to reflect the population field's longstanding focus on expanding access to and use of contraceptives, the narrative goes on to articulate the purpose of Rockefeller's population program:

> The goal is to stabilize the world population at 10 to 12 billion people over the next decade. In order to achieve it, the 125 million women who would use contraception to space and limit their children must have access to reliable methods and services. (ibid.)

The narrative then describes Rockefeller's contribution toward this goal, emphasizing the foundation's support for contraceptive research and development. It also addresses the need for improved reproductive health services, particularly in high-fertility countries where many women lacked access to them.

Ford's 1993 narrative, on the other hand, describes a focus much broader than Rockefeller's:

> The scope of family-planning programs and population policies must be enlarged to address the full range of women's needs with respect to sexual and reproductive health. Individuals do not perceive their reproductive health needs in isolation, but rather within the context of their whole lives. (77)[15]

Ford's more holistic view of sexual and reproductive health, and the foundation's pursuit of a comprehensive approach contrast with Rockefeller's narrower focus. Also unlike Rockefeller, Ford expresses an interest in meeting reproductive health needs regardless of their relationship to fertility: "Sexual and reproductive health problems exist in countries with slow or negative population growth rates, as well as in those with high rates" (ibid., 77).

Such information from each year of the study period, for each foundation, provides valuable context for the grants data described above. This information also helps reconstruct the funders' orientations toward the Reproductive Health movement.

Statements from Presidents and Others

Annual reports also included statements from the foundation president. Packard additionally included statements from the board chair, and MacArthur for many years included statements from the vice president. These writings encompassed reflections on the foundation's work, changes in operations or programs, and the relationship between the foundation's work and the broader social, political, and economic context. Sometimes they also addressed issues in the philanthropic sector.

The presidents' statements elucidate the foundations' distinctive characteristics. For example, as discussed above, Hewlett Foundation gave far more grants for general support, rather than for specific projects, than the other foundations did. In the 1992 annual report, Hewlett president Roger Heyns explains why.

> Early on, the Board made the important policy decision to focus on institution-building. As a consequence, the Foundation has been particularly receptive to requests for general, as opposed to project, support. This is by no means a common foundation practice. It is easier and often more interesting to support individual projects; certainly such grants are often more attention-getting. (Heyns 1993, 2)

In this way, presidents' statements offer insight into a foundation's institutional values, norms, structures, and practices, and where they originated.

<center>Foundation Strategies, Structures, and Practices:
Interviews</center>

In order to understand the roles, practices, and perspectives of the foundations' leaders and staff, I sought interviews with former presidents, board members, and population program directors and program officers. Almost all program staff members I requested to interview consented, as did most of the presidents. Almost all board members either did not respond to or denied my requests. It is possible that former board members felt less of a connection to or investment in the foundation and, therefore, less motivation to reflect upon or inform me about it. Program staff and presidents, on the other hand, were most directly responsible for the foundations' work.

I interviewed twenty-three individuals who held approximately thirty-two positions at the foundations from 1990 through 2005 (see Appendix 5 for further details concerning interview subjects). Interviews addressed the informants' personal experiences, observations, and analyses of specific events during their tenure at the foundation. Interviews averaged about one hour in length.

Presidents were members of both the board and staff and they served as liaisons between the two. Therefore, they offer insight into both sets of actors and their practices. Among many other responsibilities, presidents helped determine the foundations' program areas and funding strategies and they oversaw the staff.

Program directors were responsible for ensuring that the program's grants advanced its goals, and they often helped develop the program's grantmaking strategy. Additionally, they served as intermediaries between the rest of the program staff and the president. This gave them a unique perspective on the interaction between the foundation's institutional priorities and norms and the program's operations and concerns. Moreover, program directors at all five foundations were experts in the field, most had previously worked at NGOs, and several had worked for USAID. Although the conclusions the program directors drew from their experiences differed, they all possessed extensive knowledge of the field. Program officers were the foundations' most direct link to grantees. They evaluated proposals, communicated with and visited grantees, and recommended grants for approval.

Although all of the informants offered different perspectives, their accounts of the foundations' roles in ICPD aligned, even concerning other foundations' actions. Additional data from secondary sources further support their accounts. Particularly informative were documents from the Sophia Smith Collection's Population and Reproductive Health Oral History Project, housed at Smith College. The collection includes transcripts of interviews with several of my informants and their colleagues. Among a wide range of topics, the extensive interviews encompass the informants' work at the foundations and at other institutions in the field, including USAID and foundation grantee organizations. These documents augmented and supported data from my interviews.

Historical Data

To identify the origins of the foundations' organizational structures and practices, I relied on annual report archives, secondary sources, and interviews. I reviewed annual reports from Rockefeller, Ford, and Hewlett dating back to their founding. Additionally, there are numerous historical accounts of Rockefeller's and Ford's work in several fields. They attracted attention because Rockefeller was one of the first major foundations in the country and because Ford was significantly larger and more influential than any others beginning in the 1950s. Because MacArthur operated for only about a decade prior to the study period, it was possible to learn about its history through interviews. Similarly, although Packard was older than MacArthur, I was able to interview an informant who had been with the foundation since the beginning.

Movement Data

Because the purpose of this study is to gain insight into foundations as organizations and into the mechanisms of foundations' influence on social movements, my primary data mostly focus on the foundations rather than on the movement. However, a variety of secondary sources provided

comprehensive insight into the Reproductive Health movement. These sources addressed the movement's origins, goals, strategies, tactics, composition, trajectory, and achievements.

Among these sources were academic analyses and publications by movement organizations from the ICPD period and afterward. They also included transcripts of interviews with movement actors and opponents that were conducted for the aforementioned Population and Reproductive Health Oral History Project. These sources, along with the foundation archives described above, provided accounts of the movement's ICPD campaign. They also conveyed the context surrounding the Reproductive Health movement's emergence, including the history of the population field and the development of an international women's movement focused on the UN.

Some primary sources also contributed valuable insight into the Reproductive Health movement. I conducted an informal interview with one of the most influential movement leaders and attended two presentations she gave about the Reproductive Health movement, ICPD, and the movement's continued efforts concerning the UN over the twenty years following ICPD. And, as discussed in the chapters that follow, some of the foundation program staff members I interviewed were long-time movement participants. Finally, although the foundations' grants lists reflect funders' priorities rather than necessarily those of the movement, the grant descriptions coded in my database provide substantial information regarding movement activities.

Summary

The wide range of sources this study utilizes offers a uniquely comprehensive view of foundations' involvement in the Reproductive Health movement. It allows the study to illuminate the relationship between funders and movements by showing what foundations funded and what other strategies they employed, and how these activities constituted field-building mechanisms that channeled the Reproductive Health movement. It also allows for exploring the reasons behind the funders' actions. Below I present a brief description of the chapters that follow.

Chapters

Part 1: Foundations as Organizations

Chapters 2 and 3 explain structural reasons for the foundations' field-building activities that subsequent chapters discuss in detail.

Chapter 2: Origins of Five Foundations and their Population Programs

Chapter 2 explores historical and personal influences on the foundations' approaches to philanthropy and to the population field. It introduces distinctive characteristics of each of the five foundations that shaped their population programs. In addition, it explores the origins of those characteristics. The chapter shows how the foundations' structures, operations, and population programs were shaped by the historical era during which the foundations were established.

The foundations' early leaders, including founders and their family members to varying degrees, responded to four features of the historical era: 1) the views of the general public and the U.S. government toward philanthropic foundations; 2) the national and international political context; 3) the status of the population field; and 4) philanthropic sector norms. This chapter's overview of the roots of the foundations' approaches to philanthropy and to population provides context for the funders' field-building work addressed in later chapters.

Chapter 3: Structures and Motivations that Influence Field-Building

Chapter 3 introduces additional structural reasons for the foundations' field-building activities, exploring factors that influenced board and staff decisions. The chapter examines foundations' unique characteristics as organizations, their leadership and staff structure, and the grantmaking process. It also outlines relevant tax regulations and philanthropic sector norms. Further, the chapter examines additional factors, such as foundations' relationship to risk, that affect board decisions.

The chapter also investigates the consequences of professionalization in the philanthropic sector, particularly concerning the rise of professional staff. Delving into the program staff's roles, activities, and concerns, the chapter additionally explores the implications of staff members' personal commitment, expertise, and networks. It also addresses status pressures in three spheres—the foundation, the philanthropic sector, and the program area. The chapter examines how these factors affect staff's strategies for influencing the board and other foundations.

Against the backdrop of the origins, structures, and motivations described in Chapters 2 and 3, the chapters that follow tell the story of how the five foundations shaped the population field, first through advancing Family Planning and then through helping to build the Reproductive Health movement field.

Part 2: Foundations and Population Field-Building, 1950s-1980s

Spanning the 1950s through the 1980s, Chapters 4 and 5 present the intertwined histories of the population field's intellectual and institutional development, Ford's and Rockefeller's involvement in the field, and feminist responses to it. The chapters focus on major turning points

in the population field, showing how philanthropic foundations responded to them and influenced the field's trajectory. From the events of these four decades, the Reproductive Health movement emerged to transform the field in the 1990s.

Chapter 4: Ford, Rockefeller, and the International Population Field, 1950s-1960s

Chapter 4 demonstrates that beginning in the 1950s the support of Ford and Rockefeller was instrumental in developing and advancing the Family Planning frame. In doing so, they helped transform a peripheral movement into a major international force. The chapter explains the multiple field-building mechanisms the foundations employed, applying their unique material, human, and symbolic resources to grants and other activities. In particular, it shows how the foundations responded to and also created new needs and opportunities. The foundations' work in the 1950s and 1960s set in motion processes that decades later inspired the Reproductive Health movement.

Chapter 5: Ford, Rockefeller, and the International Population Field, 1970s-1980s

Chapter 5 shows how Ford and Rockefeller responded to significant changes in the population field and in the broader context during the 1970s and 1980s. As their position changed in the field, the foundations sought to use their resources strategically to continue influencing the field. The chapter also illustrates the important roles that institutional norms and foundation staff and leadership played in shaping the foundations' field-building work. Ford and Rockefeller employed the same mechanisms during the 1970s and 1980s as they had in the 1950s and 1960s, but for evolving purposes. In particular, during these two decades the foundations increasingly responded to emerging critiques posed by domestic and international women's movements. The interactions between the foundations and the actors and events addressed in this chapter contributed to the rise of the Reproductive Health movement.

Part 3: Foundations and the Reproductive Health Movement, 1992-1994

Chapters 6 and 7 add a third foundation to the discussion: MacArthur. The chapters investigate the mechanisms through which Ford, MacArthur, and—more reluctantly—Rockefeller helped build the international Reproductive Health movement field in support of a major campaign. The chapters focus on 1992-1994, a period including preparations for the pivotal 1994 UN International Conference on Population and Development (ICPD) in Cairo. The two chapters show how the foundations' involvement was instrumental to the Reproductive Health movement's success in advancing a feminist reinterpretation of population and development policy at ICPD.

Chapter 6: Ford, MacArthur, and Rockefeller: The ICPD Campaign, 1992-1994

Chapter 6 traces the major components of the Reproductive Health movement's ICPD strategy from development to implementation, demonstrating how the foundations were central actors at each turn. The chapter describes Ford's and MacArthur's efforts to advance the Reproductive Health frame. In addition, it shows that while Rockefeller promoted the incumbent Family Planning frame, it also—often inadvertently—supported the Reproductive Health movement's campaign. The chapter explores the three foundations' use of specific field-building mechanisms that expanded the movement's capacity, certified movement actors and frames, and diffused frames. It demonstrates that Ford, MacArthur, and Rockefeller played decisive roles in the Reproductive Health movement's victory at ICPD.

Chapter 7: Reproductive Health Field-Building Beyond the ICPD Campaign, 1992-1994

Chapter 7 examines the three foundations' contributions to the movement field during the 1992-1994 period *other than* their direct support for the ICPD campaign. The chapter highlights the Activities and Issues the foundations prioritized in their non-ICPD grants. The chapter demonstrates that Ford's and MacArthur's non-ICPD grants were particularly supportive of the Reproductive Health frame and closely aligned with the ICPD campaign strategy. Rockefeller's grants mostly resisted the Reproductive Health movement; however, its grants that inadvertently supported the movement may have been more influential. The chapter shows how foundations may indirectly benefit a movement campaign by supporting its strategy or helping shape its context in a favorable way.

Part 4: Foundations and Field-Building after ICPD, 1995-2005

Toward understanding foundations' involvement in a social movement field after a pivotal event, Chapters 8 and 9 investigate the responses of five foundations to the aftermath of ICPD. The chapters continue discussion of the three philanthropies addressed previously: Ford, Rockefeller, and MacArthur. They also introduce two more: the David and Lucile Packard Foundation and the William and Flora Hewlett Foundation. Ford and MacArthur were proponents of the Reproductive Health approach agreed upon at ICPD, centrally concerned with women's health and gender inequality. Rockefeller, Packard, and Hewlett were advocates of the Family Planning approach that ICPD had marginalized; they prioritized direct efforts to lower fertility.

Chapter 8: After ICPD: The Funders Respond, 1995-2005

Chapter 8 explores how the five foundations positioned themselves to influence the Reproductive Health field following ICPD. In particular, it shows how they oriented their program structures, strategies, and/or discourse in response to the newly dominant Reproductive Health frame. It also highlights the roles of foundation leadership and staff in determining the foundations' strategies.

The chapter shows how the foundations sought to continue participating in field-building after ICPD.

Chapter 9: Institutionalizing the Reproductive Health Frame: The Roles of Five Foundations, 1995-2005

Chapter 9 demonstrates how the five foundations pursued their post-ICPD strategies through grants that aimed to institutionalize the Reproductive Health movement's achievement or to resist it. The chapter examines the foundations' grants in three Activity categories and two broad Issue categories, exploring how the grants advanced the funders' agendas concerning the Reproductive Health movement. The chapter shows that despite the Family Planning funders' resistance, the grants of all five foundations helped institutionalize the Reproductive Health frame embodied in the ICPD agreement.

Conclusion

Chapter 10: Understanding the Role of Foundations in Social Movements

The final chapter reviews the findings that answer my guiding research questions. It summarizes how the foundations' grants and other activities served as field-building mechanisms that first helped establish the population field and later supported and channeled the Reproductive Health movement—before, during, and after ICPD. It also reviews how structural and normative factors shaped the foundations' work and led to similarities and differences among the foundations.

The chapter then discusses the study's implications for social movement research. These include its implications for how to study the relationship between foundations and movements, and how to conceptualize the roles of foundations and their resources. The chapter also recommends approaches to further areas of study, including foundations' orientations toward risk, the possible limits of field-building, and the arenas in which foundations may be most effective in advancing social movements.

Summary

This study combines an analysis of an original data set including 8,103 grants made by five foundations, interviews with foundation staff and leadership, and archival data, with an historical narrative of the population field and the Reproductive Health movement. This novel approach leads to a new explanation of social movement field formation and development. Furthermore, it provides a new account of the Reproductive Health movement's triumph at ICPD.

Through tracing foundations' work in the population field over time, the study reveals how deeply embedded funders can be in social movement fields. It identifies multiple mechanisms of influence through which foundations contributed to channeling the Reproductive Health

movement. In the process, it shows how foundations enabled the movement to succeed at ICPD. The study also illuminates the reasons behind the foundations' actions, explaining many of the constraints on foundations' activities and the origins of these constraints.

From these findings emerges a new, more comprehensive understanding of the dynamic relationship between foundations and social movements. Moreover, with its findings the study offers a new explanation of how this relationship leads to social change.

PART 1

FOUNDATIONS AS ORGANIZATIONS

Chapter 2

ORIGINS OF FIVE FOUNDATIONS AND THEIR POPULATION PROGRAMS

This chapter and the next offer structural reasons for the five foundations' field-building activities that shaped the Reproductive Health movement. They seek to explain why the foundations did what they did. Subsequent chapters describe what the foundations' grantmaking and other field-building activities were.

This chapter introduces the five foundations' distinctive traits and where they originated. These traits shaped the foundations' interests in population and the trajectories of their population programs. For instance, four of the five foundations entered the population field in support of the Family Planning approach; only Ford reversed course and became an early advocate and supporter of the Reproductive Health movement. The other three funders incorporated aspects of the Reproductive Health approach into their programs but remained grounded in their original orientations. MacArthur was the only foundation to enter the population field in full support of the Reproductive Health frame. The reasons for these variations and others stem from two primary conditions: the historical era in which the foundations were established and the nature of the founders' and their children's involvement in running the foundations.

Four intersecting features of the historical era shaped the foundations and their population programs: 1) the views of the general public and the United States government toward philanthropic foundations; 2) the national and international political context; 3) the status of the population field; and 4) philanthropic sector norms. The founders and/or their children responded to these historical conditions in idiosyncratic ways that shaped the philanthropic sector and the foundations' structures, operations, and grantmaking programs. Two of the foundations had strong family leadership only initially; two other foundations had sustained founder and family leadership. One foundation had short-lived, weaker family leadership.

A foundation's early leaders establish structures and norms that determine decision-making processes, the staff's roles (including their degree of autonomy), and the types of grants its programs provide. They also establish the foundation's funding areas. These early leaders include the founders and/or their children, as well as others with varying levels of influence. In developing their foundations and programs, all of the foundations' early leaders relied on outside experts and looked to existing models in the philanthropic sector.

This chapter first presents the formative influences on the development of each of the five foundations. It particularly focuses on Rockefeller's and Ford's origins as both were instrumental in the development of the philanthropic sector and the population field. Rockefeller is one of the oldest foundations in the country and for many years Ford was the largest foundation in the world. The origins of the Packard, Hewlett, and MacArthur foundations illustrate the influence of founders and other early leaders in two specific situations: where there is sustained founder and

family involvement, and where the founder neither participates in running the foundation nor gives his children primary authority over it.

The chapter then introduces the origins of the foundations' population funding, highlighting the influence of the historical era—including the population field era—and the influence of the founders and/or their children. Population was among the earliest funding areas at all five foundations, and their programs continued to be shaped by their origins. Even though Ford eventually reversed course, it supported its original approach for thirty years. The field-building activities described throughout later chapters are rooted in the histories presented in this chapter.

Rockefeller and Ford: The Influence of Historical Era, Founders, and Early Leaders

Since the first modern philanthropic foundations in the United States were established in the early twentieth century, the government and the public have been wary of them. This suspicion defined Rockefeller's early history and influenced Ford's. In the pre-World War I era and the early Cold War era, public criticism of and government inquiries into the philanthropic sector occurred in tandem with the establishment of Rockefeller and Ford. The scrutiny led to philanthropic sector norms, developed deliberately and otherwise, that persist today. These include professionalized boards and staff and rationalized grantmaking procedures, which affect the staff's roles and characteristics, program areas and strategies, and grant decisions. All of these shape foundations' field-building activities.

The state and the public are primarily concerned about foundations' power, potential abuse of their tax status (discussed in the next chapter), and their support for objectionable causes or organizations. Foundations have thus repeatedly had to prove to the state and the public that they are both legitimate and worthwhile. They have done so through professionalization and rationalization, drawing attention to their work in areas that have the general public's approval, and limiting their support for efforts that are likely to draw negative attention.[16] This section outlines the origins of the Rockefeller and Ford foundations, illustrating the early roots of the tension between the state and the philanthropic sector. It also highlights the foundations' strategies to alleviate the tension. This discussion demonstrates how the era in which a foundation is established influences its structure, programs, and operations.

Rockefeller

Founded in 1913, Rockefeller Foundation played a major role in defining the philanthropic foundation as an institution. Moreover, the trajectory of the philanthropic sector can in part be traced to conflict between John D. Rockefeller and the United States government and to the public's distrust of him.[17] These factors helped shape the philanthropic sector's structures and norms, with far-reaching implications—including for the five foundations' involvement in the Reproductive Health movement.

Rockefeller was the second major, modern philanthropic foundation in the United States, preceded only by Carnegie Corporation in 1911.[18] It is the oldest of the five in this study by several decades. Prior to Carnegie and Rockefeller, philanthropy in the United States was mostly limited to local charity that was palliative in nature and oriented toward social services (Bremner 1960). This reflected the country's strongly federalist tradition that preferred local volunteers, charities, and governments to take responsibility for local social welfare (Karl and Katz 1981; Biebel). The federal social programs of the New Deal—and the national perspective that would grudgingly allow them—were a long way off, and social problems were not usually addressed systemically (Karl and Katz 1981).

John D. Rockefeller was one of the major industrialists of the Gilded Age in the latter third of the 19th century. He was part of a new phenomenon of men making unprecedented amounts of money at an equally unprecedented speed (ibid.). As Carnegie had, Rockefeller developed an interest in creating a philanthropic organization, but not in the traditional model.[19] The industrialists valued rationality and science and were unimpressed by traditional charity that seemed to ameliorate symptoms rather than address causes (Bremner 1960; Karl and Katz 1981; Curti 1961).[20] Their new approach to philanthropy established the sector that the four other foundations in this study later entered. Its advent, however, was contentious.[21] Many objected to the existence of foundations and trusts, perceiving them to afford elites excessive influence over society and to threaten democracy (Karl and Katz 1981; Bell 1971; Berman 1982; Howe 1980; Roelofs 2007).[22]

Rockefeller's philanthropic ambitions were particularly distressing to the American public and seen as threatening by the government. His ruthless business practices were notorious; he had been vilified in the press and was greatly distrusted (Corner 1960; Gras 1941; Karl and Katz 1981; Howe 1980; Bell 1971).[23] Moreover, the foundation's interest in large-scale projects conflicted with the tradition of confining charity to the local and state level—any diversion from which was perceived as a potential challenge to federalism (Karl and Katz 1981). Yet despite such objections, in 1913 the Revenue Act established an income tax exemption for charitable organizations, including these large philanthropies.[24] Through this act, the government gave up revenue it could have collected and opened the door to the philanthropic sector's emergence as a defining feature of American society.[25]

Professionalization

John D. Rockefeller did not actually participate in the foundation after establishing it, though he was officially on its board and provided guidance to his son, John Jr., the foundation's first president (Chernow 1998).[26] John Jr. was badly shaken by the virulent criticism of his father and of the foundation in its early years (Chernow 1998). This included negative attention from Congress regarding the perceived relationship between Rockefeller Foundation and the family's companies, which were headquartered in the same offices (Biebel 1976). Consequently, he set in motion processes that shaped the philanthropic sector for decades to come.

John Jr. imposed internal constraints that affected the foundation's grantmaking programs, the composition of its leadership, and its operations: The foundation opted for uncontroversial

funding areas and sought to professionalize its board and rationalize its grantmaking procedures. In particular, it sought to improve its public image through supporting scientific research, especially geared toward medical advances, an effort that was almost universally welcomed (Biebel 1976; Karl and Katz 1987). Decades later, this approach was still evident in the foundation's population grantmaking in the 1990s.

As John Jr. began to professionalize the foundation, he initiated a norm of professionalization as the philanthropic sector's customary response to criticism by the state and the public. For John Jr., this took the form of recommending to the board additional trustees who were relatively well-known and perceived to be independent (Karl and Katz 1987). He also stepped down as president in 1918, though he took the position of board chairman (Karl and Katz 1981). In addition, the foundation began developing a professional staff to rationalize its operations and to further assert its legitimacy as an institution (Biebel 1976; Karl and Katz 1987).[27] The implications of professionalization and rationalization are discussed in the next chapter.

Programs

The historical era in which John D. Rockefeller made his fortune helped give rise to both the Rockefeller Foundation and the controversy surrounding its founder. However, the specific historical moment at which the foundation was established presented an opportunity for the foundation—and the new philanthropic sector—to begin acquiring legitimacy. The United States' entrance into World War I in 1917 provided the foundation with a visible platform on which to demonstrate its good intentions and its value to society. Rockefeller devoted great resources to the relief effort, which softened the public's perception of the foundation (Karl and Katz 1981). Moreover, the war gave the country an experience of national unity. Although this experience did not weaken the country's commitment to localism, it may have alleviated some fear of national-scale philanthropy (ibid.).

World War I also connected Rockefeller Foundation to the needs of societies outside of the United States. Following the war, it wanted to address diseases that "stopped at no boundaries and respected no flags," asserting that politics should be "irrelevant in the face of human suffering" (Fosdick 1963, 1). In the 1920s, Rockefeller began supporting medical research and the training of health care providers in India and elsewhere (Gordon 1997).[28] Thirty years later, supported by their longstanding relationship, India became the primary site of Rockefeller's population work.

The particularities of Rockefeller's founder and his son, and the historical era in which the foundation was established, combined to help initiate philanthropic sector norms and the often tense relationship between the sector and the state. The historical era also shaped Rockefeller's funding areas. Ford's early experiences further demonstrate the significance of the founding era and the foundation's response to state scrutiny.

The interests and priorities of Ford Foundation's early leaders were shaped by a specific historical context. The interaction between this context and idiosyncrasies of Ford's founder and his son led Ford to establish distinctive institutional norms that influenced its grantmaking for decades to come. Additionally, Ford's history illustrates how bold leadership early on, the advice of experts, and existing models of philanthropy help determine a foundation's trajectory, including its operations and funding areas.

Ford Foundation was established in 1936 as a Michigan-focused family foundation to which both Henry and Edsel Ford, father and son, contributed (Bell 1971; Ford Foundation 1936; Sutton 1987). After their deaths in 1947 and 1943, respectively, the foundation received substantial Ford Motor Company stock. This catapulted Ford into the position of largest philanthropic foundation in the world.[29] During this period, American optimism from the World War II victory and strong economic recovery were tempered by the still recent experiences of the war and the Depression, and by new fears of nuclear war and communism's spread. This tension underpinned the new Ford Foundation as its leaders defined its purpose.

Early Leaders and Experts

As had occurred at Rockefeller, the founder's son strongly influenced Ford Foundation. However, Ford's leaders relied more on outside experts than Rockefeller's had. Founder Edsel Ford had not left instructions for the foundation, which his son, Henry II, led after his death. Henry II did not want the family's interests to determine the foundation's funding areas. Instead, he wanted the foundation to be responsive to "the national interest" (Sutton 1987, 46). Henry II and the trustees sought guidance from outside experts to discover what that might entail. They recruited attorney Rowan Gaither to lead a multidisciplinary committee of seven academics to develop recommendations (Bell 1971). Henry II sent the committee members throughout the country to interview over one thousand experts in a range of fields (Sutton 1987).[30] The only guidance he would provide was that he preferred the foundation to focus on issues that lacked support from other sources and not to emphasize funding for the arts (ibid.).

The 1949 "Gaither Report" that the committee produced, combined with the appointment of a new president, launched Ford on its trajectory to becoming one of the most influential philanthropies in history. In 1950 the trustees adopted the report's recommendations, which continued to guide the foundation for at least the next sixty-five years. That same year, Henry II persuaded Paul Hoffman to succeed him as president, while Henry II moved to the board (ibid.). This mirrored John Jr.'s transition at Rockefeller from president to board chair. Hoffman had a specific, international perspective and a leadership style that led to some of Ford's most enduring, defining traits. Both the Gaither Report and Hoffman were products of their time.

Era Shapes Program Areas and Foundation Structure

The Gaither Report recommended that Ford become an international foundation and called for five funding areas reflecting the post-war era: establishing peace, strengthening democracy, strengthening the United States economy, supporting education in democracies, and advancing the behavioral sciences (Bell 1971; Sutton 1987). In contrast to Rockefeller's contentious early relationship with the American public, the Gaither Report—especially its focus on peace— enjoyed a positive reception from the press and the public (Sutton 1987). Although critics always remained, the general public's vehement resistance to the philanthropic model that Rockefeller and Carnegie established nearly forty years earlier had given way.[31]

The shocking experiences of the Depression and World War II, both of which suddenly transformed the social, economic, and political context, may also have influenced the process Ford established for determining program areas. For example, one recommendation the trustees approved called for sidestepping the conventional philanthropic practice of specializing in a particular area of interest in favor of responding to whatever issues were most important and urgent at a given time (Ford Foundation 2013). As subsequent chapters demonstrate, this institutionalized capacity to be flexible shaped Ford's involvement in the population and reproductive health fields.

The appointment of Paul Hoffman in 1950 to replace Henry II as president also strongly influenced the development of Ford's institutional structure and norms. His role further demonstrates the significance of both historical era and leadership at the time a foundation is established.[32] Hoffman came to Ford from administering the Marshall Plan aid program, which left him with the firm belief "that international problems could yield to…constructive effort and optimism" (Sutton 1987, 54). His conviction was shared by many in the United States and abroad.[33] Hoffman embodied the era and he set Ford's course. For example, just over a year after his 1951 visit to India, Pakistan, and the Middle East, resident Ford representatives were developing programs in the regions (Sutton 1987; Gordon 1997).[34] Overseas field offices quickly became a central feature of Ford Foundation and, as discussed in Chapter 4, were particularly influential in the foundation's early engagement with the population field.

Founders, Early Leaders, and the Foundations' Distinctive Features

At all five foundations, the role played by the founders and their family members was especially important in determining the foundations' most distinctive characteristics. Their responses to existing models of philanthropy contributed to their influence. Ford provides a particularly clear example. One uncommon Ford Foundation feature is its decentralized structure. This stems from three factors: the founder's preference as interpreted by his son, the efforts of a new president, and a reaction against Rockefeller's model.

Although founder Edsel Ford had left no instructions, Henry II relied on his example. One of Henry II's advisors at Ford Motor Company recounted that "Henry's most important adviser was his deceased father; he found Henry always groping to divine what his father would have done in the same circumstances" (Sutton 1987, 44). For example, Edsel had strongly believed in the

value of giving competent workers autonomy; Henry II continued this tradition both at Ford Motor Company and in how he structured the foundation (Sutton 1987). As described in later chapters, this shaped the foundation's population program and specifically its support for the Reproductive Health movement.

Demonstrating the importance of the founder, other early leaders, and peers in the philanthropic sector, Henry II's preference for decentralization was supported by the Gaither Committee and institutionalized by his successor as foundation president, Paul Hoffman.[35] In its recommendations for the foundation's governance and operations, the Gaither Committee was strongly influenced by tensions that Rockefeller trustees and staff reported (ibid.). Rockefeller trustees wanted substantial control over the programs and preferred a small staff in order to limit diffusion of responsibility, but the staff was overburdened. In direct response to that perception and rumblings about bureaucratic obstacles at Rockefeller, the committee recommended that Ford be structured differently:[36]

> The trustees, while controlling the main lines of policy, were to give the president and officers 'considerable freedom in developing the program'…The day-to-day business of the Foundation was to be the responsibility of hired hands; but they were not to be the mere executants of the trustees' wills. (ibid., 50)[37]

The value of staff autonomy and decentralized decision-making continued to be a Ford hallmark, one that subsequent chapters show affected the development of both the population and reproductive health fields.

Under Hoffman's leadership, decentralization was extended internationally; foundation representatives in Asia and the Middle East were afforded great autonomy in developing and managing their programs (Bell 1971).

> Henry Ford's readiness to trust a staff and to delegate authority certainly supported Hoffman's ventures, but the striking pattern of authority and initiative of overseas representatives that emerged in Ford's program bore the mark of Hoffman's individual style. (Sutton 1987, 75)

This decentralization of authority and the high degree of staff autonomy were unique to Ford compared to the other four foundations in this study, and it influenced Ford's grantmaking throughout the research period. The factors that led to it, however, were the same ones that shaped the development of the other foundations: the founders or their family members, other early leaders, and the existing models of philanthropic institutions.

Effects of Government Scrutiny

In addition to these influences on Ford, government scrutiny affected it programs. Ford and Rockefeller, along with Carnegie, twice faced McCarthy-era congressional investigations in the 1950s, from the 1952 Cox Committee and the 1954 Reece Committee. As Ford had only been a major foundation since 1950, these investigations had a formative influence on its programs. The

Cox Committee investigation, primarily seeking evidence of "un-American activities and subversive activities," resolved favorably for the foundations (Gideonse 1954, 458). Unsatisfied by the Cox Committee's findings, however, Rep. Reece initiated a more expansive investigation.

Generally disregarding Ford's extensive international programs, even one focused on U.S.-Soviet relations, the Reece Committee was concerned about domestic grantmaking. Ultimately, it determined that the foundations *were* subverting the United States government, particularly through their education and social science funding. This finding was immediately discredited, however, because the Committee's report coincided with the downfall of Senator Joseph McCarthy and his domestic anti-communism crusade (Gideonse 1954).

Even though the investigations resolved favorably for Ford, they occurred early enough in the foundation's development to affect its programming. Ford's president at the time, Rowan Gaither, testified before the Reece Committee that the foundation

> would undoubtedly make mistakes and that it might even incur criticism, but that its usefulness would 'really be at an end if [it] ever became more interested in playing it safe than in serving humanity.' (ibid., 463)

Yet despite these bold words, the foundation did appear to play it safe in some areas due to the investigations, as "anxieties over the Foundation's image and repute were slow to subside" (Sutton 1987, 83). These anxieties contributed to the cessation of grantmaking for the behavioral sciences, and may have discouraged the foundation from engaging with civil rights and other contentious domestic issues in the 1950s (Sutton 1987; see also Karl and Katz 1981, 259 regarding this phenomenon). The government and the public tended to ignore or support the foundation's international work, however, so Ford felt freer to explore bold programs overseas. Subsequent chapters demonstrate the foundation's boldness in the population field.

Founders and Family Leadership at Packard, Hewlett, and MacArthur

The Packard, Hewlett, and MacArthur foundations were not directly involved in conflicts between the philanthropic sector and the state, but they were shaped by the sector's response to them. All three adopted the professionalized and rationalized structures that had become sector norms (discussed further in the next chapter). As they were established during the same period in the sector's development, variations among the three foundations highlight the role of early leaders—including founders and their families—and the influences on them. Packard's and Hewlett's origins show how sustained founder and family involvement shapes foundations' programs and operations. MacArthur, in contrast, was established without any guidance from the founder and with only the short-lived leadership of his son. The early leaders' personal interests and their views of how to improve the practice of philanthropy shaped all three foundations.

Because the founders of the Packard and Hewlett foundations were peers and established their foundations just two years—and a few miles—apart, the two institutions were subject to the same historical context. Moreover, their founders had been friends and business partners for decades, so they also shared a social context. The two foundations' structures had similarities and differences that stemmed from their founders' preferences (Chapters 8 and 9 address the population programs' *substantive* similarities and differences).

The primary structural similarities pertinent to this study were the sustained leadership of the founders and their family members, and the founders' mutual interest in population. The primary structural differences were the extent of family control, the types of grants they favored, and the sizes of their staff. David and Lucile Packard established their foundation in 1964; William and Flora Hewlett and their son, Walter, established theirs in 1966.[38] Although both foundations adopted the professional norms of the philanthropic sector, both were defined by their founders' ongoing, personal leadership—Packard to a greater extent.

Founder and Family Leadership

Unlike the early leaders of Ford and Rockefeller, who sought to distance the foundation from the founding family, the Packard and Hewlett families maintained personal control. Both foundations' program areas—including population—derived from the founders' interests, rather than from those of the board or external advisors. The founders or their family members also made grant decisions. Both Packard's and Hewlett's funding areas were more stable than those of the other foundations. Unlike Rockefeller, Ford, and MacArthur, neither experienced a major upheaval in their program areas from their founding through 2005. Sustained family involvement may foster such stability.

For over a decade, Lucile Packard reviewed and responded to grant proposals herself.[39] After she died, David assumed a more active role in leading the foundation. All four of their children joined the foundation's board upon turning twenty-one and helped shape the program areas. Eventually, the children's spouses joined it as well. Even after adding non-family staff and board members, Packard continued to be a family foundation—its board dominated by family members—rather than an independent one.[40]

Hewlett's origins mirrored those of Packard. The foundation was led solely by family members during its first decade: The three founders were the only board members for the first five years, at which point two more of William and Flora's sons joined the board. The founders' interests determined the funding areas and the family decided on the grant recipients. However, in 1981, fifteen years after establishing the foundation, William Hewlett decided that it should be an independent foundation rather than one controlled by the family. From that point, the board was dominated by non-family members, though the founders and their family remained closely involved.[41]

Reflecting the sector norm of having a professional staff, in the mid- to late-1970s, both Packard and Hewlett appointed non-family members to be foundation president. At both foundations, however, the founders retained the position of board chair. From this position, they exercised significant control over the selection of board members and over defining grantmaking programs.

William was Hewlett's board chair until 1994, when his son—who was also a co-founder—succeeded him. David remained chairman of Packard Foundation until he died in 1996, at which point his daughter assumed the role. She held this position through the research period. Although Henry II at Ford and John Jr. at Rockefeller had also transitioned from president to board chair, they did so earlier in the foundations' development than did David Packard and William Hewlett. Moreover, when Henry II and John Jr. ultimately stepped down as board chair, they were not replaced by family members.

William Hewlett's influence as board chair, even with non-family members dominating the board, appears to have been strong but not always overt. Two different Hewlett presidents insisted that, as chair, William never asserted his will over the rest of the board (Heynes 1993; Gardner 2003). That both presidents specifically noted his restraint (one doing so after William's death) suggests that it may have been unusual in foundations where the founder chairs the board.

Even if a founder welcomes alternative views as board chair, however, it is perhaps unavoidable that other board members would defer to him. After all, he is the source of the foundation's wealth. In fact a program staff member characterized William Hewlett as the gatekeeper to the foundation's board; when she wanted to change the program strategy, she had to persuade him first (Murray 2006). Moreover, when she failed to persuade him, she had no recourse. This suggests that aspects of William's leadership role may have been more apparent to program staff than to the presidents.

Death of Founder

David Packard's death led to a tripling of the foundation's assets (Orr 1998), causing the foundation to reassess its purpose and programs (Wilbur 2010). Unlike Ford's response to the same situation, Packard sought to maintain the family's influence and did not reinvent itself.[42] The Packard board relied on the children's written statements about their parents' values, adopting them as "guiding principles" and "core values" of the foundation (Orr and Wilbur 1997, 6).[43] More than a decade after David's death, program staff informants referred to one of those principles, "think big," as an influence on the population program (Holcombe 2011; Anonymous Packard 2010).[44] Among the five foundations, Packard's population program from 1990-2005 was distinctive in its emphasis on large-scale family planning programs.

Unlike Packard, Hewlett Foundation did not undergo a leadership transition as a result of William's death.[45] He had stepped down as board chair seven years earlier and his son and co-founder had stepped in. The foundation's assets also did not experience growth as dramatic as Packard's. William Hewlett had contributed additional assets to the foundation over at least the last decade before he died in 2001.[46] Perhaps partly as a result, the foundation's growth, while

substantial, was not at the level of Packard's: In the first year following William's death, Hewlett's assets increased about 62%; in the first year following David's death, Packard's increased over 200%.

Mirroring Packard's effort to institutionalize the founders' values and principles, Hewlett Foundation, following William's death, articulated eight "Guiding Principles" (Hewlett Foundation 2011, 1). These highlighted the founders' understated bearing and "respectful leadership" (ibid., 1). The document also noted their preference for a "small staff of exceptional quality, low overhead, [and] simple procedures" (ibid., 1).

Hewlett's staff continued to be small and it continued to favor general support grants to help build institutions, as described in Chapter 1. Packard's staff, on the other hand, grew substantially—and quickly. A program staff member recalled that between 1994 and 1999, when she left the foundation, the staff had increased five-fold (Campbell 2009). That resulted in more complex decision-making processes involving more people (Campbell 2009). The significance of staff size for grantmaking is further addressed in the next chapter.

MacArthur

At MacArthur Foundation, unlike at Packard and Hewlett, the founder was not involved in the foundation's development. John D. MacArthur established the foundation solely to protect his businesses and his wealth from taxation after his death; he was not interested in philanthropy (Kriplen 2008).[47] He provided no direction to the foundation other than appointing its first board members. The foundation awarded its first grants after his death in 1978, when it received approximately $1 billion of his assets. However, it took about a decade—until just before the 1990 start of this study's research period—for the board to establish a full-fledged foundation.[48]

As at Rockefeller and Ford, the founder's son was on MacArthur's board. However, unlike at Rockefeller and Ford, he was not the foundation's president or board chair; his father had appointed others. This left John Roderick "Rod" MacArthur without the same level of power that Henry II and John Jr. had had at Ford and Rockefeller, respectively. Moreover, Rod's values conflicted with those of his father and the other board members; he was considerably more liberal (Blau 2003). Wanting greater influence over the foundation, Rod successfully pushed to expand the board to include some academics whose views were more aligned with his (Blau 2003).[49]

It is important to note that even foundations without founders or family members on the board can be governed by board members' personal interests. During MacArthur's first two decades, including after Rod was no longer a member, the board struggled with members who exerted tremendous influence on specific programs in which they had a personal interest (Kenney 2012). This was ultimately remedied by instating term limits for board members and developing new procedures and norms (ibid.).

MacArthur's founding board was strongly influenced by Rod's personal leadership, as well as by existing models of philanthropy and the advice of experts. Kenneth Hope, former MacArthur Fellows program director, credits Rod with having had the defining vision for the foundation. This vision was in part a rejection of the model the philanthropic sector offered: "Rather than imitate other foundations, [Rod] argued, we should conceive a bold, unique plan to support individual initiative" (Hope 1993, 2). This led to MacArthur's distinctive Fellows program—commonly known as the "genius" awards. It gives very large, unsolicited grants to individuals, and requires no reports, final products, or evaluations. The foundation did, however, establish several other programs that operate more conventionally. Rod MacArthur died in 1984, only six years after the foundation began operations. Nevertheless, his vision and the process through which he pursued it had an enduring effect.

Influence of Peers in the Philanthropic Sector

In developing the Fellows program, MacArthur's board looked to Ford Foundation's leaders for guidance. Ford's president directed the board to a former Ford vice president who helped design the program.[50] The development of the Fellows program indicates the foundation's willingness to pursue new approaches and highlights its relationship with Ford, both of which characterized MacArthur's work in the Reproductive Health field, described in Chapters 6 through 9.

Despite having relied on the guidance of Ford's former vice president in designing the Fellows program, MacArthur's board explicitly sought to differentiate itself from Ford. This affected its new population program when its director, Carmen Barroso, wanted to open field offices in the program's four focus countries:

> That was a big struggle because MacArthur at that time had a mantra: 'We're not the Ford Foundation,' meaning, 'We're small and lean, we don't have a large bureaucracy and we don't have offices all over the world.' I said, 'Well, I cannot do [this program] without' them. (Barroso 2009)

She succeeded in convincing the board to establish the offices. However, although the board had resisted emulating Ford's structure, it also resisted *breaking* a norm Ford had established concerning staffing: Ford's field offices were staffed by people from outside of the country rather than by nationals. Barroso explains that in the early 1990s, the prevailing view was:

> 'You obviously cannot hire nationals because they will be subject to pressure and they will not be neutral and objective.' So I had to convince my colleagues both inside the foundation and even outside the foundation—because foundations look at each other all the time—'no, it's the locals that know what they're doing.'

Barroso again succeeded. Upon establishing the four field offices, she says, "I hired locals in every country" (Barroso 2009). Barroso's experience highlights how existing models in the philanthropic sector influence board decisions around foundation structures and staff composition.

Summary

These glimpses of the five foundations' origins offer insight into factors that shaped their population programs. Within a particular historical context that affected foundations' interests and priorities, their founders and their family members—along with other early leaders—established the structures and norms that continued to guide the foundation. They relied on outside experts, including peers in the philanthropic sector, adopting many features of peer institutions while also developing distinctive ones.

Population Field Era

In addition to the influences described above, the status of the population field when the foundations were established, intersecting with the broader social and political context, shaped the trajectories of foundations' programs. The foundations established their population programs during three different eras in the population field: the birth control/eugenics era, the family planning era, and the reproductive health era.

Rockefeller Foundation was established as the birth control movement in the United States was fighting to legalize access to contraception. At the same time, eugenicists were sounding alarms about the threat to society posed by declining fertility among white, upper-class woman, and higher fertility among population groups they found undesirable. In the 1920s these two movements combined. During this nascent birth control/eugenics era, Rockefeller initiated its population funding.

Ford was founded and began supporting population work about thirty years later, at the dawn of the family planning era. This era focused on developing countries. It centered on the neo-Malthusian theory that rapid population growth impeded economic development, which was a particularly salient issue given the political concerns of the 1950s: The prevailing view was that impoverished countries were more susceptible to communism. It was therefore in the West's interest to promote development.

Packard and Hewlett were founded and began funding population as the family planning era was reaching its peak. By the mid-1960s, the international population field was well-established and the neo-Malthusian Family Planning frame dominated it.[51] This frame held that the answer to the population problem was to increase access to and use of contraceptives in high-fertility countries.

MacArthur Foundation began operations in the late 1970s, during the decline of the family planning era. It is the only foundation in this study established after feminists had begun challenging the Family Planning frame. It began funding population just as the reproductive health era began.

Within the context of the historical era and the population field era, the foundations' population work was structured by the personal views of the foundations' leaders, informed by experts the

leaders chose to consult. This section describes how the population field era when the foundations were established influenced the development of their programs.

Rockefeller

When Rockefeller was founded in 1913, the birth control movement in the United States was led by radical feminists who framed legalizing contraception as a means to achieve women's liberation and as a way to deprive capitalists of workers to exploit (Hodgson and Watkins 1997). Suffragists, who constituted the mainstream feminist movement, did not support the birth control movement. The suffragists' strategy was to convince men that allowing women to vote would help society maintain "traditional values"; the birth control movement's rhetoric contradicted that message (ibid., 474). At the same time, eugenicists, who believed that character was innate and heritable, opposed legalizing contraception on the grounds that upper-class white women should have *more* children, not fewer (ibid.). Contraception was thus a controversial issue from the start.

Rockefeller awarded its first grants for demographic studies as far back as the 1920s. By then, the birth control and eugenics movements in the United States had combined, initiating the birth control/eugenics era in the population field. Demographic trends had alleviated eugenicists' fears of "race suicide" if white women used contraception (Hodgson & Watkins 1997; Gordon 2007). As a result, eugenicists began supporting access to contraception as a way to limit the fertility of those they considered undesirable: often low-income populations, people of color, and immigrants (Critchlow 1995).

By 1920 the leader of the birth control movement, Margaret Sanger, had made a strategic choice to shift the movement's frame to become more politically and socially viable (Hodgson & Watkins 1997).[52] As a result, she no longer espoused leftist rationales for contraception; instead she embraced the eugenics frame that it was in society's interest for undesirable groups to reduce their fertility (Critchlow 1995). Sanger's eugenics emphasis was preventing "the mentally deficient" and "the degenerate and the defective" from reproducing, and enabling couples to have only the number of children they could support (Sanger 1923).[53] She maintained that smaller families with children born a few years apart were healthier physically, mentally, and financially.[54] She argued that children born into such families were more likely to grow into healthy, intelligent adults who were well-equipped to contribute to society (e.g., Sanger 1923, 1926).

In another strategic choice, Sanger "sought to remove the explosive sexual component from birth control by treating it as a medical issue and placing the distribution of contraceptives in the hands of physicians," rather than in women's hands (Hodgson & Watkins 1997, 475). She maintained her position that contraception was a prerequisite for women's liberation: "No woman can call herself free who does not own and control her body" (Sanger 1920, 94). However, the eugenics frame and the medical approach dominated the field.

Rockefeller's work in scientific and medical research in the United States and abroad had long included collection and analysis of demographic data.[55] Additionally, from its inception the foundation had been most interested in research to determine the root causes of social problems. It also preferred supporting the development and implementation of technological solutions, and public health was one of the foundation's primary concerns. Thus, Rockefeller's interests and priorities were for the most part compatible with those of the eugenics and birth control movements in the 1920s. However, while the foundation favored supporting research and medical interventions, it also eschewed controversy. It therefore avoided overtly political initiatives, "alarmists" (Critchlow 1995), and—as evidenced by its annual reports' silence on the topic—feminist rationales for birth control. Rockefeller did, however, consistently support demographic research conducted by eugenicists.

Both the eugenics and birth control movements changed over time, adapting to the social and political context. Following World War II, the burgeoning Cold War and the emergence of new population projections for developing countries generated new concerns about global population growth (Caldwell and Caldwell 1986). This initiated the population control movement, focused on developing countries rather than on the United States. It was defined by the neo-Malthusian view that rapid population growth inhibited development, and it ushered in a new era in the population field: the family planning era.

The population control movement incorporated birth control activists and eugenicists but attempted to distance itself from their racist rationales, particularly because they conjured the Nazis' rationale for genocide. In addition to these groups, the movement included those concerned primarily with poverty in developing countries, global political stability, and women's control over their fertility.

Changing Discourse

I refer to the era of the population control movement as the family planning era for two reasons: 1) The term "population control" had fallen from favor by the start of my research period even though many continued to support its aims; 2) "family planning" more accurately represents the focus of this study.

"Population control" became a socially unacceptable term over time largely because of its association with eugenics, the overt racism of which was itself increasingly unacceptable. Many of the population control movement's early leaders were long-time eugenicists (Gordon 2007). Moreover, the population control movement's focus on reducing fertility specifically in developing countries aroused suspicions of imperialist and racist motives, leading some developing countries to resist the movement's efforts (Hodgson & Watkins 1997; Gordon 2007).

The population control movement included those who expressed racist motivations and those who did not—and many may have had multiple motivations. Some participants were driven by concern for the suffering of people in countries where population size exceeded available resources (Dunlop 2000). Others were motivated by a fear of communism's spread if poverty were not alleviated (Hodgson & Watkins 1997). Yet others focused on public health or on the

environment. And, for some, the primary goals were women's health and liberation, both of which depended on women's ability to control their fertility (e.g., Sanger 1937). Nevertheless, the population control movement was strongly associated with imperialism and racism, leading many to seek distance from it.

Although this study does explore the funders' motivations for their population and reproductive health work, it focuses on what the funders considered to be the most salient causes of rapid population growth and the most effective solutions to it. These two considerations motivated their population programs. Those from the population control perspective viewed lack of access to and use of family planning as the most fundamental cause of the problem. This in turn defined the solution: expanding access to and use of family planning in high-fertility countries. "Family planning," therefore, is the term that best represents the group's position.

Rockefeller's Approach

Although Rockefeller was influenced by the changing context and changing concerns in the field, subsequent chapters demonstrate that its approach to population retained its dominant early features. Rockefeller continued to prioritize research and technological interventions. It also maintained its neo-Malthusian framework and continued to view population as a critical social issue that demanded attention. As Rockefeller's president asserted in the 1948 annual report:

> any deliberate attempt to bring population into satisfactory relation to resources, or resources into adequate relation to population, involves what may be called 'social engineering.' The essential obstacles to be overcome are human inertia, resistance and our present insufficient knowledge. (Rockefeller AR 1948[i], 19)

As demonstrated throughout this study, for the next fifty years the foundation's funding in the population field reflected similar concerns.

Rockefeller is the only foundation of the five to have experienced three eras of the modern population field: birth control/eugenics, family planning, and reproductive health. As discussed in Chapter 8, Rockefeller's population program did not survive the reproductive health era; the program was terminated in 1999. This was in part due to its continued allegiance to an approach that had fallen out of favor.

Ford

When Ford was established in 1950, it shared the nation's goals of preventing the spread of communism and maintaining global economic and political stability. The population field at the time was closely linked to these goals. As noted, the prevailing neo-Malthusian view was that high fertility hindered economic growth in developing countries and that economic growth was important for preventing the spread of communism. Moreover, many demographers and other

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[i] To avoid confusion, I cite the year an annual report addresses, not the year the foundation published the report.

observers were increasingly concerned that if left unchecked population would grow to exceed the planet's resources.

Influenced by all of these views and by Rockefeller's work Ford adopted—and became a major proponent of—the family planning approach described in Chapter 1. The goal was to slow population growth in high-fertility countries for the benefit of all. However, unlike the other four foundations, Ford abandoned its original approach decades later and became an influential early supporter of the Reproductive Health movement. This was largely a consequence of Ford's uniquely decentralized structure and the particularly high value the foundation placed on flexibility. This study examines the trajectory of Ford's population program from the 1950s through 2005.

<center>Packard and Hewlett</center>

Founded in the mid-1960s, the Packard and Hewlett foundations initiated their population grantmaking during a later stage of the family planning era than Ford had. Largely due to the work of Rockefeller and Ford, described in Chapter 4, the population field was by then well-established. Packard and Hewlett entered the field amidst increasing national fears of a global population explosion, several years after the introduction of the hormonal birth control pill and the intra-uterine device (IUD), after the U.S. Supreme Court had affirmed married couples' right to purchase contraception, and before the Supreme Court legalized abortion.

Packard's and Hewlett's founders were influenced by the era: "As early as the 1960s, David Packard and William Hewlett shared a concern about what was then called the 'population explosion'" (Packard 2007, 6). Population was among Hewlett's four main areas of interest during the foundation's first decade (Hewlett AR 1966-1976).[56] Its annual reports expressed the foundation's great concern about the inability of the planet to sustain the rate of global population growth.

Packard's annual reports also repeatedly stressed the importance of population growth, with three primary concerns: David's for economic development and environmental sustainability, and Lucile's for children's well-being (Wilbur 2010). All were woven into the program's framing.[57] None of the other foundations in this study emphasized the benefits to children as Packard consistently did.[58] For David and Lucile, increasing access to family planning was the most immediate priority in order to limit the number of children women would bear.

Having already supported domestic organizations, such as Planned Parenthood affiliates, both the Hewlett and Packard foundations directed resources toward international efforts beginning in the 1970s (Hewlett AR 1966-1976; Packard 2007). Chapters 8 and 9 discuss similarities and differences between the two foundations' population grantmaking. Both foundations, however, were influenced by the state of population field when they were established.

The origins of MacArthur's population program further highlight the importance of the population field era and the importance of leadership. MacArthur, the youngest of the five foundations, introduced its population program in 1988 at the dawn of the reproductive health era. It is the only program in this study with roots in this era. The foundation began operating in 1978—after the second wave of the feminist movement had begun to alter the discourse around women's rights and status, and after the Supreme Court's *Roe v. Wade* decision had legalized abortion.

Mirroring conflicts in the broader society, MacArthur's board was divided about how to approach population; in fact, it initially "decided not to enter the population field because [it] could not" reach agreement (Barroso 2009). In the late 1980s, however, those favoring the reproductive health approach began to dominate, partly due to the arrival of some new board members (Kenney 2012). Additionally, the board's chair from 1988-1995, Elizabeth McCormack, was a particularly staunch supporter of women's rights and reproductive health (McCormack 2010).

The board's principal advisor in designing the population program was Lincoln Chen, whose work in the 1970s with Ford in Bangladesh was instrumental in establishing the value of the reproductive health approach (McCarthy 1995). Thus, from the start MacArthur's program was grounded in the view that addressing population required a comprehensive approach to women's health needs beyond family planning services, and that it required attending to women's financial status and social status. MacArthur also emphasized grant recipients based in developing countries to a far greater degree than the other foundations did.

Two staffing decisions ensured the population program's alignment with the Reproductive Health movement. In 1989 MacArthur appointed Adele Simmons as its second president. Having been president of Hampshire College, Simmons shared a common professional background with other foundation presidents; however, she was the first woman president of a top ten foundation and she had feminist sensibilities (Simmons 2010).[59] Her support for women's rights—including reproductive rights—was well-known (Barroso 2009). As president, Simmons advocated for Carmen Barroso to be hired as the population program's first director. Barroso was active in international women's rights movements and fully supported the Reproductive Health approach.

Summary

The foundations' structures, operations, and population programs were shaped by the historical era—including the population field era—during which the foundations were established. They also were shaped by their early leaders, including to varying degrees the founders and their family members. These leaders responded to four features of the historical era: critiques leveled by the state and the public, the broader political context, the status of the population field, and

philanthropic sector norms. With this understanding of the historical and personal influences on the foundations' approaches to philanthropy and on their population programs, the next chapter turns to the structures that constrain foundations field-building work.

Chapter 3

STRUCTURES AND MOTIVATIONS THAT INFLUENCE FIELD-BUILDING

Extending the previous chapter's exploration, this chapter presents additional structural reasons for the five foundations' field-building activities that influenced the Reproductive Health movement. The chapters that follow show what the funders' grantmaking and non-grantmaking field-building activities were and how they contributed to the movement. To understand the role the foundations played in forming the social movement field, it is first necessary to understand how foundations function as organizations, including the roles of their leaders and staff members. This chapter therefore examines some of the defining features of foundations as organizations. It also explores the activities of foundation leaders and staff members that most directly affected the foundations' field-building work.

After introducing the unique characteristics of foundations, the chapter briefly explains foundations' organizational structure and the process that leads from defining funding areas to making grants. It then outlines some of the constraints to which all foundations are subject, including tax regulations and the philanthropic sector norms that resulted from them. Both the regulations and the resulting norms shape foundations' field-building work.

The chapter then turns to the consequences of professionalization. As discussed in the previous chapter, as the modern philanthropic sector emerged, professionalization became its customary response to the threat of government intervention. This chapter particularly focuses on the consequences of the rise of professional staff; these include, for example, the development of professional networks that influence foundations' field-building work through formal and informal processes. Additionally, because professionalization shapes board and staff members' responsibilities and status concerns, it also influences foundations' relationship to risk. The chapter explores how board and staff responsibilities and concerns affect their perceptions of risk and their means of managing it. The foundations' relationship to risk influenced their program strategies and grant decisions.

Lastly, the chapter turns to the program staff's roles, activities, and concerns. It shows how foundations' field-building work is largely determined by the combination of staff members' commitment to the program area and grantees, their professional expertise and networks, and the status pressures they experience. The chapter discusses staff's strategies to influence board decisions regarding programs, budgets, and grants. It also shows how staff members act as advocates and brokers on grantees' behalf.

This chapter provides the context for the foundations' field-building work described in the chapters that follow. It helps explain the factors that determined the decisions and actions of foundation boards and staff. Subsequent chapters show how those decisions and actions contributed to the population field and the Reproductive Health movement.

Unique Characteristics and Resources

Philanthropic foundations have several characteristics that distinguish them from government, for-profit, and non-profit enterprises, and that give foundations unique capacities. The most important characteristics are their independence, vantage point, and status. First, aside from tax regulations, foundations are not formally accountable to external actors.[60] Second, foundations have an unusually broad view of, and breadth of connections within, the areas in which they work. This is due to their multiple program areas, the range of applications they review, their grantees' experiences, and the prior experience of foundation staff and board members.

Third, major foundations have prestige and influence based on their wealth and their access to elites in multiple spheres through board members, staff, and grantees. Their prestige and influence also derive from the appearance of impartiality that results from their not having a financial stake in their grantees' work. For example, Hewlett president Paul Brest notes this characteristic in reference to a study of the California public school system funded by several foundations: He reports that the funders' involvement in the study had the effect of "signaling its nonpartisan nature," which "helped create trust and confidence" in it (Brest 2006, x).[61]

Each of these three characteristics—independence, vantage point, and status—affords foundations material, human, and symbolic resources that they are able to use in ways other sectors cannot easily do. Individually and in combination these resources contribute to foundations' field-building work. Their independence enables them to respond quickly to needs and opportunities (Frumkin 1998; Brest 2006). It also allows them to support potentially controversial initiatives—including those of social movement organizations—without needing to consider voting constituents, funders, shareholders, or consumers.

Their vantage point is both a consequence and source of human resources. The positions and experiences of grantees, staff, and board members contribute to a foundation's vantage point. And because of this vantage point, a foundation is able to form and expand networks that in turn add to the foundation's perspective. Additionally, foundations' unique position helps them to identify emerging opportunities and to diffuse ideas and norms.

Foundations' status serves as a symbolic resource that allows them to be effective brokers and advocates. Illustrating the potency of this resource is an observation by a Rockefeller associate program director who had formerly worked at USAID and had been the executive director of an NGO. She recalls having had greater access to ministers of foreign governments when she worked at Rockefeller than she had had while at USAID or the NGO. Although she had "much less money and even a less fancy title" at Rockefeller, the foundation's name opened doors (Seims 2004, 37).

Organizational Structure, Operations, and Tax Regulations

The responsibilities and roles of foundation leaders and staff guide the foundations' field-building work. These actors are gatekeepers to foundations' resources and they are the architects and builders of some of the gates. Their decisions affect the social movement field and the philanthropic sector. This section first introduces foundations' organizational structure. It then briefly explains the tax regulations that constitute the only major external constraints on foundations' activities. The rest of the chapter discusses the consequences of the philanthropic sector's responses to state intervention—or to the perceived threat of intervention.

Board of Trustees or Directors

Foundations are led by a board of trustees or a board of directors (equivalent bodies).[62] A board is responsible for guiding the foundation to uphold its mission. Most minimally, this requires ensuring that the foundation abides by legal regulations. It also entails managing the foundation's finances—from making investment decisions to determining program budgets. The board also sets personnel policies and makes hiring decisions. Most significant for field-building, the board defines program areas, goals, and strategies, and it approves grants.[63] In all of these areas, boards often rely on external advisors or create internal committees. They also seek input from staff members and grantees.

At large foundations like those in this study, board members are almost always elites and may have particularly high status in their fields: former government officials, Nobel Prize winners, corporate executives, university presidents, and lauded public figures and community leaders. The status board members have in their professional fields contributes to the foundation's status. Board members also extend the foundation's networks.[64] Members may be selected for their investment expertise, program-related knowledge, experience in institutions with similar structures to a foundation, or for their links to particular communities or industries (Berresford 2010; Brest 2010; Simmons 2010; Wilbur 2010).

Board members vary in their level of interaction with grantees. All are invited to travel with staff to visit grantees, but not all do. Ford, however, requires that board members visit grantees. Select grantees also give presentations at board meetings, so members encounter them in that setting.

President

The presidents of large foundations have responsibilities pertaining to the foundation's board and staff, the state, the public, and the philanthropic sector.[65] Foundation presidents are members of both the staff and the board and they serve as liaisons between the two.[66] Given the president's dual role, to avoid confusion I use "staff" to refer to *program* staff members and specify "president." My use of "board" generally includes the president, as she or he participates in

board decisions. However, I specify "board and president" where they may have some distinct roles or interests.

At the organizational level, presidents participate in all of the aforementioned board activities. They are especially involved in determining program areas and strategies. They are also closely involved in hiring and managing staff, overseeing the staff's grant recommendations, and monitoring the staff's adherence to program strategy.

Outside of a dramatic change in the foundation's assets, the arrival of a new president was consistently the main driver of change in programs and operations at all five foundations. Customarily, a new president conducts a thorough review of the foundation's programs upon arrival and then recommends changes. The board typically supports the president's recommendations, having appointed an individual whose approach the board members favor and whose judgment they trust.

Boards select a new president based on an alignment between the candidate's skills and interests and the foundation's needs while also considering characteristics such as management experience and leadership style.[67] A board may prefer a visionary leader during one period and a more managerial leader during another. As subsequent chapters will discuss, at Ford in the early 1950s, Rockefeller in the late 1980s, and MacArthur in the late 1990s, the new president differed significantly from his predecessor in such respects.

Many of the foundation presidents in this study came from leadership positions in colleges and universities. This was common in the sector partly because these institutions somewhat resemble foundations in that they are comprised of many departments with diverse needs and they are oriented toward the public good.[68] A few of the presidents were promoted internally.[69]

Interviews with presidents supported prior research findings that "recruitment of chief executives and program officers occurs through informal networks" (Aksartova 2003, 28). President informants typically knew some of the foundation's board members personally or professionally before being selected for the position. All president informants also had prior contact with major foundations through having been part of grant recipient institutions.

Program Staff

Program staff at large foundations generally include a program director, program officer(s), and support staff. Program directors are experts in the field; as such, they typically help develop the program's strategy.[70] After the board approves the program strategy, the staff's role is to identify grantees whose work best advances it.

Program directors guide and oversee program officers who evaluate proposals. They also serve as intermediaries between the program staff and the president. At large foundations, a single program may have multiple program officers, each responsible for a particular geographic or

thematic area. Program officers are the foundations' most direct link to grantees. Later sections of this chapter elaborate on the staff's roles, activities, and motivations.

Of the five foundations' program directors, most had previously helmed NGOs and several had worked for USAID. Many had also published their views on the field. Because their approaches were well-documented, the board and president knew what to expect from them (Simmons 2010; Speidel 2009; Goldmark 2010; Campbell 2009).[71] The president and board often relied on the directors' expertise to shape the details of the funding strategy and to guide the grantmaking.

Program Operations

Deciding how to use the foundation's resources requires first selecting broad areas of interest, such as rapid population growth, and then developing grantmaking programs to address them. Both the board and president rely on experts, including outside advisors, foundation staff, and grantees. After determining program areas, the foundation sets program goals, such as contributing to slowing population growth. It then establishes objectives, such as increasing use of family planning or improving women's reproductive health.

From there, the foundation develops the program strategy—what the program will fund in order to reach its objectives. For example, prior to the UN International Conference on Population and Development (ICPD), the pivotal 1994 conference in Cairo, Ford's and MacArthur's objectives included influencing international population policy to adopt the Reproductive Health approach. One component of their strategy was to fund training for Reproductive Health movement organizations in how to participate in the UN process. The chapters that follow explore the foundations' program strategies in depth.

After defining the objectives or the strategy, the board sets the program's budget. In determining program areas, strategies, and budgets, boards assess needs and opportunities, seeking to identify where the foundation's resources—material, human, and symbolic—may be most effective. Some of the factors they consider are discussed later in the chapter.

To implement the program strategy through grants, with support from the program director program officers review grant proposals and then correspond with and sometimes visit the applicants. They also seek additional information about applicants from their counterparts at other foundations, their grantees, and others in their professional networks. These sources also contribute to the staff's general knowledge of the program area, providing context for assessing grant proposals.

In collaboration with the director, program officers decide which grants to recommend to the board. The program director and officers then reach agreement with the president or vice president, with close attention to grants that carry an unusual level of risk or that may otherwise concern the board. The board evaluates the grant recommendations and typically approves them. Grantees then provide interim and final reports on their use of the funds. Program officers also

monitor grantees' progress by corresponding with them and visiting some of them during the grant period.

The staff and leadership of foundations operate within few external constraints. Tax regulations, however, have shaped the philanthropic sector in ways that affect foundations' field-building activities. The chapter next outlines these regulations and their consequences for the sector.

Tax Regulations

Philanthropic foundations have a special tax status justified by the use of their resources for the public good. As the previous chapter discussed, the legitimacy of this designation has been debated since the first major foundations were established over one hundred years ago. In 1969, these debates resulted in new tax regulations that had a major effect on the philanthropic sector. The three most consequential of these regulations concern lobbying, the percentage of a foundation's assets that it must spend on grantmaking-related activities—referred to as *payout*, and an excise tax on net investment income.[72]

Congress initially imposed these regulations as part of the Tax Reform Act of 1969 (TRA 1969). This followed about twenty years of investigations and criticism of foundation practices, specifically: "self-dealing, payout failure, and adverse consequences of business holdings" (Troyer 2001, 65).[73] According to a 1965 Treasury report, these abuses were not widespread (ibid.), but they generated concern and led to the TRA 1969 regulations that aimed to curb them.

Lobbying

As part of their field-building work, the foundations in this study routinely supported organizations that worked to effect legislative change. IRS regulations prohibit foundations from attempting to influence specific legislation, except where it directly affects them. However, foundations are allowed to fund nonpartisan policy analysis as well as communications efforts targeting non-legislative policy (Urban 2004).

Regulations also permit foundations to provide general support grants to organizations that do lobbying in addition to other activities, as long as the funds are neither formally nor informally designated for lobbying (ibid.).[74] The foundations in this study provided grants for general support to organizations that conducted policy advocacy. Adhering to regulations, they also funded policy analysis and communications projects that aimed to educate policymakers or the public about issues related to legislation.

Payout and Excise Tax

The amount of a foundation's grantmaking budget depends, of course, on the size of the foundation's assets; however, it is also constrained by IRS regulations. Foundations are required

each year to disburse a minimum of 5% of their net assets in grants, other charitable and program activities, and administrative costs (including staff salaries) related to grantmaking and program activities (Renz 2012). This disbursement is referred to as *payout*. For several reasons, foundations have tended not to exceed the 5% minimum payout level, even though their assets generally grow at a much higher rate (Deep and Frumkin 2001).

The primary reason foundations have avoided exceeding the minimum is that they have been subject to an excise tax at a rate that varies according to the size of their average payout over five years (see Appendix 6). Because of the way the tax formula works, foundations obtain the lowest tax rate by maintaining a consistent payout rate at the lowest possible level (Boris and Steuerle 2004). As one of the primary responsibilities of a foundation board is to protect and grow the foundation's assets, boards have usually opted to avoid risking the higher tax rate.

An additional motivation for adhering to the minimum payout rate concerns the intended lifespan of a foundation and expectations around future social needs: Limiting the payout enables a foundation to maximize its assets' growth potential, allowing it to contribute more in the future.[75] Another factor in the board's payout decision is that a larger assets base allows for higher salaries. These directly reward those working for the foundation and can attract higher caliber employees in the future (Deep & Frumkin 2001).[76]

Deep and Frumkin offer another motivation for a foundation to limit its payout: status concerns. As status is one of the resources foundations wield, this has significance beyond any personal status interests of individual actors.

> Prestige and privilege within philanthropy is accorded to foundations based on their assets size and perceived power. There is therefore a strong impetus to growing the endowment of a foundation as a tool of building the visibility of the institution within the national philanthropic community. (Deep and Frumkin 2001, 17)

Media attention focuses on the largest funders, and "size of endowment is usually one of the very first questions that foundation trustees are asked when they are in meetings with other trustees" (ibid., 17). A foundation's wealth is thus an important determinant of its social value, which factors into its ability to influence the philanthropic sector and its funding areas. This gives boards reason to be conservative in setting their foundation's payout level. Thus, tax regulations affect grants budgets directly and also indirectly through their interaction with philanthropic sector norms.

Consequences of TRA 1969: Professionalization and Rationalization

As noted in the previous chapter, after the McCarthy-era congressional inquiries of the 1950s resolved, foundations were no longer accused of "un-American" activities. However, they continued to be the object of congressional attention. Most significant were congressional investigations in the 1960s that culminated in TRA 1969. It is not only tax regulations

themselves that constrain foundations, but also the threat of additional regulations and—worse—the prospect that foundations may lose their legitimacy as institutions. The investigations alone thus spurred foundations to act (Frumkin 1998). Frumkin (2006) argues that foundations' need for legitimacy motivates many of their activities and drives their professionalization and rationalization processes.

As the previous chapter discussed, as the philanthropic sector developed, its primary response to both regulations and perceived threats was to professionalize foundation staff and leadership and to rationalize operations. From the start this norm had significant repercussions both for the philanthropic sector and for individual foundations' program activities.[77] Moreover, the 1969 tax reform that resulted from the investigations was a watershed for the philanthropic sector: It marked the first time congressional investigations had resulted in significant regulations. This caused great alarm (Frumkin 1998; Boris 2015). Shaken by the events of the 1950s and 1960s, the philanthropic sector took the professionalization and rationalization project yet further.

Components of Professionalization and Rationalization

Professionalizing at the sector level, foundations contributed to building a national membership organization, the Council on Foundations. Beginning in the late 1950s and accelerating through the 1960s, major foundations—including Rockefeller and Ford—sought to develop an organization that could effectively represent the sector's interests (Frumkin 1998; Council on Foundations 2015). DiMaggio (1991) notes that such professional associations are among the primary drivers of professionalization. Foundations had been unprepared and vulnerable in congressional hearings; they wanted to avoid repeating that experience.

As the previous chapter explained, early professionalization efforts primarily aimed to legitimize foundations in the public's and government's eyes by demonstrating that the founders were not using the wealth for personal gain (Karl and Katz 1981).[78] This process involved shifting control first to independent board members and then to professional staff. Rather than referring to specialized training, "professional" in the case of foundation personnel generally means being unrelated to the founders or to their families and having pertinent academic credentials and work experience.

To further support the philanthropic sector's legitimacy, to varying degrees foundations attempted to rationalize their operations. At the program level, rationalization imposes procedures so that grant proposals may be evaluated according to objective measures rather than personal motives. Professional program staff, then, are responsible for evaluating and recommending grant proposals according to a set of standards the board establishes.

Though powerful, state intervention is not the only impetus for foundations' professionalization and rationalization efforts; dramatic growth in a foundation's assets is another. In order to distribute greater amounts of funding, foundations typically add staff members and often add program areas. Rationalizing operations further helps foundations manage the growth process.

Response to TRA 1969

Foundations' intensified professionalization efforts surrounding TRA 1969 included a dramatic increase in administrative expenditures as foundations developed new management processes and hired staff to implement them (Frumkin 1998). They also further rationalized grantmaking processes: They developed more detailed program strategies, more complex application and reporting requirements, and more highly standardized procedures for reviewing applications.[79]

The sector aimed to be able to demonstrate that foundations conducted the business of philanthropy in a rigorous way. As Meyer and Rowan observe, following "legitimated procedures" inspires trust from others (1977, 50). The value placed on rationalization only increased over the subsequent decades.

Consequences for the Philanthropic Sector

The professionalization process had implications for foundations' networks, the types of grants foundations made, and how the philanthropic sector functioned.

Network Formation

Early professionalization efforts were generally effective at alleviating concerns about the founders' influence; however, they also gave a wide swath of elites direct and indirect influence over how the foundations used their wealth.[80] For example, Rockefeller's initial professionalization process, which included adding independent trustees, embedded the foundation in networks of elites across multiple sectors. As Karl and Katz explain:

> Leading figures from law, banking, and academia continued to provide the trustees for foundations, while protégés selected from the graduating classes of Eastern private colleges joined the growing staffs. The latter, usually recommended by college presidents, were part of the network from which foundation presidents were chosen; they made a practice of culling promising individuals from each graduating class. (1987, 30)

As discussed in Chapter 4, such networks played a central role in the foundations' influence on the population field beginning in the 1950s.

Grantmaking and Coordination

Professionalization altered philanthropic sector norms in numerous ways that affected foundations' field-building activities. For example, as Frumkin observes:

The emergence of highly staffed foundation bureaucracies…has had two significant consequences: (a) the triumph of small, short-term, and targeted project grants as the dominant form of funding; and (b) increasing homogeneity across the entire field due to extensive interfoundation collaboration and the emergence of philanthropic norms. (1998, 267)

The prevalence of grants for specific projects instead of unrestricted general operating support meant foundations became more directive. They increasingly supported grantees to carry out specific projects in a specific manner, rather than give grantees funds to spend as needed toward broadly shared goals (ibid.). This practice gives foundations greater influence over the grantees' work, enhancing the channeling effects of their grants.

Moreover, the field-building work of coordination (Bartley 2007) also may have roots in TRA 1969. According to Frumkin (1998), the emphasis on project grants led to increased collaboration among foundations, in part to coordinate their funding of specific initiatives. This "necessitated the construction of a communication and collaboration infrastructure within the philanthropic sector because few foundations care to be the sole supporter of any major initiative or organization" (ibid., 277). Significantly, as a result of this new infrastructure, norms in the philanthropic sector and in program areas could be diffused more quickly.

Consequences for Staff's Role and Purpose

As noted, a primary component of professionalization is acquiring professional staff members. To justify their positions, these individuals must demonstrate their expertise (Frumkin 1998; DiMaggio 1991). Rationalized grantmaking procedures provide a vehicle for doing so. Grant applications that require great detail enable staff to display expertise as they assess the projects' merits. Moreover, foundations' emphasis on funding specific projects—preferably with clearly measurable outcomes—allows staff to offer seemingly objective rationales for grant recommendations (Frumkin 1998).[81]

An additional way in which professional staff use—and show—their expertise is through active oversight of and involvement in grantees' work (ibid.). Rationalized grantmaking processes also encourage this practice. Staff may help shape an applicant's grant proposal, participate in developing a grantee's strategy, or ask a grantee to submit a proposal for a particular project—regardless of whether it aligns with the grantee's priorities (ibid.). When grants are for a social movement, this level of involvement enhances foundations' influence on field-building.

Meaning and Connection

The motivations of foundation staff have not all been shaped by professionalization and rationalization directly. Some motivations developed indirectly from conditions these processes helped create. For example, a program staff informant from Hewlett, which favored general

operating support grants, suggests an additional reason for staff to become more involved in their grantees' work: wanting to feel their work has meaning.

> There is some level of self-interest, I think, in wanting your job to seem more meaningful than just giving other people money to do the good work…[I]t's very boring to do grantmaking in the way the Hewlett Foundation used to do it. They would basically pick good organizations and fund them and let them do their work. And sort of not meddle. (Anonymous, Hewlett 2009)

Professional staff, invested in the program area and in their careers, may find their work more compelling when they feel more connected to their grantees' work. Kohl (2010) also found that program staff want to feel their work is important to the movement they support. Though it may have multiple causes, staff members' close involvement with their grantees is one of the repercussions of professionalization in the philanthropic sector and it enhances foundations' field-building influence.[82]

Motivating Factors

Some prior research maintains that professional foundation staff primarily approach their work instrumentally rather than expressively. In this literature, staff seek to "us[e] philanthropic resources as effectively as possible in support of the mission," in part because it helps them "to achieve recognition within the field and to advance to positions of greater responsibility" (Frumkin 2006, 107). This is contrasted with individual donors and the founders of philanthropic foundations, for whom "giving is an experience…that allows them to make a connection to an organization or cause that means something to them" (ibid., 107).

Other research, however, finds that program staff are often genuinely committed to the program area and to their grantees (Kohl 2010). They may have personal connections to the work from experiences prior to entering the field, and/or they may have developed such connections through their work. For example, Rockefeller associate program director and later Hewlett program director Sara Seims relates,

> I grew up in the UK in a poor family, where unintended pregnancies and illegal abortions were a fact of life. Everybody I knew had one, including my mother and my older sister. These were done in a clandestine fashion. The British authorities in those days turned a blind eye; nobody was arrested. But it was still a traumatic experience. (2004, 4)

Moreover, prior to working for the foundations, Seims worked for USAID where in Senegal she encountered women "who were absolutely desperate for a safe abortion" (ibid., 4). This experience stayed with her (ibid.). Program staff often feel personally invested in the field, in part as a *result* of their professional experience.

My program staff informants did want to use their budgets as effectively as they could, and it is safe to assume that career concerns provided significant motivation for doing so. However, these informants also universally articulated personal connections to their work and to that of the

grantees. Program directors in particular had notable careers in the population field prior to joining the foundations and were deeply invested in it. Population program officers at large foundations have less experience but it often includes having worked directly with the types of grantees the foundations support or with the grantees' beneficiaries. They too typically enter the foundation with a personal connection to the program area.

Program informants thus expressed a sense of responsibility as stewards of the foundation's wealth *along with* a personal commitment to program areas and grantees. Moreover, the personal commitment was partly developed through their professional experience. The combination of the staff's professionalism and their personal investment in the program area structured their population work. This is further evidenced by their advocacy and brokerage activities discussed later in this chapter and in subsequent chapters.

Summary: Professionalization and Rationalization

Government scrutiny and new tax regulations spurred the philanthropic sector to professionalize. This resulted in changes to staffing and operations that affected foundations' grantmaking. The most important consequence was the rise of professional staff. As Frumkin states, "if foundations were to account for the millions of dollars that were being used to pay foundation staffs, then the salience of philanthropic expertise had to be defined and justified" (1998, 275). This fueled more complex grantmaking processes and greater staff intervention in grantees' work. Staff members' commitment to the program area, often based on personal experiences and developed through prior work in the field, also impelled them to become more closely involved with their grantees. The value of expertise, emphasis on rationalized processes, and increased staff intervention in grantees' work had widespread repercussions.

Professional Networks and their Consequences

The growth of professional staff also led to the development of professional networks, which play a significant role in field-building. Foundations participate in both formal and informal networks. This section explores how both types of networks shape foundations' field-building activities.

Formal funders' networks exist for issue areas, geographical regions, and different types of foundations—such as family foundations. Such professional associations facilitate diffusion of organizational norms, contributing to isomorphism (DiMaggio and Powell 1991; Frumkin 1998). This process also likely enhances foundations' field-building work by encouraging rapid adoption of field frames.

One important way foundation networks contribute to field-building is by enrolling additional *funders* in the field. In Bartley's (2007) study, a few major foundations initiated a formal network of funders to support the sustainable forestry field. Frumkin (1998) also discusses how

large funders enlist smaller foundations in supporting collaborative projects. Thus, foundations' field-building work targets not only grantees but also funders.

In addition to formal networks, program staff are part of informal professional and also personal networks that span foundations, grantee organizations, and other institutions. Both formal and informal networks affect foundations' field-building activities. They do so through facilitating coordination and by influencing decisions concerning staffing, program strategy, and grants.

<div align="center">Coordination</div>

In his study of foundations' role in the forest certification movement, Bartley (2007) found that the establishment of a formal funders' network enabled coordination, which he identifies as an important field-building mechanism. As he notes, funders' coordination with each other helps them develop "a field of mutually-supporting organizations" (ibid., 243). As subsequent chapters demonstrate, this was also the case with the Reproductive Health movement.

Coordination among funders additionally takes place through other formal and informal processes, such as meetings, travel, and personal communication. It can also take the form of collaborative projects, about which foundations are often ambivalent. Such projects can bolster a foundation's status within the sector, which appeals to boards (Frumkin 1998). However, Hewlett president Paul Brest indicates that boards can also be wary of collaboration: In addition to its many potential benefits, it can be costly in terms of time and in the level of compromise it can require (Brest 2006). Foundation informants in this study reported several motivations for coordinating with one another.

Pooling Resources

For the funders in this study, the purpose of coordinating was usually to complement each other's grantmaking, confirming Bartley's (2007) finding. For example, as a Hewlett program director explains, "We try to make field trips with our colleagues at Packard Foundation, to try to get together so we can develop programs that reinforce one another" (Seims 2009b).[83] Strategically pooling resources amplifies the effects of each funder's limited resources (Barroso 2009). Funders' coordination in order to leverage their limited resources is further addressed in subsequent chapters, as it is one of the field-building mechanisms that contributed to the Reproductive Health movement's success.

Exchange

Coordination was also a form of exchange. Supporting other funders' favored initiatives or grantees encouraged their support in return (Anonymous Packard 2010). Staff did not support efforts that were outside of their program strategy, but they did sometimes fund ones that would otherwise not have been priorities (ibid.). Hewlett president Paul Brest acknowledges that there

is a norm of reciprocity. As long as a particular project is compatible with a funder's program, it may behoove the funder to cooperate: "Foundation staff have egos and tend to get annoyed if their proposals are continually rebuffed, and this counsels a bit of flexibility in the interests of reciprocity" (Brest 2006, xiv).

Bridging

Funders additionally collaborated in a strategic effort to build the field by incorporating organizations that did not support the funders' movement aims. Bartley (2007) shows that the Sustainable Forestry Funders Network was important for field-building because the funders represented a variety of interests, expertise, and grantee networks. As a result, a broad range of organizations became enrolled in the field (ibid.). However, Bartley does not discuss the strategies that guided the network's founders in creating and participating in the network.

Hewlett president Brest sees collaborations between foundations as having strategic value, enabling them to "build broader constituencies" (2006, ix). In fact, program staff in this study deliberately coordinated with other funders as a strategy for enrolling organizations that were outside of the movement or even opposed to it. For example, in the 1990s, Ford's population program did not emphasize funding for mainstream family planning organizations, yet it was important for the Reproductive Health movement to try to bridge its differences with them. Therefore, Ford

> would work with the foundations that were funding [the mainstream family planning organizations] to bring them together. We looked for partners…With limited money we were putting our resources in one place and coordinating with others. (Hempel 2009)

Chapter 6 discusses this bridging work further. In sum, professional networks facilitate coordination that affects field-building through several mechanisms. These include more effective use of resources, motivating funders' support for other funders' initiatives, and enrolling organizations into the field by bridging differences between the movement and outside actors.

Staffing

Professional networks can also shape foundations' field-building work through the staff's participation in personnel decisions. Program directors often influence the hiring of other program staff members, sometimes soliciting former colleagues to fill the positions. Other scholars have also noted that informal networks are common pathways to foundation positions (Aksartova 2003).

Among my informants, a Rockefeller program director hired his former USAID colleague to be his associate program director; she stated that she would not have known about the position had

he not contacted her personally (Seims 2009a). Likewise, a MacArthur program director hired a former NGO colleague. And when one Hewlett program director reached the end of his term limit, he was replaced by someone who had been his colleague at USAID and the director of a Hewlett grantee organization.

Professional networks "can range from formal relations to personal friendships" (Fligstein 1991, 313). This was the case for the foundations' program staff. Many staff informants maintained personal as well as professional relationships with former colleagues, including counterparts at other foundations. Some worked together in other organizations after leaving the foundation, sometimes due to one having hired the other. Moreover, program staff awarded grants to NGOs where former foundation colleagues worked.

These staffing and grant decisions appear to have been legitimate: In all cases, the former foundation staff were long-time experts in the field, highly qualified for their new positions. And the NGOs they joined were well-established ones that routinely received grants from major foundations. Additionally, although these colleagues supported each other's careers, they did not necessarily share the same view of the field or have the same priorities. In fact, there were significant disagreements among them. Nevertheless, there was a strong network of foundation and NGO professionals that influenced the population and reproductive health fields in part through the staffing of foundations and grantees.

Grantmaking Guidance

Professional networks affect grantmaking through both informal and formal processes. Informally, program staff at different foundations routinely discuss grantees. As one former Packard program officer relates, "Anytime somebody is up for renewal, you do a little calling around" (Holcombe 2011). Both program staff and presidents participate in exchanges with their counterparts at other foundations, frequently meeting and talking informally (Simmons 2010; Brest 2010; Holcombe 2011; Seims 2009b). By influencing grant decisions, informal network processes and norms contribute to field-building.

The formal networks in which funders participate help diffuse information and strategies, which shapes grantmaking. In 1996, the population program directors from Ford, Hewlett, MacArthur, Rockefeller, and three small foundations established the Funders Network on Population, Reproductive Health and Rights. Its founding co-chair and Hewlett's program director, Joe Speidel, recalls,

> Our goal for the Funders Network…was to bring in more donors to exchange information, to bring in experts to help educate everybody so they could be better advocates…in their own foundation, and to be cheerleaders to encourage them to do more. And that's still ongoing. (Speidel 2009)

The Funders Network followed the formation of the Reproductive Health movement field, discussed in later chapters. As subsequent chapters will demonstrate, field-building is an ongoing

process in which foundations continue to participate over time. By diffusing information and perspectives about the program area, formal networks such as this one influence foundations' grantmaking and thus affect the field's evolution.

Summary: Professional Networks

Professional staff developed professional networks, which influenced staffing at the foundations and at some grantee organizations. Additionally, formal and informal networks affected grantmaking as foundation counterparts provided advice concerning grantees, program strategies, and broader issues relevant to the program area. Networks also facilitated coordination and collaboration. Funders worked together in order to amplify the effects of their resources or simply to participate in the sector's norm of reciprocity. Funders also collaborated as part of a field-building strategy to enroll organizations that did not support the movement. All of these processes, stemming from the rise of professional staff in the philanthropic sector, shaped foundations' field-building work.

Relationship to Risk

Professionalization has also shaped foundations' relationship to risk.[84] Professionalization processes resulted in organizational structures and norms that influence board and staff members' perceptions of their roles and also affect their status and legitimacy concerns. These factors influence their assessments of and responses to risk. Board and staff members are constrained by their professional responsibilities, a range of status pressures, and their personal comfort with uncertainty. They are also constrained by the structures and norms foundations developed to help them navigate risks and opportunities. All of these influences shaped the five foundations' program strategies and grant decisions—and thus their contributions to field-building.

The philanthropic sector is expansive and varied; it inevitably includes actors who are not particularly committed to advancing a mission or concerned about rigorous processes. However, foundation actors in this study appear to have been among those who take seriously the task of using their foundation's material, human, and symbolic resources wisely: ideally, neither wasting resources nor missing opportunities.[85] This entails, ideally, avoiding using foundation resources for efforts that do not help or that cause harm. It also entails avoiding missing opportunities to use resources where and how they can have a meaningful effect in an important area.

In reality, foundation staff and board members have varied personal and professional strengths and weaknesses. They also are influenced by and may experience conflicts among their sense of responsibility as stewards of the foundation's resources, their personal connections to the field, and career and status pressures. Moreover, foundations and their grantees operate within diverse and ever-changing contexts, some of which they may influence but none of which they control.

Foundations' orientations toward risk develop within these constraints and others, including the foundations' institutional histories and norms. All of these factors have moved foundations to develop organizational structures and practices to protect their resources and to help ensure they are deployed effectively, seeking balance between caution and risk. This section explores foundations' ambivalence about risk-taking, what "risk" entails for foundations, and how they manage it.

<center>Risk Avoidance</center>

All foundation informants expressed a belief in the value of taking risks. In fact, they gave nearly identical responses to questions about risk: If none of your grants fail, you are doing something wrong. Yet they also were unanimous that foundations do not take enough risks. As Stuart Burden, a MacArthur program staff member, reflected:

> Foundations *talk* about being bold, they *talk* about leadership, they *talk* about taking risks, they *talk* about doing path-breaking work. But when confronted, they're often timid. (Burden 2010; also see Dowie 2001, 225)

Some foundation leaders and staff are more comfortable taking bold action than others are. Burden notes,

> I've had the good fortune of working with people like Adele [Simmons, president,] and Carmen [Barroso, program director,] who wanted to be bold and different....But so often foundations, I find, are so much more cautious than their rhetoric suggests. (Burden 2010)

Part of the reason for foundations' caution may be that boards struggle against fears of misusing resources while staff fear losing board support for their program and, as Frumkin (1998) observed, harming their career prospects. Discussed further in the following section, dependent on the board's support, staff try to generate successes and anticipate the board's interests.[86] Both foundation board and staff members are affected by status concerns and their personal comfort with uncertainty.

Frumkin's (2006) argument that foundations' primary concern is legitimacy also provides an explanation for the tendency to award safe grants to well-known and widely respected organizations. He notes that "strategic grant making to organizations that occupy visible positions in the sector and that shape public opinion" can help legitimize foundations, as they "can bask in the reflected light of the good work done by grant recipients" (ibid., 112).

Supporting Frumkin's point, Aksartova finds that "academic and elite recipients, which constitute the traditional institutional environment of foundations...give legitimacy to foundations and draw most of their support" (2003, 41). Foundations' primary influences are individuals from institutions that favor stability: Foundations are typically staffed, led, and advised by individuals from elite institutions. How foundations navigate the competing desires— and pressures—to be bold yet safe is discussed below.

Every grant is a risk to some extent, given that foundations must depend on others to carry out the work. This study does not evaluate the extent of the risks the five foundations took; it aims to identify the *types* of risks they took, explain why they were willing to take them, and show how the funders negotiated conflicting concerns. These factors contributed to the foundations' grant decisions that subsequent chapters address.

Each of the population programs in this study took distinct risks in its program strategy and grantmaking. For example, Ford and MacArthur were early champions of the Reproductive Health movement, challenging the longstanding Family Planning approach. Ford applied its great resources across a wide range of efforts that otherwise received scant support. MacArthur gave most of its funding to recipients in developing countries rather than to well-established organizations in the United States or other donor countries.

Packard's risks included supporting the development of large-scale family planning programs in countries with relatively weak infrastructure. Rockefeller funded long-term research toward new contraceptive technologies; this research failed repeatedly, often providing no hint of future success. And Hewlett provided far more general support grants than the other funders did, forgoing the reassurance of project grants with narrower goals and more easily measured outcomes. The reasons the foundations chose these particular risks, among others, are rooted in the preferences of their founders or other early leaders, as discussed in the preceding chapter.

Types of Risk

The five foundations' grants represented a variety of risk categories. As noted above, some of these included providing funding for long-term research or to expand a project that had been effective on a limited scale. They also included supporting new, innovative approaches or grantees. In addition, the foundations took risks in awarding grants that could only be truly effective if other funders added their support, but when that support was not secured. Grant outcomes were also uncertain and therefore risky when an organization's leader was well-established but the institution itself had questionable capacity, or when a stable and effective organization had a new, unproven leader (Brest 2010).

Other types of grants also represented risks; for example, unusually large grants were considered risks, even if given to an institution with a strong track record (ibid.). Additionally, when a grant's impact would be impossible to measure (ibid.) or when grants addressed controversial issues and could jeopardize the foundations' "reputational capital," the foundations were taking risks (Goldmark 2010; also see Heyns 1981). Moreover, all five foundations funded grantees in the United States and abroad when governments, religious leaders, and/or large segments of the general public were unsupportive of or hostile to their work.

The prospect of missing opportunities to meet important needs compels foundations to take such risks. An early Hewlett president explained one of the board's decision-making strategies: focusing on the potential "benefits of success" rather than on the risk of failure (Heyns 1981, 4). Even if a grant had a "low probability of success," it could be worth funding if the nature of the success would be especially valuable (ibid., 4). MacArthur's vice president echoed this view: "The Foundation is open to supporting projects and approaches that, though untested or unconventional, may produce unusually great benefit" (Rabinowitch 1996, 10).

Something New or Something Proven

Foundations consider supporting innovation to be one of their primary roles and responsibilities because their independence enables them to fund unproven initiatives that other sectors cannot easily.[87] Yet innovation is inherently risky, in no small part because new approaches lack definitive data to support them. Such was the case with the Reproductive Health movement: Although data suggested that the Reproductive Health approach would have the many promised effects, they were generally not definitive. At the same time, failing to support innovation may mean missing the opportunity to contribute to an important advance.

A board's interest in funding unique, innovative projects has additional sources, as well. Boards can experience "donor fatigue," losing interest in a longstanding program area or approach (Mitchell 2009; Speidel 2009). They may also seek the status that comes with funding innovative projects (Kohl 2010). Board members are also subject to the same influences as the general public, including the mass media's attention to issues (Seims 2009a). That can affect their perception of a program area's needs and the program strategy's progress. Moreover, as Hewlett president Brest laments, "Sometimes ego leads foundations to forego opportunities to join others in collaborating to build common value" (2006, xvi).[88]

Competing Risks

Foundations' pursuit of new approaches and their support for existing ones present different risks and opportunities. Funders do not want their resources to be either redundant or too isolated to make a difference. Two MacArthur board members convey these concerns:

> On the board, it was a topic of discussion: 'How can we make a unique contribution?' Or, 'Well there are already four people in this field, why do they need more of us and what would we do?' Those kind of questions would come up. (Theobald 2010)

> I think if someone does something very new, innovative, important, it's too bad if other foundations don't follow that. Because the first foundation doesn't have enough money to make that really count. And therefore if they're all trying to be innovative, not much is going to be accomplished. (McCormack 2010)

Essentially, foundations want to avoid a situation where their resources are drops in either a nearly full bucket or a nearly empty one. Program staff from two different foundations further articulate motivations for forging a new path and for joining an existing one.

> I had the largest budget on population and women's rights on abortion in the United States, so where could we make change in a way that would be useful? Where could we make a difference? By tagging onto someone else's program, we're not making a difference at all....I wasn't trying to be original for the sake of being original; that would not be forgivable. It was like, 'What's missing here?' (Campbell 2009, Packard Foundation)

> I think [coordinating with other funders] is very helpful. Very helpful. For grantees, the issue of trends and coalescing into favorite teams poses difficulty, because when you're out of favor, you're out of favor, because everybody is funding other things. But on the other hand, foundations are not extremely rich…so when they pool together their resources, they have greater impact. (Barroso 2009, MacArthur Foundation)

As discussed next, foundations developed structures to mitigate the companion risks of wasting resources and opportunities.

<p style="text-align:center">Managing Risk</p>

Managing risk is generally about trying to diminish uncertainty. Professionalization and rationalization are foundations' primary strategies for this. Funders especially want to avoid failures that more careful work could have prevented, and so they emphasize carrying out their "due diligence up front" (Fanton 2010; Heyns 1981). Rationalized grantmaking processes enable this due diligence, as do professional staff with expertise in the program area. As Meyer and Rowan observe, the use of legitimated processes "can also provide rational accountings after failures occur: managers whose plans have failed can demonstrate…that procedures were prudent and that decisions were by rational means" (1991, 51).

One component of rationalization that foundations have pursued is the development of evaluation mechanisms for their grantmaking programs and for their grantees (Hwang and Powell 2009).[89] The president and board primarily rely on program officers to track grantees' progress. Periodically, however, they hire external evaluators for both the program and the grantees (Fanton 2010).

Foundations fund evaluations to determine whether existing efforts need adjustments, continued support, or a different level of support, and in order to identify new opportunities. Evaluations help foundations assess whether they and their grantees are using their resources wisely.[90] This is a complex and problematic area partly because, depending on the level of analysis, it is difficult to isolate the outcomes of any particular project or grantee's work. However, foundations have increasingly demanded such examination from grantees and from themselves (Barroso 2009; also see Kohl 2010).[91]

Professional networks also help foundations mitigate risk. Foundations rely on peers, grantees, and other experts to inform decisions about program areas, strategies, and grants. They also maintain awareness of what other funders are supporting in the program area to ensure that their grants are not redundant or too isolated to be effective (Barroso 2009; Burden 2010; Seims 2009b; Mitchell 2009; Hempel 2009; Campbell 2009). In addition, they solicit information from grantees in order to identify opportunities (Barroso 2009; Hempel 2009).

Staff size affects the types of risks foundations take and the opportunities available to them. A relatively small staff means more financial resources can go toward grants rather than personnel. On the other hand, each staff member can only evaluate a finite number of grant proposals. For this reason, a small staff with a large budget usually gives large grants, often over multiple years, to major institutions (Heyns 1981). Such grants can be important for building or sustaining a field; on the other hand, the foundation may miss opportunities to fund promising grassroots or other fledgling initiatives.

Certain grantmaking mechanisms can help funders avoid missing such opportunities. For example, foundations can provide funding to large NGOs to distribute to smaller ones, essentially delegating the task of identifying and vetting potential grantees. Through this practice, the foundation gives up some control of its financial resources. The practice also contributes to field-building and channeling: The large NGOs that receive funding to redistribute are able to select other NGOs to enroll or elevate in the field. All of the funders in this study provided this type of grant.

Staggering budget cycles and having reserve funds for special circumstances are additional ways that foundations attempt to preserve their ability to respond to new opportunities and needs (Wilbur 2010; Fanton 2010). Adjusting budgets and awarding grants throughout the year increases foundations' capacity to be responsive. Special or reserve funds can be used for emergencies, new needs, or for grants that the foundation has some internal conflict around supporting. Additional mechanisms such as allowing small discretionary grants to bypass the board can enable somewhat of a trial period for a grantee. If a discretionary grant works out well, the staff can subsequently recommend that the board approve a larger grant.

Summary: Risk

Virtually every approach to managing risk incurs additional risks for foundations because of the conflict inherent in aiming to be bold yet careful. Professionalization and rationalization shape foundations' perceptions of risks and opportunities and they shape the foundations' responses to them. These responses, including the structures and norms foundations develop, affect the foundations' program strategies and grant decisions. Foundations' relationship to risk, therefore, is another factor in their approach to field-building. As the next section explores, how foundation staff operate within these and other structural and normative constraints further influences field-building.

Program Staff: Roles, Activities, and Concerns

As discussed above, staff are often personally invested in their program areas and they are also subject to professional norms. The combination of their personal commitment, professional expertise and networks, and career concerns shapes foundations' field-building activities. Later chapters will demonstrate that the president's and board's support are essential; however, the sustained, concerted effort of program staff also determines the nature and extent of a foundation's support for a social movement. Without the staff's deliberate effort, much of the field-building work described in the chapters that follow would not have occurred to the degree that it did. Boards approve program strategies, budgets, and grants, but staff can influence them through strategic action. Moreover, it is the staff who recommend grants for the board to approve.

To explain how and why staff work to influence the board, this section first outlines how staff members' status concerns interact with their professional obligations and activities, particularly as they pertain to the board. This is followed by a discussion of norms surrounding the staff's grantmaking autonomy and staff's influence over program strategy. The chapter then explores how staff act to win the board's support. Finally, it shows how staff members' interpretation of their roles and responsibilities and their personal commitment to their grantees lead them to act as brokers and advocates on behalf of grantees. All of these factors influence the field-building activities described in the chapters that follow.

Roles and Status Pressures

Program staff mediate the board's sometimes conflicting desires. Boards want to support innovation, provide funding that makes a measurable and meaningful difference, and win the approval of peers and the public (Frumkin 2006). However, they also fear wasting resources.

One way for staff to acquire the board's trust is to recommend low-risk grants to well-known and widely respected organizations. As noted, Frumkin (2006) argues that legitimacy concerns drive the board, and that "strategic grant making to organizations that occupy visible positions in the sector and that shape public opinion" can help legitimize foundations (ibid., 112). Yet low-risk grants must be balanced with ones the board considers more innovative.

Thus, staff search for approaches and organizations that will both excite the board and earn its trust. These aspects of the staff's role interact with their status concerns within the foundation, the philanthropic sector, and the program area.[92] These concerns often extend from staff members' career goals and from their personal commitment to the program area and the grantees.

Effects of Status

Staff members' status within the foundation influences the nature of the board's support for their program: "There are some people you have more confidence in and they, in effect, have more leeway" (Fanton 2010). Program staff that have greater board support may have more influence over program strategy and grant approvals. They also may have larger program budgets, which increases their status in all three spheres—the foundation, the philanthropic sector, and the program area.

Staff members' status within the philanthropic sector affects their ability to persuade other funders to support organizations and initiatives they favor. This is important partly because the support of others legitimates the staff's approach and recommendations in the eyes of the board. Further, it can help the grantee or initiative succeed, which also reflects well on the staff.

The status that staff obtain in the philanthropic sector (Frumkin 1998) and in the program area affect their career trajectory. Program positions at large foundations tend not to be permanent (Katz 1999) and there is minimal room for advancement within or across foundations beyond the program officer position. Program staff of major foundations tend to move to positions at NGOs. Moreover, these are often grantee organizations, as many grantees are major organizations in the field.[93]

Determinants of Status

Staff members' status in each of the three spheres contributes to their status in the others. Likewise, their actions in one sphere can affect their status in the others. For example, their status in all three largely derives from visibly successful grants. Collaborative relationships with other funders can also affect their status in multiple spheres.

Influencing their status in the program area and the philanthropic sector is their program's support for highly regarded, mainstream approaches and grantees. Yet working at the forefront of a new area also affects their status. The contradiction between these two factors speaks to the tension in the philanthropic sector between its desire to support innovation and its aversion to risk.

Being at the forefront of a new approach or issue can bolster a foundation's prestige in the sector once it becomes accepted, but *initially* it can generate negative responses. Program staff at MacArthur experienced this as early supporters of the Reproductive Health movement (Barroso 2009). At the same time, being a late-adopter of an approach that becomes mainstream may also attract negative attention (Galaskiewicz and Burt 1991). Staff informants from Packard, which resisted the Reproductive Health approach, reported this experience (Anonymous Packard 2010; Holcombe 2011).

The staff's status in all spheres both influences and depends on the board's budget allocations and its approval of the staff's grant recommendations. However, sometimes the staff's preferences conflict with the board's. How they handle this conflict is addressed next.

Staff's Relationship to the Board: Influence, Autonomy, and Agency

Boards have formal authority over the foundation's resources but the program staff's expertise affords it informal authority (Fligstein 1991) that can influence the board's decisions concerning program budgets, strategies, and grants.[94] The extent to which staff members are able to exercise their informal authority varies.

Influence over Program Strategy

Foundations differ in the level of influence staff are invited to have on program strategy. One informant, an associate program director at Rockefeller and subsequently program director at Hewlett, felt that the program staff's expertise was valued more highly at the latter foundation. In contrast to her experience near the end of her tenure at Rockefeller, she said that the Hewlett "board and the president truly respect and value the technical expertise of the programs" (Seims 2009b).

While describing MacArthur's process of restructuring its grantmaking programs, president Adele Simmons explained: "The whole MacArthur staff has played a role—in partnership with the board of directors and a range of advisors" (Simmons 1997, 7). The involvement of MacArthur's staff in determining program changes was evident when Simmons' successor, Jonathan Fanton, sought to narrow the population program's purview: The program director recommended two focus areas, which the board approved (Barroso 2009). Because the program strategy structures grant decisions, the director's ability to exercise informal authority within the board's parameters has important consequences.

Autonomy

Foundations also differ in the degree of autonomy they afford program staff, instituting varying levels of oversight and control on the part of the president, vice presidents, and board.[95] This can change from one president to the next. For example, under president Adele Simmons, MacArthur's program staff had significant autonomy (discussed further in Chapter 8). When Jonathan Fanton succeeded Simmons, the population program director, Carmen Barroso, told him:

> The greatest resources of a foundation are the program officers. We have to choose people who have good judgment, good values, and let them be free, be creative. I thought that he would listen to that, but he went in the opposite direction; you know, not even directors had much autonomy. (Barroso 2009)

Thus, the influence of Barroso's informal authority was more limited under one president than another.[96]

Ford had the most autonomous staff of the foundations in this study. As the previous chapter explained, Ford had established a uniquely decentralized decision-making process, empowering staff closer to the field. Ford's regional representatives in developing countries had significant authority over staff appointments and grantmaking in their regions (Caldwell and Caldwell 1986). Moreover, the foundation's budget for population grantmaking in developing countries was primarily the responsibility of regional offices rather than that of the New York headquarters (ibid.).[97]

Agency

Yet even where staff members have less formal autonomy, they may still assert their agency. DiMaggio notes that "professionals often come into conflict with the organizations that employ them" (1991, 287). In foundations, aspects of program strategies—or the leadership's interpretation of them—may conflict with the staff's priorities. When this occurs, staff may work around them.

When MacArthur's new president, Jonathan Fanton, sought program director Barroso's recommendations for narrowing the population program's scope, she deliberately proposed two areas that could be interpreted broadly (Barroso 2009). This was an attempt to accommodate Fanton's concerns while preserving the program's support for the Reproductive Health movement's mission. As evidenced by the grants lists, once the board approved Barroso's recommendations, the staff proceeded to make grants that legitimately—but broadly—supported the new program strategy while also advancing the movement's frame.

The broad interpretation of MacArthur's population program strategy was driven by Barroso and it declined after she left: The grants quickly reflected a narrower interpretation of the strategy. She did not leave due to conflict with the board or president over her interpretation (Barroso 2009). In fact the board generally approved the grants she and her staff recommended (ibid.). However, Barroso was a remarkably charismatic leader and highly persuasive (Simmons 2010; Burden 2010); not all staff share her abilities or employ the same tactics.

Barroso was succeeded by her deputy director who was also a strong supporter of the Reproductive Health movement, but who had a different approach to working with the board. According to Barroso, the new director "tried to continue the program as best as she could—she came from the same perspective as I did. But she was more pragmatic, let's say, and tried to accommodate more than I was willing" (Barroso 2009). Thus, staff members' assertions of agency vary in strategy and outcome.

Anticipating the Board's Preferences

Discussed further below, because they are dependent upon the board's approval, staff become highly attuned to its interests and preferences. They anticipate what the board will favor, as this increases the likelihood of program budget stability or expansion, and the likelihood of the board's support for the staff's recommendations. Demonstrating staff expertise in navigating this

process, all board, president, and staff informants reported that the boards rarely rejected staff's grant recommendations (see also Heyns 1981).[98] This is partly a consequence of what Rockefeller president Peter Goldmark referred to as the staff's "self-censoring" (Goldmark 2010). As a program officer explains:

> The staff escape hatch is, 'Oh the board would never approve this.' The staff of foundations in meetings say, 'We know that's the right thing to do, [and] we want to do that, [but] the board would never allow us.' Then you ask the next question: 'Have you asked them?' 'No, but they would never approve that.' (Burden 2010)

Program officers in Kohl's study of smaller foundations similarly described "an unspoken code" concerning what proposals they could recommend to the board (2010, 116). In this respect, staff constrain their own agency.

On the other hand, program staff also may encourage grantees to write proposals in a particular way to appeal to the board, with the understanding that it may not precisely reflect the grantees' intentions (Barroso 2009). In Kohl's study, a staff member reported editing grant proposals, "deleting any confrontational words" (2010, 123). Thus, the staff's perceptions of the board's preferences both prevents them from recommending particular grants and strategies *and* motivates them to intervene in order to secure the board's approval for particular grants.

Summary

The staff's influence on the board is mediated in part by the authority the board grants them and by the autonomy the foundation's structure affords them. It is also mediated by the staff's willingness to assert agency, their strategies for and skill in doing so, and their perceptions of the board's boundaries. Whether program staff members are invited to influence the board and given autonomy, or they find ways to assert agency despite constraints, their levels of autonomy and influence affect the program's budget, strategy, and grants—and thus its field-building work.

<div align="center">Staff Roles and Strategies to Support the Program</div>

Because each foundation has several program areas, the staff of different programs within a foundation compete for resources. A program staff member from Packard and one who worked at both Rockefeller and Hewlett describe this experience:

> There's a lot of advocacy that one has to do at the foundation. That's most of what you do. Grantmaking is actually a small part of what you do in the end. [For example,] there's internal advocacy. You have to kind of go up against the other programs at the foundation…You have to assert your existence constantly. And board meetings happening every quarter means every quarter you have to do PR and marketing for your program. So that's just intense. That is the highest stake in

your survival as a program. That is the 'drop everything.' You have to keep your eye on that ball. (Anonymous, Packard 2010)

I think what people don't realize is when you're working for a funder, within…the institution of the funder, you as an individual are fighting [for money for your program]. Like right now we're doing the budgets for '05, and I'm fighting like mad…making sure this program gets as much money as it possibly can. (Seims 2004, 54, brackets in original)

To help advocate for their programs, staff informants invited grantees to talk to the board and developed research presentations justifying the program and its strategy (Speidel 2009). They provided quantitative and qualitative evaluations and also stories to illustrate the need for and value of the grants (Anonymous Packard 2010; Holcombe 2011; Barroso 2009).[99] As grant seekers do in their proposals, staff tried to balance conveying the urgency and magnitude of the problem, the effectiveness of the grants, and the value of continuing the funding.

Position Relative to Other Funders

As discussed above, boards are attracted to innovative approaches. As part of their effort to appeal to the board, therefore, staff try to position their program as more innovative than other foundations' programs.

You have a little bit of competition with other foundations in terms of who could fund the most exciting and innovative projects. And so you have to kind of scan the environment and be the first to realize some important gap, and fill it. (Anonymous, Packard 2010)

Capturing the board's interest is necessary for securing its support for the program, which influences its program budget allocations. The staff's skill in identifying promising new areas for their program also demonstrates their professional expertise to the board.

Although staff compete with counterparts at other foundations, they also need them. Support from other funders legitimates the staff's recommendations. Staff routinely try to attract other funders to support a grantee or strategy in part because it pleases the board when a program is able to leverage the foundation's resources.

A foundation program officer or any high-level staff would be really happy, if they put money into something, to have another organization put money into that too, because you started it. That means they go to the trustees and say 'look what we did—we spent only $500,000 of your money, but out of that you really got a million dollars of power behind this.'(Campbell 2009)

The program staff's relationships with counterparts at other foundations thus can have consequences for the board's support of particular programs, approaches, and grantees.

Demonstrating their personal commitment to their work, staff acted on behalf of their grantees as advocates within the foundation and as brokers and advocates within the philanthropic sector. They also sought to use their vantage point to benefit grantees by distributing information to them. These activities contributed to field-building by strengthening or sustaining field members, adding new ones, and helping to diffuse frames. These activities also show how staff members' interpretations of their roles and responsibilities shaped the foundations' field-building work.

Within the Foundation: Advocacy

Program staff serve as intermediaries between the board and grantees. Staff often advocate on the grantees' behalf with the board, and they communicate the board's requirements to grantees. For example, when Jonathan Fanton became MacArthur president in 1999, he required increased measurement of grantees' outcomes, which program staff found problematic (Burden 2010; Barroso 2009). Program director Barroso (2009) describes her experience of the change:

> For every grant, I had to say what the results would be. So if I gave $100,000 to a tiny NGO in Mexico, I would have to say what the concrete results would be in terms of diminishing maternal mortality or something,…which was not very comfortable for me to do as a former social scientist [who still had] some respect for causality. I had to make the case again and again and again and again about the complexities of the issues, the impossibility of attributing causality.

Kohl also found that staff struggle with "find[ing] ways to make themselves heard and believed by" the foundation leadership (2010, 118). Program staff members' concerted efforts to do so demonstrate their understanding that advocacy on behalf of grantees is part of their role.

While Barroso directed her educational efforts "upstream," the push for measurable outcomes also affected what she asked of grantees.

> 'Downstream' I'd beg our grantees to promise things that they honestly could not promise, those changes he wanted to see. I'm sorry to say that you have to work the system, otherwise you don't get your grant approved. (2009)

According to Barroso, regardless of how grantees described their measurement plans or outcomes, they did not necessarily change their actual work (ibid.).

This example highlights the sometimes competing demands on program staff to adhere to the board's requirements and adopt its priorities while also supporting grantees' work to advance the program strategy—or to advance a movement. It also underlines the multiple levels of the staff's field-building work. Not only do they try to provide funding strategically, but they also work to

educate board members in order to obtain their support, and they try to help grantees negotiate the foundation's requirements.

Within the Philanthropic Sector: Advocacy and Brokerage

Within the philanthropic sector, staff serve as advocates and brokers on behalf of their grantees. They advocate for other funders to support particular projects or grantees.

> Once you seed some idea and it looks like it's successful, you're also trying to advocate for your other funder colleagues to put money in it…So you have to do that level of fundraising for your pet project. (Anonymous, Packard 2010)

This is also an impetus for the informal coordination described earlier. Further, staff serve as brokers between grantees and other funders: "We've often helped our grantees raise money from others. We bring grantees and [other funders] together…and I think that's a very important responsibility that we have" (Seims 2009b).

Staff members' professional networks thus directly and indirectly influence foundations' field-building work. As later chapters show, prior relationships enhanced foundations' effectiveness as advocates for the Reproductive Health movement. Funders also served as brokers between the movement and actors outside the philanthropic sector.

Within the Program Area: Diffusion

Program staff recognize that one way they can benefit their grantees is to make use of their networks and their unique vantage point—what one staff informant called a "bird's eye view of the field" (Anonymous Hewlett 2009). As another staff member described:

> I saw myself as really a customer service representative. I really tried to service all the partners in the field with information. I knew that I was sitting in a privileged position where people would send me things. And so I would try to share those with others, and notify them of reports that had been posted on the web. [And] if I got some juicy piece of information from a donor, I would pass it on. (Anonymous Packard 2010)

Thus, program staff may deliberately work to diffuse information and ideas, taking advantage of their networks and vantage point.

Summary: Program Staff's Roles, Activities, and Concerns

Staff members' status concerns pertaining to the foundation, the philanthropic sector, and the program area interact with their professional roles and responsibilities and with their personal

commitment to the program area and grantees. Staff members are constrained by foundation structures and norms that both enable and limit their influence on program strategies and grant decisions. Their assertions of agency within constraints, guided by their keen attention to the board's preferences and their commitment to grantees, affect grant decisions.

Staff members' responsibilities to their program lead them to develop strategies to increase the board's support for it, as that influences the program's budget and grant approvals. The staff's sense of responsibility to grantees helps motivate their field-building activities on grantees' behalf, including advocacy within the foundation, brokerage and advocacy within the philanthropic sector, and diffusion of information within the program area. Staff members' activities and status in each sphere—the foundation, philanthropic sector, and program area— affect their status and opportunities in the other spheres.

Conclusion

Government scrutiny and new tax regulations spurred the philanthropic sector to professionalize. This resulted in changes to staffing and operations that affected foundations' grantmaking. The rise of professional staff had particularly far-reaching implications. Foundations' interest in displays of staff expertise helped fuel more complex grantmaking procedures, encouraged by the foundations' preference for rationalized operations. These pressures led staff to become increasingly involved in their grantees' work. Additionally, the staff's commitment to their program area, often based on personal experiences and developed through prior work in the field, further motivated their involvement in grantees' work. The value of expertise, the emphasis on rationalized processes, and the staff's increased intervention in grantees' work combined to have widespread repercussions for foundations' grantmaking.

Professional staff developed professional networks that influenced staffing at the foundations and at some grantee organizations. This contributed to field-building. Formal and informal networks also affected grantmaking as foundation counterparts advised one another about grantees, program strategies, and broader issues concerning the program area.

Additionally, networks facilitated coordination and collaboration among foundations. Funders had multiple motivations for working together. Coordination was a means of amplifying the effects of their resources. It was also a way to participate in the sector's norm of reciprocity. Collaboration was also a strategy for enrolling new actors in a field.

Foundations' relationship to risk has been shaped by professionalization processes. In assessing and responding to risk, boards and staff are influenced by their professional responsibilities, status concerns, and their personal comfort with uncertainty. The five foundations took a variety of risks, constrained by the structures and norms they had developed to navigate competing desires to be bold and cautious. All of these factors affected the foundations' program strategies and grant decisions.

Staff members have status concerns regarding three overlapping spheres: the philanthropic sector, the foundation, and the program area. These pressures shape staff activities within the constraints of their professional roles and responsibilities. Their personal commitment to the program area and to grantees also influences them.

Foundation structures and norms constrain the staff's influence on program strategies and grant decisions, but staff also assert agency. They work to persuade the board to maintain or increase their program's budget, to support their preferred program strategy, and to approve their grant recommendations. Staff also act to support their grantees through advocacy within the foundation, brokerage and advocacy within the philanthropic sector, and by facilitating frame diffusion within the program area.

This chapter and the preceding one have explained the formative influences on the five foundations and their population programs. They have also described a range of influences on foundation boards and staff. The chapters that follow show the products of these influences: The foundations helped establish the population and reproductive health fields, and they were instrumental in the Reproductive Health movement's success at the pivotal UN International Conference on Population and Development in 1994. As the next chapter demonstrates, the journey to the Reproductive Health movement's emergence begins with Rockefeller's and Ford's work in the 1950s to build the population field and to promote the Family Planning approach. Their work set in motion processes leading to the emergence of the Reproductive Health movement decades later.

PART 2

FOUNDATIONS AND POPULATION FIELD-BUILDING, 1950s-1980s

Chapter 4

FORD, ROCKEFELLER, AND THE INTERNATIONAL POPULATION FIELD:
1950s-1960s

The previous two chapters showed that foundations seek opportunities to use their material, human, and symbolic resources effectively in areas they consider important. This chapter demonstrates Ford's and Rockefeller's efforts to do so in the population field. Driven by global political and economic concerns, the foundations advanced the goal of slowing population growth. This chapter charts the development of the population field beginning in the 1950s through the 1960s, showing how the two foundations' support was instrumental in the field's trajectory. Across the decades, the foundations responded to other actors and to changes in the field and in its context. These influences and the foundations' activities during this period helped create the conditions that gave rise to the Reproductive Health movement in the early 1990s.

Ford's and Rockefeller's support in the 1950s helped transform a peripheral movement and a minor academic discipline into a major international force that influenced government policies and national programs for decades to come. These policies and programs shaped social norms and individual behavior in many countries around the world, dramatically reducing the number of children women had. Ford and Rockefeller were instrumental in forming and strengthening the population field's central organizations and networks. These helped establish, legitimate, and diffuse the field's frame. Largely as a result of the work the foundations had supported, other powerful actors—particularly the United States government—entered the field and further transformed it.

This chapter first introduces the field-building mechanisms Ford and Rockefeller employed. It then shows how the two foundations used these mechanisms to help define the family planning era in the 1950s and 1960s and advance its frame. The population orthodoxy during this era held that rapid population growth in developing countries posed an urgent threat to global social, economic, and political stability. The era's neo-Malthusian Family Planning frame maintained that the best way to resolve the population problem was to expand access to and use of family planning, especially in high-fertility countries. The chapter shows how the foundations' field-building work advanced the Family Planning frame, shaping the field as the foundations responded to other actors and to changes both within and outside the field.

Field-Building Mechanisms

The mechanisms Ford and Rockefeller employed in the 1950s and 1960s to build the field included grants for several Activity categories: *Research; Capacity-Building, Technical Assistance, and Training (CBTAT); Networks/Conference; Policy; Services;* and *Communications*. Many of their grants combined these mechanisms to powerful effect. In

addition to contributing their material resources, the foundations used their human and symbolic resources to advance the Family Planning frame. Their networks and status facilitated their use of non-grantmaking mechanisms such as *coordination, advocacy,* and *brokerage*; their grants sometimes served these purposes as well. Their status additionally helped them certify the Family Planning frame.

Among the Activity categories, grants for *Research* primarily included funding for academic research and graduate-level training. *Capacity Building, Technical Assistance, and Training (CBTAT)* grants facilitated recipients' efforts to expand organizations or programs, start new ones, or improve operations. They also supported developing specific expertise within institutions and among individuals. *Networks/Conference* grants funded meetings and conferences, including preparation for and travel to them.

Policy grants included, for example, support for educating policymakers, monitoring policies, and developing policy recommendations. Grants for *Services* funded service provision. Such grants became common in the 1960s; during that decade they primarily supported family planning and maternal health care. *Communications* grants supported a range of information dissemination activities that targeted, among others, the general public, policymakers, NGOs, and providers of health care services.

In-depth discussions of grants in each Activity category appear in Chapters 6 through 9, where I analyze grants data from 1990-2005 concerning the Reproductive Health movement. Appendix 3 presents the category definitions I used for coding those grants. This chapter and the next discuss the foundations' grants and the Activity categories more generally.

Grants for Activities

Beginning in the 1950s, Ford's and Rockefeller's grants for Research played an essential role in turning a small population field into a major international force. These grants legitimated concern for population issues and advanced the Family Planning frame. Grants in the Research category, including fellowships, led to the creation of population and family planning experts certified by prestigious institutions.

Significantly, fellowships also served to expand the field by inviting young scholars into it and leading universities to contribute their resources to it. Caldwell and Caldwell's (1986) study of Ford's population funding showed that as fellowships enticed more students to study population in the 1950s and 1960s, universities began offering more courses to meet the demand. As the authors observe, "There may be no other way of creating a new field in a short time" (1986, 62). The graduates subsequently helped strengthen and expand the field.

Many grants inadvertently helped establish networks among movement actors while other grants explicitly aimed to do so. Networks/Conference grants served as powerful mechanisms for enrolling new actors in the field and diffusing the Family Planning frame. These processes helped expand and unify the field. Foundation grants for Capacity-Building, Technical

Assistance, and Training (CBTAT) directly—and deliberately—contributed to field-building. They helped establish, strengthen, and expand some of the most influential organizations in the population field, including NGOs and academic research centers.

Additionally, combining CBTAT, Research, Policy, and Services work, the foundations sent Western experts to serve as technical assistants in high-fertility countries. These experts advised government officials about population policies and they trained national family planning program officials in how to implement the policies (McCarthy 1995; Minkler 1977). The experts themselves had often been trained at population studies centers the foundations supported. Embedded in the field through their training, these experts diffused the approaches their training had instilled.

Grants for Communications work aided field-building by diffusing information and frames throughout the field, fostering unity and coherence. Ford and Rockefeller funded a range of Communications activities, such as publishing reports and disseminating them to professionals in the field or to policymakers. Additionally, the foundations supported national communications campaigns to advance the Family Planning frame. Some campaigns, for example, sought to increase the public's acceptance of a smaller family size.

Non-Grantmaking Activities and Additional Grant Mechanisms

The foundations' non-grantmaking activities that served as field-building mechanisms included advocacy, brokerage, coordination, and certification. Foundations' advocacy work often targeted the United States government and other donors. In the late 1950s, for example, John D. Rockefeller 3rd, Rockefeller Foundation's board chair, "increasingly lobbied American policymakers to pursue more activist public policies" pertaining to population (Critchlow 1995, 9). Ford and major grantees of both foundations also worked to sway U.S. policymakers during this period (ibid.).

Certification and brokerage, through non-grantmaking activities and also through grants, were effective mechanisms for developing and diffusing the Family Planning frame. In fact these were two of the most important field-building processes Ford and Rockefeller participated in during the 1950s and 1960s. According to McAdam, Tarrow, and Tilly, certification means "the validation of actors, their performances, and their claims by external authorities" (2001, 145-146). Brokerage refers to the act of establishing links between actors or sites that were previously not connected to each other (ibid.).

The foundations' grants functioned as material forms of certification. For instance, offering fellowships for a particular line of research certified the legitimacy of the subject area or approach. Certification facilitated frame diffusion by conferring authority to particular actors. Foundations themselves were influenced by this certification; for example, they relied on research each other's grantees produced (Rockefeller AR 1974).

The foundations' symbolic and human resources—their status and connections to a range of elites—made them particularly effective at certification and brokerage. Non-grantmaking brokerage activities could be as simple as making introductions or they could involve hosting formal meetings. Brokerage through grants included support for establishing partnerships between public and private enterprises. For example, in an effort to increase access to condoms in India, in the late 1960s Ford "helped to fashion a public/private partnership to distribute supplies and locally-manufactured goods through five companies" (McCarthy 1995, 300).

Additionally, population funders explicitly coordinated with each other. As Rockefeller's 1968 annual report explains, the foundation "keeps closely in touch with representatives of other [funders] that have population programs, in order to avoid duplication of effort and to insure that the resources available are used in such a way as to complement and reinforce their activities" (1968, 46). These funders included Ford and also Population Council, a grantee of both foundations. Ford and Rockefeller also conducted some joint grantmaking. For example, in the 1960s, they established new research and training institutions together (Ford AR 1968).

The sections that follow explain how the foundations employed this range of mechanisms to help build the population field in the 1950s and 1960s. In doing so, they set in motion processes that contributed to the rise of the Reproductive Health movement in the early 1990s.

The 1950s:
A New Era in the Population Field

Before the foundations committed their resources to the field in the 1950s, there was little research on population issues in developing countries and no framework for policies aimed at reducing fertility rates.[100] Following World War II, however, the burgeoning Cold War and demographers' population projections for developing countries began generating concerns about rapid population growth (Caldwell & Caldwell 1986; Wilmoth & Ball 1995). In the 1950s, Rockefeller and Ford responded to the political implications of the demographers' findings.

Demographers' concerns stemmed from the West's experience of a "demographic transition," which included a mortality transition followed by a fertility transition (Caldwell 2004). First, as new technologies decreased mortality, population growth spiked. Then, as economic development and related societal changes led to decreased fertility, population growth gradually slowed to desirable levels. Based on comparisons to the West's demographic transition, population projections for developing countries caused alarm: If these countries took the same amount of time as the West had to complete the transition, they would be unable to absorb the resulting population growth. Ultimately, over-population would cause grave social, political, and economic upheaval across the globe (Wilmoth & Ball 1995).

As noted, the neo-Malthusian demographic orthodoxy held that rapid population growth impeded economic development. This proposition was compelling to those who believed that widespread poverty made countries vulnerable to the spread of communism—the most immediate concern of many (Wilmoth & Ball 1995, 318). Though the evidence was ambiguous regarding the causal

link between population growth and economic development, many found the theory convincing (Wilmoth & Ball 1995; also see Demeny 1988). In response, Rockefeller and Ford began directing their resources to the international population field in the early 1950s.

The foundations' population field-building work began with developing knowledge and networks. Rockefeller and Ford funded research into questions that arose from the frame they supported and whose findings subsequently contributed to it. They also supported networks to develop and diffuse the frame. In addition, they provided crucial, strategic funding to enroll new actors in the field who would be well-positioned to advance the frame.

<div align="center">The Family Planning Era Begins</div>

In the 1950s, India's burgeoning population became central to the population field and to the foundations' involvement in it. As Caldwell and Caldwell note, "It is hard to exaggerate the role of India in promoting interest in population questions. It was for long the only large, poor, densely settled country for which there were adequate statistics" (1986, 37). Those statistics led Indian Prime Minister Nehru to push the field forward in 1951 when he announced India's intention to establish the first national family planning program (ibid.).

Field-Building Grants

Largely in response to Nehru, the foundations began providing grants for Research; Capacity-Building, Technical Assistance, and Training; Networks/Conference, Communications, and Services. In particular, Nehru's announcement "profoundly influenced Rockefeller" (ibid., 25).[101] The foundation sent experts to study demographic issues in Asia and to study the increasing distance between population size and resources in Eastern European states. Rockefeller also committed multiple years of funding to prestigious U.S. universities for studying population issues in India (Rockefeller AR 1955, 1956). Ford was less involved with population than Rockefeller was in the early 1950s; however, Ford was working in India on development issues, and the India field office's budget was greater than that of Ford's other field offices (Caldwell & Caldwell 1986). India soon became a focal point of Ford's population work.

Sinding (2007) marks 1952 as the beginning of the modern Family Planning movement. The movement's strategy, strongly supported by the foundations, focused on influencing elites to achieve policy change. That year, John D. Rockefeller 3rd, chair of Rockefeller Foundation's board, helped found the Population Council and became its president and board chair.[102] Also in 1952, the International Planned Parenthood Federation (IPPF) was established.[103] The Population Council was to conduct research that could guide policies and programs; IPPF, an international network of family planning programs, aimed to increase access to and acceptance of contraceptives.[104] That same year, Ford made its first grant for population research.

In particular, Population Council quickly became a central actor in the field. In 1954 Ford began funding the organization, and for the next two decades it "was the single largest institutional

recipient of Ford funds" (Warwick 1982, 54). Both foundations supported demographic research through Population Council and in direct grants to other research institutions in the United States.[105]

Rockefeller supported demographic research earlier than Ford did, and population studies centers existed at several universities before Ford entered the scene; however, Ford rapidly became the largest and most influential donor of the period (Wilmoth & Ball 1995; Caldwell & Caldwell 1986; Warwick 1982). Its substantial funding for population research and training helped drive the diffusion of the population orthodoxy (Wilmoth & Ball 1995). The funding resulted in a growing number of institutions transmitting similar perspectives to a growing number of scholars. In turn, these individuals produced additional research in the foundations' areas of interest.[106] Research institutions that Rockefeller and Ford began supporting in the 1950s created knowledge, frames, and networks that oriented the field for at least the next twenty-five years.

> Indeed what happened in the 1950s was the creation of a worldwide network of 'population experts' that had a core body of knowledge and a common mode of discourse. These experts came to share a set of assumptions about how population dynamics worked, how the phenomenon was to be studied, and the terms under which intervention was appropriate. A small but powerful group of scholars forged a consistency in methodology, analysis, and language while at the same time establishing the credibility of demography as a policy science. The power to accomplish this task was based in large part on their relationship with the philanthropic community (Sharpless 1995, 80).

The foundations continued to help expand the knowledge base and build the scholarly network. Their contributions enrolled more actors in the field and clarified the field's project.

Increased Need, New Opportunities

The interest of both foundations in population increased in the second half of the 1950s as it became apparent that demographers' projections had fallen far short. The UN Population Division in 1951 held "that it was highly likely that the world would reach the 3 billion mark before 1980" (Caldwell & Caldwell 1986, 23); in fact, it surpassed 3 billion in 1960. Public health in some developing countries had rapidly improved due to the application of technologies from the West, causing mortality to drop precipitously (Warwick 1982). However, lacking the economic development that had corresponded with the West's demographic transition, fertility was not falling concomitantly.

Although the foundations were comfortable supporting demographic research in the 1950s, they were reluctant to address family planning, even in response to direct requests (Caldwell & Caldwell 1986).[107] That changed as family planning became more socially acceptable in the West. This started to occur in 1959 when Indian Prime Minister Nehru spoke internationally about India's need for family planning assistance and as the American press covered the issue.

The dearth of expertise in family planning policies and family planning program administration quickly became apparent. Ford embarked on remedying this by funding schools of public health to provide training (Caldwell & Caldwell 1986). Ford's initiatives in family planning assistance accelerated so quickly that within months, according to the Population Council's president, "the Indian Government was so certain of plentiful Ford Foundation assistance that it had lost interest in the Population Council" (ibid., 43).

Around that time, Ford developed a framework for its efforts in the population field going forward, clarifying its focus on demography, behavioral science, and reproductive biology (Warwick 1982). Rockefeller had also embraced demographic and reproductive biology research but, like Ford, had avoided family planning. Its annual reports do not mention work related to family planning until 1956 and 1958, and then not again until 1962.[108] However, contraceptive research and development subsequently became one of Rockefeller's central population program strategies.

The foundations' responses to the needs and opportunities India presented reflect the norms described in the previous chapters. Rockefeller's focus on research and the application of technology to resolve social problems was its historical emphasis. The rapid acceleration of Ford's activity in India reflects the general ability of private foundations to act more quickly than, for example, governments, but it also was a consequence of Ford's decentralized structure. The India field office took full advantage of its significant autonomy and authority (McCarthy 1995). Both funders' initial reluctance to address family planning stemmed from their sensitivity to controversial issues.

Expanding the Field

As the population field evolved, a pattern developed whereby meeting or identifying one demand created yet another, thus compelling the field to expand. Foundation funding propelled this process in the 1950s. Their grants for Research and for Capacity Building, Technical Assistance, and Training were particularly influential. Successful foundation-supported efforts to convince leaders and scholars in developing countries that rapid population growth was an urgent problem created a demand for specialists to assist in developing appropriate policies and programs.

In one example from the end of the decade, Rockefeller and Population Council entreated the Johns Hopkins School of Hygiene and Public Health to establish a course to train needed specialists. Rockefeller offered to fund the effort, and Johns Hopkins accepted (Caldwell & Caldwell 1986; Harrar 1961). Rockefeller then urged the school's leader to conduct a site visit to Pakistan's national family planning program. This visit resulted in Johns Hopkins' recommending family planning demonstration research projects, which Population Council helped support. Johns Hopkins soon found itself needing to train people specifically for the Pakistan projects, and so sought additional funding from Rockefeller (Caldwell & Caldwell 1986).

Despite having started this chain of events, Rockefeller denied the request. Johns Hopkins then turned to Ford. Negotiations with Ford resulted in a new Division of Population Dynamics in the

School of Hygiene and Public Health, with branches for "demography and related social sciences, family planning administration, and reproductive biology" (ibid., 87). Many family planning technical assistants came out of this program. This example illustrates how grants for research and capacity-building, and foundations' participation in professional networks, can have powerful field-building effects.

The foundations' activities throughout the 1950s were profoundly influential in building the population field. Their support led to new needs, enrolled new actors, and strengthened the field by deepening its actors' commitment. Developing country governments increasingly sought assistance to develop population policies. Over the next two decades, responses to those requests would arrive in a tidal wave.

The 1960s:
New Context and New Actors

The 1960s were a transformative decade for the population field. The introduction of new contraceptive technologies beginning in 1960 changed the political and social context. Birth control became a socially acceptable topic of discussion, enabling the Family Planning movement to take hold. Its approach was "to increase access to birth control through a worldwide network of family planning programs, administered and funded by a combination of government organizations and international development aid agencies" (Wilmoth & Ball 1995, 332).[109] Before birth control achieved social and political acceptability, many of those concerned with population issues had limited themselves to less controversial pursuits, such as research and education (ibid.).

Field-Building

In the 1960s, the foundations continued to employ the field-building mechanisms they had developed over the previous decade. In addition, they began supporting Services through their involvement in family planning programs. Grants for Services contributed to field-building by helping create norms, standards, and a perception of need. The foundations continued focusing their resources on academic institutions and governments.

In the Johns Hopkins example above, expanding the field by creating new needs was an unintended consequence of Rockefeller's initial funding. In other cases, however, the foundations deliberately worked to expand the field. This is particularly evident in their funding for research and fellowships. Ford tasked the research institutions it funded with prioritizing the training of new scholars (Caldwell & Caldwell 1986). Both foundations provided fellowships for scholars from developing countries to study in the United States. This funding was pivotal in the development of the field. In their study of Ford's population work, Caldwell and Caldwell (1986) found that many students who were interested in other fields opted for population studies *because* funding was available.

The scholars from abroad also alerted the foundations to the need for comparable institutions in their home countries. As a result, with Ford and Rockefeller support in the 1960s, population studies centers throughout the Global South were established or strengthened, to great effect (McCarthy 1995; Caldwell & Caldwell 1986; Rockefeller AR 1968).[110] In the words of Ford president Franklin Thomas in 1992, reflecting on the foundation's work during that earlier era:

> As these centers flourished, demography became a respected discipline within the social sciences. Today there is a worldwide network of centers whose research has had an important influence on both governments' understanding of population and [on] public opinion. (Thomas 1993, 15)

Similarly, Ford helped establish a new population focus in schools of public health, leading to a new cadre of family planning program administrators.[111]

Without the experts who had been trained at foundation-supported population studies programs, population policies and national family planning programs in many countries either would not have been developed or would have been substantially different. As Caldwell and Caldwell observe: "the critical period in establishing new national population programs in the Third World was in the mid- and later 1960s and the new university programs were established just in time to meet those needs" (1986, 152). Both Ford and Rockefeller supported these programs, certifying the Family Planning frame and enabling the development of specialists in its approach. Through such grants, the foundations helped expand the field and facilitated frame diffusion.

Ford

During the 1960s, Ford's population work became one of its hallmarks. Expanded access to the birth control pill and the intra-uterine device (IUD) fueled a widespread sense of optimism about the promise of technology to address population concerns (Thomas 1993; Warwick 1982; Wilmoth & Ball 1995; Demeny 1988).[112] Ford embraced the zeitgeist and committed its funding to advancing contraceptive research and development while continuing support for demography research and training (Warwick 1982; Caldwell & Caldwell 1986; McCarthy 1995). Ford also supported technical assistance for population policy development and national family planning programs (Thomas 1993; Minkler 1977). The latter efforts included funding for clinics and for research to assess the determinants and degree of demand for services (Warwick 1982).

Ford particularly wielded influence through brokerage activities and through grants for Research; Capacity Building, Technical Assistance, and Training; and Communications. The foundation's work in South Asia constituted its "earliest and largest overseas initiatives" in population, focused on contraceptive research and development and on expanding contraceptive use (McCarthy 1995, 293). McCarthy credits Ford's population program and specifically the leadership of its India representative, Douglas Ensminger, for "help[ing] to lay the groundwork for India's ascendance as a world-class centre of contraceptive research" (1995, 296). Ford's structure granted Ensminger considerable autonomy, but he was also particularly ambitious and persuasive, leading the foundation to commit major funding to this area.

In addition to funding Research, throughout the 1960s Ford prioritized sending Western experts to provide technical assistance to South Asian academics and government agencies (McCarthy 1995; Minkler 1977). Ford intended this assistance to increase the academic, policy, program, and administrative expertise of those working in the population field. Grants for Technical Assistance were powerful field-building mechanisms as they helped diffuse knowledge and frames.

Some of the major achievements of Ford's population funding in India occurred in the late 1960s, such as a 1968 campaign to normalize the desirability of a small family size. This included placing an image of a two-child family on billboards and virtually any other available surface throughout the country (McCarthy 1995), an approach that additional countries subsequently employed (Venkatraman 2012). Grants for Communications projects were thus an important mechanism for advancing the Family Planning frame by influencing social norms. Another way Ford helped build the field was by providing grants that served brokerage purposes. For example, it funded a successful social marketing venture in India that included representatives of the public and private sectors in an effort to increase condom sales (McCarthy 1995).

Rockefeller

Throughout the decade, Rockefeller provided grants in similar areas as Ford. From 1963-1968, well over half of Rockefeller's population grants supported expanding the availability of family planning services and information.[113] Close to a quarter of its funding supported reproductive biology research and contraceptive technology development. About one-fifth supported research and training in demography or interdisciplinary population work (Rockefeller AR 1968). Rockefeller's assets were much smaller than Ford's so its grants had a less dramatic effect on the field, but it also contributed its human and symbolic resources. Rockefeller's stature added legitimacy to the work it supported, and the foundation additionally wielded influence through its connections to other important actors in the field (Knowles 1978).[114] Rockefeller also initiated projects that Ford and other institutions subsequently supported.

Later in the decade, new data on oral contraceptives and the IUD raised disturbing questions about their safety and tolerability. Demonstrating the channeling effects of the field on the funders themselves, this research influenced the funders' work. Both Rockefeller and Ford continued funding contraceptive research in order to address the new concerns. Defining the problem as particularly urgent, Rockefeller supported a wide range of high-level research by institutions and individuals in the United States and abroad into all factors relating to contraception.

To strengthen scholarship in reproductive biology and fertility control, Rockefeller supported graduate students to pursue these areas (Rockefeller AR 1968). In addition, it continued funding research into the effects of population growth on social and economic conditions. To mobilize support for family planning, grants for Communications, Policy, and Networks/Conference

supported efforts to transmit research findings to state officials and other leaders (ibid.). Grants in all of these areas promoted the Family Planning frame and sought to strengthen the field.

Field-Building: Diffusion through Grants, Certification, and Brokerage

By design, the frame the foundations promoted through Research grants did not remain in the confines of academia. Sending bureaucrats to advise developing country governments was common in the development field; however, Ford sent mostly academics to advise governments on population policies and programs (Minkler 1977; McCarthy 1995). These individuals contributed their expertise and typically also conducted further research.[115] The grants were amplified by the foundations' status: The foundations' material and symbolic resources were a potent combination, certifying particular actors and the Family Planning frame, and facilitating frame diffusion.

Conflicts of interest necessarily arose for some grantees, such as Population Council, that both conducted population research and engaged in family planning advocacy (Warwick 1982). Demeny (1988) also observes that close relationships between population researchers and authorities in the countries they studied compromised their research. Demeny primarily refers to research funded by agencies like USAID, and he views private foundation funding more favorably, but his critique is relevant to the foundations. McCarthy (1995) and Minkler (1977), for example, note the close relationships between Ford-supported advisors and both government officials and family planning officials abroad.

Such conflicts of interest and associated biases likely aided the swift proliferation of the Family Planning frame and staved off challenges. Chapter 8 discusses the resistance the Reproductive Health movement encountered after the United Nations adopted the Reproductive Health frame in 1994. Some of this resistance was due to the entrenched Family Planning paradigm and the self-referential nature of the field. These conditions largely resulted from the prior field-building work described in this chapter.

The United States and the United Nations Alter the Field

By the mid-1960s, momentum was building in developing countries for national family planning programs (Caldwell & Caldwell 1986). The first two countries to implement such programs did so in a span of seven years: India in 1952 and Pakistan in 1959. In the next seven years, nine countries followed suit; one year later, in 1967, five more joined them (ibid.). Caldwell and Caldwell (ibid.) largely credit Ford with the increased participation of governments and international institutions in the population field. Its funding not only produced research but also developed family planning advocates, some of whom were connected to government agencies in the United States and abroad. Thus the funding resulted in a common framework for understanding and addressing population issues and a network of people to proliferate the frame. However, the foundations were not the only influential actors.

Two developments in the latter half of the 1960s had significant effects on the population field, including on Ford and Rockefeller. The first was the United States government's new embrace of the Family Planning frame, resulting in the government's commitment of major funding. As the next chapter demonstrates, this altered the trajectory of the foundations' population programs and ultimately contributed to the emergence of the Reproductive Health movement. Second, the United Nations began taking a favorable position on family planning. It established a framework that facilitated the work of the Family Planning movement and later the Reproductive Health movement. The UN also launched what became the UN Fund for Population Activities (UNFPA); though not immediately influential, this organization had great relevance in coming decades.

United States

In the mid-1960s, the field-building work of the foundations and their grantees attracted increased attention from donor countries (Symonds and Carder 1973). As these governments became more involved in the field, the foundations' position in it shifted. In particular, the United States became especially influential following President Johnson's State of the Union address in January 1965. In it he announced his intention to address global population growth (Johnson 1965, 16).[116]

Although the United States had previously funded population research and some technical assistance, Johnson's speech precipitated a dramatic increase in the country's support for the international population field: "Government expenditures grew from $2.1 million in 1965 to $117.5 million in 1970 and $354.3 million in 1980" (Wilmoth & Ball 1995, 330; Dixon-Mueller 1993). As discussed in the next chapter, this changed the foundations' role in the field.

Additionally, spanning 1965-1968, U.S. congressional hearings on international population issues caught the public's attention. The hearings also demonstrated the success of the foundations' prior field-building work: Testimony of "120 witnesses, including…almost every major figure from the population lobby" helped persuade Americans that facilitating the voluntary use of birth control in developing countries was a legitimate enterprise (Warwick 1982, 46; Piotrow 1973; Piotrow 2002). Sharpless observes that these hearings showed that "the network-building of the previous decade was now paying off," as the witnesses' arguments were remarkably complementary (Sharpless 1995, 87; Dixon-Mueller 1993).

The three years of hearings helped advance the field's frame, bringing issues of family planning and population growth to the fore and helping to normalize them. Additionally, publications like Paul Ehrlich's *Population Bomb*, combined with greater media attention to the issues, fueled the public's concern (Bongaarts 1994). Calls to address the perilous rate of global population growth gained momentum.

In a pivotal act, in 1967 Congress authorized USAID to provide contraceptive supplies to foreign countries for use in voluntary family planning programs (Piotrow 1973).[117] This launched USAID into a new role backed by substantial funds that Congress had earmarked for population

assistance (Warwick 1982; Piotrow 1973).[118] As discussed further in the next chapter, USAID quickly became the leader in the field, transforming it (Wilmoth & Ball 1995).

United Nations

The United Nations' embrace of the Family Planning frame followed that of the United States. In the early 1960s, most of the UN's member states were reluctant for it to address population issues, especially family planning (Symonds & Carder 1973). Some were guided by religious opposition to birth control, some rejected the premise that population growth hindered economic development, and others merely wanted to avoid conflict or did not consider the issue urgent (ibid., 135). In 1966, however, the UN Secretary-General "called on heads of state everywhere to recognize family planning as a vital interest of both the nation and the family" (ibid., 147).[119] Two years later, the UN officially began framing voluntary family planning as a right.[120] This set an important precedent: The rights framework was carried forth into subsequent UN documents, including the pivotal Programme of Action produced at the 1994 International Conference on Population and Development (ICPD), discussed in Chapter 6.

In 1967, the UN established the Trust Fund for Population Activities, which in 1969 became the UN Fund for Population Activities (UNFPA). It began with a small budget and a limited purview, supporting demographic research and training. In 1969, in the context of more widespread support for government intervention in population, UNFPA began supporting technical assistance to countries that wanted to introduce family planning programs (Piotrow 1973). As subsequent chapters show, UNFPA became increasingly important to the field over the coming decades (Mousky 2002).

<div align="center">

Conclusion:
Foundations and Field-Building, 1950s and 1960s

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This chapter demonstrates foundations' ability to establish a field, advance a movement frame, and initiate major social change. Their material, human, and symbolic resources are essential to this effort. Ford and Rockefeller were central actors in the population field in the 1950s and 1960s, employing multiple field-building mechanisms. These included grants for specific purposes: Research; Communications; Networks/Conference; Capacity Building, Technical Assistance, and Training; Policy; and Services. Additional mechanisms included brokerage, advocacy, and coordination.

The foundations were largely responsible for the population field's tremendous growth beginning in the 1950s. Their early support helped shaped the Family Planning frame's intellectual foundations. This frame subsequently influenced policies and programs in countries around the world. Additionally, the foundations' grants and other activities established international networks of actors from universities, governments, family planning programs, and NGOs. They also funded new NGOs that helped build and transform the field.

The foundations' institutional autonomy allowed them to explore new avenues of research, sustain long-term research, and provide funding for controversial work. Their status—resulting from their wealth, elite board and staff members, and the appearance of impartiality—gave them authority to certify ideas and actors. Their connections to people in multiple sectors enabled them to form powerful networks that diffused the Family Planning frame.

The foundations did not control the field and they often were not the most important actors in it. However, their responses to other actors illuminate how foundations contribute to field-building. External events influenced the foundations' activities by altering their perceptions of needs and opportunities. At the same time, their work shaped the field. First, rapid population growth, India's requests for help, and a dearth of relevant expertise combined to provide both need and opportunity. As a result, in the 1950s Rockefeller and Ford began supporting demographic research and new institutions. In the early- to mid-1960s, the foundations' prior field-building work led to increasing requests for help from governments.

Newly available contraceptive technologies also presented needs and opportunities. In response, the foundations continued supporting demographic research and began funding research into contraceptive technology. They also expanded funding for training scholars. Additionally, the foundations supported technical assistance for government officials to help them develop national family planning programs. They also funded technical assistance for family planning program administrators. These activities continued to expand and strengthen the field and to diffuse the Family Planning frame.

In the late 1960s, USAID's dramatic increase in funding for international family planning was partly the result of the foundations' field-building work: Their grantees' research, experience, and networks helped provide the U.S. government with a rationale for addressing population growth and a map for how to do so. As the next chapter shows, the changes in the population field that began in the late 1960s increasingly affected Ford and Rockefeller in the 1970s. External changes also affected them. The foundations' responses to changes both within the field and outside of it over the next two decades helped lead to the Reproductive Health movement's rise.

Chapter 5

FORD, ROCKEFELLER, AND THE INTERNATIONAL POPULATION FIELD:
1970s-1980s

This chapter extends the previous chapter's exploration of how Ford and Rockefeller helped build the population field and, in doing so, contributed to the conditions that gave rise to the Reproductive Health movement in the early 1990s. It charts the development of the population field through the 1970s and 1980s, showing where Ford and Rockefeller intervened to shape the field. In particular, this chapter highlights how foundations respond to changing contexts, seeking to apply their unique resources effectively to urgent issues. It also illustrates the importance of foundations' institutional norms and the role of staff in influencing foundations' approaches to a movement.

As the previous chapter showed, support from the Ford and Rockefeller foundations in the 1950s and 1960s was instrumental in advancing the Family Planning frame and expanding the field. The Family Planning frame held that rapid population growth threatened national and global stability and that the solution was to expand access to and use of contraception in high-fertility countries. This chapter show how in the 1970s, on the heels of the foundations' pivotal earlier work, other actors—particularly governments and feminists—began to rival or surpass the foundations' influence. The foundations responded to these other actors, to the changes they wrought, and to additional changes in the external context. The unique nature of the foundations' material, human, and symbolic resources enabled them to remain influential as they adapted their strategies.

The chapter begins with a brief overview of the field-building mechanisms Ford and Rockefeller employed in the 1970s and 1980s. Next it explains how an international women's movement that emerged in the 1970s formed the foundation of the Reproductive Health movement. The chapter then turns to how the foundations' strategic field-building work continued to advance the Family Planning frame. However, the chapter also explores Ford's divergence from the path it had shared with Rockefeller as a champion of Family Planning. Ford began to reduce its population funding while increasing its focus on women in development issues. These shifts affected the population field and facilitated the emergence of the Reproductive Health movement.

Weaving throughout the chapter are accounts of how other actors, sometimes influenced by the foundations' work, changed the population field's terrain in the 1970s and 1980s. These actors include the U.S. government, the U.S. feminist movement, international women's movements, and the United Nations. As Bartley (2007) noted, although foundations may continue contributing to a movement field after helping to establish it, they do not control who enters it. As this chapter shows, as new actors entered the field and altered it, revealing new needs and opportunities, the foundations worked to adapt.

The events of the 1970s and 1980s influenced the foundations' field-building work and were also influenced by it. Together, the developments described in this chapter forged a path to the Reproductive Health movement's emergence and, consequently, to its transformation of the population field. By tracing Ford's and Rockefeller's involvement in the population field in the 1970s and 1980s, this chapter provides insight into how foundations' field-building work shapes the emergence, composition, and trajectory of social movements.

Field-Building Mechanisms

In the 1970s and 1980s, Ford and Rockefeller employed the same field-building mechanisms as they had in the previous two decades. These include grants for Research; Capacity-Building, Technical Assistance, and Training (CBTAT); Networks/Conference; Policy; Services; and Communications. Grants in all of these areas helped certify actors and frames, enroll additional actors in the field, and diffuse the field's frame.

Some of Ford's grants were particularly significant for diversifying the field. In the 1970s Ford branched out from its traditional grantees—government agencies and research institutions. It increasingly supported NGOs, especially those addressing the needs of women in the Global South (McCarthy 1995). The foundation also began focusing more on issues outside of the Family Planning frame, such as women in development. Through these changes in its grantmaking, Ford helped enroll new actors in the field who challenged the Family Planning frame.

The two foundations also continued to use non-grantmaking mechanisms such as coordination, advocacy, and brokerage. Moreover, they collaborated with each other for advocacy and brokerage purposes. In 1979, for instance, toward expanding access to family planning, Ford and Rockefeller joined forces to encourage its integration into primary health care services (McCarthy 1995). Their strategy included "educat[ing] key international donors about the value" of doing so, particularly in order to reach "poorly-served low income groups" (ibid., 309). The two foundations' status positioned them influence other donors.

The foundations also sometimes coordinated their grantmaking. Beginning in 1970, for example, Ford and Rockefeller implemented a joint program providing population research grants. In its first eight years, the program funded over two-hundred scholars (Rockefeller AR 1977; Ford AR 1979). As discussed in the previous chapter, such grants can have powerful field-building effects.

Following a brief introduction to the international women's movement, this chapter explains how the foundations' use of grants and other mechanisms contributed to advancing the Family Planning frame and setting the stage for the Reproductive Health movement.

Women's Rights Movements and the Reproductive Health Movement

The Reproductive Health movement grew from a diverse international women's movement that developed in the 1970s and 1980s around a series of UN conferences for women. The international women's movement was comprised of international, national, and local NGOs, and it also included feminists who held positions in donor agencies, governments, and academia (Antrobus 2004). The movement established networks, frames, and strategies that guided the Reproductive Health movement when it emerged in the early 1990s.

The international women's movement encompassed a range of domestic and international movements, many of which overlapped.[121] These included movements for women's human rights, reproductive rights, women in development, women's health, lesbian and gay rights, environmental justice, and economic justice. Each movement had distinct organizations, both domestic and international, but the boundaries between movements were flexible and permeable. Because the issues that concerned the movements were inter-related, institutional and individual members of one movement would often support or participate in activities of another (Antrobus 2004). The "international women's movement" thus refers to this broad group of women's rights movements that were embedded in distinct but overlapping fields, and that worked together in various combinations to influence international agreements and policies.

The Reproductive Health movement that emerged in the early 1990s included "representatives of women's and other non-governmental organizations and networks active in the fields of health, human rights, development, environment, and population" (Rio Statement 1994, 4). The Reproductive Health movement's most immediate progenitors within the international women's movement were women's health and rights movements that critiqued the population field's approach to family planning. However, as discussed below, it was also closely related to the Women in Development movement. In the 1970s and 1980s both foundations, but especially Ford, were influenced by these precursors to the Reproductive Health movement.

The 1970s:
New Actors and New Terrain

By the end of the 1960s, USAID had surpassed Ford's role as the primary international population funder and had changed the landscape dramatically. When Ford's assets peaked in 1966 and it was the dominant funder, its population budget was $25 million (McCarthy 1995). The U.S. government's funding and international advocacy ushered in a new scale: In 1975, the amount of funding for population work ballooned to $200 million and came primarily from governments (Rockefeller AR 1975). This section explains how Ford and Rockefeller responded to a reduction in their assets and to USAID's new dominance in international family planning. It also presents several additional developments in the population field that influenced the foundations and helped create the conditions leading to the Reproductive Health movement's emergence in the early 1990s.

Both foundations' assets contracted significantly in the 1970s due to the economic recession and weak recovery; however, they remained strategic actors in the population field.[122] Given the enormous funding from USAID for family planning programs, both foundations determined that they could withdraw from that effort and instead support areas USAID neglected. For example, Rockefeller continued funding research in reproductive biology and social sciences because of the dearth of other major funding sources for it, in contrast to the "enormous increase in funds and concern for family planning programs" (Rockefeller AR 1974; also see Rockefeller AR 1977).

Additionally, data showed that many women discontinued use of contraceptives, leading both foundations to support new social science research and training. The field's focus had been on contraceptive supply, but the foundations were increasingly interested in the determinants of demand for it (McCarthy 1995; Rockefeller AR 1975; Thomas 1985). Both foundations also funded research and training to improve family planning service provision, as improvements might prevent women from discontinuing contraceptives (Rockefeller AR 1975; Ford AR 1975).

Strongly influenced by staff members and new research, Ford additionally funded studies on the social structures underlying reproductive behavior. It also supported research into how family planning services could be reoriented to address women's motivations and unique needs (Flora 1983; McCarthy 1995; Ford AR 1971).[123] During this period, the type of grantees Ford supported began to change. For example, largely for political reasons, India began to reject Ford's Western consultants in the early 1970s.[124] In response, Ford transitioned away from sending Western academics to advise governments; instead it began funding more local NGOs—often led by women—to provide services (McCarthy 1995).

Ford: Feminists Within

Beginning in the early 1970s, both Rockefeller and Ford provided funding in support of the domestic U.S. women's movement.[125] Both were slower to support women's movements overseas. However, Ford initiated the latter effort sooner than Rockefeller did, with consequences for the population field. Ford's decentralized organizational structure was largely responsible for this difference between the two foundations.

As discussed in Chapters 2 and 3, Ford had a uniquely decentralized structure that afforded its staff significant autonomy. This encouraged the foundations' leaders to rely on the staff's expertise. Perhaps as a result, Ford's leaders demonstrated a remarkable openness to challenges from its staff. This led to the foundation's evolution from advancing the Family Planning frame to eventually supporting its challenger, the Reproductive Health movement.

In the early 1970s, Ford's population program director, Oscar Harkavy, hired Adrienne Germain, who twenty years later became one of the Reproductive Health movement's leaders. When she was hired, Germain was already a critic of the Family Planning frame that Ford advanced. [126] Receptive to the challenge, Harkavy solicited her perspective (Germain 2003). Ultimately, this led to a new position for Germain, focused on increasing the overseas field offices' support for women (ibid.). She was instrumental in leading Ford to address women's needs through population and development grants (ibid.).[127]

Additional feminist staff members in the early 1970s also influenced Ford's grantmaking. Initially concerned with the foundation's domestic programs, a group of about six feminist activists on staff—both women and men—worked together, pushing the foundation to support feminist causes (Berresford 2010; Ford AR 1978). Demonstrating how foundations themselves can be channeled by movements, these staff members' "activist roots led them to organize together to pressure internally for change" (Flora 1983, 93). One member of this group, Susan Berresford, rose to become Ford's president in the mid-1990s.[128]

This group increasingly explored international reproductive health issues (Berresford 2010).[129] It was influenced by Ford's overseas field staff who explained that gender issues were affecting their population work. Violence against women, for example, was harming women's reproductive health (ibid.). According to Berresford, "the overseas offices are encouraged not to just ask the headquarters 'what should we do?' but to decide independently what they should be doing" (ibid.). Ford's decentralized structure may have empowered the field office staff to voice their observations to the feminist group at the New York headquarters, resulting in changes to the foundation's work.

As Ford's New York staff learned about women's needs, they conveyed the information to the foundation's leadership.[130] As Berresford recalls, "Ultimately, we made a case to support the women's movement" (ibid.). Ford's leaders decided that the International Division should address women in all of its funding areas, including development, agriculture, and population (Flora 1983). Support from the foundation's leadership was essential because many men at Ford "considered that women and development was a side issue of little intrinsic merit" (ibid., 93).

Ford's new emphasis occurred, however, as the foundation began reducing its population funding, which it continued to do through the 1970s (Demeny 1988; Caldwell & Caldwell 1986). In part, Caldwell and Caldwell (1986) attribute Ford's declining enthusiasm for population work to growing dissent within the population field over some of its fundamental premises. They also ascribe it to the increasingly widespread ambivalence at home and abroad over U.S. involvement in developing countries. Moreover, the prior sense of urgency around population growth had diminished because the catastrophes promised by some population advocates had not transpired (ibid.).

These factors resulted in changes to both the nature of Ford's population funding and the amount of it. However, influenced by feminist staff members, the field offices' experiences, and new research, Ford increasingly addressed women's needs through development-related funding. Discussed below, this indirectly supported the rise of the Reproductive Health frame.

In the mid-1970s, three additional influences were shaping the field and the foundations' work. One involved USAID's population strategy, which attracted feminist critiques. The other two concerned UN conferences at which challenges to the Family Planning frame and the dominant development paradigm were introduced. In response, the foundations reoriented some of their funding; this contributed to expanding the population field and shifting its frame.

USAID

Beginning in the late 1960s, USAID's strategy for addressing population followed from the foundations' previous field-building work. Driven by a sense of urgency over rapid population growth and by a belief that expanding access to family planning was the most expedient approach to it, USAID implemented an "inundation" strategy (Robinson 1978). Its aim was to distribute large quantities of contraceptive supplies—especially oral contraceptives and IUDs— to as many parts of a given country as possible, thus removing obstacles to access (ibid.).[131]

The appropriate infrastructure did not always arise to meet the influx of supplies (ibid.), and the strategy addressed only obstacles to supply, not to demand. Nonetheless, the inundation strategy gave many people access to family planning information and contraceptives for the first time. Moreover, "in the best programs, other reproductive health services [were provided] to previously unserved populations, especially in rural areas" (Dixon-Mueller 1993, 51). USAID's bold leadership and transformative work in making contraceptives available in many developing countries were celebrated by the Family Planning movement and by feminists for giving women the ability to control their fertility (Germain 2003; Dixon-Mueller 1993).

Inspiring the Reproductive Health Movement

Yet although many women's health advocates in the Global North and South applauded USAID's work on behalf of women who wanted contraceptives, they also vehemently criticized its methods (Ehrenreich et al. 1979; Germain 2003; Dixon-Mueller 1993).[132] Most troubling to them was that the inundation strategy prioritized increasing contraceptive availability over the sorts of safeguards that Western countries took for granted. For example, beginning in 1972 unsterilized Dalkon Shield IUDs, not allowed to be distributed in the United States, were sent to forty-two developing countries.[133] Moreover, they arrived with "ten inserters…for 100 Shields," which critics found problematic given that clinics in developing countries often lacked adequate sterilization capabilities (Ehrenreich et al. 1979). The devices also reportedly arrived with only "one set of instructions for each pack of 1,000 Shields" (ibid.; see also Connelly 2008).[134]

USAID downplayed the risks the devices posed to women's health, arguing that childbirth was a greater risk for women in developing countries (Ehrenreich et al. 1979; Ravenholt 2002). When potentially unsafe contraceptive methods were coupled with uninformed consent and inadequate

medical care, however, many women found the risks and negative outcomes unacceptable. Women's rights and health advocates argued that a narrow focus on controlling women's fertility led institutions like USAID to risk women's health and prevent them from making informed decisions (Hartmann 2011; Ehrenreich et al. 1979; Germain 2003; Connelly 2008).[135] Eventually leading to the Reproductive Health movement's emergence, these issues helped mobilize women in the nascent international women's movement.[136]

UN World Population Conference, 1974, Bucharest

Turning to the international policy sphere, the 1974 World Population Conference in Bucharest was the first time representatives of UN member states gathered to address population's relevance to development and to establish policy recommendations (Finkle and Crane 1975).[137] Of the 138 UN member states, 59 had national family planning programs or policies that supported family planning (UN Population Division). However the United States and some European and Asian governments believed more were needed (Finkle & Crane 1975).

Challenges to the Orthodoxy

The U.S. delegation to the Bucharest conference was expected to drive the agenda, advocating for establishing national and global population targets (Demeny 1985; Dixon-Mueller 1993; Sinding 2007). Many conference participants were then caught off-guard when delegates from a group of developing countries objected to this aggressive approach, shifting the debate (Sharpless 1995; Demeny 1985). The challenger group argued that framing population as a major development issue diverted attention from the global economic structures that disadvantaged developing countries. The group maintained that "development is the best contraceptive" (Sinding 2000; McCarthy 1995; Caldwell & Caldwell 1986).

The challengers' arguments swayed many member states; a strong majority emerged against the effort to prioritize population over other development concerns (Finkle & Crane 1975; Dixon-Mueller 1993). The population orthodoxy and the Family Planning frame also received an additional blow from an unexpected source: John D. Rockefeller 3rd who had been a major figure in the population field for nearly three decades. A long-time champion of the Family Planning frame, he stunned the field when he gave a speech proclaiming the frame inadequate and calling for a stronger focus on development, particularly including attention to women (Rockefeller 1978).[138]

John D. Rockefeller 3rd had been influenced by the aforementioned Ford program officer and future Reproductive Health movement leader, Adrienne Germain. She had convinced him that the primary obstacles to Family Planning's success were systemic sexism and a disregard for women's needs beyond contraceptives (Dunlop 2004; Germain 2003). In fact, Germain helped write his Bucharest speech (Germain 2003; Dunlop 2004). Although the speech did not transform the field, it helped initiate a shift toward interest in determinants of demand for family planning.

Bucharest's Outcome

Ultimately, the consensus document produced at the Bucharest conference, the World Population Plan of Action, was a compromise acknowledging the close relationship between population and development. It asserted that development policies should include population policies, and it promoted both family planning and other development interventions. The Plan of Action affirmed the primacy of sovereignty, ensuring that states could create population policies that reflected their own priorities and perceptions of need (Demeny 1985). And to the consternation of the U.S. delegation, despite recognizing that demographics affected development, the agreement set no demographic targets (ibid.).

The Plan of Action was a statement of essentially global consensus that population growth was an issue governments should address and that family planning programs were important. However it also established that other development efforts were equally critical (Sinding 2007; Finkle & Crane 1975). This agreement marked a crossroads for the population orthodoxy as fertility reduction was no longer accepted as necessarily the most important prerequisite for development (Caldwell & Caldwell 1986).

UN World Conference of the International Women's Year, 1975

Although the UN's designating 1975 "International Women's Year" was not immediately influential in the population field, it was a pivotal event that had repercussions for the foundations. It marked the beginning of the international women's rights movement that led to the Reproductive Health movement (Tinker and Jaquette 1987; Antrobus 2004). As a result of strategizing by the UN's Commission on the Status of Women, the UN declared 1975 International Women's Year and convened the first World Conference on Women, held in Mexico City (Zinsser 2002). This first foray into defining international priorities for states regarding women's needs resulted in a fairly cautious Programme of Action that conceived of women as beneficiaries of political and economic structures and called for governments to address women in order to advance existing development goals (Zinsser 2002).

Consequences

Although the resulting Programme of Action was not revolutionary, the conference had important consequences that ultimately influenced the foundations' field-building work. It resulted in the UN's designating 1976-1985 the UN Decade for Women, which included two additional conferences for women in 1980 and 1985. Over this decade, with the conferences as cornerstones, women's rights activists from around the world became more organized, more connected domestically and abroad, and more politically savvy and skillful (Dixon-Mueller 1993; Antrobus 2004; Zinsser 2002).

The 1975 conference also resulted in the establishment of new UN agencies: UNIFEM (initially the Voluntary Fund for the Decade of Women) and the International Research and Training Institute for the Advancement of Women (INSTRAW). These helped raise awareness within the

UN and outside of it. They also helped expand the knowledge base and funding for women's issues. In one of INSTRAW's particularly important achievements, the UN statistical office began producing sex-disaggregated data (Tinker & Jaquette 1987).

During this period, feminist scholarship increasingly questioned the norms and assumptions built into population and development structures (e.g., Papanek 1975; Tangri 1976; Germain 1977).[139] Concomitantly, a Women in Development movement coalesced within the international women's movement to address such issues. It argued that the dominant development paradigm disregarded women's needs and the effects of gender inequality on women's participation in the economy. It maintained that this disregard harmed women, hindered development, and limited women's use of contraception (McIntosh and Finkle 1995). Their claims were compatible with those of developing countries at Bucharest that called for greater emphasis on development interventions other than family planning. The Women in Development movement's claims began affecting the foundations, especially Ford.

> Focusing on the imperialist tendencies of the demographic/medical model, feminists in the North and South, by the 1970s, forced a major shift in how institutions such as Ford implemented their population control and development efforts. Instead of a model that saw population control as instrumental to development or that claimed women's fertility was best controlled by medical intervention, activists argued that development was the best form of contraceptive. (Brier 2009, 127)

Such claims were supported by research indicating that women who were educated, had access to economic opportunity, and had improved status in social and political spheres preferred to have fewer children. This research also suggested that such women were more likely to seek and use contraception, thus slowing population growth. Their greater participation in the economy also contributed to development (McCarthy 1995). These findings attracted Ford's attention.

Late-1970s: Responses to New Influences

Although the debates at the Bucharest conference suggested that family planning might not be a priority for many developing countries, the Family Planning frame ultimately prevailed. Over the subsequent decade, often at the urging of aid agencies, more and more developing country governments began to promote, or at least accept, family planning as a component of development policies (May 2012; Sinding 2007; Sai and Chester 1990; Sharpless 1995).[140] At the same time, however, there was greater awareness of the need to address demand for family planning in addition to its supply.

Rockefeller president John Knowles, in the foundation's 1977 annual report, demonstrated the new skepticism in the field about the effectiveness of focusing narrowly on family planning. Referring to the national family planning programs Rockefeller and Ford had pushed, he demurred that they were "designed to deliver these new contraceptives to the millions of people who, *it was believed*, needed and wanted them" (Knowles 1978, 15, emphasis added). This is a

change from the field's prior enthusiastic acceptance of surveys indicating great unmet need for family planning, and from the field's willingness to overlook surveys that showed the opposite (Chimbwete et al. 2005).

Moreover, countering the orthodoxy and frame that his foundation had helped establish—that fertility control through family planning was a necessary precursor to development—Knowles observed that the opposite could be the case: "It became evident that countries making progress in other aspects of development experienced the highest level of success while in many other countries, particularly the poorest, the programs failed to influence the traditional patterns of high fertility" (1978, 15). Both foundations responded to the research Knowles discussed and to the other recent challenges to the Family Planning frame.

Ford

Ford was influenced by the developing countries' stance at Bucharest that "development is the best contraceptive" (Warwick 1982) and by feminists' interpretation of that view (Flora 1983). Thus, whereas Ford had previously focused on family planning to reduce fertility, in the mid-1970s it began to consider "integrated development programs and other indirect means of achieving this goal" (Warwick 1982, 53). Toward this effort, Ford increasingly supported NGOs, many of which were led by women (McCarthy 1995; Germain 2003).

Additionally, during this period Ford's Bangladesh field office was drawing attention to its finding that addressing broader health care needs increased the effectiveness of family planning programs (McCarthy 1995). For example, women's sustained use of contraceptives increased significantly when family planning programs also provided maternal and child health care. Even home delivery of contraceptives did not have effects nearly as significant (McCarthy 1995). The Bangladesh program officer advocated for addressing health, nutrition, and population together (McCarthy 1995). In the mid-1970s, Ford explored this further and soon began supporting the approach (Ford AR 1974-1979).

Significance of Ford's Changes

As noted, throughout the 1970s, Ford's population funding declined. Ford's assessment that it could address indirect causes of high fertility through its development grants may have contributed to this decision. Though it provided less funding for family planning, Ford's shift in focus to women in development benefitted international women's health movements.[141]

The Women in Development movement called for reducing the myriad barriers to women's participation in designing, implementing, and benefitting from development policies and programs (e.g., Sen and Grown 1987; Flora 1983). For the most part, these barriers were the same ones that constrained women's reproductive health. Moreover, women's health and economic status were interdependent: Their health—including their reproductive health—affected their ability to participate in the economy, while their economic status and opportunities influenced their reproductive behavior and health. Gender discrimination structured both women's health and economic status (Sen & Grown 1987).

Ford's support for the Women in Development movement thus indirectly supported women's health movements by advancing the frame they shared: Disregarding women's unique needs harmed women and hindered progress; women should participate in designing policies and programs; and local expertise was important. Ford's embrace of this frame led the foundation to become an early ally of the Reproductive Health movement as it emerged.

Furthermore, McCarthy notes that beginning gradually in the mid- to late-1970s, Ford's departure from conventional approaches to population and development issues "marked a significant shift in foundations' historical role" (McCarthy 1995, 311). Whereas "foundations, academia and governmental policy-making were once inextricably linked," Ford's new approach disrupted that relationship. It introduced NGOs, often led by women, and particularly women from a diverse cross-section of global society (ibid.). This is further explored in the following chapter.

Rockefeller

Rockefeller's annual reports indicate that it too was affected by the changing framework in the field.[142] After the Bucharest conference, instead of focusing primarily on how population changes affected development, Rockefeller supported research to explore the reverse: how social and economic development could influence fertility rates (Rockefeller AR 1974, 1975). The foundation wanted this research to inform policy (Rockefeller AR 1977).

Rockefeller by no means abandoned its support for reproductive biology and contraceptive technology development.[143] However, it did exhibit a new awareness of the multiple directions of influence among population, development, and social norms. Rockefeller prioritized applicants from developing countries for its social science research grants, because they would be better positioned to influence their home governments (e.g., Rockefeller 1974, 1975).

Rockefeller's new research emphasis represented a significant departure from the foundation's position in the 1960s that, provided maternal and child mortality declined, access to family planning and improved contraceptive technology would be sufficient to lower fertility. By the late 1970s, Rockefeller believed instead that "stabilization of the world's population growth requires not only safer and more effective contraceptive means, but also economic, social, and cultural conditions conducive to reduction in family size. Cultural and behavioral factors influence attitudes toward family planning techniques" (Rockefeller AR 1978, 44). Rockefeller's focus continued to be on reducing fertility, but it expanded its program to address factors other than contraceptive development and supply. It did not, however, pay as much attention as Ford did to the range of issues concerning women in developing countries.

By the late 1970s, the Family Planning frame had thus evolved from focusing primarily on the supply side of the family planning equation to further exploring the demand side. Foundations had helped create the supply focus and now were helping institutionalize attention to demand. They continued to employ field-building mechanisms that supported creating knowledge and networks, informing and diffusing frames, and influencing policies and programs. Discussed

next, the late 1970s saw new manifestations of the Family Planning frame and increasing feminist mobilization. Both ultimately contributed to the Reproductive Health movement's emergence.

<center>UNFPA, India, and China</center>

In addition to the effects of USAID's inundation strategy, the 1974 Bucharest conference, and the 1975 International Women's Year, three other developments in the 1970s had major, lasting effects on the international population field and on the activities of Ford and Rockefeller: UNFPA's growth, India's Emergency Period from 1975-1977, and China's one-child policy starting in 1979.

UN Fund for Population Activities (UNFPA)

After the Bucharest conference, UNFPA responded to increased requests for support from developing countries for family planning programs and maternal and child health initiatives (Piotrow 1973; Mousky 2002; Dixon-Mueller 1993).[144] Additionally, in the second half of the decade, UNFPA adopted new structures institutionalizing attention to women. Its aim was to increase women's participation in designing population policies and programs (Heyzer 2002; Mousky 2002). The organization advocated for similar efforts within other UN agencies and in external institutions. These activities were precursors to the UNFPA's later support for the Reproductive Health frame.

India and China

From 1975 to 1977, India's Prime Minister, Indira Gandhi, imposed a state of emergency that authorized her to suspend constitutional rights. Toward the end of the Emergency Period, the government intensified family planning efforts to the point of coercion, abuse, and compulsory sterilization. India had previously employed positive and negative incentives for limiting family size. The former included compensating men for undergoing sterilization, and providing medical, education, and housing benefits to small families (Gwatkin 1979).[145] Negative incentives could include withholding some government assistance or maternity leave from families with more than two or three children (ibid.). During the Emergency Period, however, the government "removed all logical and ethical restraints to the use of force in the achievement of family planning goals"; as a result, positive incentives became aggressively coercive or forced and the negative ones became draconian (ibid., 52). All members of a community with any authority could be enlisted in the effort.[146]

Two years later, China instituted its notorious "one-child policy." Beginning in 1979, the policy limited families to one or two children, depending on family circumstances. This led to coerced sterilization and abortion and, indirectly but predictably, female infanticide and abandonment of female infants.

Both India's and China's actions drew significant negative attention to the population field.[147] China's policy in particular became a lightning rod for conservatives in the United States, affecting international family planning assistance for decades to come. To feminist critics of the Family Planning frame, both cases demonstrated the risks of focusing on demographic targets rather than on the rights, needs, and priorities of individuals (Germain 2003; Sharpless 1995). As the next chapter shows, the Reproductive Health movement advanced this critique.

Summary: 1970s

In the 1970s, Ford and Rockefeller responded to several influences. The foundations' assets declined as USAID implemented its contraceptive inundation strategy. Developing country governments called for addressing determinants of demand for family planning rather than focusing primarily on supply. Women's movements mobilized and scholars conducted research pertaining to feminist concerns. India and China provided high-profile, negative examples of national family planning programs.

Throughout the decade, the foundations sought to identify new needs and opportunities to use their resources to strengthen the field. They funded efforts to improve contraceptive technology and family planning services, and they supported research into social, economic, and cultural factors affecting fertility. Ford began helping to build the Women in Development field, which was closely linked to the international women's rights movement and, soon, to the Reproductive Health movement. The next decade brought further changes.

The 1980s:
Increasing Challenges to the Family Planning Frame

In the early 1980s, Ford's and Rockefeller's work continued to be constrained by the effects of the 1970s recession, weak recovery, and rising inflation (Lyman 1981).[148] There were increasing calls to address underlying social and cultural norms that influenced family size preferences, attitudes toward contraceptive methods, and reproductive behavior. Moreover, the population field was responding to the lesson of the 1970s that these factors could be as important as the availability of family planning information and services. This lesson was significant because demographic data indicated that although family planning efforts had been effective in reducing fertility rates, they had not been effective enough.

A comparison between the periods 1960-1965 and 1975-1980 showed that population growth had slowed in all regions of the world except Africa (Choucri 1983). That similar family planning programs were effective in Asia but not in Africa supported the view that social and cultural factors affected family planning program outcomes (Caldwell & Caldwell 1986). Moreover, even where population growth had slowed, it remained too high. For demographers, the population problem remained urgent because of population momentum—the growth that

results simply from having an already-large population that continues to reproduce (Choucri 1983; Bongaarts 1994).

Feminist scholarship throughout the 1980s further advanced the argument that endemic disregard for women's needs and priorities in population and development programs harmed women and hindered progress (e.g., Petchesky 1984; Sen & Grown 1987; Staudt 1986; Moser 1989; Tinker & Jaquette 1987). This view increasingly influenced the foundations. Meanwhile, international conferences continued enabling women's rights advocates to expand their awareness of the issues and opportunities and to form alliances.

Furthermore, with major consequences for the population field, in the mid-1980s the United States changed its role in the field. In the 1970s, the population field's longstanding unity around the Family Planning frame had begun to fray; as the 1980s progressed, it unraveled. The population field had become a more complex and contested arena. Ford and Rockefeller followed the courses they had set in the 1970s as they negotiated these influences and endeavored to shape the field.

<div align="center">Ford</div>

In the 1980s, Ford increasingly addressed women's status, roles, and experiences, though more often through development than population grants (McCarthy 1995; Ford AR 1976-1978; Germain 2003). The foundation had reduced its activity in the population field through the 1970s and into the early 1980s (Caldwell & Caldwell 1986; Thomas 1985). Ford had determined that its population program had achieved its goals. Among these were facilitating the development of population policies and national family planning programs. Additional goals had included strengthening and expanding the field of demography. Others had involved persuading the U.S. government and others to fund family planning (Caldwell & Caldwell 1986; Thomas 1985). Moreover, discussed below, Ford's new president determined that the population program did not support the foundation's new priorities. Nevertheless, Ford's grantmaking in the 1980s continued to help shape the population field's trajectory.

From 1981-1990, Ford did not have a formal, staffed population program. Some of its population staff members moved to another program area, Urban Poverty, which addressed related issues. These included women's health, children's health, and child development in both the U.S. and developing countries. Ford also continued supporting population work through its International Division, and many overseas field offices continued their population funding.

Some of Ford's population grants during this period "focuse[d] on improving the quality of reproductive health services for women in developing countries and on strengthening social science research on population issues" (Ford AR 1988, 150). Other grants maintained Ford's longstanding support for contraceptive technology research and for training family planning program managers and service providers (ibid.). All of these activities helped build or sustain the field.

Without a dedicated population program, Ford gave fewer grants directly addressing population and family planning, but it increasingly responded to feminist critiques of population and development (McCarthy 1995). It did so by funding efforts to improve women's status, such as by educating girls and women and implementing income-generating projects for women (e.g., Ford AR 1980). This funding, often under the rubric of development rather than population, helped build an organizational infrastructure that later supported the Reproductive Health movement. It also certified an approach to national and international interests that centered on women's needs.

New President Leads to Change

In 1979, Ford appointed a new president, Franklin Thomas, who had been a member of Ford's board of trustees for two years prior. His familiarity with the foundation and his relationships with the trustees likely facilitated his efforts to make major changes. For example:

> In one of his first acts as president, Thomas ended Ford's decades-long work in population control, reasoning that it was unsuccessful in promoting women's health or creating lasting solutions for poverty. Thomas replaced population control with more holistic programs in child survival and women's health. (Brier 2009, 129)

Throughout the 1980s, in all areas of the foundation, Ford's support for women's movements increased under Thomas (Berresford 2010).

Thomas personally supported feminist activists within the foundation. Remarkably, he tasked future Reproductive Health movement leader Adrienne Germain, and future Ford president Susan Berresford, with critiquing the foundation's "impact on women" (Germain 2003, 69): "He put enormous power into Susan's and my hands and both of us were young program officers, not having much status at all, and…he said a lot by doing this" (ibid., 69). With Thomas at the helm and empowering feminist staff members to shape the foundation's programs, Ford's grantmaking helped lay the groundwork for the Reproductive Health movement (Germain 2003; Berresford 2008, 2010).

Significantly, the changes at Ford included prioritizing support for locals, often women: "under Thomas's direction, Ford increasingly began to explore new ways of working with grass-roots organisations as catalysts for reform" (McCarthy 1995, 306). Through this process, Ford began enrolling different actors into the field and supporting the development of new frames: "By focusing a growing measure of attention on NGOs, Ford helped to draw a new array of actors into the policy-making arena" (ibid., 312). These actors—NGOs and women—soon constituted the Reproductive Health movement.

Returning to Population

In 1984, Thomas announced Ford's renewed interest in population funding. Sparked by famines in Africa and the 1984 UN International Conference on Population in Mexico City (discussed below), the foundation began increasing its population grantmaking through other programs. However, Ford did not establish an official new population program until 1991. In the meantime, the foundation sought to address factors affecting demand for family planning, largely by supporting efforts to increase women's access to economic opportunity, education, and health care. The prevailing view was that improvements in these areas would make women more likely to use contraception—and to continue using it. Additionally, Ford chose to target children's health and development. The foundation's rationale was that parents would be more inclined to have fewer children if they had reason to believe their existing children would survive, and if they better understood children's "growth and development needs" (Thomas 1985, xi).

Ford's approach to health, population, and development reflected many of the concerns feminists increasingly expressed. Moreover, its support for women's advancement helped build the women in development and women's health fields, contributing to a favorable context for the subsequent work of the Reproductive Health movement. By reducing its family planning funding, Ford may also have helped "decertify" the Family Planning frame. As the next chapter explains, the foundation took this much further in the 1990s.

<div align="center">Rockefeller</div>

Throughout the 1980s, Rockefeller continued to fund the focus areas it established in the 1970s and, thus, continued its field-building work in support of the Family Planning frame. It prioritized research in reproductive biology and contraceptive technology, and policy studies concerning population and development. The latter included "the determinants and consequences of fertility and the socioeconomic factors affecting population dynamics and acceptance of contraceptive technology" (Rockefeller AR 1980, 71). Among its research grants, the foundation's long-term support for the development of the contraceptive implant, Norplant, was particularly influential.[149]

Rockefeller maintained these funding areas through the 1980s, but later in the decade shifted its *frame* to reproductive choice. Beginning in 1988 and continuing through the early 1990s, Rockefeller characterized its population grants—in the same areas—as efforts "to enhance reproductive choice in the developing world" (Rockefeller AR 1988, 18). This was a response to research indicating that many women discontinued use of contraceptives because they found side effects unacceptable or objected to other aspects of a given method. Family planning programs typically did not consider women's preferences or the reasons behind them. Those who designed the programs tended to assume, for example, that a popular method in one country or region would also be popular in another (Choucri 1983). However, this turned out to be not necessarily the case. Therefore, expanding available choices would improve the effectiveness of family planning programs.[150]

The insistence of women's rights advocates and scholars that women's status was a critical factor in their preferences, opportunities, and decisions also reached Rockefeller, though later than it had Ford. In 1983, Rockefeller introduced a new initiative supporting research into the relationship between women's status and fertility. Grants funded research exploring women's role in the family, how development affected women's roles, and how those roles affected women's contraceptive use (Rockefeller AR 1986). Rockefeller's encounters with feminism in the 1980s offer insight into the context of the Reproductive Health movement that would soon flourish in the 1990s. Rockefeller's response to feminism also helps demonstrate the mechanisms foundations used to help build the field.

Rockefeller and Feminism in the 1980s

In his 1984 annual report *President's Review*, Rockefeller president Richard Lyman grappled with gender inequality. His statement conveys the magnitude of changes feminism had wrought, and also how they affected the foundation. Describing the social transformation, Lyman seems to convey the journey of his own awareness, one that was likely mirrored by many of his peers in foundations and other elite institutions:

> For several years now, we have been striving to take into account one of the greatest changes of our era, the huge and still developing shift in what is known in the jargon of behavioral science as 'gender roles,' the ways in which men, because they are men, and women, because they are women, view the world, take their part in the life of society, and pursue the possibilities that are open to them to develop fully as human beings. One would be hard pressed to state when this great change began, equally hard pressed to describe with accuracy and confidence where things stand at the moment in this context, and hardest pressed of all to discern where the change is headed….It is by no means a mere ripple on the tide of history. Something profoundly significant is going on, and even though beneath the surface much remains unchanged or only superficially accommodated, things can never be as they were before we began to be aware of the emergence of women from the shadows of human history in which they have endured for millennia. (Lyman 1985, 3)

Beginning in the 1970s, Rockefeller had funded a range of women's studies research in the United States. However, the disorientation Lyman expresses here contrasts markedly with Ford's earlier embrace of feminism.

Lyman also presented parts of an internal memo from 1981 that had outlined the need for a task force to assess how Rockefeller's programs could better address women's needs and gender issues. The excerpts he included acknowledge that prioritizing men and their needs had been institutionalized in the foundation at the expense of women. This revelation supports the women's movement's contention that women's interests and priorities had long been overlooked by the major population institutions.

The Foundation has had a troubled history in building a concern for women's needs into its male-dominated program activities and in involving women in competitions for grant and fellowship awards. While attitudinal rigidities in the organization are responsible to some degree, a large part of the problem stems from the difficulty of understanding the nature and relevance of the issues involved, and how these concerns can be integrated into our work. (Internal memo 1981, quoted in Lyman 1985, 5)

Though perhaps some of the "difficulty understanding the nature and relevance of" gender issues also stemmed from "attitudinal rigidities," the document goes on to explain why greater understanding in this area was worth pursuing: "In general terms, a rationale for broadened and intensified [Rockefeller] work in this area can be derived from egalitarian ideals and from economic justification for fuller investment in women" (ibid.).[151] The changes Rockefeller implemented, however, were more incremental than Ford's.[152]

Gender and Population

Rockefeller concentrated its efforts to address gender in two of its grantmaking programs, one of which was population (Lyman 1985, 7).[153] The program's goal remained controlling fertility, seen as a benefit to both women and men. As noted, the program began funding research into how women's status and roles affected their fertility. This included "improved measurement of women's work activities inside and outside the home, and…the collection of empirical data to test alternative hypotheses as to the effects of women's status on fertility" (ibid., 8). Further discussed below, the international women's movement had begun calling for such data around 1980. This new funding area was established by Rockefeller population program officer, Mary Kritz. However, as Presser reports:

According to Kritz (personal communication 1996), there was not a great deal of internal support for this program…Moreover, the program was justified as an effort to increase the acceptability of family planning programs, and was not approached internally as a feminist effort. (Presser 1997: 308-309)

This justification for the research program is emblematic of the divide between the Family Planning movement and the Reproductive Health movement that continued to play out through the next decade. Many Reproductive Health advocates objected to what they perceived to be Family Planning's instrumental view of women as means to an end (Barroso 2009). Nevertheless, as subsequent chapters show, even partial or ambivalent support contributed to Reproductive Health field-building.

In 1988, Rockefeller selected a new president, Peter Goldmark Jr., who was more comfortable addressing gender than his predecessor was. This was nearly a decade after Ford's president, Franklin Thomas, had begun encouraging feminist staff members to initiate institutional change at Ford. Goldmark's arrival, however, did not herald a change in the population program. As the next chapter shows, the population program director Rockefeller hired in 1991 cemented the

foundation's position as a champion of the Family Planning approach, albeit with acknowledgment of the women's movement's claims.

UN Conferences

Three UN conferences in the 1980s shaped the population field and the foundations: the second and third World Conferences on Women in 1980 and 1985, and the International Conference on Population in 1984. These events facilitated the growth of the international women's movement and sowed the seeds for the Reproductive Health movement. The 1984 conference also marked a dramatic change in U.S. involvement in the population field, which—for the second time in twenty years—changed the landscape.

UN World Conferences on Women, 1980 and 1985

The 1980 and 1985 UN conferences were part of the UN Decade for Women. They were important beyond the consensus documents they produced:

> By its very existence the UN Decade for Women, along with the three international conferences which anchored it, promoted and legitimized the international women's movement. Its various activities provided stages at national, regional, and international levels where women's issues and priorities could be debated. (Tinker & Jaquette 1987, 419)

As later became apparent, each conference was a stepping stone to the 1994 International Conference on Population and Development (ICPD) in Cairo. Participants formed networks, exchanged information, developed and diffused frames, acquired organizing skills, and learned how to navigate the UN process. For the 1975 and 1985 conferences, Rockefeller and Ford provided some support for the host institution, NGO participation, or communications efforts (Rockefeller AR 1975, 1985; Ford AR 1975, 1985).

Copenhagen, 1980

In 1980, Copenhagen hosted the second World Conference on women. As at the 1975 conference, the resulting Programme of Action did not challenge "worldwide patriarchal institutions and practices"; however, it did point out some of their adverse effects on women (Zinsser 2002, 153). It also insisted that women should be involved in planning development projects, and it acknowledged greater diversity in women's circumstances, roles, and ambitions than the previous conference had.

Zinsser (2002) posits that the most important part of the Programme of Action was what it offered for the future, as it called for the collection of data on women's lives. Statistics were to be gathered, for example, on women's unpaid domestic and agricultural labor and on the effects of maternity on women's participation in the paid workforce. "Quantitative data," Zinsser

emphasizes, "constitutes evidence" for policymakers, and the conference delegates knew more was needed to support their claims on behalf of women (ibid., 157). Both Rockefeller and Ford supported such research in the 1980s.

Nairobi, 1985

Closing the Decade for Women, the third World Conference on women was held in Nairobi in 1985. In a significant advance, its Programme of Action explicitly addressed the existence, causes, and effects of structural discrimination against women. It prioritized women's autonomy, asserting that women should be able to "define and defend their own interests and needs," and "without cost to themselves, seek to have discriminatory treatment redressed" (Programme of Action, quoted in Zinsser 2002, 160).

It was no longer enough for women to be involved in the design of development projects, as the Copenhagen document had sought. Instead, the Nairobi Programme of Action asserted that such projects must be designed to facilitate women's autonomy. As Zinsser shows, between the 1975 and 1985 conferences, women's rights advocates evolved from positioning women as beneficiaries, to participants, to agents. As the next chapter demonstrates, the Reproductive Health movement—consisting of many attendees of these conferences—embodied this advance.

UN International Conference on Population, 1984, Mexico City

In August 1984, a decade after the Bucharest conference, the second UN International Conference on Population was held in Mexico City.[154] This conference marked a turning point in the population field as the United States abdicated its role as the major proponent—and funder—of international family planning. The political tide in the United States had turned, with consequences for the population field that affected funders and women's movements.

By 1984, 123 of the UN's 157 member states promoted family planning, more than double the number at Bucharest (UN Population Division 2013). The Mexico City conference produced the World Population Plan of Action, a consensus document that emphasized concern for population and framed it as a central factor in development (Wulf and Willson 1984). The document did not suggest the major changes that were about to occur in the field.

The Plan of Action reaffirmed the 1974 Bucharest declaration of the rights of "all couples and individuals to decide freely and responsibly the number and spacing of their children," and subordinated the state's demographic goals to those rights (International Conference on Population 1984, 770).[155] It also established the responsibility of governments essentially to help people achieve their desired family size (Demeny 1985; Wulf & Willson 1984).[156] It asserted that family planning programs must be voluntary, but it did not clarify the role of incentives and disincentives, used by both pro-natalist and anti-natalist countries (Wulf & Willson 1984).

Women's Status

The influence of the international women's movement was evident in the Plan of Action: The document proclaimed the importance of improving women's status. In fact, due to the efforts of women delegates from Australia and Zimbabwe, the issue of women's status was elevated in the document itself: A section specifically pertaining to women was placed early in the document, moved up from its original position as a subsection of another topic (Wulf & Willson 1984; Dixon-Mueller 1993). Moreover,

> references to women's increased vulnerability to economic, cultural and social discrimination were strengthened. The links between women's inferior status, lack of education, health care and employment opportunities and persisting high fertility were also emphasized. (Wulf & Willson 1984, 229)

These additions were achievements that also served as skills-building exercises for women's rights activists as they continued learning to navigate the UN process. As the next chapter shows, ten years later at the UN International Conference on Population and Development in Cairo, the activists had become experts: There they took the Mexico City advancements much further.[157]

The United States' "Mexico City Policy"

The Mexico City conference was not expected to be as contentious as Bucharest had been; in the intervening years, developing countries' opposition to prioritizing family planning had withered. General consensus held that rapid population growth inhibited development and that assistance for both population and a range of development efforts was needed (Wulf & Willson 1984). Unforeseen, however, was that the United States would suddenly reverse its longstanding support for that view (Murray 1985).

Just prior to the conference, President Reagan's administration introduced a policy statement claiming that population growth was a "neutral" factor rather than inherently a barrier to development (The White House 1984). It maintained that state interference in the economies of many developing countries had prevented progress, causing the problems that others attributed to population growth.[158] The statement posited that an unfettered market would lead to development, enabling countries to manage their rapid population growth and ultimately reduce it (ibid.).

With this reversal of its Bucharest position, the United States delegation stood alone. It did not try to persuade other countries to its side; it would have garnered little support (Demeny 1985).[159] In fact, the U.S. delegation even reaffirmed its earlier commitment to family planning assistance (Demeny 1985), which the American public still supported (Wulf & Willson 1984; Sharpless 1995).

Consequences of the Mexico City Policy

Although the Reagan Administration's Mexico City policy statement did not affect the Plan of Action or sway other delegates, it had far-reaching consequences because it nevertheless

constrained U.S. funding for family planning (Camp 1987; Sharpless 1995). It had this effect for two reasons: First, by claiming that population was a neutral factor in development, it removed the country's economic and political rationale for family planning assistance. Second, it prioritized opposition to abortion over support for family planning.

The 1973 Helms Amendment had already prohibited foreign NGOs from using U.S. funds for abortions; however, the Mexico City Policy went further. It stipulated that to receive U.S. assistance, foreign NGOs could not provide or "actively promote" abortions, regardless of whether they were legal and voluntary, even with funds from another source (Blanchfield 2010, 1). Particularly due to lack of clarity over what "promoting" entailed, the policy quickly "had a chilling effect on activities involving information on abortion" (Camp 1987, 46). As a result, the policy became known colloquially as the Global Gag Rule.[160]

The United States government had been the dominant funder in the population field since the late 1960s, transforming the field. Its withdrawal of support in 1984 was significant: Steven Sinding, USAID Director for Population, and future Rockefeller population program director, characterized the Mexico City Policy as "a dark cloud [that] hung over the Mexico City conference that came to have a serious, long-term impact on the Family Planning movement" (2007, 9).

In many ways, the strength of the Family Planning movement had rested on its unity of purpose—slowing population growth in developing countries through expanding access to and use of family planning. Even the Bucharest calls to address development and determinants of demand for family planning had not fundamentally weakened this frame. And the feminists' challenge would not take full effect for another decade.

Now, however, the largest donor in the field no longer subscribed to the premise that rapid population growth was a problem, much less an urgent one. Moreover, it had decided to restrict funding to family planning providers over its objection to abortion.[161] This was a significant departure from USAID's earlier inundation approach that prioritized contraceptive use over virtually all other concerns. The United States government now asserted that its overarching priority was to impede women's access to abortion.

Responses to Mexico City

Soon enough, restrictions that USAID implemented in 1985 on funding for the International Planned Parenthood Federation (IPPF) and UNFPA began to affect the field.[162] Other governments increased their assistance in response, but they could not compensate for USAID's withdrawal (Sharpless 1995; Dixon-Mueller 1993). Consequently, as discussed in subsequent chapters, encouraging other governments and donor institutions to contribute more funding became central to Rockefeller's program strategy in the 1990s. Foundations also helped support organizations that lost USAID support, but their resources were vastly insufficient (Mitchell 2009; Wilbur 2010; Germain 2003).

The loss of funding was arguably one of the Mexico City Policy's intended effects; however, the policy also had unintended consequences that would affect the population field for decades to come. Significantly, women's movements from the Global North and South increasingly found common cause in their opposition to policies restricting women's choices and endangering their health and well-being. They particularly objected to policies that resulted in coercion, mistreatment of women, and uninformed consent, and those that obstructed access to family planning, reproductive health care, and safe abortion (Connelly 2008).

As noted above, the third UN World Conference on Women in Nairobi was held in 1985, one year after the Mexico City conference. In Nairobi, partly in response to the events in Mexico, a group of feminist activists from around the world drafted "the first United Nations statement that recognized not only that women had 'the basic right to control their own fertility,' but that this was the basis for all their other rights" (ibid., 362). This frame would soon help mobilize the Reproductive Health movement.

Ford and Rockefeller

The second half of the 1980s was thus the beginning of a transition period in the international population field. It had been disrupted by the United States government, women's movements, and unintended outcomes of the Family Planning frame that had dominated it. Ford's and Rockefeller's responses to the changing context had similarities and differences.

The two foundations had shared a similar orientation toward population for about twenty-five years. However, as noted, in the late 1970s Ford started changing directions, focusing more on women in development and women's health. This trend continued in the 1980s. Moreover, reversing a pattern of two decades, beginning in the 1980s and lasting until 1992, Rockefeller's population spending significantly outstripped Ford's.[163] Yet despite Ford's diminished financial commitment to the population field, the foundation indirectly affected the field through its certification of feminist frames. This is discussed further in the next chapter.

In the latter half of the 1980s, both Ford and Rockefeller continued supporting demography and population studies, including policy-relevant research into the relationship between population and development. According to Rockefeller's annual reports, however, the vast majority of its population grants went to research in reproductive biology and contraceptive technology in order to expand and improve available options. This funding included support for strengthening research capacity in developing countries.

Rockefeller's research grants pertaining to women's status primarily investigated the relationship between their status and fertility. Ford, on the other hand, prioritized initiatives concerning "women's incomes, education, and health," and child survival and development (Thomas 1985, xi). Ford also emphasized support for women's health organizations that provided comprehensive services. These services could include not only family planning and a range of reproductive health care, but also literacy training and other efforts to improve women's financial prospects (Ford AR 1988). The fact that Ford no longer had a dedicated population

program may have freed it to make population-related grants that were not directly focused on fertility.

Outside of their population programs, both Rockefeller and Ford gave grants for development initiatives involving women and addressing their unique needs but, as in population, Rockefeller emphasized technological advancement (such as in agriculture) to a greater degree than Ford did (Rockefeller AR 1987).

> Our approach to the problems of the less developed countries remains quite explicitly focused on science and technology, not because we believe this to be the only path to 'development,' but because the Foundation's history, expertise, and contacts built up over the decades make this appear the most appropriate way for us. (Lyman 1988, 7)

Rockefeller thus remained true to its traditional approaches. Ford, however, had become more closely aligned with the priorities of the international women's movement. Ford supported feminist scholars and NGOs that critiqued conventional development approaches and offered alternative "development strategies [to] improve women's status" (Ford AR 1986, 24). Ford also supported NGOs in developing countries that aimed "to advance women's legal rights and economic status" (Ford AR 1989, 65).

The distinction between Ford's and Rockefeller's approaches to women in population and development is explored further in the chapters that follow. It had consequences for the Reproductive Health movement and the UN International Conference on Population and Development (ICPD) in Cairo. It then continued to affect the population field after ICPD.

Foundations and Field-Building: 1950s-1980s

This chapter and the preceding one, spanning the 1950s through the 1980s, highlight three intertwined histories: the population field's intellectual and institutional development, the evolving role of governments in the field, and feminist critiques of the field's Family Planning frame. They show how Ford and Rockefeller interacted with all three influences, adapting their grantmaking and other activities. As the foundations participated in or responded to the major turning points in the population field, they used their unique material, human, and symbolic resources to help build the field.

Ford and Rockefeller were central actors in the field, employing multiple field-building mechanisms, including grants and activities such as brokerage and coordination. They were responsible for the population field's tremendous growth beginning in the 1950s. Their early support helped shaped the Family Planning frame's intellectual foundations. As both chapters show, this frame subsequently influenced policies and programs around the world. Additionally, the foundations' grants and other activities established international networks of actors from universities, governments, family planning programs, and NGOs. They also funded new NGOs that helped build and transform the field.

Across the four decades, the foundations' institutional autonomy enabled them to change their strategies in response to changing contexts. It also allowed them to explore new avenues of research, sustain long-term research, and provide funding for controversial work. Their status—resulting from their wealth, elite board and staff members, and the appearance of impartiality—gave them authority to certify ideas and actors. Their connections to people in a range of sectors enabled them to create powerful networks and diffuse frames.

As the two chapters demonstrate, the foundations did not control the field and they often were not the most important actors in it. However, their responses to other actors and to the changes these actors wrought illuminate how foundations contribute to field-building. They act at critical junctures and adapt their strategies in an effort to use their unique resources where they can be most effective for urgent issues. They also facilitate emerging movements, including by contributing to the conditions against which a movement mobilizes and by applying their resources to building a new movement field. Furthermore, as this chapter's discussion of Ford shows, foundations can contribute to building multiple fields simultaneously.

Moreover, the two chapters indicate that foundations can be influenced by social movements—to varying degrees depending on the foundations' structure, leaders, and staff. This influence occurs not only through the changes that movements effect in the broader society but also through the internal efforts of staff members who are movement actors. The next two chapters further demonstrate this process.

The Reproductive Health movement, discussed in the chapters that follow, was the product of the events of the 1950s through the 1980s. Ford and Rockefeller contributed to these events through their field-building work across the four decades to advance the Family Planning frame. Ford's support for Women in Development in the 1970s and 1980s also contributed, and Rockefeller's struggle to navigate feminism may have as well. As the next chapter shows, the Reproductive Health movement that emerged in response to these events soon transformed the international population field.

PART 3

FOUNDATIONS AND THE REPRODUCTIVE HEALTH MOVEMENT, 1992-1994

Chapter 6

FORD, MACARTHUR, AND ROCKEFELLER: THE ICPD CAMPAIGN, 1992-1994

The Reproductive Health movement triumphed at the 1994 United Nations International Conference on Population and Development (ICPD), held in Cairo, Egypt. At this conference, the international population field's guiding paradigm changed from the Family Planning approach described in the previous chapters to the Reproductive Health approach. This is usually seen as an achievement of the Reproductive Health movement's strategic and skillful effort—and it was. However, this chapter will demonstrate that foundations were instrumental in the movement's success.

The Family Planning frame had dominated the population field for forty years, but by the early 1990s feminists were presenting a formidable challenge. Rockefeller Foundation's population program director, Steven Sinding, provides insight into how rapidly the field changed in the late 1980s. After having been director of USAID's Office of Population from 1983 to 1986, Sinding spent the next four years as USAID's mission director in Kenya, not following developments in the population field. When he returned to the United States in 1990, he found the field transformed, with new actors and perspectives claiming center stage (Sinding 2004).

Shortly after Sinding became Rockefeller's population program director in 1991, he attended a Ford Foundation conference "on family planning and women's health" (ibid., 45). He experienced this event as "a convocation of all of the feminists who were actively critiquing population policies" (ibid.). Sinding recalls, "I sat there with my mouth hanging open. It was sort of like in the four years that I had been away from the field, the world had changed, and I hadn't seen it" (ibid.). In 1994 at ICPD in Cairo, the changes would be written into a new Programme of Action signed by 179 governments.

This chapter focuses on the ICPD period, 1992-1994, which includes the conference preparatory process. It demonstrates how foundations helped build the Reproductive Health movement field in support of the ICPD campaign. In doing so, the foundations helped the movement transform the broader population field in which both the movement and the funders were embedded.

Ford and Rockefeller continued to participate in the population field during the 1992-1994 period. In addition, this chapter introduces the MacArthur Foundation, which also played a major role. The still new MacArthur Foundation had only recently introduced its population program, supporting the Reproductive Health frame.[164]

As discussed in the previous chapter, Ford had reduced its population funding and then closed its program in the early 1980s while devoting more resources to women in development. Then in 1991, the foundation launched a new Reproductive Health and Population program. Pursuing a different set of goals from its prior incarnation, the new program would also prove to have great influence in the field.

As the previous chapters showed, Ford's and Rockefeller's solidarity in support of the Family Planning frame was a powerful force in the 1950s and 1960s before beginning to unravel in the mid-1970s. In the 1990s a new alliance developed: Ford and MacArthur championed the Reproductive Health frame together while Rockefeller continued supporting Family Planning. Because Rockefeller did not aim to support the Reproductive Health movement, its role in the movement's trajectory is less immediately evident. Yet this chapter will show that Rockefeller nevertheless contributed to the movement through both grants and other field-building activities.

The chapter begins with a summary of the Reproductive Health movement's goals and rationale, contrasted with those of the Family Planning movement. It then turns to Ford, MacArthur, and Rockefeller, introducing their approaches to Reproductive Health and to the movement's ICPD campaign. Next it explores the field-building mechanisms the foundations employed, including grants for Networks/Conference, Policy, and Communications. The foundations also provided conditional funding and used field-building mechanisms other than grantmaking.

The chapter then traces the Reproductive Health movement's path from mobilization in 1992 to victory at ICPD in 1994, highlighting how the foundations helped shape the movement's composition and trajectory. The chapter shows how in addition to their grants for the ICPD campaign, the foundations' coordinated intervention at a decisive point secured the movement's access to the official UN preparatory process and to ICPD itself. The Reproductive Health movement's triumph at ICPD was the result of many factors; this chapter demonstrates the critical role foundations played.

The Reproductive Health Movement: Overview

In a Venn diagram, the Reproductive Health field would be represented by a circle overlapping many others, including population, development, women's health, women's rights, and women in development.[165] As discussed in the previous chapter, in the 1970s and 1980s an international women's rights movement focused on women's health mobilized in response to the Family Planning approach that Ford and Rockefeller had originally promoted. The movement charged those who designed and administered population policies and family planning programs with a critical oversight: In their zeal to slow population growth by increasing contraceptive use, they had failed to consider women's broader reproductive health needs and how gender inequality contributed to them. This failure, the movement argued, had caused both direct and indirect harm.

The movement's claims drew attention to the relationship between women's health and their rights and status. During the same period, the Women in Development movement was similarly critiquing the dominant development paradigm, arguing that it disregarded women's needs and overlooked the relationship between poverty and gender inequality. In the early 1990s, participants in these and other distinct but overlapping women's movements across the Global North and South coalesced into the Reproductive Health movement. This movement led the

successful campaign to transform the international population and development paradigm, culminating in the Programme of Action produced by the 1994 ICPD in Cairo.

The Reproductive Health Movement's Platform: The Rio Statement

A set of agreements that resulted from a pivotal Reproductive Health conference held in January 1994, about eight months before ICPD, provides insight into the movement's goals and rationale. It also illuminates the movement's differences with Family Planning. The "Reproductive Health and Justice International Women's Health Conference for Cairo 1994," held in Rio de Janeiro, included over 200 individuals from 79 countries who represented the international Reproductive Health movement. The document the conference produced, known as the *Rio Statement* (1994), presents twenty-one concise agreements that served as the movement's platform.

In contrast to the Family Planning movement's emphasis on increasing access to contraception, the Rio Statement prioritizes reducing barriers to demand for it by addressing social and economic factors structuring gender and family norms.[166] The document also rejects the longstanding Family Planning premise that reducing fertility is a prerequisite for development. Retaining the goal of poverty reduction, not fertility reduction, the statement presents the movement's case for transforming development and population policies to reflect the needs of women.

The Rio Statement quickly declares the movement's "opposition to population policies…that do not address [women's] basic right to secure livelihood, freedom from poverty and oppression; or do not respect their rights to free, informed choice or to adequate health care" (1994, 4). It contends that as long as policies disregard these rights, they will not lead to development even if they reduce fertility rates. Thus, the document dismisses one of the Family Planning movement's rationales for focusing on fertility.

Further signaling the movement's departure from the Family Planning approach—as well as its close relationship to the Women in Development movement, the first seven of twenty-one agreements concern development, not family planning. They outline problematic macroeconomic policies and structures that exacerbate poverty, conflict, and inequality, such as "external debt, structural adjustment programs, and international terms of trade" (1994, 4).[167] They identify how these factors affect women.

Most of the remaining agreements concern a range of social factors that affect women's health. They are presented within a rights framework, for example: "Reproductive rights are inalienable human rights that are inseparable from other basic rights, such as the right to food, shelter, health, security, livelihood, education, and political empowerment" (Agreement 14). The following excerpts regarding constraints on women's sexual and reproductive health exemplify how the movement connected women's rights to reproductive health. They also illustrate the path the movement envisioned to gender equity, development, and reduced fertility.

Women are entitled to bodily integrity. Within this principle, violence against women; forced early marriage; and harmful practices, especially female genital mutilation, must be recognized as major reproductive rights, health, and development issues. (Agreement 15)

Women, especially girls, must have equal access to education in general. Such education should not be gender-discriminatory in its objectives, methods, and content. Quality sex education with a gender perspective should be made available to women and men of all ages, in order to create the conditions for equity in social roles and empowerment of women in order to enable them to control their own fertility. (Agreement 17)

These examples highlight the differences between the Family Planning and Reproductive Health frames. The Family Planning movement advocated increasing access to and use of contraceptives as the most direct route to slowing population growth, which would facilitate development. It also supported addressing demand for family planning through reducing maternal mortality and morbidity and child mortality, but the provision of family planning services was paramount. The Reproductive Health movement, in contrast, argued that whether one's primary concern was development or population growth, it was necessary to address the myriad social, economic, and legal constraints on women *in addition to* providing family planning services and comprehensive reproductive health care.

In response to critiques of family planning programs, as discussed in the previous chapter, the Rio Statement also emphasizes that fully informed consent is essential prior to any family planning and reproductive health services. It further mandates that "these services should be women-centered and women-controlled, and every effort should be made to prevent the maltreatment and abuse of women users by the medical staff" (Agreement 12). In addition, the document calls for the involvement of women's organizations in monitoring every stage of contraceptive research trials. It also advocates women-controlled contraceptives, particularly barrier methods that can help prevent STIs. The statement specifically opposes Norplant, a long-acting hormonal contraceptive, as "high risk" (Agreement 13); this is a method that Rockefeller strongly supported through research grants.

Conflict between Family Planning and Reproductive Health

To Family Planning advocates, the Reproductive Health movement's platform dangerously minimized the central tenets of the Family Planning frame: the importance and urgency of population growth and the critical need for expanded access to family planning (Campbell 1998). In their view, this shift was potentially disastrous; acting to stem population growth had to occur swiftly due to population momentum (Campbell 1998; Potts 1996). They also stressed that the effects of over-population were harmful to everyone but especially to women (Potts 1996).

Family Planning advocates anticipated that governments would only commit sufficient funds to family planning under the threat of catastrophe arising from excessive population growth (Caldwell 1996). They believed that an emphasis on women's rights and reproductive health

instead would lead to less funding for all. Moreover, some saw family planning as "the first step" toward reproductive health care, one that had to be achieved before any others (Potts 1996, 115). Thus, the yet unsatisfied demand for family planning among women in developing countries meant that diverting funds and attention from it would harm rather than help those whose interests the Reproductive Health movement claimed to represent (Sinding 2004; Potts 1996).

The Reproductive Health movement's primary concerns, however, were addressing women's broader health needs and advancing women's rights and status, not reducing fertility. For example, the movement maintained that to prioritize family planning services over reproductive health care that included family planning was to prioritize demographic concerns over women's own priorities and needs. As the next section shows, Ford and MacArthur strongly supported the Reproductive Health movement's framing of Reproductive Health as a women's rights issue that required broad changes in policies, programs, and social norms. Rockefeller supported components of the movement's platform that would most directly help increase contraceptive prevalence.

The Three Foundations: Overview

The following introduction to the population programs of Ford, MacArthur, and Rockefeller during the ICPD period of 1992-1994 provides context for the subsequent analysis of their field-building activities that advanced the ICPD campaign. Ford and MacArthur were aligned with the Reproductive Health movement while Rockefeller continued its longstanding support for the Family Planning frame.

Ford Foundation

As described in the previous chapter, Ford's work beginning in the 1970s in support of women in development and women's health led the foundation to champion the Reproductive Health movement in the early 1990s. It had already embraced the importance of advancing women's rights, centering policies and programs on women's needs, and enabling NGOs—particularly those run by women—to influence governments.

Susan Berresford, one of the feminist staff members who began influencing Ford in the early 1970s, was Ford's executive vice president and CEO during 1992-1994, and subsequently the foundation's president. She explains that by the early 1990s, Ford "became more interested in a broader kind of reproductive health, and thinking of this as one element of opportunity for women…Really trying to invest in women, letting them make the choices they needed to make" (Berresford 2010).

Ford's 1990 annual report announced a new Reproductive Health and Population program to begin in 1991. Demonstrating the foundation's distance from its Family Planning roots, the new program's primary concerns included "the social, economic, and cultural factors that affect

reproductive health" (Ford AR 1992, 102). The focus was explicitly on factors affecting reproductive health, not fertility. Using such mechanisms as grants for Research, Networks/Conference, Policy, and Communications, the program addressed

> three interrelated areas: social science research to increase knowledge about the factors influencing reproductive health; helping women in particular, but also men and the larger community, to participate in decisions and policies aimed at improving reproductive health; and promoting a public dialogue to define ethical and legal frameworks for reproductive health and rights appropriate to each society. (ibid., 102)

Ford had reversed course from its early emphasis on top-down population policy formation and technological solutions in pursuit of decreased fertility; its program now reflected priorities aligned with those of the Reproductive Health movement (Ford AR 1991).

To lead the new population program, Ford appointed José Barzelatto as program director because he "embodied this broader view" of reproductive health (Berresford 2010). Barzelatto was an endocrinologist from Chile who had previously been at the World Health Organization. He had recognized the connection between women's reproductive health and their rights and status before many others did (Pincock 2006).[168] He had long asserted that improving women's lives was essential to both development and human rights (WHO 2006). He had further maintained that promoting sexual and reproductive health and related rights was central to that effort (ibid.). Margaret Hempel, hired as a Ford program officer under Barzelatto, recalls that "he was very clear that we were reorienting [the program] towards a reproductive health agenda. I was hired under that frame" (Hempel 2009).

The influence of women's health and rights advocates is frequently evident in Ford's annual report narratives, particularly when directly addressing gender:

> Women's groups have…emphasized the importance of addressing power differentials between men and women and the persistent discrimination against women in many parts of the world. A woman's decision to use a contraceptive and her ability to enjoy her sexuality without fear of pregnancy, coercion, or disease depend as much upon the balance of power in her relations with her partner as upon the availability of reproductive health services. (Ford AR 1993, 97)

This acknowledgment of a central feminist tenet indicates Ford's full embrace of the Reproductive Health frame.[169] Ford began increasing the program's budget in 1992, the same year that the Reproductive Health movement began mobilizing for the 1994 Cairo conference.[170]

As discussed in Chapter 2, MacArthur did not become a full-fledged foundation until about 1988, at which point it introduced its population program. MacArthur's program is the only one in this study established after feminists had started influencing the field. MacArthur president Adele Simmons characterized the new population program as having "an emphasis out of the mainstream" (Simmons 1993, 4). Her description of the program supports that assertion:

> Rather than supporting the development and distribution of family planning programs and technology, important as they are, we have elected to emphasize women's health and other determinants of women's status. This strategy involves the Foundation in complicated political and social issues...but we believe that the long-term potential is great. (ibid., 4)

Thus, both Ford and MacArthur chose to focus on women's broader health needs and their status rather than on fertility. Seeking a strong Reproductive Health supporter with the capacity to implement this program strategy effectively, Simmons advocated for Carmen Barroso to be appointed the population program's first director (Simmons 2010). Barroso was active in the international women's movement and had experience in foundations, academia, NGOs, and with UN conferences. She was well-equipped to help advance the Reproductive Health movement from within the foundation.

The following grant of $446,200 over three years awarded to a Brazilian organization provides an example of the comprehensive Reproductive Health approach MacArthur advanced under Barroso's direction. It also demonstrates the use of Communications funding as a field-building mechanism. The description refers to failures of conventional sex education programs in Brazil:

> These programs concentrate exclusively on reproduction and contraception, without considering the broader context within which young people make choices. ECOS focuses on disseminating information about adolescence, sexuality, and human reproduction, while advancing themes such as democracy, citizen rights, human equality, and the improvement of relations between men and women. Grant funds will support a video project that encourages teens to express their beliefs about sexuality, a hotline for teens with sex-related questions, and other sex education programs targeted to adolescents. (#2169, 1991)

This effort to address reproductive behavior in the context of people's lives and identities, and to link sexual and reproductive health to broader social structures exemplify the Reproductive Health frame that MacArthur supported.

Unlike his counterparts at Ford and MacArthur, Rockefeller program director Steven Sinding was not part of the Reproductive Health movement:

> At Rockefeller, those of us who came out of [the Family Planning movement], were very much on the defensive as the paradigm began to shift. I devised the [population program] strategy, along with my colleagues at Rockefeller, and while I thought it was—and I still think it was—enlightened and progressive, in terms of the events that followed it was still very much demographic and neo-Malthusian in its focus. (Sinding 2009)

In contrast to Ford's and MacArthur's programs, Rockefeller's represents the Family Planning movement with a goal essentially unchanged from thirty years prior—reducing fertility rates through family planning. However, in the 1992 annual report Rockefeller's president, Peter Goldmark Jr., conveyed that the foundation had embraced some of the Reproductive Health movement's claims:

> The only basis on which to move forward is that of respect for the dignity, choice, and rights of the woman and the family; this is fundamental as a matter of right, and it is essential as a matter of practicality. No road can lead to a viable macro-outcome which respects human freedom unless it passes first through the microcosm of individual dignity, choice, responsibility for one's actions, and control over one's own body and future. (Goldmark 1993)

This statement reflects the influence of women's movements on the population field, as does the following description of Rockefeller's population program. It indicates that Rockefeller's goal remained the same but its strategy was modified based on feminist critiques and new research:

> Analysis indicates that family planning and reproductive health services that would enable individual women and families to satisfy their own reproductive goals would make major headway toward achieving replacement fertility on a global scale and, at the same time, improve the health status - indeed the very survival - of millions of women and children…In the coming months, the Foundation's Population Sciences effort will be reoriented to mobilize resources: to satisfy unmet demand in the developing world with quality, culturally appropriate family planning and reproductive health services, especially for adolescents; and to develop safer, more effective contraceptives. (Rockefeller AR 1992, 23, 25)

In highlighting the program's responsiveness to individuals' needs and by including reproductive health services, the program advanced parts of the Reproductive Health paradigm that served Family Planning goals.[171]

Rockefeller and Reproductive Health

Rockefeller's reproductive health focus was far narrower in scope than Ford's and MacArthur's were.[172] Rockefeller supported reproductive health care where it would help increase contraceptive prevalence; however, the program did not support the Reproductive Health *movement*. Because the Reproductive Health movement called for addressing a broad range of concerns that only peripherally or indirectly affected fertility, it threatened to divert attention and funding from Family Planning priorities. Rockefeller's commitment to maintaining the population field's focus on family planning is further addressed below.

Yet despite Rockefeller's only partial, qualified acceptance of the Reproductive Health frame, its grants contributed to Reproductive Health field-building. Even a relatively small amount of funding, or funding for a narrow range of relevant issues, can carry significant symbolic support from a foundation with Rockefeller's status. In this case, Rockefeller's grants certified that reproductive health care mattered for population growth and, consequently, for development. Similarly, Rockefeller's grants for research into the relationship between women's status and fertility, discussed in the previous chapter, had certified women's status as a legitimate concern—despite the foundation's generally tentative response to feminism.

Additional intersections between Family Planning and Reproductive Health concerns also resulted in Rockefeller's certifying some Reproductive Health movement claims. For example, both movements called for "high-quality" services. They may have measured quality differently, but the pursuit of it legitimated the Reproductive Health movement's claims about the prevalence of unacceptably poor-quality services.

Moreover, although Rockefeller funded the development of Norplant, a contraceptive that the Reproductive Health movement's Rio Statement specifically objected to over safety concerns, other grants aligned with Reproductive Health priorities. For example, Rockefeller funded efforts to develop female-controlled contraceptive methods that also protected against STIs. The Rio Statement called for such research.

Furthermore, even though Rockefeller's grants toward efforts such as improved quality of care and contraceptive technology supported Family Planning goals, Rockefeller framed them as responsive to individual needs. This is significant because although members of both movements were concerned about individuals, that frame was associated more with the Reproductive Health movement than with the Family Planning movement. The latter movement had developed from national and global concerns, whereas the Reproductive Health movement grew from concern for individual women's rights, needs, and experiences. Thus, by adopting the "individual needs" frame, Rockefeller inadvertently certified the Reproductive Health frame.

Rockefeller Intervenes in the Reproductive Health Movement

The Reproductive Health movement's 1994 Rio Statement was the culmination of about seventeen months of organizing and strategizing. However, when the foundations first became

involved in ICPD preparation in 1992, these positions had not yet been articulated so cohesively. As the movement developed its platform, foundations sought to influence it.

An early effort by Rockefeller program director Steven Sinding to reorient the Reproductive Health movement's frame illustrates several points that appear throughout this chapter and the next: First, the foundations actively sought to influence the Reproductive Health movement. In the case presented below, Rockefeller used the field-building mechanisms of conditional funding and support for Networks/Conference to that end. Moreover, Rockefeller's program director personally developed and introduced a possible alternative frame.

Second, as noted above, even though Rockefeller did not support the Reproductive Health movement, it often contributed to building the Reproductive Health *field*. In the case below, it did so by validating some of the movement's claims and supporting a meeting of its participants. Third, the conflict between the Reproductive Health and Family Planning movements was both ideological and strategic. As a result, though they shared some objectives, there was limited room for compromise.

As noted in the opening of the chapter, at Ford's 1991 conference Sinding was caught off-guard by the prominence of feminist critics of the population field. He was also dismayed by what he felt was their "vast overstatement" of the field's subpar treatment of women (Sinding 2004, 42). He did accept the assertion that demographic targets could result in mistreatment of women: "India, Indonesia, Bangladesh, China are the countries where I think one could argue that fieldworker quotas translated directly into behaviors that at best were disrespectful of women's health and women's health needs" (ibid., 47-48). Sinding was not convinced, however, by accusations that family planning programs that employed financial incentives or mechanisms to generate social pressure were necessarily coercive. Instead, he maintained that "the implementation of population policies through family planning programs that were ethically questionable was a legitimate but vastly overstated target of the basically feminist critics" (ibid., 49).

Recognizing the momentum of the Reproductive Health movement, however, Sinding sought an approach to population that the feminists could support but that would also preserve Family Planning goals and priorities. Research indicated that the demographic targets that feminists vehemently opposed were unnecessary: Merely satisfying existing unmet demand for contraceptives would result in surpassing those targets (Sinding 2004). An estimated 120 million women in developing countries wanted to use contraceptives but were not, primarily due to "lack of knowledge, fear of side effects, and social and familial disapproval" (Bongaarts and Bruce 1995, 57). National family planning programs thus could address their macro-level demographic concerns by changing their goals from reaching targets to providing services people already wanted.

Hopeful that this could be a place for common ground, Sinding chose to introduce the idea at a major International Planned Parenthood Federation (IPPF) meeting in late 1992. In fact, he considered the issue so urgent that, in response to IPPF's grant request, he agreed to fund the meeting on the condition that IPPF make room for him on the schedule to present his proposal.

IPPF agreed to do so. Sinding (2004) says he had never before used his position as a funder to obtain a platform for himself.

His presentation, however, was not well-received (ibid.). Although his proposal abandoned demographic targets, it maintained family planning as the primary strategy for reducing fertility and, in turn, for advancing development. This disregarded the Reproductive Health movement's contention that achieving both development and the desired level of contraceptive use—in a way that met women's needs and did not perpetuate gender inequity—depended on improving women's health, rights, status, and opportunities.[173] To the Reproductive Health movement, family planning was a single component among many reproductive health and rights concerns, and family planning could not be separated from them.

As the Rio Statement demonstrates, in its ICPD campaign the Reproductive Health movement was seeking to transform, not modify, the international population and development paradigm in order to change the fundamental orientation of governments toward women and girls.[174] The conflict between the two movements was thus both strategic and ideological. As discussed in later sections, the two sides developed alliances that ultimately strengthened the Reproductive Health movement more than they did the Family Planning movement.

Sinding's concerted but failed effort to alter the movement's trajectory from his position at Rockefeller highlights important aspects of the funder-movement relationship. Foundation staff are able to take an active role take in movement field-building, and they can use grants to serve their own goals for the field, even when they differ from those of the grantees. However, there are limits to foundations' power to influence movements: Their resources give them a voice and an audience, but not control.

Funding the ICPD Campaign

This section introduces the foundations' strategies for ICPD and discusses the field-building grants they awarded in support of those strategies. Subsequent sections describe the foundations' activities other than grantmaking that had a significant influence on the Reproductive Health movement's trajectory. Ford's and MacArthur's grants aimed to advance the Reproductive Health movement; Rockefeller's supported Family Planning. The grants of all three funders sometimes reflected overlaps between the two movements. For example, religious opposition to family planning threatened both movements, so funders on both sides supported efforts to develop a response to it.[175] The foundations also employed similar field-building mechanisms in pursuit of their disparate goals.

Ford and MacArthur often coordinated with each other in support of the Reproductive Health movement's ICPD campaign. They provided funding that enabled movement organizations to meet, which facilitated the development and diffusion of frames and strategies. They also provided grants for movement organizations to attend ICPD and official preparatory meetings, and they supported trainings on how to influence the UN process.

Rockefeller sought to maintain governments' focus on the perils of population growth and on the effectiveness of family planning programs in slowing it. The foundation also tried to prevent Reproductive Health from drowning out Family Planning. To that end, it supported organizations that promoted the Family Planning frame among state actors and NGOs. Nevertheless, some of its grants also contributed to the Reproductive Health field.

Foundations' Interest in ICPD

All three foundations recognized early the significance of ICPD and the Programme of Action, the consensus document it would produce. For the next twenty years, the Programme of Action would guide national population and development policies and programs, and it would influence international assistance for them. As the previous chapters demonstrated, governments' commitment to the population field, and the frames governments adopt, have profound consequences. To a significant degree, achieving the foundations' program goals depended on how governments defined the problem and its solution and on the governments' commitment to addressing them. Therefore, influencing the ICPD Programme of Action was important to the foundations.

In Ford's 1992 annual report, president Franklin Thomas discussed ICPD and two other United Nations conferences of the mid-1990s that would address reproductive health and rights.[176] He characterized them as providing "a special opportunity to articulate [a] new vision of reproductive health" (Thomas 1993, 18).[177] Both Ford and Rockefeller had a long history of involvement in UN population conferences that they aimed to continue. MacArthur's grantmaking reflected a similar belief in the UN's potential to benefit the causes the foundation supported (Simmons 1996; Wallerstein 2000). Moreover, MacArthur's program director previously participated in UN conferences on women discussed in the previous chapter.

Field-Building Mechanisms: Grants for the ICPD Campaign

During the ICPD period of 1992-1994, the three foundations gave a combined $8.8 million in 83 grants that they classified as directly related to ICPD (Table 1).[178] As discussed in the next chapter, they also provided millions more in support of Reproductive Health and Family Planning beyond the ICPD campaign, thus helping shape the events of ICPD indirectly as well. Although grants targeting ICPD did not dominate the foundations' budgets, the grants were strategic and their effects were significant. This section describes the foundations' strategies for ICPD and introduces the types of grants that served as field-building mechanisms. Subsequent sections expand on how these grants affected the movement.

Table 1

Total ICPD and Population Program Grants: 1992-1994

	Total ICPD Grants		ICPD % of Total Pop		Total Pop Grants	
	# Grants	$ *(millions)*	#	#	# Grants	# Grants
Ford	32	5.5	7%	9%	428	58.5
MacArthur	21	1.5	8%	4%	250	35
Rockefeller	30	1.8	8%	6%	369	30.2

Source: Data on 1,047 grants from the 1992-1994 annual reports of the Ford, MacArthur, and Rockefeller foundations, coded by the author.

In their funding for the ICPD campaign, all three foundations emphasized grants for Networks/Conference, Policy, and Communications (see Appendices 2, 3, and 4 regarding categories and coding). In distinct ways, all three types of grants helped build the field by enrolling new actors and helping to diffuse frames, among other effects. Grants often supported more than one category of activity; therefore, grants data discussed in this chapter and referenced in tables refer to grants that *included* work in a given area but were not necessarily exclusively for that purpose.

Grants for Networks/Conference (Table 2) facilitated relationships among field actors. They also provided opportunities for developing frames and strategies and for inviting new actors into the field. Grants supported a range of international meetings to enable movement participants to strategize, reach agreements, and otherwise plan for ICPD. The grants often supported travel to meetings, including to ICPD itself. All three foundations also participated in and hosted meetings of other donors, the UNFPA, and movement organizations in order to facilitate exchange of information, development of policy proposals, and strategizing for the conference itself. Networks/Conference grants were Ford's and MacArthur's highest priority: 78% of Ford's ICPD grant dollars and 60% of MacArthur's included support for this category.

Table 2

ICPD Grants for Networks/Conference, 1992-1994

	ICPD Networks/Conf.		% of all ICPD grants 92-94		Total ICPD Grants	
	#	$ *(millions)*	#	$ *(millions)*	#	$ *(millions)*
Ford	25	4.3	78%	78%	32	5.5
MacArthur	12	0.9	57%	60%	21	1.5
Rockefeller	20	0.9	67%	50%	30	1.8

Source: Data on 1,047 grants from the 1992-1994 annual reports of the Ford, MacArthur, and Rockefeller foundations, coded by the author.

Grants for Policy (Table 3) contributed to field-building by diffusing the movement's frame specifically among state actors and those who could influence state actors. Such grants aimed to enroll new actors in the field and to strengthen the commitment of existing actors. Grants included support for policy analysis and for preparation of documents, such as position papers to inform policymakers. They also funded meetings with government officials. Rockefeller particularly emphasized Policy grants, committing 78% of its ICPD budget to this category. It was MacArthur's second-highest priority.

Table 3

ICPD Grants for Policy, 1992-1994

	ICPD Policy		% of all ICPD grants 92-94		Total ICPD grants	
	#	$ *(millions)*	#	$ *(millions)*	#	$ *(millions)*
Ford	12	1.7	38%	31%	32	5.5
MacArthur	8	0.8	38%	53%	21	1.5
Rockefeller	14	1.4	47%	78%	30	1.8

Source: Data on 1,047 grants from the 1992-1994 annual reports of the Ford, MacArthur, and Rockefeller foundations, coded by the author.

Communications grants (Table 4) helped build the field by diffusing frames among field actors and among external actors. Grants supported public education campaigns about ICPD, including television and radio spots, efforts to engage the news media, and information dissemination among movement actors. Communications was the second-highest priority for both Rockefeller and Ford; of their ICPD budgets, Rockefeller devoted two-thirds and Ford awarded over half to initiatives that included Communications work.

Table 4

ICPD Grants for Communications, 1992-1994

	ICPD Comm.		% of all ICPD grants 92-94		Total ICPD grants	
	#	$ *(millions)*	#	$ *(millions)*	#	$ *(millions)*
Ford	12	3	38%	54%	32	5.5
MacArthur	9	0.5	43%	34%	21	1.5
Rockefeller	16	1.2	53%	66%	30	1.8

Source: Data on 1,047 grants from the 1992-1994 annual reports of the Ford, MacArthur, and Rockefeller foundations, coded by the author.

The following section explains what the foundations sought to achieve with their ICPD grants. All three funders actively worked to influence the Reproductive Health movement and ICPD.

Ford and MacArthur were closely aligned and coordinated with each other to support the Reproductive Health movement's ICPD campaign. MacArthur program officer Caren Grown (2009) explains their involvement:

> A small group of people who had been very active in gender equality and women's empowerment issues and reproductive health for many years, who were strategic political advocates, came together [to plan for ICPD]. The program officers in [MacArthur and Ford], who had roots in this community, [had] a number of conversations about planning to increase the scope and visibility of the women's health movement.

Margaret Hempel, Ford population program officer during this period, recalls that program director José Barzelatto brought extraordinary access to and insight into the UN system: "He had a real and early appreciation of how important [ICPD] could be, so he really encouraged us to focus on that early, which we did" (Hempel 2009). MacArthur's program director, Carmen Barroso, shared Barzelatto's orientation. Her understanding of what would be required to influence ICPD was informed by her experience at the 1985 UN Conference on Women, discussed in the previous chapter. There she and other feminist activists had successfully organized to have a statement on women's reproductive rights included in the conference's Programme of Action (Connelly 2008).

Through Networks/Conference grants, the two foundations supported key international organizations to hold planning meetings at which the movement was able to "develop what I think was the basis for the [ICPD] Programme of Action, and to plan strategy. I think that early support of Ford and MacArthur to enable people to meet in different regions, across regions…was really instrumental" (Grown 2009).

MacArthur's grants emphasized preparing activists for participating in the UN process. Stuart Burden (2010), MacArthur program officer, describes the program's strategy:

> The lion's share of our money went to working at the grassroots with mainly women's organizations, helping them strengthen themselves, organize themselves, meet each other, share agendas, and really training them about how do you move an agenda? How does the UN work? How do you go from here to there?

MacArthur thus strategically used grants in this area to support the Reproductive Health movement's ICPD campaign.

Ford too was explicit in its aim "to ensure the involvement of women's groups" at ICPD, so most of its Networks/Conference funding was for that purpose (Ford AR 1993, 99). Given the Vatican's opposition to Reproductive Health movement goals, however, one strategic grant

supported a meeting of thirty theologians and representatives of the major religions to review the ICPD draft Programme of Action prior to the conference (#5633 USA, 1994). At this meeting, "participants…reached a consensus based on the principle of 'liberty of religions,' which the group defined as freedom from any religion's imposing its views upon another" (Ford AR 1994, 101-102). The resulting report provided conference participants with a voice of religious authority to challenge that of the Holy See and make room for reproductive health within religious contexts.

Both MacArthur's and Ford's Policy grants for ICPD funded preparation for the conference, including policy-related research. One such grant from MacArthur supported "monitoring of policy developments related to population and women's human rights" (#2302, 1993 USA). Policy was MacArthur's second-highest priority.

The foundations additionally supported policy work by, for example, providing Communications grants for public education campaigns about ICPD, including television and radio spots. They also funded efforts to engage the news media. MacArthur, for instance, awarded a large grant in 1993 "for training Third World journalists to write and report from a gender perspective, in preparation for [ICPD]" (#4889 India, 1993).[179] This was an effort to enroll the journalists in the Reproductive Health field-building project, and also to enroll those who viewed their work. Ford funded similar initiatives to inform the media and the public in the United States and in developing countries about the conference and the issues it would address.

Field-Building Strategy: Rockefeller's Grants

Rockefeller's position outside of the Reproductive Health movement did not render ICPD less important. For Family Planning advocates it was critical that population concerns and the need for family planning not lose ground despite the Reproductive Health movement's drive to shift attention and resources elsewhere. Rockefeller's ICPD strategy thus gave the highest priority to Policy grants, through which it sought to promote attention to population. For example, its third largest grant in 1992 was $500,000 to an independent UNESCO commission for

> reviewing present international population policies and program efforts,
> developing new ideas for addressing global population problems, and
> communicating the findings and recommendations directly to the 1994 UN ICPD,
> as well as sharing them with governments, NGOs, and private-sector agencies.
> (#4865 France, 1992)

These areas of concern were typical of Rockefeller's Policy grants. The foundation also awarded many Networks/Conference grants to population and Family Planning organizations to meet and strategize for ICPD. Rockefeller's Communications grants funded efforts to facilitate information exchange in preparation for and during ICPD. For example, it provided funding so that population organizations working in Asia and Africa could learn from one another's research and experiences, and so they could have access to pertinent demographic data prior to ICPD (Rockefeller AR 1994, 1995). Such funding supported Family Planning field-building by

helping develop and diffuse a unified Family Planning frame. The next chapter explores the implications for the Reproductive Health movement of Rockefeller's Family Planning funding.

Rockefeller and the Reproductive Health Movement

Most of Rockefeller's ICPD spending sought to amplify population issues in the midst of the increasing momentum in favor of Reproductive Health and women's rights. However, some of its grants were for purposes that echoed those of Ford's and MacArthur's grants and the Reproductive Health movement. For instance, one supported an organization focused on maternal health and mortality "for a series of activities concerning women's reproductive health in developing countries" (#3953, 1994 USA).

Rockefeller also, for example, supported two organizations in the United States to enable women in developing countries to prepare for or attend ICPD. One of the organizations sought to advance reproductive rights and women's empowerment at ICPD (Feminist Majority Foundation 2015); the grant was specifically to support "feminist groups" that were preparing for the conference (#3972 USA, 1994). The other grantee was one of the lead organizations responsible for the Reproductive Health movement's success at ICPD (#3963 USA, 1994). Rockefeller's work thus ranged from resisting the Reproductive Health movement to complementing it or aligning with it, while Ford's and MacArthur's goals and strategies consistently aligned with it.

Discussed later, Rockefeller was also integral to the UN's preparation for ICPD, largely due to program director Sinding's "very strong relationship with Nafis Sadik," director of UNFPA and Secretary-General of ICPD (Seims 2009). Sinding was closely involved in multiple aspects of the conference planning and preparation. Despite his position outside of the movement, former Rockefeller associate program director and Hewlett program director, Sara Seims, maintains that the ICPD Programme of Action "would not have been done without Rockefeller" (2009a). Thus, although Rockefeller sought to promote the Family Planning frame, all three foundations strategized for ICPD and funded activities that advanced the Reproductive Health movement.

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Reproductive Health Movement: From Rio to Cairo

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In order to appreciate the pivotal role of funders in the Reproductive Health movement's success at ICPD, it is necessary to understand the movement's defining events. The following thus charts the movement's trajectory from mobilization in 1992 to success at ICPD in 1994. It identifies where the foundations' intervention affected the movement's composition and trajectory in ways that contributed to its achievement.

The 1990s saw intensified international women's rights activism that centered on a series of four major UN conferences from 1992 to 1995. These addressed, in succession, environment and development, human rights, population and development (ICPD), and women's rights.[180] Feminist NGOs used the first three conferences as opportunities to focus international attention on women's rights, needs, and interests, and the last to affirm and advance gains they had made (Hempel 1996; Kissling 2002). In addition to ICPD, this chapter addresses the first of these conferences, the UN Conference on Environment and Development (UNCED), held in Rio de Janeiro in 1992. It had significant consequences for the Reproductive Health movement and ICPD.

UN Conference on Environment and Development (UNCED), June 1992

UNCED in 1992 served as the catalyst for the Reproductive Health movement's mobilization for ICPD. This was the case for three reasons. First, UNCED revealed a significant point of conflict between feminist movements that threatened the priorities of those who comprised the Reproductive Health movement. Radical feminists, or "eco-feminists," at UNCED vociferously opposed all forms of artificial contraception, rejecting any unnatural interference in women's reproductive physiology (Cohen 1993; Kissling 2002; MacArthur AR 1992).[181] This aligned with the Vatican's anti-contraception stance and potentially strengthened it by conferring "feminist" approval of its position (Germain 2003).

Second, UNCED revealed a potentially powerful alliance between environmentalists and Family Planning advocates. Many environmentalists concerned about the effects of population growth on the environment were attracted to the Family Planning movement's focus on reducing fertility quickly through the most direct means of increasing contraceptive prevalence (McIntosh and Finkle 1995; Cohen and Richards 1994; Hodgson & Watkins 1997). Both this development and the conflict between feminist movements were cause for concern among Reproductive Health advocates. The advance of either the Vatican's or the Family Planning movement's position would threaten the Reproductive Health frame.

Finally, UNCED was accompanied by the largest NGO forum of any prior UN conference. This suggested pathways for movement organizations to influence future conference outcomes, and the groups that would soon form the core of the Reproductive Health movement took the cue. They were alarmed by how population and reproductive health had been addressed at UNCED, and they were acutely aware of how unprepared they had been (Germain 2003; Kissling 2002; McIntosh & Finkle 1995). Mainstream women's health and rights advocates from the Global South quickly recognized that they needed to launch a major response or risk failure at ICPD (Germain 2012c). As UN population conferences occurred only once a decade, the stakes were high. Several of these individuals promptly called upon Joan Dunlop and Adrienne Germain of the International Women's Health Coalition (IWHC) in New York to become involved (Germain 2003). IWHC had the financial and other resources the movement would need.

Funders and Movement Organizations

It is at this point that the role of funders in shaping and strengthening the movement becomes evident. Earlier field-building work from the 1980s proved to have been particularly important as it had created an organizational infrastructure and developed leaders. Support for movement organizations' frame-bridging work following UNCED was also important for expanding the field.

Prior Field-Building

Foundations' earlier efforts had helped create the infrastructure for the Reproductive Health movement such that when it was time to mobilize for ICPD, organizations and leaders could do so effectively.[182] Frances Kissling (2002) of Catholics for a Free Choice contends that without Ford and MacArthur in particular, feminists would not have had the influence at ICPD that they did. As she notes, feminist critiques of Family Planning had been voiced since the 1974 Bucharest conference. Especially significant, as discussed in the previous chapter, was the shattering speech John D. Rockefeller 3rd had delivered in Bucharest—a speech written by the future co-founders of IWHC, Adrienne Germain and Joan Dunlop. But according to Kissling (ibid.), the critiques had no political force until Ford and then MacArthur began funding international women's movements.

The foundations' support helped strengthen the movement infrastructure and afforded movement actors access to powerful institutions. When events at UNCED signaled the need for mobilization for ICPD, feminist activists had the capacity and the avenues to act effectively. Kissling emphasizes that these two foundations "chang[ed] who was at the table," giving feminists an opening.

> Prior to [UNCED], the feminists, women-centered, reproductive rights-oriented, anti-population sentiment groups didn't have the tickets to get at the table. They didn't have any money. So Ford and MacArthur in…the mid-'80s forward— began making substantial investments in the international women's reproductive rights and health groups…So, women now had—we existed. You know, there was a Joan Dunlop, and an Adrienne [Germain], and a Carmen Barroso, and a Sonia [Corrêa]…and all of the people in the broad women's movement who had been funded, who had professionalized, and who now had a place at the table. So, we were there. (ibid., 145-146)

All three components Kissling identifies—funding, professionalization, and a place at the table—enabled the Reproductive Health movement to carry out its ICPD strategy successfully.

Supporting Kissling's assessment was the president of the Brazilian organization, CEPIA (Cidadania, Estudo, Pesquisa, Informação e Ação—Citizenship, Study, Research, Information

and Action), which co-sponsored the Reproductive Health meeting that produced the Rio Statement, the movement's platform. As CEPIA's president observed:

> 'The international women's movement now represents a considerable political force,' says Jacqueline Pitanguy…'After a decade of mobilizing, building organizational capacity, and gaining entree to the population establishment, women are well prepared to have a direct influence on population policy.' (MacArthur AR 1993, 164)

CEPIA was a recipient of grants from both Ford and MacArthur (e.g., #2212, #5568). As the previous chapters established, in addition to providing funding that enabled grantees to do their work, the major foundations certified concepts, causes, and organizations through the grants they awarded. They continued to play this role throughout the ICPD period.

International Women's Health Coalition (IWHC)

One of the lead organizations in the movement, the International Women's Health Coalition (IWHC), had especially close ties with foundations. In fact, IWHC would not have existed as it did without them. Anne Firth Murray of Hewlett Foundation recruited Joan Dunlop in 1984 to become the president of a declining national organization and revamp it into an international organization (Mazur et al. 2012). This became the International Women's Health Coalition.

Dunlop was a women's rights and reproductive rights advocate. She had been a trusted advisor to John D. Rockefeller 3rd in the 1970s, influencing his views on population and women's rights. Dunlop was also a close friend and colleague of Adrienne Germain's, the Ford staff member discussed in the previous chapter who had helped guide Ford to support feminist causes internationally. Germain became IWHC's co-founder with Dunlop.

Dunlop agreed to Murray's 1984 proposal, however, only after obtaining informal commitments from the Ford and Hewlett foundations that they would provide her with "a substantial amount of general support" if she took the position (Dunlop 2004, 73; Germain 2003). Both funders came through and more soon followed:

> There's no doubt about it that we were ahead of the curve on raising money… [T]he first grant from MacArthur was a million dollars…I remember thinking, We've got it now… [W]e had enough resources. This was a big deal, the fact that we could get a million-dollar grant. (Dunlop 2004, 111)

Germain was working for Ford in Bangladesh at that time but privately collaborated with Dunlop in establishing the new incarnation of IWHC until she officially joined the organization a couple of years later. Active engagement with funders was part of the two women's strategy for the Reproductive Health movement; they knew foundations could be important allies.[183]

Dunlop and Germain had extensive professional and personal connections across the philanthropic, family planning, and women's health and rights fields in the Global North and South. Moreover, as the prior chapter established, Germain's influence at Ford beginning in the

1970s contributed to building the infrastructure of domestic women's health and rights organizations in a number of developing countries. IWHC's funding and the two women's connections and experience in the field enabled them to be central figures in the Reproductive Health movement.[184]

Funders Respond to UNCED

Frances Kissling of Catholics for a Free Choice recalls that, like the activists, some donors had been unnerved by the clash at UNCED among feminist, women's health, family planning, and environmental movements: "The powers that be…the funders and others did not want…all these people fighting with each other in Cairo" at ICPD (Kissling 2002, 145).[185] It is notable that Kissling includes the funders among "the powers that be."[186] In response to the conflict, donors supported efforts of movement participants to find common ground. For example, this grant of $900,000 over three years to IWHC was one of the largest MacArthur awarded in 1992:

> The international community working on population and women's health issues is divided among interest groups ranging from the fundamentalist right, to 'eco-feminists,' to 'population control' advocates, to those who support a broad middle ground for reproductive choice. [IWHC] builds alliances among activists, researchers, and service providers by promoting respect for women's reproductive rights in the context of increased opportunities and equity for women. Grant funds will support continued assistance to local groups working to improve women's health in developing countries; international work in public education and advocacy; and dialogue with international health, population and environmental organizations. (#2227 USA, 1992)

Funders were thus active participants in shaping preparations for ICPD, with Ford and MacArthur giving several grants that promoted conflict resolution among these interested parties, in an effort to strengthen the Reproductive Health field.

Alliances

Many movement participants were also concerned by the conflicts. As a result, both Family Planning and Reproductive Health advocates sought strategic compromise for the sake of their goals. Neither wanted to be marginalized and both recognized the opportunity to harness support from the other's influential leaders and movement participants (Hodgson & Watkins 1997). Moreover, the Vatican's opposition to many of the two movements' shared concerns increasingly united them (McIntosh and Finkle 1995).[187]

McIntosh and Finkle describe Reproductive Health movement leaders' "energetic and sophisticated campaign" to strengthen their cause by building their ranks and marginalizing opinions that could threaten them (1995, 238). Yet the leaders also worked to develop points of agreement with those on the Family Planning side who were open to reproductive health concerns (ibid., 1995; Hodgson & Watkins 1997). Although population growth was not among

the Reproductive Health movement leaders' primary concerns, they began to frame the distinction between the two movements as being about *how* to slow population growth, not whether to try to do so (McIntosh & Finkle 1995; Higer 1999; Hodgson & Watkins 1997).[188] Foundation support for conflict resolution efforts encouraged this frame-bridging process.[189]

For its part, the Family Planning community generally agreed that the Reproductive Health approach would likely help reduce fertility, just not fast enough (Campbell 1998). As a result, many Family Planning advocates were willing to participate in calling for attention to women's broader health needs and advancing women's rights and status—as long as the importance of family planning was also promoted. Others, however, resisted contributing to the reproductive health focus because diverting attention from population growth posed too great a threat (Caldwell 1996; Campbell 1998).

Although as Higer (1999) argues, pragmatists dominated the Reproductive Health movement, it consistently voiced—and fought for—some of the central ideals shared by a range of feminists. Kissling recalls that the message of many feminists from the Global South at UNCED in 1992 had been: "You cannot make women the instruments of your desire to have a better environment" (Kissling 2002, 144-145). The Reproductive Health movement expressed the same conviction regarding population and development policies for ICPD. Ultimately, the alliance the Reproductive Health and Family Planning movements constructed was tenuous, but it sufficiently held through ICPD in a way that enabled the Reproductive Health movement's success (Hodgson & Watkins 1997).

Preparing for ICPD

The movement's tactics for ICPD centered on establishing a broad base of support among women's groups from the Global South and North and influencing the official UN preparatory process. The latter involved a series of events including three major preparatory committee meetings, "PrepComs," as well as a number of regional, subregional, and expert meetings in the two years prior to the conference. These were to develop a draft of the consensus document that the conference was to produce, the Programme of Action. The foundations' strong support was pivotal in both the movement's internal organizing and its involvement in the official process.

Throughout the Reproductive Health movement's ICPD campaign, the foundations' field-building work helped shape the movement's composition and trajectory. For example, Networks/Conference grants supported movement organizations to convene meetings and provided funds for participants to travel to meetings. Some of these grants went to large organizations to redistribute, such as in travel grants to other organizations.

Grants for meetings and participation helped determine who would contribute to the movement's frame and strategy. The funders thus influenced the movement's composition directly and indirectly—by funding meetings and participants and by giving some organizations funds to redistribute for the same purpose. Through such grants, the foundations' capacity to channel the movement through field-building grants was extended to selected grantees: Organizations that

that received grants to convene meetings and to fund others to attend them became gatekeepers, helping to channel the movement.

London, September 1992

Grants for general operating support, which is unrestricted funding, enabled the movement to mobilize quickly and begin to develop a platform. The first of the three PrepComs occurred prior to the catalyzing UNCED in Rio, so the Reproductive Health movement's efforts focused on the remaining PrepComs and other meetings. First, however, the movement needed a platform and strategy. In UNCED's aftermath, IWHC quickly arranged a meeting in London for nearly two dozen women's rights activists from five continents (McIntosh & Finkle 1995). IWHC president Joan Dunlop emphasizes that the availability of foundation support made it possible to organize the London meeting so rapidly:

> We had the money. We were being well supported by the foundations, and we had general support money. We could turn on a dime. I used to say this all the time. We can turn on a dime. We can go tomorrow because we had that kind of freedom. (Dunlop 2004, 96)

Together the London meeting participants drafted a "Declaration on Population Policy," an effort to take an active rather than reactive position. They proceeded to circulate the document widely, soliciting input especially from women's health and rights advocates in the Global South (Dunlop 2004; Germain 2003).

PrepComs II and III, May 1993 and April 1994

In addition to general support and Networks/Conference grants, another important form of support was funding for Communications activities. These grants enabled organizations, for example, to produce and distribute documents for the movement. With the Internet in only its early days, such Communications work could require significant planning and labor; it was also essential for diffusing information, frames, and strategy.

The UN's PrepCom II for ICPD occurred about eight months after the Reproductive Health movement's London meeting following UNCED. The movement was well-organized for this PrepCom. IWHC, for example, funded a "Cairo lobby" consisting of many of the women from the London meeting:

> Each time there was a PrepCom, we raised the money to bring colleagues from various countries to lobby delegations. We gave them materials and encouraged and supported them to get on their government's delegations if they could. (Germain 2003, 156)

At this PrepCom, the Women's Environment and Development Organization (WEDO) formed a Women's Caucus to coordinate action and to be a central source of information for the

movement, government delegations, and the ICPD Secretariat.[190] It was largely responsible for the movement's efficiency and effectiveness at ICPD.[191] Over the next year, the Caucus grew to include more than 300 members, many representing women's organizations (McIntosh & Finkle 1995). At the next and final PrepCom, the Caucus was highly organized. It had multiple task forces able to stay abreast of changes made to the ICPD draft document and to respond quickly with new amendment suggestions (WEDO 1994).[192]

For both of these PrepComs and the multiple meetings in between, funding for travel expenses, hosting meetings, and facilitating information flow was essential. Dunlop recalls that IWHC alone spent $1 million in preparation for ICPD. Importantly, IWHC's established relationship with the foundations allowed it to count on having this funding available from the beginning (Dunlop 2004). Thus, a longstanding relationship between funders and movement organizations can help elevate particular movement actors and enable them to be effective in leading the movement.

During the year between PrepCom II and PrepCom III, the final one, the Reproductive Health movement leaders aggressively pursued their goal of influencing the ICPD debate. They made a concerted effort to reach parties that might wield influence or enhance the movement's ability to wield influence: "Feminists gave lectures, appeared on panels, lobbied the ICPD Secretariat, gave briefings to State Department officials and members of Congress…and secured a significant number of places on the US delegation" (McIntosh & Finkle 1995, 239). According to Germain (2003), that last achievement—securing positions on the U.S. delegation—was key to the success at Cairo. The funders' role in obtaining such critical access is discussed later in the chapter.

Reproductive Health and Justice International Women's Health Conference for Cairo 1994, Rio de Janeiro, January 1994

As noted above, Networks/Conference grants to large movement organizations to enable the participation of smaller ones positioned the large organizations to be gatekeepers. However, these grants also helped diversify the movement, which was strategically important. Representation of both diverse interests and countries was essential to the movement's strength: Success at ICPD depended upon obtaining support from as many government delegations as possible. Foundation grantees worked to expand and adapt the movement accordingly.

A large portion of Ford's ICPD grants budget went to IWHC and to Brazilian NGO, CEPIA. About 40% of Ford's 1992-1994 ICPD grants budget went to seven grants for these organizations, for a total of $2.2 million.[193] They in turn funded smaller organizations in developing countries to attend preparatory meetings and ICPD itself.

Most importantly, in between the two PrepComs IWHC and CEPIA held a conference Rio de Janeiro at which the movement defined its platform for ICPD. As discussed earlier in the chapter, this platform was articulated in the Rio Statement (1994). The conference was attended by 215 women representing a range of organizations in the "health, human rights, development, environment, and population" fields from seventy-nine countries (ibid., 4). Ford gave $250,000

and MacArthur $120,000 specifically to support this conference (#5612; #4888). Over the course of five days, the participants debated fiercely and ultimately achieved hard-won agreement on the shared concerns and objectives described earlier.[194]

Because the Rio Statement represented the interests and priorities of movement organizations from a wide range of countries and perspectives, activists from many countries were motivated to promote it. As a result, they worked to influence their governments' platforms at ICPD. Reflecting on the Rio Statement, Joan Dunlop of IWHC observes that "the similarity with [the ICPD Programme of Action] is really quite extraordinary" (2004, 115). This alignment, explored next, indicates the extent of the Reproductive Health movement's influence on the UN. Foundation support enabled the Rio conference to occur. Equally important, their support enabled it to be attended by diverse participants who created a platform that helped mobilize and unify the movement.

United Nations International Conference on Population and Development (ICPD)

All I remember is the final day of the meeting when the document was finally approved. And coming out into that soft twilight of Egypt and looking at the sky and thinking, It will never get this good again…The stars, the moon came together at one moment in time—and also, no matter what happens in the future, no one can take that away from you. (Dunlop 2004, 133)

In September 1994, following two years of planning, organizing, and preparing, and after more than a week of deliberating, ICPD concluded: 179 government delegations signed a Programme of Action that represented "an unprecedented consensus" on a new population and development paradigm (Germain and Kyte 1995, 1). The document was to guide policies for the next twenty years. The Reproductive Health movement had persuaded government delegations that the most effective way to achieve population and development goals was through measures that advanced women's rights and status (Higer 1999; Germain & Kyte 1995).

Demand usurped supply as the leading approach to population concerns, and the needs of individual women and men were paramount. Indicative of the changes the Reproductive Health movement had wrought, "nearly every delegation head mentioned the role of women, women's empowerment, women's education, and women's rights as central to the purpose at hand" (Higer 1999, 137). A comparison between the Reproductive Health movement's platform as presented in the Rio Statement and the ICPD Programme of Action shows the extent of the movement's influence.

The ICPD Programme of Action addresses nearly all of the Reproductive Health movement's positions from the Rio Statement. As Friedman observes, the two documents are fundamentally in alignment. For example, the fourth principle out of fifteen that are defined at the beginning of the Programme of Action states that

> 'Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes.' (A/CONF.l71/13 quoted by Friedman 2003, 323)

Additionally, the second thematic chapter of the Programme of Action is "Gender Equality, Equity and Empowerment of Women," which is positioned only behind "Interrelationships between Population, Sustained Economic Growth and Sustainable Development" (United Nations 1995; Friedman 2003).[195]

The Reproductive Health movement's reach is further evident in new rights asserted in the Programme of Action. For example, it proclaims individuals' "right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law" (United Nations 1995, para. 7.2).[196] This echoes the Rio Statement.

Additional assertions concerning reproductive rights also reflect the Reproductive Health movement's efforts: The Programme of Action states that these rights "include the right to attain the highest standard of sexual and reproductive health. It also includes [the] right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (United Nations 1995, para. 7.3). Coercion was addressed in the document produced at the 1984 UN International Conference on Population in Mexico City, discussed in the previous chapter. However, ICPD's references to discrimination and violence were new. The Reproductive Health movement had advocated for these provisions due to the barriers that, for example, marital status and age often posed for access to services, and due to the effect of partner and family violence on women's sexual and reproductive health (Germain & Kyte 1994; Rio Statement 1994).

The Programme of Action further follows the Reproductive Health platform in recommending laws against, for example, employment discrimination, gender-based wages, and sexual harassment. It also calls for laws against violence against women and girls, sex trafficking, harmful traditional practices (e.g., female genital mutilation), and early marriage (e.g., United Nations 1995, para. 4.4, 4.9, 7.6). Moreover, to eliminate existing gender discrimination in laws and policies, the Programme of Action recommends revising everything from property rights and inheritance laws to excising gender stereotypes from school curricula (e.g., United Nations 1995, para. 4.19, 4.10, 7.8).

Further aligning with the Reproductive Health platform, to expand opportunity for girls and women, the document advocates policies promoting girls' education. It also recommends numerous policies to increase women's ability to exercise their rights to education, livelihood, political participation, and control over their fertility (e.g., United Nations 1995, para 4.1, 4.11, 4.25). Additionally, the document calls for efforts to improve adolescent reproductive health, and to encourage men to take responsibility for domestic life and for their sexual and reproductive health. The Reproductive Health movement's influence on ICPD is thus evident throughout the Programme of Action.

In another major achievement for the movement, the Programme of Action designates unsafe abortion a public health issue. No previous international governmental meeting had addressed, and so extensively, "the reality and pervasiveness of abortion throughout the world—whatever its legal status" (Cohen & Richards 1994, 272). For those who supported it and those who opposed it, the Reproductive Health movement's mark on the fields of international population and development was extraordinary.

Critics of the Programme of Action

At ICPD, the Reproductive Health movement upended a longstanding population and development paradigm; naturally, its achievement was not without critics. Family Planning advocates warned that decreased concern for population growth would lead to decreased funding for family planning, depriving women in developing countries of much-needed services (Potts 1996; Caldwell 1996). Many objected to the document's absence of priorities or measureable goals, which would impede effective policy-making (McIntosh & Finkle 1995). Moreover, it marginalized "the issue of rapid population growth, which many poor countries still consider[ed] the first priority" (ibid., 250). As will be addressed in Chapters 8 and 9, the Family Planning community continued to critique the ICPD Programme of Action and its consequences in the years that followed.

Additionally, some feminists from developing countries castigated Reproductive Health movement leaders, especially those on government delegations, for having opted not to fight for crucial changes to development policies that affected their lives.[197] The movement also failed to secure recognition of the rights of sexual minorities. The addition of sexual health, including the acknowledgment that it was important even without any reproductive purpose, was an important advance, but it was clearly presented in the context of heterosexual relations (Miller, Rosga, and Satterthwaite 1995).[198] Nevertheless, the Reproductive Health movement achieved many other components of its platform. A primary reason it was able to do so is discussed next.

Reproductive Health Movement NGOs at ICPD

The ability of the Reproductive Health movement to influence government delegations at ICPD was largely the result of foundations' grants and other activities. ICPD and the NGO Forum that ran parallel to it involved more than "4,000 individuals from 1,700 organizations" (Hempel

1996, 77), including numerous Reproductive Health movement organizations. Funding and other support from foundations enabled many of them of them to participate.

NGO Participation in ICPD

Many government delegations to ICPD included movement representatives. These individuals worked closely with colleagues outside of the delegations who "acted as resource persons providing technical advice and research data" (Hempel 1996, 77). WEDO's Women's Caucus was particularly organized and strategic.[199] Ford's 1994 annual report noted that its grants "helped organize daily caucuses during UN deliberations and draft alternative language that was incorporated in the Cairo [ICPD] Program of Action" (101).[200] Without foundation support, the Caucus's ranks would have been much smaller.

Nafis Sadik, UNFPA director and Secretary-General of the conference, acknowledged that movement organizations "were a very powerful and important voice" at the conference (Sadik 2003, 7). For example, regarding the Programme of Action's reference to unsafe abortion as a public health matter, Sadik recalls: "many governments asked me, How did you get us to agree to these recommendations? And I said, 'The key was the NGOs. They were on the delegation. They got you to agree" (ibid., 73). As will be explained momentarily, critical early support by funders and the ICPD Secretariat enabled this achievement.

Some observers criticized the dominant role of NGOs at the conference, finding it undemocratic to give so much power to civil society groups that did not represent the majority (McIntosh & Finkle 1995). Sinding of Rockefeller maintains that the Reproductive Health movement prevailed at ICPD because the NGOs were allowed to participate to the point that governments were negotiating with the organizations rather than with each other. He considers this a consequence of the UN's having "fundamentally lost control of the political process by the time of Cairo" (Sinding 2004, 53).

As Keck and Sikkink (1998) observe, however, many women in the Global South did not have access to their governments *except* through NGO participation in international conferences. Recognizing this, MacArthur was explicit that its "grants [were] designed to ensure that women and others in Third World countries, who often are underrepresented at the highest levels of international policy-making, [were] able to help shape the direction of the field" (MacArthur AR 1992, 123). As discussed next, the foundations' efforts in this respect were not limited to providing grants.

NGO Access to the UN: The Foundations' Role

All three foundations made it possible for Reproductive Health movement organizations to influence the UN process. The funders' role in the movement's successful ICPD campaign went beyond their grants for it; equally critical was their role in providing the movement with access

to the UN. The foundations strategically applied their unique resources toward multiple field-building mechanisms for this purpose. In the process, they enrolled key new actors in the field, including the ICPD Secretary-General and government delegations.

MacArthur's Meeting: Foundations Intervene in UN Plans

Supported by substantial foundation funding, the Reproductive Health movement's internal organizing and its engagement with the UN preparatory process were key to its success at ICPD. The latter was possible only because the Secretary-General of ICPD, Nafis Sadik, encouraged it. She did so as a direct result of foundations' efforts, especially on the part of MacArthur, Ford, and Rockefeller. The funders employed field-building mechanisms of coordination, brokerage, advocacy, certification, and the provision of grants—including conditional funding—to enable the Reproductive Health movement to participate in the UN process. The funders brought their material, human, and symbolic resources to bear in this overtly political effort.

In the early planning stages for ICPD, Sadik intended to keep NGOs separate from the official proceedings (Sadik 2003). An NGO Forum related to the conference would occur, as was customary, but it would be held elsewhere and at another time (Sinding 2004; Burden 2010). Reproductive Health and Family Planning advocates objected to this design as it would diminish the potential influence of the NGOs representing their interests. In response, Carmen Barroso, MacArthur's population program director, convened a meeting of the major reproductive health and population funders, women's organizations, and UNFPA. Dunlop notes that the funders "acted in concert" because "they had to persuade Nafis Sadik" (Dunlop 2004, 113). Here the foundations coordinated with each other in positioning themselves as brokers and advocates.

Normally Sadik might have sent someone else to the meeting on her behalf, but her longtime colleague and friend, Steve Sinding of Rockefeller, asked her to attend and she agreed (Sinding 2004).[201] This highlights how program staff's networks contribute to foundations' valuable human resources. At the meeting, Reproductive Health advocates presented their case to Sadik and argued that if they were excluded from the conference, governments would not address their concerns.

Foundations did not merely convene this meeting; they also explicitly advocated on behalf of the movement organizations. In doing so, program directors from Ford, MacArthur, and Rockefeller, among other foundation representatives (Barroso 2009), certified the organizations and their arguments. The foundations told Sadik that "it would be a terrible mistake to isolate the governments from the NGOs because if we wanted to move the field forward, the NGOs were the energy" (ibid.). They insisted that the movement organizations' policy proposals should be heard at ICPD because "they were offering an alternative, a new paradigm that was important to put on the table" (ibid.).

Even though Sinding did not support the Reproductive Health movement, he agreed that NGOs should have a voice at the conference (Sinding 2009). In addition to Reproductive Health organizations, Family Planning organizations needed access to the conference—especially given

diminished global concern for population growth. Sinding's efforts, however, disproportionately aided the better-organized Reproductive Health movement.

The foundations' strategy worked: The meeting participants succeeded in persuading Sadik to hold the NGO Forum alongside the conference (Sadik 2003; Barroso 2009) and "to think about the ICPD in a very different way from the way conferences before that had been managed" (Sinding 2004, 56). Sadik did, however, require further assistance from the foundations: She would support staging a parallel NGO Forum provided that they fund a staff person for her planning committee to manage the additional work (Sadik 2003). They agreed, exchanging their funds for movement organizations' access to the UN.

Nafis Sadik: New Movement Actor within the UN

This meeting was pivotal for the Reproductive Health movement (Barroso 2009; Sinding 2009, 2004; Sadik 2003). It opened the door for NGOs' access to the PrepComs, the ICPD Secretariat, and the conference itself. Moreover, despite her initial ambivalence, Sadik quickly became an active supporter of NGO participation and of the Reproductive Health movement specifically.

Sadik went far beyond merely facilitating an NGO Forum parallel to ICPD: She decided to stage an NGO Forum at each PrepCom (Sadik 2003). She also urged governments to include NGO representatives on their delegations (Sinding 2004), helped NGOs fundraise and, remarkably, invited their input on draft documents (Sadik 2003). This level of NGO access to and support from the conference Secretariat was unprecedented. Because of the Reproductive Health movement's extensive mobilization and organization, it dominated the NGO presence throughout the ICPD process.

Further helping the movement, Sadik insisted that participating NGOs be from a diverse array of countries (Sadik 2003). She also "encouraged all nations to form delegations that were gender-balanced and included NGO representatives" (MacArthur AR 1994, 134-5). To facilitate this, she and the funders developed a strategy that helped movement organizations seek inclusion on government delegations: Funding was offered to NGOs to attend PrepComs and ICPD *if* the NGO representatives were on government delegations (Sadik 2003).

This conditional funding gave movement organizations an incentive to prioritize pursuing positions on delegations, which were essential to the movement's ability to influence ICPD's outcome. The funding also certified the organizations, encouraging governments to recognize them as legitimate participants. Moreover, governments were often amenable to including NGO representatives on their delegations when they came with their own funding (Sadik 2003). Ultimately, some delegations were dominated by NGO representatives, many of whom were women.[202] Funders thus used conditional funding to shape the movement's strategy and to increase the movement's ability to influence governments.

Conclusion

The foundations' field-building work concerning ICPD involved both grants and non-grantmaking activities, all of which expanded and strengthened the Reproductive Health movement field and enabled movement actors to prepare for and participate in ICPD. The funders influenced the movement's composition and trajectory, and they affected the outcome of the ICPD campaign. Field-building grants included funding for general support, Networks/Conference, Communications, and Policy, and they sometimes took the form of conditional funding. Non-grantmaking field-building work included coordination, brokerage, advocacy, and certification.

Through these mechanisms, the foundations—especially Ford and MacArthur—helped enroll new actors in the field's project. They also strengthened existing actors and helped them develop and diffuse the Reproductive Health movement's frame. Additionally, the timing and type of support was important. In particular, early unrestricted funding enabled IWHC to assume a leadership role in the movement. And other prior field-building work had helped create the infrastructure that enabled the movement to mobilize after UNCED, when it became strategically important to do so.

Rockefeller's ICPD grants show how the foundation resisted the Reproductive Health movement's increasing momentum by supporting organizations that promoted the Family Planning frame. However, Rockefeller also inadvertently helped legitimate some of the Reproductive Health movement's claims. Additionally, Rockefeller was instrumental in securing NGOs' access to the UN; this disproportionately aided the Reproductive Health movement.

Without access to the government delegations, the movement would not have been able to exert the targeted and sustained influence needed to shape the Programme of Action through the preparatory process and conference deliberations. The funders' ability to draw Sadik to a meeting with movement representatives, and the funders' advocacy on behalf of movement organizations, led to Sadik's decision to allow NGOs at ICPD.

Sadik's subsequent efforts to encourage the inclusion of Reproductive Health movement organizations on government delegations, and the funders' continued support, created the conditions for the movement to influence the UN process. As Sadik concludes, "that's how…one hundred governments in Cairo had NGOs as members of their delegation and they were the most powerful force, because they wouldn't let the governments get away with" dismissing the needs and challenges of women in their countries (Sadik 2003, 70).

The foundations and the movement organizations pursued their goals strategically and vigorously. Though foundations were not the most important actors in the ICPD campaign, their unique material, human, and symbolic resources, applied at critical points, were decisive factors in the movement's extraordinary success. The next chapter presents an additional dimension of the foundations' role in this success.

Chapter 7

REPRODUCTIVE HEALTH FIELD-BUILDING BEYOND THE ICPD CAMPAIGN
1992-1994

The Reproductive Health movement's achievement at the 1994 UN International Conference on Population and Development (ICPD) occurred in the context of a diverse Reproductive Health field that included—and depended upon—the work of non-movement actors. Focusing on the 1992-1994 ICPD campaign period, this chapter explores Ford's, MacArthur's, and Rockefeller's contributions to the movement field other than their direct support for the ICPD campaign. Over 90% of their population grants did *not* explicitly target ICPD (Table 1). As the previous chapter discussed, the foundations had a direct influence on the ICPD campaign through their grants and other, non-grantmaking activities. However, they additionally funded a broad range of initiatives outside of the campaign that helped build the Reproductive Health movement field and likely helped enable the movement's success at ICPD.

Table 1

Total Population Program Grants and Non-ICPD Grants, 1992-1994

	Total Pop Grants		Total Non-ICPD Grants		Non-ICPD % of Total Pop	
	# Grants	$ *(millions)*	# Grants	$ *(millions)*	#	$
Ford	428	58.5	396	53	93%	91%
MacArthur	250	35	229	33.5	92%	96%
Rockefeller	369	30.2	339	28.4	92%	94%

Source: Data on 1,047 grants from the 1992-1994 annual reports of the Ford, MacArthur, and Rockefeller foundations, coded by the author.

As Chapter 4 demonstrated through tracing the population field's development in the 1950s and 1960s, numerous factors facilitate building a movement field; moreover, foundation support can be critical for many of the factors. Among these are program evaluations and scholarly research that legitimate the movement's area of concern and provide data supporting specific movement claims. Foundations also support the development of organizational infrastructure and leadership capacity. Experience implementing the movement's approach further contributes to the field-building process, as do relationships across sectoral, disciplinary, and geographic boundaries; foundation funding supports both.

As Chapter 4 further showed, such factors facilitate field-building by helping develop, certify, and diffuse the field's frame. In doing so, they help unify, strengthen, and expand the field. Thus, the foundations' grants for these purposes are effective field-building mechanisms. This is the case even when the grants do not support a particular movement campaign or project, and even when the recipients are not movement organizations. The grants nonetheless result in the

expansion or strengthening of the movement field, and thus they affect the context of a given movement campaign.

This chapter shows that during the 1992-1994 period, Ford, MacArthur, and Rockefeller employed this comprehensive field-building approach, as Ford and Rockefeller had in the 1950s and 1960s. The chapter demonstrates how the three foundations helped build the broader Reproductive Health field, contributing to the context of the ICPD campaign. As in the earlier era, many of the foundations' influential grants supported non-movement organizations. And, as in the previous chapter, although Rockefeller mostly resisted the Reproductive Health movement, it also helped advance it.

The chapter first discusses the relationship between the foundations' general Reproductive Health field-building and the ICPD campaign. Then it presents the Activity and Issue categories that Ford, MacArthur, and Rockefeller prioritized in their non-ICPD grants. This is followed by a discussion of how these grants contributed to building the Reproductive Health field in ways that likely facilitated the movement's ICPD campaign.

Reproductive Health Field-Building and the ICPD Campaign

It is beyond the scope of this project to determine decisively whether or to what extent the foundations' broader field support affected the outcome of the Reproductive Health movement's ICPD campaign. However, there are two reasons to think that the campaign likely benefitted from the foundations' non-ICPD grants. First, many of these grants aligned with the movement's stated strategy. One of the primary aims of the movement during its campaign was to achieve legitimacy with government officials. One of the movement's strategies for doing so was to provide scholarly research that validated its claims (Germain 2012c). As this chapter will show, many of the foundations' non-ICPD grants funded relevant research.

The foundations also supported evaluations of reproductive health programs. Such studies helped to demonstrate the need for and effectiveness of the Reproductive Health approach. Another tactic for building support for the movement was to increase the general public's awareness of Reproductive Health issues. Funding from foundations for a variety of reproductive health programs likely contributed to achieving this. Thus, the foundations' non-ICPD grants often aligned with the movement's ICPD strategy and may have facilitated it.

Second, as noted above, the field-building grants of Ford, MacArthur, and Rockefeller during the 1992-1994 ICPD period were similar to those of Ford and Rockefeller during the 1950s and 1960s. And as Chapter 4 demonstrated, this approach profoundly affected the population field by certifying, informing, and diffusing the Family Planning frame. It influenced governments around the world to implement population policies, and it influenced the United States government to take the lead in international family planning assistance. This precedent suggests that to some degree the foundations' similarly broad approach to field-building may have also assisted the Reproductive Health movement in its ICPD campaign.

The foundations' grants unquestionably contributed to the context surrounding the ICPD campaign. As this chapter will show, many of their contributions appear to have been favorable to the movement in significant areas. Thus, although this study cannot definitively confirm whether or how the foundations' general field-building grants contributed to the Reproductive Health movement's success at ICPD, the study suggests that they likely had a positive effect on the campaign's outcome.

Grants: Activities and Issues

To explore the three foundations' relevant field-building work outside of the ICPD campaign, this section highlights the Activities and Issues they prioritized in their non-ICPD grants from 1992-1994. It presents the number of grants and the amount of funding the foundations provided for their top four Activity categories and top three Issue categories. Subsequently, the chapter discusses how these grants contributed to movement field-building.

The tables below include only data from grants during the 1992-1994 period that did *not* explicitly target ICPD. Each grant could support multiple activities and address multiple issues. Therefore, data in the tables below represent grants that included efforts in a given category but were not necessarily exclusively dedicated to that category.

Ford and MacArthur prioritized the same four categories of Activity in their non-ICPD grants from 1992-1994: Research; Capacity-Building, Technical Assistance, and Training (CBTAT); Networks/Conference; and Communications. Rockefeller also emphasized three of those categories; however, Communications did not reach Rockefeller's top four. Instead the foundation prioritized grants for Policy. Ford and Rockefeller gave Research the largest portion of their non-ICPD funds; MacArthur gave it the second-largest portion. A remarkable 88% of Rockefeller's non-ICPD grant dollars (Table 4) supported efforts that included research. Over half of Ford's (Table 2) and MacArthur's (Table 3) did. Discussed below, although the foundations prioritized three of the same Activity grant mechanisms, Ford and MacArthur used them to support different Issue categories than Rockefeller did.

Table 2

Ford: Top Four Activity Categories among Non-ICPD Grants, 1992-1994

	Not including ICPD		% of All Non-ICPD Grants*	
	#	$ *(millions)*	#	$
Research	217	28.6	55%	54%
CBTAT	99	15.6	25%	29%
Communications	154	15.1	39%	28%
Networks/Conference	104	8.5	45%	16%

* During the 1992-1994 period, Ford gave 396 non-ICPD grants totaling $53 million.

Table 3

MacArthur: Top Four Activity Categories among Non-ICPD Grants, 1992-1994

	Not including ICPD		% of All Non-ICPD Grants*	
	#	$ (millions)	#	$
Communications	105	18.2	46%	54%
Research	113	17.6	49%	53%
CBTAT	76	13.8	33%	41%
Networks/Conference	63	10.4	28%	31%

* During the 1992-1994 period, MacArthur gave 229 non-ICPD grants totaling $33.5 million.

Table 4

Rockefeller: Top Four Activity Categories among Non-ICPD Grants, 1992-1994

	Not including ICPD		% of All Non-ICPD Grants*	
	#	$ (millions)	#	$
Research	298	24.9	88%	88%
Networks/Conference	118	9.6	35%	34%
Policy	95	9	28%	32%
CBTAT	97	8.2	29%	29%

* During the 1992-1994 period, Rockefeller gave 339 non-ICPD grants totaling $28.4 million.

Rockefeller's grants in all four Activity categories prioritized work in three Issues areas: Contraceptive Technology, Family Planning Access/Use, and Demography/Population (Table 7). In contrast, among the priorities at Ford and MacArthur were Sexual and Reproductive Health and Rights (SRHR); Health (primary and women's); HIV/AIDS; and Leadership (Tables 5 and 6). Ford and MacArthur both prioritized SRHR and Health; they did not share any of Rockefeller's Issue priorities. The Issues that the foundations emphasized in their grantmaking reflect the parts of the field they were trying to build.

Table 5

Ford: Top Three Issue Categories among Non-ICPD Grants, 1992-1994

	Not including ICPD		% of All Non-ICPD Grants*	
	#	$ *(millions)*	#	$
SRHR	175	23.9	44%	45%
HIV/AIDS	80	12.4	20%	23%
Health	82	7.9	21%	15%

* During the 1992-1994 period, Ford gave 396 non-ICPD grants totaling $53 million.

Source: Data on 1,047 grants from the 1992-1994 annual reports of the Ford, MacArthur, and Rockefeller foundations, coded by the author.

Table 6

MacArthur: Top Three Issue Categories among Non-ICPD Grants, 1992-1994

	Not including ICPD		% of All Non-ICPD Grants*	
	#	$ *(millions)*	#	$
SRHR	135	23	59%	69%
Health	77	14	34%	42%
Leadership	64	6.1	28%	18%

* During the 1992-1994 period, MacArthur gave 229 non-ICPD grants totaling $33.5 million.

Source: Data on 1,047 grants from the 1992-1994 annual reports of the Ford, MacArthur, and Rockefeller foundations, coded by the author.

Table 7

Rockefeller: Top Three Issue Categories among Non-ICPD Grants, 1992-1994

	Not including ICPD		% of All Non-ICPD Grants*	
	#	$ *(millions)*	#	$
Contraceptive Tech.**	n/a	12.7	n/a	45%
FP Access/Use	70	8.3	21%	29%
Demography/Pop.	97	7	29%	25%

* During the 1992-1994 period, Rockefeller gave 339 non-ICPD grants totaling $28.4 million.
** The number of Contraceptive Technology grants is unavailable; Rockefeller's population program gave fellowships for which annual reports provided a total dollar amount but not the number awarded.

Source: Data on 1,047 grants from the 1992-1994 annual reports of the Ford, MacArthur, and Rockefeller foundations, coded by the author.

In addition to the Activity and Issue categories discussed here, the foundations gave substantial support to many other areas of work. However, the top categories indicate the foundations' primary concerns in building the Reproductive Health field, or in Rockefeller's case promoting the Family Planning frame while adopting some components of the Reproductive Health frame. The grants described below illustrate how the foundations contributed to creating a favorable context for the Reproductive Health movement's ICPD campaign even when the grants did not directly target the campaign or necessarily support movement organizations.

Ford and MacArthur: Field-building Grants

Ford's and MacArthur's non-ICPD grants were particularly supportive of the Reproductive Health frame and closely aligned with the movement's ICPD campaign strategy. They both prioritized grants for Sexual and Reproductive Health and Rights (SRHR), committing a similar amount toward it: Ford gave $23.9 million and MacArthur gave $23 million, though this constituted a greater proportion of MacArthur's budget—69% to Ford's 45% (Tables 5 and 6). Ford and MacArthur also both emphasized Health, though MacArthur more so, and they both especially focused on women's health.

The emphasis of Ford's grants addressing HIV/AIDS often overlapped with or indirectly supported SRHR and Health. Many of its grants in this area advanced the Reproductive Health frame by researching or responding to the specific needs of women. Ford's population program made HIV/AIDS its second-highest Issue priority; neither of the other two foundations' population programs prioritized it.[203] The single Issue among MacArthur's top three that it alone prioritized was Leadership. MacArthur awarded nearly all of its grants in this category to individuals or organizations in developing countries who were contributing to the Reproductive Health movement field.[204]

Research

Adrienne Germain (2012c), co-founder of the International Women's Health Coalition (IWHC), one of the lead Reproductive Health movement organizations, reports that research was one of the movement's top priorities. Movement organizers knew they needed a strong evidence base to persuade—or merely to achieve legitimacy with—policymakers not inclined toward their position (ibid.). Research grants from Ford and MacArthur may have helped serve this purpose.[205] Moreover, as earlier chapters demonstrated, in addition to helping generate knowledge, research grants legitimate particular areas of interest and help diffuse a field's frame.

Through the research they supported, numerous Ford grants to non-movement recipients in 1992 certified Reproductive Health priorities and helped diffuse the movement's frame. For example, a grant of over $660,000 to a research center in Bangladesh supported "community-based research on reproductive health and women's empowerment" (#5372). A grant of $135,000 funded scholars in Mexico for an "inter-institutional program of research, networking and

dissemination on poverty, women's economic participation, and reproductive health" (#8027). These research areas reflected and advanced the Reproductive Health movement frame.

Research concerning gender likewise certified and diffused the frame. For example, Ford supported "interdisciplinary research on gender relations and reproductive health problems among poor women in Rio de Janeiro" (#5426 Brazil). In the area of Health, its grants included funding for "research on the impact of gender roles on women's and child[ren's] health in poor urban areas of central Mexico" (#5577 Mexico, 1993).

Like Ford, MacArthur also used research grants to advance the Reproductive Health frame. A 1992 grant of $900,000 over three years, awarded to Harvard University's Center for Population and Development Studies, provides an example: "With Foundation support, the center will expand its fellowship program, *placing special emphasis on the relationship of population issues to women's health and rights*, sustainable resource development, poverty, and economic development" (#2275, emphasis added). As Chapter 4 showed, foundation-supported fellowships can be a powerful field-building mechanism as they enroll new members in the field, orient the field toward a particular frame, and contribute to the field's knowledge base.

In addition, MacArthur often supported research to identify the needs of underserved populations and to determine how to meet them. One such health-related grant supported research "on barriers to the implementation of Brazil's integrated women's health program" (#2301, 1993). Another sought to identify health issues among black and multiracial women (#2380, 1994). The foundation intended such grants to inform both policymaking and the work of NGOs, both of which contribute to field-building. Thus, many of the Research grants Ford and MacArthur provided aligned with the movement's ICPD strategy of using research to obtain legitimacy.

Communications

As Ford and Rockefeller demonstrated in earlier decades, Communications grants are also important field-building mechanisms. During the 1992-1994 period, Communications grants to non-movement actors helped enroll new actors in the field and diffused frames within the field and beyond. Extending a frame beyond the field's borders (e.g., to the public or other movements) helps normalize it, which facilitates the movement's work and may also enroll new actors.

Both Ford and MacArthur provided non-ICPD Communications grants targeting the public and policymakers concerning Reproductive Health issues. Given to both movement and non-movement organizations, these grants contributed to field-building. Influencing the media was one approach. For example, MacArthur funded projects in Mexico to "develop a network of journalists reporting on women's health issues" (#2257, 1992), while Ford supported a "seminar on women and AIDS for journalists in Anglophone Africa" (#5355 USA, 1992). Ford and MacArthur also funded programs targeting specific segments of the public with information on health, sexuality, and gender. For example, MacArthur funded a Brazilian grantee to "produce 12 television programs on critical issues in women's health" (#2212, 1992).

Communications work could also be a component of Reproductive Health services. For example, Ford funded a Kenyan NGO for "public awareness seminars, training workshops on rape, and direct services to rape victims" (#5482, 1993). Another Ford grant to a Kenyan NGO supported an "education and counselling program for adolescents on gender relations and sexuality" (#8029, 1993). MacArthur funded "a women's health information and communication program designed for indigenous communities" in Mexico (#2219, 1992). By implementing Reproductive Health principles, such services helped build the movement field. In part, they did so simply by indicating a need or desire for the services. They also helped the movement establish a track record and develop best practices. Such effects aligned with the movement's ICPD strategy and may have assisted the campaign.

Other Communications grants often supported policy work to advance the Reproductive Health agenda, even if not targeting ICPD. Shaping the public's view of issues was one approach to influencing policy; another was to reach policymakers directly. Supporting both approaches, Ford gave $425,000 for "grassroots outreach and policy advocacy to eradicate customary practices and beliefs harmful to the health and status of women and children in Nigeria" (#5491 Switzerland, 1993). To address complications following unsafe abortions, MacArthur funded an effort "to secure policy support for improved health care services" in Nigeria (#2224 USA, 1992). Whether aiming to shape the public's behavior and opinions or to influence policymakers, Communications grants helped diffuse the Reproductive Health frame and contributed to the context of the ICPD campaign.

Capacity-Building, Technical Assistance, and Training (CBTAT)

Essentially all grants for Capacity-Building, Technical Assistance, and Training (CBTAT) contribute to field-building as they support the development of the field's infrastructure. Grantees received support to improve programs, create new institutions, or expand the scope of existing ones. Grants for strategic planning and fundraising also fell into this category. Grantees additionally received CBTAT funds to provide technical assistance and training to other organizations and individuals. Through grants in this category, the foundations certified and promoted the Reproductive Health frame.

Grants for improving program implementation helped strengthen the field. For example, in 1992 Ford gave over $200,000 to the International Center for Research on Women "for improving the effectiveness of AIDS prevention programs for women in Jamaica, Mexico, and Zimbabwe" (#5330). Such grants helped the movement demonstrate what the Reproductive Health approach was, how to implement it, and what its benefits were. They also helped the field develop its understanding of target populations' needs, the training required for program staff and administrators, and the policy support and funding the programs needed.

Most of MacArthur's CBTAT grants went to recipients in developing countries that were implementing the Reproductive Health approach. For example, it supported establishing women's health programs and training teachers in "non[-]sexist" sex education (#2260 Brazil,

1992). It also funded the "training of medical students and government health personnel" in Nigeria about how to treat complications from unsafe abortions (#2224 USA, 1992). Ford's approach in Nigeria also included CBTAT:

> In Nigeria, Foundation grants are directed to three goals: building the capacity of women's organizations and other nongovernmental organizations (NGOs) to devise community-based activities to improve conditions for women; supporting education on reproductive health and rights; and creating women-centered models of reproductive health care as an integral part of the primary health-care system. (Ford AR 1991, 152)

Grants in this category thus served as Reproductive Health movement field-building mechanisms: They strengthened the field's actors, enrolled new actors in the field, and informed and diffused the field's frame. Moreover, they did so in ways that aligned with and may have facilitated the movement's ICPD campaign strategy.

Leadership

MacArthur was the only one of the three foundations to prioritize funding for leadership development. These grants—to organizations and individuals—supported the movement even if not the ICPD campaign specifically. MacArthur funded training to develop new leaders and it supported the advancement of mid-career professionals in a variety of fields (MacArthur AR 1990, 1993).[206] MacArthur's grants in this category, for example, supported individuals in Brazil "to organize, inform, and train women leaders to help others in their fight for safe and free reproductive health services," (#2425, 1994). They also funded efforts in Brazil "to train a new generation of young leaders from the black community to promote preventive health practices" (#2426, 1994). Other grants supported leaders to research and develop new program concepts and strategies (MacArthur AR 1995).

Support for expanding the leadership capacities of individuals and organizations was a strategic contribution to the Reproductive Health movement. Further, such support may have facilitated the ICPD campaign by helping raise awareness of the issues the campaign sought to address.

Networks/Conference

Funding for Networks/Conference helped build the Reproductive Health movement field by facilitating the exchange of ideas and experiences and by enabling relationships to develop across sectoral and geographic boundaries. All of this helped inform and diffuse the field's frame. In particular, funding for conferences certified some actors and frames while marginalizing others. A Reproductive Health conference, for instance, could exclude attention to the Family Planning movement's priorities while also choosing which of the Reproductive Health movement's priorities to spotlight. Encouraging attention to some Reproductive Health concerns, for example, Ford supported a major international women's health conference and

provided travel funds "for Tanzanian researchers to attend a conference on adolescent health" in Kenya (#5346 Kenya, 1992).

MacArthur consistently funded academic conferences and collaborations across disciplines and regions, as well as supported NGO networks, meetings, and collaborations. Grants could include both movement and non-movement actors. MacArthur supported encounters, for instance, between policymakers and academics, and between academics and activists. An example of the latter was a 1994 grant to the Center for Population and Family Health at Columbia University, in the amount of $450,000 over three years:

> In support of three projects: Law, Policy and Ethics; Reproductive Rights; and Global Action Against Female Genital Mutilation.…The program is an association of scholars and activists who deal with the legal, policy, and ethical issues of women's reproductive health and rights. The grant will promote greater understanding of the presence of these issues in population and reproductive health policy through networking, publications, and conferences. (#2372)

Connections and exchanges between scholars and activists had long been a feature of international women's movements, including the Reproductive Health movement. These relationships contributed to legitimating and diffusing the Reproductive Health frame. Moreover, it is likely that some participants in these non-ICPD initiatives were also involved in the ICPD campaign. The knowledge, relationships, and skills they developed in each arena likely affected their work in the other.

Summary: Ford's and MacArthur's Non-ICPD Grants

The non-ICPD grants Ford and MacArthur provided for Research, Communications, CBTAT, and Networks/Conference advanced the Reproductive Health frame. In doing so, they helped build the Reproductive Health movement field, thus shaping the context surrounding the ICPD campaign. Ford's and MacArthur's grants in these areas aligned with the Reproductive Health movement's ICPD strategy. This alignment coupled with Ford's and MacArthur's active involvement in the ICPD campaign suggest that these grants likely provided at least indirect support to the campaign, facilitating its success.

Rockefeller, Family Planning, and Reproductive Health Field-Building

Rockefeller differed significantly from Ford and MacArthur: It resisted the Reproductive Health movement. Rockefeller was the only funder of the three to prioritize grants for Contraceptive Technology, Family Planning Access/Use, and Demography/Population, reflecting its commitment to the Family Planning approach. Particularly in light of Rockefeller's emphasis on Policy activities, these Issue priorities evidence the foundation's effort to maintain the field's

focus on population growth and contraceptive supply. In fact, across all Activity categories most of Rockefeller's 1992-1994 grants promoted the Family Planning frame.

Communications grants, for instance, were often oriented toward mobilizing resources for family planning and closely related reproductive health care. In particular, the program funded efforts to educate policymakers, especially in donor countries, about the need for increased international population assistance. One such grant supported "activities designed to provide information to Swedish policymakers on population issues" (#3965, 1994 Sweden). Communications grants in this area also funded efforts to generate concern among the public regarding population issues. In its 1992 annual report, Rockefeller explained its rationale for this policy focus:

> Today, approximately $4.5 billion is spent on population activities in the developing world—donor agencies contribute slightly under $1 billion and the rest is provided by developing-country governments, nongovernmental organizations, and individual users of services. The annual cost of providing services at a level sufficient to satisfy the unmet demand for contraception and related reproductive health care by the year 2000 is estimated to be about double current expenditures, or some $9-10 billion a year. (Rockefeller AR 1992, 23, 25)

Rockefeller therefore prioritized grants for efforts to advance the Family Planning frame among actors who could influence donor countries' budget allocations for international family planning assistance. In promoting the Family Planning frame, Rockefeller acted to resist the Reproductive Health frame. In doing so, it contributed to the challenges facing the Reproductive Health movement's ICPD campaign.

Resistance and Assistance

Despite Rockefeller's clear support for the Family Planning frame, it also funded initiatives that inadvertently helped build the Reproductive Health field. These grants, discussed below, demonstrate how even a foundation that opposes a movement may contribute to creating a favorable context for it. This contradiction raises questions about what effect Rockefeller may have had on the movement when many of its grants resisted it and only some of them supported it. Although this study cannot resolve such questions, it suggests that during the 1992-1994 period, Rockefeller's non-ICPD grants may have benefitted the movement's ICPD campaign more than they impeded it.

Because Rockefeller devoted most of its funds to resisting the Reproductive Health frame, the foundation unquestionably contributed to the challenges the movement faced. However, it did not contribute *new* challenges. Rockefeller merely promoted the Family Planning frame that the increasingly robust Reproductive Health movement was already mobilized against. Moreover, although the deep roots of the Family Planning frame posed a major challenge to the Reproductive Health movement, it was not necessarily the movement's greatest challenge.

Arguably presenting a greater obstacle to the movement's success at ICPD was the lack of interest many governments had in advancing women's rights and reproductive health. For the ICPD campaign, the Reproductive Health movement had to convince government delegations that addressing women's rights and health was important for development. Family Planning advocates generally did not argue against this point; for the purposes of ICPD, their conflict with Reproductive Health was more a matter of priorities.[207]

It appears, therefore, that although Rockefeller's funding to advance the Family Planning frame resisted the Reproductive Health frame, it may have done so in a way that was unlikely to weaken the Reproductive Health movement where it was most vulnerable. Moreover, discussed next, Rockefeller's non-ICPD grants that inadvertently advanced the Reproductive Health frame may have helped the movement achieve legitimacy critical to its ability to influence government delegations. In other words, Rockefeller's unintentional assistance to the movement may have been more influential than its resistance was.

<center>Rockefeller's Support for Reproductive Health</center>

As noted in the previous chapter, while working to advance Family Planning, Rockefeller's response to new research and to feminist critiques sometimes supported the Reproductive Health movement's frame. Its strategies for satisfying unmet demand for family planning and for increasing the sustained use of contraceptives included, for example, expanding access to both family planning *and* reproductive health care. It also sought to improve the quality of family planning services and the safety and efficacy of contraceptives. These grants were designed to serve Family Planning goals but they also were responsive to some of the Reproductive Health movement's demands.

Additionally, Rockefeller funded research into social factors affecting women's fertility (Rockefeller AR 1992).[208] Such factors included, for example, women's status and education. As a result, Rockefeller's grants helped advance knowledge in areas of concern to the Reproductive Health movement. Thus, although Rockefeller's population program explicitly supported the Family Planning frame, it also provided funding that helped build the Reproductive Health field, potentially facilitating the movement's ICPD campaign.

Women's Status

As Chapter 5 noted, in the 1980s Rockefeller began funding research into the relationship between women's status and fertility. This continued in the early 1990s. Indicating the field-building effects of this funding, Presser observed that Rockefeller's grants "stimulated further international demographic research on this topic by feminists and other scholars in developing countries, often in collaboration with American feminist demographers" (Presser 1997, 308).

One grant, for example, supported research on "the impact of women's autonomy on contraception and fertility behavior in Ghana" (#3750 USA, 1992).[209] Such grants highlight

Rockefeller's primary concern—fertility—and indicate its only indirect support for the Reproductive Health movement's priorities. Yet funding research into women's autonomy certified it as a legitimate area of interest and contributed data to the Reproductive Health movement field.

Some of Rockefeller's Networks/Conference grants for Demography/Population likewise helped certify and diffuse the Reproductive Health frame. For example, in 1994 Rockefeller funded "a conference entitled 'The Status of Women and Demographic Change, Assessing What We Have Learned,'...and for publication of the proceedings" (#3951 USA). Some of the foundation's Communications grants additionally addressed Reproductive Health concerns. One such grant supported "a media project on relationships between rapid population growth, status of women, and the environment" (#3726 England, 1992).

Rockefeller's interest in women's status was motivated by its potential implications for population growth. Nevertheless, its funding in this area certified one of the Reproductive Health movement's central concerns and helped augment the movement's evidence base. These were significant material and symbolic contributions to Reproductive Health movement field. As it was challenging an entrenched global paradigm, the Reproductive Health movement likely benefitted disproportionately from such contributions—particularly because they were from an esteemed Family Planning funder.

Rockefeller's grants that certified Reproductive Health claims supported the movement's effort to achieve legitimacy, particularly concerning the relevance of women's rights and health issues to national and international concerns. The Family Planning frame had always linked population to development, maintaining that reducing fertility was necessary for economic development. Therefore, grants such as those for research into the relationship between women's status and fertility by proxy supported the Reproductive Health movement's contention that women's status was relevant to development. As noted above, convincing governments of this association was necessary for the movement to secure the support of government delegations at ICPD.

Improved Services and Technologies

Discussed further in the next two chapters, several Reproductive Health and Family Planning objectives overlapped even where the movements' goals differed. During the 1992-1994 period, Rockefeller worked toward increasing the sustained use of contraceptives in high-fertility countries. In the process, it further legitimated components of the Reproductive Health frame.[210]

The Reproductive Health movement's platform for ICPD called for improved contraceptives and for new male contraceptive methods (Rio Statement 1994). In alignment with the movement, Rockefeller prioritized developing "safer, more effective contraceptives" (Rockefeller AR 1992, 25). Toward this end, the foundation continued its longstanding commitment to biotechnology research and training; it funded a variety of related Research, CBTAT, and Networks/Conference initiatives.[211] Among them was a project "establishing an international consortium on male contraception" (#4009 USA, 1994).

The Reproductive Health movement platform also called for a number of improvements to family planning services and reproductive health care (Rio Statement 1994). Family Planning advocates too sought improved services in order to increase the use of contraceptives. Rockefeller, for example, provided CBTAT grants for training family planning service providers in several countries. One such grant supported "develop[ing] capacity for training increased numbers of nurse-midwives" in Uganda (#3803 USA, 1992). Rockefeller's work thus legitimated the movement's demands both for safer contraceptives and for those contraceptives to be distributed by trained individuals.

Although the Reproductive Health movement did not share Rockefeller's goal of increasing women's sustained use of contraceptives, it did seek to address the *reasons* many women discontinued their use. As articulated by the Rio Statement (1994), the Reproductive Health movement attributed many failures of population policies and programs to a pervasive disregard for women's rights, needs, and priorities. In part, the movement argued, this disregard manifested in poor-quality services characterized by untrained providers, incomplete or inaccurate information, inadequate contraceptive choices, and lack of follow-up care.

For the Reproductive Health movement, then, Rockefeller's funding strategy addressed symptoms but not the cause of the problem. Nevertheless, Rockefeller's work in these areas legitimated important components of the Reproductive Health frame. Among these were claims that women's status affected their health, including their reproductive health, and that family planning services were typically inadequate and sometimes harmful. Therefore, through some of Rockefeller's grants, the foundation inadvertently contributed to certifying and diffusing the Reproductive Health frame in a way that may have benefitted the movement's ICPD campaign.

Conclusion

At ICPD in 1994 the Reproductive Health movement transformed the international population field's guiding paradigm. As the previous chapter demonstrated, foundation support for the campaign was pivotal to the movement's success. Ford, MacArthur, and Rockefeller effectively applied their material, human, and symbolic resources toward the ICPD campaign, even though Rockefeller did not support the movement. This chapter's exploration of the foundations' grants during the 1992-1994 ICPD period that did *not* explicitly target the ICPD campaign offers further insight into how foundations' field-building work affects a movement's trajectory and outcomes.

Over 90% of the population program grants Ford, MacArthur, and Rockefeller gave during the ICPD period went to efforts that did not target the campaign. Yet many of these grants—to movement and non-movement organizations—helped build the Reproductive Health movement field. These grants thus shaped the context of the ICPD campaign.

Numerous grants contributed to the field's knowledge base, legitimated the movement's areas of concern, and strengthened the field's organizational infrastructure. In doing so, they helped develop, certify, and diffuse the field's frame. Specifically, the three foundations funded

Activities such as Capacity-Building, Technical Assistance, and Training; Communications; Networks/Conference; Research; and Policy work.

Within these Activity categories, Ford and MacArthur supported a range of initiatives to advance the Reproductive Health frame. Among the Issues they supported were Sexual and Reproductive Health and Rights; Health; HIV/AIDS; and Leadership. Rockefeller, on the other hand, sought to advance the Family Planning frame. This served as resistance to the Reproductive Health movement frame; however, Rockefeller's inadvertent support for it through other grants may have benefitted the movement more than the foundation's resistance weakened it. Of particular significance were Rockefeller's grants that certified parts of the Reproductive Health frame, helping confer legitimacy that the movement required in order to succeed at ICPD.

Thus, in addition to directly supporting a specific movement campaign, foundations may indirectly benefit the campaign through their broader field-building efforts. By contributing to the context surrounding a campaign, the foundations may help create an environment that enables it. As the Reproductive Health movement case shows, the foundations may do so through grants that align with the campaign strategy, thus indirectly or directly facilitating it. Although this chapter cannot definitively determine the effects, if any, of the movement's non-ICPD grants on the campaign, it does suggest that the grants likely benefitted the campaign.

The conclusion of the ICPD proceedings in Cairo in September 1994 did not mark the end of the foundations' involvement in the field. The next two chapters explore the work of five foundations in the aftermath of the Reproductive Health movement's ICPD achievement. It illuminates the foundations' efforts to institutionalize or resist the new dominance of the Reproductive Health paradigm.

PART 4

FOUNDATIONS AND FIELD-BUILDING AFTER ICPD, 1995-2005

Chapter 8

AFTER ICPD: FIVE FOUNDATIONS RESPOND, 1995-2005

The preceding two chapters demonstrated how three major American foundations helped build the international Reproductive Health movement field in the early 1990s. Their actions had significant consequences: They were instrumental in the Reproductive Health movement's success in changing an entrenched global paradigm at the 1994 UN International Conference on Population and Development (ICPD) in Cairo. With major foundations serving as allies, movement organizations were able to influence the UN process to an unprecedented degree.

To explore foundations' involvement in a social movement field after a pivotal event, this chapter and the next examine the work of five foundations in the aftermath of ICPD. These two chapters continue the discussion of the three philanthropies addressed previously: Ford, MacArthur, and Rockefeller. They also include two more: the David and Lucile Packard Foundation and the William and Flora Hewlett Foundation.

As discussed in Chapter 2, the Packard and Hewlett foundations were long-time population funders that grew dramatically in the post-ICPD period, thus becoming more influential in the field. Ford and MacArthur were proponents of the Reproductive Health approach agreed upon at ICPD, with gender inequality a central concern. Rockefeller, Packard, and Hewlett were advocates of the Family Planning approach that ICPD had marginalized, prioritizing direct efforts to reduce fertility.

This chapter examines how through program and staffing decisions the five foundations deliberately positioned themselves to influence the field. The foundations' program strategies show that the Reproductive Health frame, codified in the ICPD Programme of Action, quickly achieved dominance in the field. The chapter explores how the funders responded to this change.

To provide context for the foundations' strategies, the chapter briefly reviews what the ICPD Programme of Action called for and the tasks it created for Reproductive Health movement and Family Planning advocates. The chapter then introduces the main differences between the Reproductive Health funders and the Family Planning funders in the post-ICPD period. This leads to an examination of their strategic responses to ICPD and the reasons behind them.

The chapter shows that the foundations sought to continue participating in field-building as they adapted to the changed context. It also demonstrates the central role of foundation leadership and staff in determining the foundations' approaches. The subsequent chapter examines the foundations' grants from this period.

The ICPD Programme of Action

The consensus document produced at ICPD, the Programme of Action, reflected the Reproductive Health movement's agenda in its focus on gender issues embedded in population and development policies and programs, as well as in a range of social, economic, and political structures. The measures it called upon governments to take addressed complex structures in the private and public spheres that affected individuals and families as well as national economies.

The Programme of Action called for a commitment of resources to a wide range of areas—and it called for attention to gender inequality and inequity all areas. Of central concern were reproductive rights and reproductive health, which included family planning, sexuality and gender issues, and health. The latter encompassed primary health, maternal mortality and morbidity, child survival, and HIV/AIDS. The document considered the needs and specific contexts of women, men, adolescents, and families. Additionally, the agreement called for data collection and research, and for many new policies and programs. It noted that governments would need the support and active engagement of academic institutions, NGOs, donor organizations, the private sector, health care providers, educators, and community leaders.

The Programme of Action was comprehensive enough that both Reproductive Health and Family Planning funders could support parts of it. The Reproductive Health frame structured the document, but the agreement included recommendations for components of the Family Planning frame, such as expanding access to family planning services. Therefore, funders that continued to apply their resources toward promoting family planning may have been in alignment with parts of the Programme of Action—to the extent that the initiatives they funded, for example, took rights concerns into account. However, the Programme of Action fundamentally promoted the Reproductive Health agenda.

The Reproductive Health and Family Planning Movements

Following the Reproductive Health movement's successful ICPD campaign, the movement faced enormous tasks: It needed to transform national policies, national and local programs, and—crucially—gender norms and attitudes toward women. For the most part, Family Planning advocates' objectives were more straightforward as they predominantly aimed to advance the status quo.

By the 1990s, basic structures and programs supporting the Family Planning frame were already in place in most countries. To sustain or expand them required additional financial and human resources but generally did not require the transformation of policies, programs, and belief systems surrounding gender. Family Planning advocates thus primarily needed to resist the advance of the Reproductive Health frame. This meant increasing governments' concern about population growth and increasing their commitment to family planning. The five foundations' program strategies following ICPD reflect the different projects of the Reproductive Health and Family Planning movements.

Notes about Tables

To illustrate the different orientations of the Reproductive Health and Family Planning funders following ICPD, this chapter uses data on grants that the five foundations awarded in two broad Issue areas. The tables below and in the next chapter present data for two time periods: 1995-2000 and 2001-2005. The two periods had different dynamics resulting from external economic and political factors and from developments within the foundations.[212] These dynamics affected the foundations' grantmaking, so separating the two time periods best represents their work.

Despite the differences between the two time periods, however, the primary finding of both this chapter and the next regarding the two groups of funders is consistent across both periods: The Reproductive Health and Family Planning funders responded to the ICPD Programme of Action in different ways in an effort to advance the frame they supported. None of the changes between the two periods affects that finding. In order to focus on the chapter's main argument, therefore, I will not discuss changes over time that are evident in the data presented but not relevant to the chapter's purpose.

The tables present data on the foundations' grants. Because each grant could support multiple issues, data in the tables represent grants that included efforts in a given category but were not necessarily exclusively dedicated to that category. Additionally, the tables include the number of grants and amount awarded to provide context, but because the foundations' budgets differed, the percentage of grant dollars awarded is the primary point of comparison, followed by the percentage of grants.

For 2002-2005, Packard Foundation provided the total amount the population program awarded each year, but it did not provide the amount of each grant. Consequently, it was not possible to determine what percentage of Packard's population grants budget went to a particular category. Dollar amounts, therefore, are omitted for Packard in the 2001-2005 tables. However, in other years the percentage of grants and the percentage of grant dollars were typically closely related for Packard. As a result, for the 2001-2005 tables in this chapter and the next, the percentage of grants serves as a proxy to position Packard in relation to the other foundations. Finally, as the tables indicate, Rockefeller closed its population program in 1999. This decision is discussed later in the chapter.

Reproductive Health Funders and Family Planning Funders

Each of the five foundations in this study was strongly aligned with either Reproductive Health or Family Planning. Ford and MacArthur were aligned with Reproductive Health; Rockefeller, Packard, and Hewlett with Family Planning. As the tables in this section show, this alignment guided the foundations' funding strategies. However, it is important to note that none of the five

foundations gave grants exclusively to recipients working toward either Reproductive Health or Family Planning goals.

Foundations are unlike social movement organizations that might need to exhibit purity of purpose out of ideological commitment, for practical reasons, or to maintain their identities, constituencies, and funding. Private foundations are not beholden to those concerns. Social movement organizations may strategically partner or compromise with representatives of another side, but foundations can fund multiple approaches without framing it as a compromise and without risking being perceived as betraying their side. Funders are free to acknowledge and pursue areas where different sides' approaches complement each other or converge. Nevertheless, there were clear distinctions between the approaches of Ford and MacArthur on the one hand, and Rockefeller, Packard, and Hewlett on the other.

The clearest expression of the difference between the grantmaking of the Reproductive Health and Family Planning funders is the extent to which they supported work in a category that combines *Family Planning, Demography/Population,* and *Contraceptive Technology (FP-DP-CT)*—three areas that reflect the central concerns of Family Planning.[213] Table 1 below shows that the Family Planning funders committed much more of their population budgets to these core areas.

Table 1

Grants: Family Planning, Demography/Population, and/or Contraceptive Technology

1995-2000

	Issue Priority	% of Total Pop $	% of Total Pop #	Grants $ (millions)	Grants #	Total Pop $ (millions)	Total Pop #
Hewlett	1	76%	68%	90.7	212	119.2	311
Rockefeller*	2	67%	61%	47.7	312	70.7	509
Packard	2	58%	50%	162.6	325	280.2	647
MacArthur	5	19%	14%	15.2	104	78.1	736
Ford	8	4%	5%	11.9	88	337.8	1601

*Rockefeller data are for 1995-1998, before the Population Sciences program closed.

2001-2005

	Issue Priority	% of Total Pop $	% of Total Pop #	Grants $ (millions)	Grants #	Total Pop $ (millions)	Total Pop #
Hewlett	2	65%	58%	126.9	253	195.3	438
Packard	2	n/a	40%	n/a	188	241.8	465
MacArthur	6	10%	11%	7.1	38	70.2	361
Ford	8	3%	4%	8.8	56	256.1	1283

Source: Data on 6,351 grants from the 1995-2005 annual reports of the Ford, Hewlett, MacArthur, and Packard foundations, and the 1995-1998 annual reports of the Rockefeller Foundation, coded by the author.

In contrast to the clear distinction between the two funder groups concerning FP-DP-CT, no Issue category so starkly expresses the unique focus of the Reproductive Health funders. As noted, the Reproductive Health project was far broader than that of Family Planning. Consequently, the Reproductive Health funders' grants were less concentrated than those of the Family Planning funders. Additionally, Family Planning funders contributed more to reproductive health than the Reproductive Health funders did to FP-DP-CT, as explained momentarily.

The closest parallel to FP-DP-CT in demonstrating the Reproductive Health funders' unique priorities are grants for reproductive health that do not also specify "family planning" in the grant description (Table 2). Family Planning funders most often addressed reproductive health by attaching it to family planning (e.g., grants for "family planning and reproductive health services"). This was less frequently true of the Reproductive Health funders.

One reason for the difference between the two funder groups in this area is that Reproductive Health funders promoted comprehensive reproductive health care, which included family planning. As a result, there was less need to specify family planning in grant descriptions concerning reproductive health care. Family Planning funders, on the other hand, were primarily focused on expanding access to and use of family planning. For these funders, reproductive health care—generally limited to services closely related to family planning, such as maternal health care or STI prevention and treatment—was a separate component that could be added.[214] As a result, these funders were more likely to specify both reproductive health care and family planning.

Table 2

Grants: Reproductive Health without Specifying Family Planning

1990-1995

	Issue Priority	% of Total Pop $	% of Total Pop #	Grants $ (millions)	Grants #	Total Pop $ (millions)	Total Pop #
MacArthur	2	46%	42%	36.1	307	78.1	736
Ford	2	34%	41%	115.7	660	337.8	1601
Rockefeller*	6	25%	27%	17.7	138	70.7	509
Packard	4	20%	23%	55.5	147	280.2	647
Hewlett	9	18%	22%	21.3	68	119.2	311

* Rockefeller data are for 1995-1998, before the Population Sciences program closed.

2001-2005

	Issue Priority	% of Total Pop $	% of Total Pop #	Grants $ (millions)	Grants #	Total Pop $ (millions)	Total Pop #
MacArthur	2	51%	46%	35.6	165	70.2	361
Ford	2	44%	40%	111.9	515	256.1	1283
Packard	3	n/a	36%	n/a	169	241.8	465
Hewlett	7	23%	26%	45.8	115	195.3	438

Source: Data on 6,351 grants from the 1995-2005 annual reports of the Ford, Hewlett, MacArthur, and Packard foundations, and the 1995-1998 annual reports of the Rockefeller Foundation, coded by the author.

In this category, Reproductive Health without Specifying Family Planning, the gap between the two groups of funders is not as wide as it is in FP-DP-CT. This is largely due to the new dominance of Reproductive Health terminology combined with the Family Planning funders' support for some reproductive health care. As the following section discusses, to some extent Family Planning funders used Reproductive Health terminology because it had become normative, though they continued to prioritize family planning. Additionally, as noted above, Family Planning funders did support reproductive health care, though typically limited to services that most directly affected use of family planning. Thus, although there is a gap between the two groups in their funding levels for Reproductive Health without Family Planning, there is less distance between them than in their funding for FP-DP-CT.

The Five Foundations' Responses to the ICPD Agenda

Prior to ICPD, the foundations had established their positions regarding the Reproductive Health movement. These positions did not change following ICPD, but the conference changed the field's dominant frame from Family Planning to Reproductive Health. This section outlines each foundation's orientation toward the ICPD Programme of Action and its reasons for that orientation. The foundations' leaders and program directors were particularly influential. The next chapter will show how the foundations' program strategies manifested in their grantmaking.

Ford Foundation

As described in previous chapters, Ford's population program embodied the Reproductive Health frame prior to ICPD and it was instrumental in the success of the Reproductive Health movement's ICPD campaign. Subsequently, Ford affirmed that it would continue the funding strategy it adopted in 1990.

President's Support

Susan Berresford became president of Ford at the end of 1995, having ascended to the position over twenty-five years with the foundation. As discussed previously, Berresford had a strong commitment to supporting women's movements and had been instrumental in Ford's evolution in that area. Early in her Ford career, she had concluded that the foundation's longstanding support for contraceptive research and for ensuring adequate contraceptive supply was important but too narrow (Berresford 2010). She had been convinced that women's reproductive health and the gendered constraints on their life choices needed as much attention as contraceptives received: "You can't be mechanical about [population]; this is really a much larger social issue" (Berresford 2010).

As Berresford rose within the foundation, Ford became increasingly supportive of what became the Reproductive Health approach. As Chapter 5 discussed, Berresford's predecessor as president, Franklin Thomas, had been a strong supporter of women's rights and the Reproductive Health movement (Germain 2003; Berresford 2008, 2010). While president, Berresford sought to move the foundation yet further.[215] She wanted Ford's support for Reproductive Health to be a component of a broader effort to expand women's opportunities; she wanted "to invest in women, letting them make the choices they needed to make" (Berresford 2010).

Restructuring: Embodying the Reproductive Health Frame

Ford's support for the Reproductive Health frame is evident not only in its grants but also in the structure of its programs. Ford's unique approach both certified the Reproductive Health frame and increasingly demonstrated how an institution could enact the movement's vision. Under Berresford's leadership, Ford restructured all of its grantmaking programs in 1996 and 2002. Both times, but especially in 2002, the changes reflected the movement's view of the connections between reproductive health issues and other pressing societal concerns.

In 1996, Ford departed from the conventional practice of funding Reproductive Health through a discrete program. Sexual and Reproductive Health instead became one component of a broad, new program aimed at addressing poverty. This was in part an effort to structure grantmaking to reflect the interconnectedness of social needs (Berresford 2010).[216] Both the Reproductive Health movement and the ICPD Programme of Action had emphasized this interconnectedness. The new program structure remained in place for five years.

Ford's interest in new approaches and Berresford's continued commitment to advancing the Reproductive Health frame are evident in the foundation's next restructuring in 2002. It dismantled the program that had housed Sexual and Reproductive Health since 1996. It then added a Sexual and Reproductive Health component to each of Ford's three broad program groups: Asset Building and Community Development; Peace and Social Justice; and Knowledge, Creativity and Freedom. Each program funded Sexual and Reproductive Health work within its mandate. In effect, the foundation moved toward mainstreaming Sexual and Reproductive Health by making it a component of multiple program areas.

This new structure reflected and advanced the ICPD approach of viewing reproductive health as integral to social and economic life. For example, the Asset Building and Community Development program supported comprehensive sex education as part of its youth development work. Within Peace and Social Justice, human rights grants included support for HIV/AIDS work, reproductive and sexual rights, and the Reproductive Health movement. The Knowledge, Creativity and Freedom program had an Education, Sexuality, Religion unit that funded, for example, research and communications initiatives concerning sexuality (Berresford 2003).[217] The ICPD Programme of Action promoted all of these areas. The 2002 structure held through the end of the research period in 2005.

Leadership in the Field

One outcome of Ford's 2002 restructuring highlights the range of factors that determine a foundation's ability to influence a field. In particular it indicates the importance of the program director position. Sexual and Reproductive Health grantmaking continued to command more or less the same level of staffing and resources following the 2002 restructuring as it had previously. However, mainstreaming the funding area had the unintended consequence of diminishing Ford's profile in the field (Hempel 2009).

Margaret Hempel, former Ford program officer and later program director, observed that after the Sexual and Reproductive Health grantmaking was distributed across multiple programs, Ford lost "some of its international profile because it wasn't as well coordinated. And it didn't have one, single advocate in New York anymore, at the director level. You had lots of program officers but you didn't have senior leadership" (2009). Not having a designated leader to coordinate grantmaking and to represent the program area diminished the foundation's stature in the field. [218] This was the case despite the fact that Ford's grantmaking in that program area continued to be robust.

Summary

Ford's response to ICPD was to continue promoting Reproductive Health, including by embodying parts of the movement's frame in the foundation's program structure. This certified the frame while the program's grants continued to build the field. The nature of the restructuring indicates the powerful influence of the president on the foundation's response to the movement. The unintended outcomes of the 2002 restructuring, however, inadvertently revealed the importance of staff leadership in enabling the foundation to influence the field.

<center>MacArthur Foundation</center>

Like Ford, MacArthur Foundation remained committed to the Reproductive Health approach it had championed since before ICPD. It continued to have strong leadership from population program director Carmen Barroso, wide—though not unanimous—support from the board, and

the stamp of approval from experts in the field through an external evaluation (Barroso 2009).[219] Over the years following ICPD, MacArthur repeatedly affirmed its support for implementing the Programme of Action.[220]

In 1995 and 1996, the population program maintained the funding areas it had established in advance of ICPD. It subsequently restructured its grantmaking programs in 1997 and 2000, with the population program's funding areas changing dramatically in 2000. The 1997 restructuring resulted from the foundation's twenty-year review; the 2000 changes from the arrival of a new president. Changes in MacArthur's approach to Reproductive Health illustrate the important role of foundation presidents and program directors in determining a foundation's contributions to field-building.

President's Influence: Adele Simmons

MacArthur president Adele Simmons, a strong Reproductive Health supporter, oversaw the 1997 restructuring. It grouped three international programs—those concerned with population, security, and the environment—under one umbrella. Program director Barroso (2009) recalls that this change was intended to foster collaboration among the three programs.[221] The restructuring did not, however, change the substance of the population program, which continued to promote the Reproductive Health approach.

MacArthur's 1997 annual report narrative defined the population program's purpose to be "foster[ing] conditions for responsible reproductive choices by improving women's reproductive health and promoting shared responsibility between men and women for sexual behavior, childbearing, and childrearing" (MacArthur AR 1997, 42). Both the Reproductive Health movement and the ICPD Programme of Action had likewise advocated for improvements in women's reproductive health and for shared responsibility between women and men. Moreover, the Reproductive Health movement had maintained that to achieve shared responsibility, changes in gender norms and roles would be necessary. MacArthur's program supported initiatives pursuing such changes.

Further mirroring the ICPD agenda, MacArthur's population program aimed to increase the ability of women's organizations in developing countries to influence population policy and to shape program design and implementation.[222] Additionally, MacArthur sought to ensure that the policies and programs addressed "culturally specific systems of gender relationships" (MacArthur AR 1997, 42). The foundation thus continued working to advance the Reproductive Health frame.

The restructuring of Ford in 1996 and 2002 and of MacArthur in 1997 demonstrate the two foundations' affinity with the Reproductive Health approach and serve as examples of their field-building ethos. Although their new structures differed, the two funders shared a similar motivation—a desire to act upon the interrelated nature of the fields in which they worked. This holistic perspective was emblematic of the Reproductive Health frame and of the broader international women's movement's approach to myriad issues. For MacArthur, however, this alignment began to shift with the arrival of a new president in 2000.

President's Influence: Jonathan Fanton

As explored in previous chapters, Ford president Franklin Thomas and his successor, Susan Berresford, strongly influenced the foundation's support for Reproductive Health. Similarly, presidents shaped the nature of MacArthur's support for the movement. Jonathan Fanton succeeded Adele Simmons as MacArthur's president in 1999. According to staff and board members, Fanton's leadership style and his orientation toward the population program differed dramatically from his predecessor's (Burden 2010; McCormack 2010; Theobald 2010; Barroso 2009).[223]

By the end of Simmons' tenure, the foundation had grown larger and more complex. As a result, the board sought "someone with more management, leadership experience, rather than someone with more imaginative power" (McCormack 2010). Additionally, some board members felt that the foundation was distributing its funds across too many areas, limiting its influence on any one in particular. In hiring Fanton, the board sought a leader who would guide the foundation to narrow its focus (Theobald 2010).

With the board's approval, Fanton exercised substantial control over program strategies and processes, whereas Simmons had allowed program staff more autonomy (Burden 2010; Barroso 2009). Simmons had also been a Reproductive Health proponent prior to joining MacArthur and she supported addressing a range of interrelated gender and reproductive health issues (McCormack 2010; Simmons 2009; Barroso 2009). Fanton, on the other hand, did not arrive well-versed in Reproductive Health or international women's rights issues and he favored a more limited approach.

Program Changes

In 2000, under Fanton's leadership, the population program narrowed its focus to two issue areas: maternal mortality and morbidity and young people's sexual and reproductive health and rights.[224] Despite this limited purview, the program continued to advance the Reproductive Health frame. For example, the 2000 annual report presents women's well-being as the central concern of its maternal mortality and morbidity focus. Moreover, under the rubric of maternal mortality and morbidity, the program funded projects addressing unsafe abortion, violence against women, gender inequality, lack of schooling, and disregard for human rights.

On the other hand, however, the same annual report frames youth sexual and reproductive health and rights as important primarily for slowing population growth:

> The sexual and reproductive decisions made by today's youth will have great impact on their personal lives and on society. Indeed, the largest contribution to the size of the world population in the future comes from population momentum, and an important way to diminish its effects is to increase the interval between generations—that is, by post-poning the birth of the first child. (MacArthur AR 2000, 45)

This framing prioritizes Family Planning concerns over those of the Reproductive Health movement. However, the program's funding strategies to address those concerns reflect the Reproductive Health approach:

> The Foundation supports initiatives that increase the availability of gender-sensitive sexuality education, confidential health services, and programs for young men, and that decrease the incidence of sexual violence. In addition, the Foundation supports new ways of linking adolescent sexuality and reproductive health programs with other issues that are fundamental to the present and future well-being of the younger generation. (MacArthur AR 2000, 46)

Thus, despite basing this funding area on the Family Planning frame's rationale, the program's grants reflected and advanced the Reproductive Health frame. Further explored in the next chapter, this was a common approach to addressing adolescents' reproductive health. In MacArthur's case, the Reproductive Health strategy was also the result of its program director's efforts.

Staff's Influence

As discussed in Chapter 3, foundation program staff strive to secure the board's support for their program by demonstrating that their strategies and grants are effective and their goals important (Holcombe 2011; Anonymous Packard 2010; Barroso 2009). As noted in the chapter, MacArthur program director Carmen Barroso was particularly effective in obtaining the board's support. She was director through ICPD and Fanton's arrival and she ensured that the program continued to advance the Reproductive Health frame (Barroso 2009).

Though the program's focus narrowed in 2000, its name broadened from "Population" to "Population and Reproductive Health." Accordingly, the annual report reiterated the foundation's support for the Reproductive Health approach as expressed in the ICPD Programme of Action:

> This approach places women's well-being at the center of population policy and emphasizes the rights of individuals to determine and plan family size. Central to this approach is the belief that people will make wise individual choices if they have information and access to adequate health care and if women are equal partners with men in making sexual and reproductive decisions. (MacArthur AR 2000, 45)

Thus despite framing part of the program with the demographic concerns typically prioritized by Family Planning advocates, the program's overall orientation continued to advance the Reproductive Health frame. As Chapter 3 noted, however, following Barroso's 2003 departure from the foundation, the program adopted a more limited interpretation of this frame. At that point, the general preference of the president and some board members for more narrowly targeted programs prevailed.

Summary

MacArthur's case demonstrates how Reproductive Health funders continued contributing to field-building following ICPD. It also shows the influence of foundation leaders and program directors on foundation support for a movement. For the first five years after ICPD, both the foundation and the population program were led by strong proponents of the Reproductive Health movement. As a result, the program aimed to advance the movement's frame in a comprehensive way.

When a new president arrived, however, the program director lost the foundation leadership's strong support. The program continued to pursue its broad field-building approach but within new constraints. After this director left the foundation, the program's approach narrowed further. The Rockefeller case, discussed next, further explores the effects of staffing decisions on foundation programs.

Rockefeller Foundation

As previous chapters explained, although Rockefeller's actions helped enable the Reproductive Health movement's success at ICPD, it did not support the movement. The foundation had been a strong proponent of the Family Planning approach since the early 1950s and this remained the focus of its field-building work until the program closed in 1999. However, Rockefeller's response to ICPD demonstrates the speed with which the Reproductive Health frame achieved dominance. Additionally, the population program's termination in 1999 highlights the importance of foundation leadership and staff—and the relationships between them—in a program's survival.

Through 1998, Rockefeller's primary goal remained slowing population growth in high-fertility countries by increasing access to safe and effective contraceptives. Mobilizing resources to fulfill existing unmet demand for contraceptives was the program's primary strategy. As discussed in Chapter 6, Rockefeller's focus on the problem of unmet need began in the early 1990s: An estimated 120 million women in developing countries wanted to use contraceptives but were not (Bongaarts and Bruce 1995). Following ICPD, however, Rockefeller's description of its program reflected the new dominance of the Reproductive Health frame.

Although the program initiated its focus on resource mobilization two years prior to ICPD, following the conference it framed this work in terms of ICPD. For example, in discussing grants to NGOs in donor countries for resource mobilization purposes, the narratives reference "the need for increased resources to implement the program of action that resulted from the 1994 Cairo population conference" (Rockefeller AR 1996, 38). Because ICPD called for a wide range of reproductive health initiatives in addition to family planning, more resources were needed. Further discussed in the next chapter, Family Planning advocates were concerned that implementing the ICPD Programme of Action would divert funding from family planning.

In the four years between ICPD and the termination of Rockefeller's program, the foundation continued promoting Family Planning through field-building grants. The program worked to increase concern for population growth and to encourage favorable policies. It funded research to expand knowledge about the causes of unmet demand and the most effective ways to resolve it. Additional grants funded research on contraceptive technology. The program also funded efforts to improve family planning service provision.

The program's strategy for mobilizing resources included funding policy-relevant research and communications efforts. Sometimes acting as a broker, the program also encouraged partnerships between the public and private sectors to develop contraceptive technology. Grants supporting such partnerships aimed to leverage the unique resources of both sectors (Rockefeller AR 1996). Similar grants supported collaborations between university researchers and the pharmaceutical industry to develop new methods of diagnosing and treating STIs and other reproductive tract infections.[225]

Terminating the Program

In 1999, Rockefeller Foundation terminated its Population Sciences program after having supported work in the population field for seventy-five years. It had also just spent the better part of a decade working to mobilize what it presented as urgently needed resources toward the goal of slowing population growth.[226] The foundation's abrupt decision then to withdraw its own resources from that effort was remarkable. The termination of Rockefeller's program resulted from a change in foundation leadership, but it also speaks to the influence of personal relationships and the repercussions of changes in the field.

Leadership Change

After Gordon Conway became president of Rockefeller Foundation in 1998, conflict rapidly emerged between foundation leadership and the population program. At that point, the annual report announced that the program was under review. One Rockefeller population program staff member perceived that "since the 'population explosion' was not proceeding as feared, [Conway] was not interested in supporting any kind of population program" (Anonymous, Rockefeller 2009).

Conflict

Other program staff members agree that Conway was skeptical of the need for a population program (Seims 2004, 2009a; Sinding 2004, 2009). However, they may not have had the opportunity to persuade Conway of the program's merit (Sinding 2004, 2009). The staff found the new president to be strongly influenced by vice president Lincoln Chen's opposition to the program (Seims 2004, 2009a; Sinding 2004, 2009).[227]

A longtime Reproductive Health supporter, Chen had ideological differences with the program's director, Steven Sinding, a Family Planning advocate.[228] Yet Sinding and the population

program's associate director, Sara Seims, maintain that Chen also had personal antipathy toward Sinding (Seims 2004, 2009a; Sinding 2004, 2009). Seims recalls that "he was hostile to Steve" (Seims 2009a). According to Sinding and Seims, Chen encouraged Conway's skepticism of the program in an effort to push Sinding out of the foundation (Sinding 2009, 2004; Seims 2009a).

Seims observed that Chen "started to paint Steve as someone who was more Malthusian, who didn't care about women, and he caused an enormous amount of trouble for Steve" (Seims 2009a). Seims and Sinding maintain that Chen's attitude toward Sinding affected president Conway (Seims 2009a; Sinding 2009). This had uncomfortable manifestations; for example, Seims recounts that "in public meetings, Gordon Conway was [highly discourteous] to Steve" (Seims 2004, 39). Likewise, Sinding recalls that Chen would make "demeaning" remarks to him in staff meetings (Sinding 2009). All of this was a dramatic change from the program's positive relationship with Conway's predecessor (Goldmark 2010; Sinding; 2009; Seims 2009a).

Board's Allegiance to President

Despite the foundation's longstanding support for the population program, the board's priority was to support the new president (Seims 2004). Ultimately, the conflict became so extreme that program staff members, feeling they had little choice, resigned in 1999 (Sinding 2009; Seims 2004). Shortly thereafter, Rockefeller began phasing out the program.

The 1999 annual report offers a brief mention of a special funding area, "Population and the Cairo Agenda," along with a statement that Rockefeller "is engaged in an executive review to consider future directions for work in this field. During this period, current grant activities are continuing and new grants will be very limited until a new course is set" (Rockefeller AR 1999, 20). This new funding area never gained traction, however, and Rockefeller departed the field. Although Chen may have influenced Conway to terminate the population program, Conway's own lack of interest in the population field was likely a significant factor in Rockefeller's decision not to shift to Reproductive Health rather than leave the field entirely.

Field Changes

Over seventy-five years, Rockefeller's population funding spanned three different eras in the field. Throughout, the foundation adapted to internal and external changes while maintaining its focus on slowing population growth. The program's termination in 1999 highlights changes that had occurred in the population field.

For two decades, the Family Planning frame had attracted controversy at both ends of the political spectrum. The right wing came to conflate family planning with abortion, against which it was perpetually mobilized. The left associated the Family Planning frame with programs that were coercive or that otherwise disregarded women's needs and rights.

Moreover, Conway was not alone in his perception that population growth was no longer an imminent concern. Fertility had declined in many places and the catastrophes that demographers predicted decades earlier had not come to pass. The insistence of Family Planning advocates that population remained an urgent issue did not hold sway.

Finally, the 1994 ICPD Programme of Action had established a new paradigm: Reproductive Health replaced Family Planning as the dominant frame in the field. Thus, Conway's dismissal of the notion that population growth was a significant problem, and Chen's opposition to the Family Planning frame embodied in Rockefeller's program were both representative of broader changes in the field.

Packard Foundation

Packard Foundation's response to ICPD further illustrates the role of foundation leadership and staff in determining a foundation's field-building work. At Packard, the leadership and staff resisted the dominance of the Reproductive Health frame. However, Packard's case also highlights foundation staff's sensitivity to pressure from other field actors.

Following founder David Packard's death in 1996, the foundation's assets tripled (Orr 1998), launching the foundation into a newly influential role. From 1996-2000 Packard's assets rivaled those of Ford, which had previously been at least twice the size of the other four foundations' (see Appendix 1). Although Packard Foundation became influential in the international population field only after ICPD, it had long been a supporter of the Family Planning approach. As discussed in Chapter 2, the foundation was established in 1964 and supported domestic family planning initiatives from the beginning; it then initiated its funding of international population work in the 1970s due to concern about high fertility.

> From the earliest days of their philanthropic efforts, David and Lucile Packard supported family planning organizations and invested in programs to promote reproductive rights and reduce the impact of rapid population growth on the environment. (Packard 2007, 5)

Expanding access to and use of family planning services in order to lower fertility was the foundation's primary international objective.

Staffing

After ICPD, David Packard recruited Martha Campbell to be the population program's first full-time staff member and to develop its strategy (Campbell 2009). He had read a paper she had written before ICPD analyzing conflicts among competing stakeholders in the population field, with a particular focus on women's rights and population advocates (Campbell 2009, 1998). Although she noted areas of shared concerns, Campbell (1998) concluded that women's rights advocates (who constituted the Reproductive Health movement) posed a threat to the population field by delegitimizing demographic concerns. She therefore recommended that population advocates not cede ground (ibid.).[229] Packard hired Campbell largely because she sought to advance Family Planning and not Reproductive Health.

Packard revised its program strategy in 1995, the year after ICPD, based on Campbell's recommendations and on the board's interests and priorities (Campbell 2009). Taking to heart David Packard's exhortation for the foundation to "think big," under Campbell's leadership, the program sought to support large-scale efforts to provide family planning in developing countries in order to satisfy unmet demand (Anonymous Packard 2010; Campbell 2009). This included grants to support structural changes in order to remove such barriers to access as unreliable supplies of contraceptives, lack of abortion and post-abortion training for health care providers, and unfavorable policies (Packard AR 1995, 1996).

Following David Packard's death in 1996, the foundation's board continued to support his goal of helping to slow population growth through increasing access to family planning (Holcombe 2011; Anonymous, Packard 2010). Staffing decisions were one expression of this support. As described by a program officer under both Campbell and her successor, Sarah Clark, Campbell remained the "intellectual progenitor" of the program after she left (Holcombe 2011). Clark was the program director from 1998-2007. Having come from USAID, she shared Campbell's—and David Packard's—Family Planning orientation, which she continued to advance throughout her tenure.

Program

Grants data from the 1995-2005 period indicate that the population program's strategy included, for example, grants for training health care providers and for establishing new clinics or new services within existing clinics. It also funded efforts to increase supplies of contraceptives and the availability of emergency contraception. Additionally, Packard supported outreach to inform people about family planning options, and it funded family planning service provision both in the United States and abroad.

The program also supported initiatives to develop leaders who could influence the design and implementation of policies and programs. It funded additional efforts toward more favorable laws and public policies, as well. Among its grants to advance and protect reproductive rights were those supporting abortion rights and increased budget allocations for family planning.

Effects of ICPD

Despite the foundation's commitment to Family Planning, ICPD had changed the context, and Packard had to respond to it. Program officer Sarah Holcombe (2011) recalls that the foundation shared the widely-felt concern among Family Planning advocates that one consequence of ICPD would be reduced funding for family planning. Resisting that effect and trying to secure additional funding for it was thus a high priority, as it was for Rockefeller following ICPD. At the same time, however, another Packard staff member recalls pressure from grantees to support reproductive health in addition to family planning:

We got a lot of flak [from grantees] for just supporting family planning. So we would definitely say 'reproductive health,' but in essence we meant mostly family planning and abortion work. People knew that. (Anonymous, Packard 2010)

All interview subjects from Packard expressed their support for the Reproductive Health movement's ideals but emphasized the foundation's unwavering commitment to slowing population growth through expanding access to family planning (Campbell 2009; Holcombe 2011; Anonymous, Packard 2010; Wilbur 2009). As one staff member explains, "We weren't against the Cairo agenda, we just felt that [family planning and reproductive rights work] was the most controversial and least funded" (Anonymous, Packard 2010).[230] This marginalization of the Family Planning approach that had dominated for several decades further indicates ICPD's effect on the field.

Hewlett Foundation

Hewlett Foundation's influence on the population field, like Packard's, grew following ICPD as its assets increased. These increases occurred first due to the founder's stock contributions in the 1990s, and subsequently from a bequest after he died in 2001.[231] Also like Packard Foundation, Hewlett had supported the Family Planning approach for decades. William and Flora Hewlett and their son, Walter, established the family's foundation in 1966, just two years after Packard was founded. Described in the Chapter 2, Hewlett's founders were influenced by the same concerns about population growth that motivated David and Lucile Packard (Packard 2007). The foundation's population program reflected these concerns for at least the next forty years.

The Hewlett case echoes themes from the above accounts of the other four foundations. In particular, the development of Hewlett's population program through the 1980s and 1990s illustrates the importance of the president and board in determining program strategy. It also indicates the limits of the staff's influence in the event of conflict between the staff and leadership. These factors shaped Hewlett's field-building work in the post-ICPD period.

Leadership

The steadfast commitment to Family Planning on the part of foundation president William Hewlett and the board of directors persisted despite the best efforts of the head of the population program in the 1980s, Anne Firth Murray. During her travels to grantee organizations in developing countries, Murray repeatedly observed that traditional population programs did not adequately serve women's needs.[232] In response, as she explains:

I tried each year during my last four years [at Hewlett] (1983-1987) to interest the president, and through him the board of directors, in developing a women's program. I was sure that enhancing the status of women — we didn't talk about 'empowerment' then — was an essential part of all development efforts, particularly programs having to do with population and family planning. But I

could not convince them of the importance — even the urgency — of such a program. (Murray 2006, 19-20)[233]

Unable to persuade Hewlett Foundation to adopt what became known as the Reproductive Health approach, Murray left and established the Global Fund for Women, a public foundation to support women's rights groups in developing countries.[234] Perhaps in part due to Murray's influence, Hewlett consistently funded some Reproductive Health and women's rights work similar to that which Ford and MacArthur supported. However, these areas did not dominate Hewlett's program strategy.

Following ICPD, Hewlett maintained its Family Planning focus and, like Packard, revised its program under the guidance of a new program leader.[235] J. Joseph Speidel had long roots in Family Planning, including over a dozen years at USAID's Office of Population—five as its acting director. This was followed by more than a decade as president of Population Action International, a major population organization and a Hewlett grantee. Speidel's goal for Hewlett's program aligned with the priorities of the president and board: to expand access to and use of family planning in order to reduce fertility.

Toward this goal, the program worked to increase concern about population growth and to increase resources available to address it (Hewlett AR 1994). It also sought to improve the provision of family planning and closely-related reproductive health services (ibid.). Hewlett shared these goals with Rockefeller and Packard, though—as the next chapter describes—the three foundations varied in their approaches.

Effect of ICPD

Hewlett's annual reports did not frame the program's grantmaking in terms of the Reproductive Health paradigm or the ICPD Programme of Action.[236] Only Packard was as reticent about ICPD in its annual reports. These two foundations had been less involved in the conference than Ford, MacArthur, and Rockefeller had been, but they—and their grantees—were affected by its outcome.

The Programme of Action's stronger emphasis on women's rights and reproductive health than on population growth was one impetus for Hewlett's emphasis on increasing policymakers' and the public's concern for population growth. Their concern was necessary in order to mobilize resources for international family planning assistance. Rockefeller and Packard had reached the same conclusion. In particular, Hewlett became heavily involved in efforts to secure increased population funding from Western European governments and donor agencies (Gardner 1996).[237]

Demonstrating the dominance of the Reproductive Health frame is the population program's 2001 strategic plan proposal that the staff presented to the board of directors. It addressed ICPD in depth in order to justify the program's Family Planning approach (Hewlett Population Program 2001). The proposal first outlined the ICPD agenda and then asserted that the population field did not have the resources to pursue the agenda in its entirety.

The proposal made the case that existing unmet demand for family planning remained high and that the field had decades of experience implementing family planning policies and programs. Moreover, the costs of family planning programs were known and predictable, in contrast with those of reproductive health programs. The proposal concluded that therefore Hewlett should continue funding family planning rather than reproductive health: It should apply its finite resources toward a serious but limited and clearly-defined problem that had an already-tested solution.

With its proposal, the program staff essentially argued for the board to reject the Reproductive Health agenda of the ICPD Programme of Action. It recommended instead that the board renew its commitment to slowing population growth primarily through expanding access to and use of family planning along with closely related components of reproductive health care.[238] Yet despite the program's argument against it, the Reproductive Health frame's dominance is evident in the staff's decision to address it. The staff's strategy for persuading the board to maintain the program's Family Planning frame included acknowledging the merits of the ICPD ideals before demonstrating why it was unfeasible to pursue them:

> **The Hewlett Foundation endorses the ICPD vision of social progress, but given limited resources, recognizes that priorities need to be set** (Hewlett Population Program 2001, 17, emphasis in original).

This is the same position Packard staff members expressed in interviews. The Family Planning funders approved of the Reproductive Health movement's ideals, but did not alter their priorities to support them. Instead, they continued their efforts to advance the Family Planning frame. Nevertheless, they could not ignore the ascendance of the Reproductive Health frame.

Conclusion

This chapter shows that the five foundations responded to the Reproductive Health movement's achievement at ICPD by orienting their program structures, strategies, or discourse in relation to it. Both the Reproductive Health and Family Planning funders continued to champion the approach that they had supported prior to ICPD. However, the ICPD Programme of Action designated Reproductive Health the official frame of the population field, ending forty years of Family Planning's dominance. This changed the context for all field actors.

As the chapter highlights, leadership and staff played decisive roles as the foundations developed and implemented their funding strategies. Though there were differences among them, all of the foundations sought to continue participating in field-building after ICPD. The next chapter demonstrates how the foundations did so through grants that aimed to institutionalize the movement's achievement or to resist it.

Chapter 9

INSTITUTIONALIZING THE REPRODUCTIVE HEALTH FRAME, 1995-2005

This chapter extends the previous chapter's investigation of how five major U.S. foundations responded to the Reproductive Health movement's success at the 1994 UN International Conference on Population and Development (ICPD) in Cairo. The previous chapter showed how the five foundations oriented their programs to continue contributing to field-building in the aftermath of ICPD. This chapter explores specific field-building mechanisms the foundations employed in order to advance or impede the Reproductive Health movement's project. Through examining their grants, the chapter demonstrates that all five foundations helped institutionalize the Reproductive Health frame embodied in the Programme of Action.

The chapter shows that the two Reproductive Health funders actively sought to institutionalize the frame, but the three Family Planning funders also contributed to the process. However, the Family Planning funders did so as a byproduct of pursuing other goals. In addition, they also resisted the Reproductive Health frame through their focus on the parts of the Programme of Action that advanced Family Planning priorities. This functioned as resistance, for example, when it involved promoting concern for population growth over concern for reproductive health or women's rights, or when it emphasized family planning services without additional reproductive health care. Yet despite the conflicting priorities and strategies of the Reproductive Health and Family Planning funders, this chapter also identifies three areas where the work of all five foundations converged.

The chapter demonstrates how foundations participate in field-building after a successful movement event, intending to shape the long-term outcomes of the movement. Specifically, the chapter explores the foundations' grants for three types of activities: *Communications; Research;* and *Capacity-Building, Technical Assistance, and Training (CBTAT)*. Grants data illustrate how the funders translated their program goals into field-building grants that benefitted Reproductive Health, Family Planning, or both.

This chapter first discusses what the Reproductive Health and Family Planning movements sought to achieve following ICPD, and then explores what the foundations did to support or resist their efforts. To provide context for the discussion of the foundations' grantmaking, the chapter begins with a summary of relevant recommendations contained in the ICPD Programme of Action. This is followed by an overview of both movements' tasks and aims in the aftermath of ICPD.

The chapter then turns to a discussion of how the foundations' program strategies in support of Reproductive Health or Family Planning manifested in their grants. It examines the distinctions between the grants the two groups of funders gave, as well as areas of convergence. Throughout these discussions, the chapter identifies how the foundations' grants served as field-building mechanisms. Further, it explores how their grants—intentionally or inadvertently—helped institutionalize the newly dominant Reproductive Health frame.

The ICPD Programme of Action: A New Paradigm

An understanding of the ICPD Programme of Action's recommendations is necessary before delving into the foundations' field-building efforts. As discussed previously, the consensus document emphasized a comprehensive approach to reproductive health, thus departing from the population field's longstanding focus on family planning. The Programme of Action defined reproductive health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (United Nations 1995, para. 7.2).[239] Significantly, the document recognized that women's ability to achieve "physical, mental and social well-being" was strongly constrained by their gender.[240]

The Programme of Action established that "reproductive health care" included voluntary, high-quality family planning services offering a range of contraceptive options provided by trained individuals.[241] Providers were to give complete and accurate information about those options, as well as accurate information about sexual and reproductive health. Additionally, reproductive health care was to include prevention, diagnosis, and treatment of sexually transmitted infections and HIV. Services were also to address maternal health, including providing trained birth attendants and emergency obstetric care. For adolescents, in addition to comprehensive services the Programme of Action called for comprehensive sex education.

Beyond Services

The agreement did not only address issues that directly pertained to reproductive health care services. Underpinning each chapter of the Programme of Action was an analysis of how gender inequality structured the opportunities available to women and men and influenced the choices they made. The document linked individual concerns to national and global issues, including population growth and development. It then called upon governments to address population and development issues through laws, policies, and programs that took gender into account.

The Programme of Action offered an ambitious agenda and did not prioritize its recommendations. Toward correcting gender inequality and inequity, it called for laws against, for example, sex discrimination in hiring and employee compensation, and laws against workplace sexual harassment. It also urged laws against violence against women and girls, sex trafficking, harmful traditional practices, and early marriage (e.g., United Nations 1995, para. 4.4, 4.9, 7.6). In addition, it recommended reforming everything from inheritance laws and property rights to school curricula containing sex stereotypes (e.g., United Nations 1995, para. 4.19, 4.10, 7.8).

To expand opportunity for girls and women, the document advocated policies promoting girls' education. The agreement also called for initiatives to encourage men's contributions to domestic

life. Through all of these measures, the Programme of Action aimed to increase women's ability to exercise their rights to education, livelihood, political participation, and control over their fertility (e.g., United Nations 1995, para 4.1, 4.11, 4.25). [242] The document noted that raising the status of women and girls in the family and community was essential to the success of its recommendations.

The Reproductive Health movement was concerned about all of the above areas; the Family Planning movement was concerned about those most directly linked to fertility.
As the Programme of Action did not establish priorities or offer guidance in how to do so, the funders continued to focus on the areas that they considered most important. For example, as will be discussed, Family Planning funders thus supported family planning and the components of reproductive health care services most directly linked to increased contraceptive use.

Implementation

The Programme of Action explicitly called for support from several sectors, including donor organizations, NGOs, academia, and the private sector. Implementing the ICPD agenda would require substantial financial resources and also human resources. As this chapter will demonstrate, the field-building work of Reproductive Health and Family Planning funders contributed to both.

The agreement called for governments to work with NGOs—especially grassroots and women's groups.[243] Additionally, it recommended that parties responsible for designing policies and programs solicit input from the intended beneficiaries of services. It further called for civil society organizations to monitor and evaluate policies and programs to ensure they complied with the Programme of Action. The foundations supported efforts in all of these areas.

The Programme of Action additionally invited social science research to determine the needs of women and adolescents and to investigate the effects of policies and programs on women's fertility, health, and status. Further, it specified the need for sex disaggregated data and also biomedical research—ethically conducted. To varying degrees, all five foundations supported research. As will be discussed, which research areas they funded depended on their orientation toward Reproductive Health and Family Planning.

Post-ICPD Tasks for the Reproductive Health and Family Planning Movements

To provide further context for the foundations' grantmaking, this section summarizes the responses of the Reproductive Health movement and the Family Planning movement to ICPD. The tasks facing Reproductive Health advocates were immense; the movement sought to transform national policies and national and local programs. Most ambitious, yet essential, the movement aimed to transform gender norms and attitudes toward women.

With the exception of their work in areas such as abortion and adolescent reproductive health, Family Planning's objectives were more straightforward. Because of the Family Planning movement's prior success, most countries had basic policies and programs supporting family planning. To sustain, improve, or expand them required additional resources and political will, but generally did not require, for example, policy change that challenged governments' fundamental orientation toward women. Family Planning advocates did, however, need to resist the advance of the Reproductive Health frame because it diverted attention from family planning.

<center>Reproductive Health Movement</center>

Especially over the first six years following ICPD, the primary focus for many Reproductive Health advocates was reforming national population policies and family planning programs. In addition, they sought to change the policymaking process to include women's health and rights NGOs and the intended beneficiaries of services. At the program level, they aimed to alter the mandates of family planning and primary health programs to reflect the Reproductive Health frame.

In many countries following ICPD, the Reproductive Health movement achieved important policy changes and some program changes in favor of reproductive health services. In "most countries," however, the movement was less successful in the areas of "sexual health, abortion, adolescent health, and especially sexual and reproductive rights" (Corrêa 2000, 3).[244] For the decade following ICPD, the Reproductive Health movement—supported by some foundations—worked to shape policies and programs.

Capacity and Challenges

ICPD had provided Reproductive Health advocates with tools to advance their cause: the new legitimacy of the movement's frame, the new credibility of women's NGOs, and the official commitment of governments. Their experience at ICPD also afforded them expanded networks and improved organizing skills. However, the structural and social factors that had led the movement to mobilize in the first place, of course, persisted (Hempel 1996).

Just as Reproductive Health advocates had encountered resistance from Family Planning advocates and government delegations at ICPD, so did they face resistance at home. Many officials at the national and local levels continued to support the Family Planning approach (Corrêa and Sen 2000). Even among those who were not strong advocates of Family Planning, many were not interested in reproductive health, were not motivated to institute significant changes, and/or did not want to challenge gender inequality (ibid.).

Policy

Codifying the ICPD Programme of Action in national policies and laws entailed, for example, expanding the purview of national family planning programs to include reproductive health, and mobilizing sufficient resources for doing so. It also involved addressing determinants of women's reproductive health other than their use of family planning. These included discriminatory laws and policies and a range of social norms.

To achieve policy goals, Reproductive Health advocates pursued several strategies. Among them were collaborating with governments or otherwise working to influence them. Educating policymakers about what reproductive health entailed was central to these efforts. Reproductive Health organizations also conducted needs assessments and other research to inform policy. Ongoing work involved monitoring policy development and implementation.

Programs

Implementing ICPD's recommendations for programs required national policy work but also local efforts. For example, adapting family planning programs to address reproductive health involved educating managers and service providers about what reproductive health entailed, as well as training service providers in new methods (Hempel 1996; Puri and McLellan 1996). Reluctant managers and providers sometimes needed to be convinced to support the changes; one approach to this was to demonstrate links between reproductive health services and increased use of family planning (Jain 1996).

Additional efforts focused on identifying and then implementing the most cost-effective ways to add reproductive health care to existing family planning programs (Hempel 1996; Faundes 1996). Other initiatives emphasized training providers, including "sensitiz[ing] [them] to women's perspectives and social realities" (Zurayk et al. 1996, 93; Hempel 1996). The range of work involved in adapting family planning programs to address reproductive health was also necessary for integrating reproductive health and family planning into primary health care programs (Corrêa and Sen). Thus the Reproductive Health movement had a long list of tasks ahead.

Family Planning Movement

Following ICPD, many in the Family Planning field were reeling from the defeat of their priorities and agenda. Although the Programme of Action included family planning as a component of reproductive health and discussed demographic concerns, neither was given the emphasis Family Planning advocates found warranted (Campbell et al. 2007; McIntosh and Finkle 1995). They feared that the much broader Reproductive Health agenda would negatively affect policy and funding support for their highest priority: family planning (Caldwell 1996; Hempel 1996).[245] They anticipated that this would have disastrous consequences for fertility rates, which continued to be a grave concern (Caldwell 1996).

In fact, international population assistance had been declining since prior to ICPD (Klugman 1996). The success of the Family Planning field in increasing contraceptive prevalence in many countries and lowering fertility had resulted in diminished interest among many governments and aid agencies. Global population growth had slowed to a level that alleviated their fears, even if this relief was premature (Caldwell 2002; Sinding and Seims 2002). At the same time, the urgency of the HIV/AIDS epidemic was commanding ever greater attention and resources (Potts 1996).

Family Planning advocates had hoped that ICPD would reinvigorate concern for and commitment to international family planning. Instead, the Reproductive Health movement's success in drawing attention both to its critiques of the Family Planning approach and away from population growth had created an additional obstacle. Even though the Programme of Action included family planning as an important part of reproductive health care, it no longer held the spotlight.[246]

Programs

Not only were Family Planning advocates concerned about diminished interest in population growth, but many were also resistant to ICPD's call to integrate reproductive health care into family planning, or to integrate both into primary health care. Some were protective of family planning programs because their design and implementation were well-tested. These individuals did not want to distort effective family planning programs by requiring them to address additional reproductive health components (Hempel 1996) or, worse, by merging them with other, also deficient, health programs (Kane 1996; Potts 1996).[247]

Family planning clinics typically had insufficient resources; adding demands for more reproductive health care would mean fewer resources available for basic family planning, including contraceptive supplies (Faundes 1996). As a result, the Family Planning movement's post-ICPD project centered on increasing concern for population growth and increasing resources specifically for family planning.

The Family Planning advocates' emphasis on population growth and the need for increased access to contraceptives to address it supported part of the ICPD Programme of Action. However, where this work emphasized stand-alone family planning services without additional reproductive health care, it resisted the Reproductive Health frame embodied in the ICPD agenda. On the other hand, Family Planning advocates did support some components of the Reproductive Health frame that served Family Planning goals; these are discussed momentarily.

Frame Dominance

Although forty years of dominance by the Family Planning frame presented obstacles, the Reproductive Health movement's mark on the ICPD Programme of Action gave it substantial

new authority. The purpose of the Programme of Action was to guide policies, programs, research, and funding in the population and development fields, and it had been signed by 179 governments. This was a significant international display of commitment to the Reproductive Health frame.

The Programme of Action's integration of the Reproductive Health frame throughout the document legitimated the frame and gave Reproductive Health advocates leverage in seeking change in policies and programs. Though the work required to achieve meaningful change was vast, governments and major family planning organizations fairly quickly adopted the Reproductive Health discourse (Corrêa 2000). This conferred legitimacy that Reproductive Health advocates sought to apply toward effecting substantive change.

As subsequent sections will show, the five foundations' population grants in the years following ICPD convey the increasing dominance of the Reproductive Health frame, at least at the level of discourse. Demonstrating this effect, in 2004—just before the end of this study's research period, Hewlett's population program narrative began presenting family planning and reproductive health as a combined concept:

> Family planning/reproductive health (FP/RH) embraces, but is not limited to, helping women and families choose the number and spacing of children, protecting against sexually transmitted infections, and eliminating unsafe abortion. While improvements in FP/RH have improved lives in many places, there are still outstanding challenges to, and opportunities for, the full achievement of good RH outcomes for all. (Hewlett AR 2004, 54)

The grants described in this chapter illustrate how both movements contributed to this outcome.

Convergence between Reproductive Health and Family Planning Funders

Following ICPD, Ford and MacArthur had significantly different priorities from Rockefeller, Hewlett, and Packard. These differences are expressed in the grants data and explained throughout the chapter. However, the two groups of funders also shared some objectives that served both of their primary goals. Three of the strongest areas of convergence were adolescent sexual and reproductive health, quality of care, and abortion and reproductive rights.

The funders not only shared a concern for these three issues but they also frequently supported similar—and sometimes identical—strategies for addressing them. As will be discussed, these strategies tended to support the institutionalization of the Reproductive Health frame while supporting the goals of both the Reproductive Health and Family Planning movements. Grants for abortion and reproductive rights initiatives, however, may have supported the Family Planning frame in addition to the Reproductive Health frame. The two fields were thus intertwined: Though they resisted each other's approaches, they also sometimes facilitated the pursuit of each other's goals. This section explains the reasons for the funders' convergence in

these three categories; subsequent sections include examples of grants all five foundations awarded for them.

<div align="center">Adolescents</div>

The ICPD Programme of Action legitimated and promoted increased attention to adolescents' sexual and reproductive health. Both Reproductive Health and Family Planning advocates supported this. The former were primarily concerned about the ramifications of adolescent pregnancy for girls' health and their life prospects, and about the role of gender inequality in determining adolescents' sexual and reproductive behavior. Family Planning advocates were particularly focused on population momentum: "The world cannot afford to forget...that human numbers are still growing rapidly....By the year 2005, 800 million teenagers will have reached childbearing age—the largest such group of potential parents ever" (Rockefeller AR 1997, 25).

As discussed previously, the Family Planning funders' strategy for lowering fertility among adults prioritized the supply side of the equation—they aimed to fulfill the existing unmet demand for family planning. For adolescents, however, this strategy would not be effective. Instead, funders sought to increase adolescents' *demand* for family planning and to decrease their need for it. This required the comprehensive approach that the Reproductive Health movement—and the ICPD Programme of Action—promoted.

Needs

Creel and Perry (2003) explain the barriers to adolescents' family planning use, which can be greater than those for adults. Where family planning services are available to adults, they may not be offered to adolescents due to policies or norms. And where services are available to them, adolescents may mistakenly believe they are not allowed to receive them. The obstacles of cost and stigma can also be amplified for adolescents. Moreover, inadequate sex education leaves adolescents with little knowledge—and often misinformation—about pregnancy and STI risks, and about the role of family planning services.

Gender inequality and inequity, which shape adults' sexual and reproductive behavior, also guide that of adolescents. In many areas of the Global South, important factors include the prevalence of norms such as early age of marriage for girls.[248] They also include gendered power imbalances that can lead to unsafe sexual activity, both consensual and forced. Additionally, adolescent girls' sexual and reproductive behavior is affected by their lack of education. Girls are often further influenced by their awareness of women's financial dependence on men, and their perception of women's diminished social status without a husband and children.

Approach

For these reasons and more, both groups of funders recognized that decreasing adolescent fertility required a multifaceted approach. Communications efforts were needed to help overcome the resistance of many policymakers, program architects, and the general public to addressing adolescent sexuality. Reproductive health and family planning service providers required training in how to treat adolescents effectively; sex education instructors needed training in how to deliver comprehensive information that addressed gender issues. And research was needed concerning the needs of adolescents in different contexts.

Many aspects of the funders' strategies for adolescents thus mirrored the comprehensive approach the Reproductive Health movement also advocated for adults. Family Planning advocates maintained that, though desirable, these components were unnecessary for reducing adult fertility given the existing unmet demand for family planning. For adolescents, however, they agreed that the comprehensive approach was necessary. By supporting the Reproductive Health approach for adolescents, however, Family Planning funders helped diffuse the Reproductive Health frame. They helped normalize attention to many areas of concern to the Reproductive Health movement. In addition, they certified that gender and a range of other social factors were important determinants of reproductive health.

Quality of Care

The quality of services provided was another area of importance to both Reproductive Health and Family Planning funders. As previous chapters discussed, experiences with poor-quality family planning services had mobilized women's health and rights advocates in the 1970s and 1980s. Such experiences then informed the Reproductive Health movement's platform in the 1990s.[249] To Family Planning advocates, it had become evident that where family planning was available but under-used, the quality of services was often a factor (Creel, Sass, and Yinger 2002). The ICPD Programme of Action's definition of high-quality services included many components of its definition of reproductive health care, described above.[250] It also stipulated that family planning programs must either provide comprehensive reproductive health care in addition to contraceptives, or provide referrals for it (United Nations 1995, para. 7.23).

As subsequent sections demonstrate, toward improving the quality of services Family Planning funders prioritized contraceptive supply, advances in contraceptive technology, and training of family planning providers. Reproductive Health funders emphasized comprehensive reproductive health care that included addressing gender issues. Both Reproductive Health and Family Planning advocates identified post-abortion care as an important part of high-quality services where safe abortion was inaccessible. And both groups supported high-quality, comprehensive care for adolescents (Creel & Perry 2003).

Family Planning funders' attention to quality of care certified the Reproductive Health frame. The emphasis on quality was more associated with Reproductive Health than with Family Planning largely because poor-quality family planning services had helped inspire the

Reproductive Health movement's emergence. As Chapters 5 and 6 showed, the Reproductive Health field developed from concern for women's health, rights, and well-being, with an explicit focus on individuals' experiences and needs.[251] This is not to suggest that Family Planning advocates and providers did not care about individuals; however, the Family Planning field was based on macro-level concerns about national and global economic, political, and social stability. Thus, the Family Planning funders' activities toward improving quality of care validated the Reproductive Health movement's frame. This was the case even as these funders maintained their focus on increasing family planning use in order to slow population growth.

Abortion and Reproductive Rights

Legal and safe abortion was another area of convergence between the two funder groups. Unwanted pregnancies are inevitable, and especially so in places with inadequate family planning services. In 1993, Rockefeller's annual report noted that "the U.N. and the World Bank estimate that each year as many as 53 million women resort to induced abortion—and risk their lives—because other forms of family planning are not at hand" (Rockefeller AR 1993, 28). One of the major triumphs of the Reproductive Health movement at ICPD was obtaining recognition in the Programme of Action that unsafe abortion constituted a public health problem.

In 2000, MacArthur's annual report described complications following unsafe abortions as "one of the major causes of maternal death and morbidity" (MacArthur AR 2000, 45). The consequences of unsafe abortion motivated the grantmaking of all five funders in this area. Because the need for safe abortion services was framed as a health issue and/or a women's rights issue, work in this area supported the Reproductive Health frame. Thus, both groups of funders advanced the Reproductive Health frame through their grants in this category.

As discussed previously, virulent opposition to abortion rights in the United States had led to severe restrictions on USAID support for international family planning. This led to a significant withdrawal of funds from many organizations that provided reproductive health and family planning services in developing countries. All five funders, therefore, had an interest in promoting support for reproductive rights in the United States, in other donor countries, and in developing countries. Such support was necessary in order to mobilize urgently needed resources.

Abortion and Reproductive Rights was an area in which the two groups of funders contributed to advancing both frames. The emphasis on rights aligned with Reproductive Health; the call for access to family planning as one of the primary solutions aligned with Family Planning. However, as the rest of the chapter will show, the funders' mutual benefit in this category and their convergence on issues pertaining to adolescents and quality of care were not the norm.

Notes about Tables

To explore how the five foundations pursued their goals and strategies following ICPD, this chapter presents data on grants that the foundations awarded in three Activity categories and two broad Issue categories.[252] Each of the sections below presents data for two time periods: 1995-2000 and 2001-2005.[253] The two periods had different dynamics that affected the foundations' grantmaking, so separating the periods best represents the foundations' work. However, none of the changes between the time periods affects the central finding of this chapter concerning the differences between the Reproductive Health and Family Planning funders. In order to focus on the chapter's main argument, therefore, I will not discuss changes over time that are evident in the data presented but not relevant to the chapter's purpose

The tables also reflect the termination of Rockefeller's population program in 1999, as discussed in the previous chapter. Additionally, because Packard Foundation provided only partial data for 2002-2005, dollar amounts and budget percentages are omitted from the 2001-2005 tables.[254] In other years, the percentage of grants and the percentage of grant dollars were typically closely related for Packard. For the 2001-2005 tables in this chapter, therefore, the percentage of grants serves as a proxy to position Packard in relation to the other foundations.

Hewlett Data: General Support and Grantee Files

As Chapter 1 explained, a unique characteristic of Hewlett Foundation was its willingness to provide unrestricted general support grants, which the philanthropic sector also calls core support or general operating support. Typically, foundations provide grants for a specific project, but general support is for the recipient to use however it chooses in pursuit of its mission (within the bounds of IRS regulations). Nearly half of Hewlett's population program grant dollars were awarded in general support in 1995-2000, and over 70% in 2001-2005.

Because such a large portion of Hewlett's grants was awarded in general support, Hewlett's data may have different meaning than those of the other funders. For example, for all five foundations' project grants (not general support), coding for Research might mean that the funder supported a specific research project or fellowship program. General support grants, on the other hand, mean that a foundation supported an organization's overall mission. General support to a research institution, therefore, might be applied to research or to covering the institution's overhead.

General support to an NGO that engaged in multiple pursuits, including research, may or may not be used for research. However, if research was among the grantee's typical activities during the grant year, I included Research when coding the grant. Thus, data on Hewlett's general support grants indicate the foundation's level of preference for grant recipients that engaged in a particular activity or focused on a specific issue. However, they do not mean that the funds were *necessarily* used for those purposes.

Hewlett data in this chapter include information from grantee application and report documents. As explained in Chapter 1, with grantees' consent, I viewed the files of 104 Hewlett grantees concerning 197 grants they received, totaling $88 million. These numbers represent 39% of the grantees, 28% of the grants, and 29% of Hewlett's population grant dollars awarded from 1996-2005.[255] The files I reviewed for general support grants represent one-third of the population program's general support grants and grant dollars for 1996-2005.[256] (See Appendix 4 regarding coding.)

Field-Building: Institutionalizing or Resisting the Reproductive Health Paradigm

The foundations' orientations toward the Reproductive Health frame are evident in their grantmaking. This chapter focuses on three Activity categories that their grants supported: *Communications*; *Research*; and *Capacity-Building, Technical Assistance, and Training (CBTAT)*.

Grants for Communications activities contribute to field-building because they help enroll new actors in the field. They also diffuse information and frames throughout the field to create unity and coherence. Communications grants target the public, movement and non-movement organizations, professionals in multiple sectors, and state actors. They aim to alter norms, beliefs, and behaviors in support of movement goals. Grants in this category also help designate field leaders by enabling particular actors to diffuse their message and to receive attention.

Grants in the Research category, which includes fellowships and other support for graduate-level training, are also field-building mechanisms. These grants certify areas of study and they can lead to data that legitimate movement claims or inform movement strategy. Additionally, they enable the development of experts, certified by prestigious institutions, who may subsequently become advisors to governments and other influential institutions. These experts, embedded in the field through their training, diffuse the frame their training instilled.

Capacity-Building, Technical Assistance, and Training (CBTAT) grants contribute most directly to field-building. They help develop organizational capacity and individual leadership capacity. Additionally, they encourage professionalization and rationalization among movement organizations. They also enable the transfer of skills and field frames. Moreover, through these grants, foundations certify particular actors and frames as important to the field.

Issues

The Reproductive Health funders and the Family Planning funders shared some objectives but, as the previous chapter showed, they had fundamental differences. Within the three Activity categories, the data convey that the two Reproductive Health supporters, Ford and MacArthur, generally emphasized similar Issue categories. Likewise, the three Family Planning supporters—Rockefeller, Packard, and Hewlett—shared some top priorities.

To illustrate the distinctions between the two groups of funders, this chapter analyzes the foundations' grants in each of the three Activity categories according to the Issues they addressed. Specifically, it explores the foundations' level of support for two sets of Issues that reflect the central concerns of either Family Planning or Reproductive Health: 1) Family Planning, Demography/Population, and Contraceptive Technology (FP-DP-CT), and 2) Reproductive Health without Specifying Family Planning. It examines their grants for Communications, Research, and Capacity-Building, Technical Assistance, and Training (CBTAT) in these two broad areas.

As the previous chapter showed, Rockefeller, Packard, and Hewlett supported work in Family Planning, Demography/Population, and Contraceptive Technology (FP-DP-CT) to a far greater extent than Ford and MacArthur did. In contrast, Ford and MacArthur supported Reproductive Health without Family Planning more than the others did. All five foundations contributed to field-building through Communications, Research, and CBTAT grants in these two issue areas. Moreover, as this chapter will show, although the Family Planning funders worked to promote the Family Planning frame and resist Reproductive Health, they also inadvertently helped institutionalize the Reproductive Health frame.

Communications

After ICPD, both sides needed to persuade donors, policymakers, and the public to support policies and budget allocations in their favor. Accordingly, all five foundations increased their funding for Communications efforts. As Table 1 indicates, all except for Rockefeller strongly emphasized this category: In 1995-2000 and 2001-2005 it was Packard's, MacArthur's, and Ford's top Activity priority and Hewlett's second priority. Packard, MacArthur, and Hewlett awarded over 50% of their Population grants budget to recipients engaged in Communications work in 1995-2000. Rockefeller did not emphasize Communications as strongly but still gave substantial funds for it. This category was Rockefeller's third Activity priority; nearly one-quarter of the foundation's population budget in 1995-1998 included support for it.

Table 1

Grants: Communications

1995-2000

	Activity Priority	Comm % of total Pop $	Comm % of total Pop #	Grants $ (millions)	Grants #	Total Pop $ (millions)	Total Pop #
Hewlett	2	60%	62%	71.5	193	119.2	311
Packard	1	51%	53%	143.6	343	280.2	647
MacArthur	1	51%	48%	39.9	350	78.1	736
Ford	1	36%	43%	120.9	693	337.8	1,601
Rockefeller*	3	24%	24%	17.1	122	70.7	509

*Rockefeller data are for 1995-1998, before the Population Sciences program closed.

2001-2005

	Activity Priority	Comm % of total Pop $	Comm % of total Pop #	Grants $ (millions)	Grants #	Total Pop $ (millions)	Total Pop #
Hewlett	2	62%	57%	120.3	250	195.3	438
Packard	1	48%	45%	33.5	164	70.2	361
MacArthur	1	n/a	45%	n/a	209	241.8	465
Ford	1	45%	46%	114.7	593	256.1	1,283

Source: Data on 6,351 grants from the 1995-2005 annual reports of the Ford, Hewlett, MacArthur, and Packard foundations, and the 1995-1998 annual reports of the Rockefeller Foundation, coded by the author.

Indicating the scope of the tasks facing Reproductive Health advocates, Ford's 1995 annual report emphasized the need to educate stakeholders about what reproductive health care entailed. This is a sharp contrast to the task of Family Planning advocates whose targets already knew the relevant concepts.

> The Foundation supports groups that help government and donor agencies, as well as international and national non-governmental organizations (NGOs), develop a better understanding of what reproductive health means. With such understanding they will be better able to design policies and operate programs that respond to the full range of sexual and reproductive health needs. (Ford AR 1995, 99)

This recalls Ford's and Rockefeller's field-building work in the 1950s and 1960s to diffuse the Family Planning frame, resulting in the rise of national population policies and national family planning programs.

Communications:
Family Planning, Demography/Population, and/or Contraceptive Technology (FP-DP-CT)

Based on their orientations toward Reproductive Health and Family Planning, the focus of the five foundations' Communications grants differed. Table 2 below presents the percentage of grants and grant dollars for Communications work that addressed the central Family Planning issues: Family Planning (FP), Demography/Population (DP), and Contraceptive Technology (CT). Hewlett, Rockefeller, and Packard emphasized this work, in contrast to MacArthur and Ford.

Table 2

Communications: Family Planning, Demography/Population, and/or Contraceptive Technology (FP-DP-CT)

1995-2000

	FP-DP-CT % of total Comm $	FP-DP-CT % of total Comm #	Grants $ *(millions)*	Grants #	Total Comm $ *(millions)*	Total Comm #
Hewlett	74%	65%	52.9	125	71.5	193
Rockefeller*	67%	65%	11.5	79	17.1	122
Packard	63%	52%	90.8	178	143.6	343
MacArthur	18%	11%	7.3	39	39.9	350
Ford	3%	6%	4.2	40	120.9	693

*Rockefeller data are for 1995-1998, before the Population Sciences program closed.

2001-2005

	FP-DP-CT % of total Comm $	FP-DP-CT % of total Comm #	Grants $ *(millions)*	Grants #	Total Comm $ *(millions)*	Total Comm #
Hewlett	70%	57%	84.7	142	120.3	250
Packard	n/a	45%	n/a	94	n/a	209
MacArthur	6%	7%	2.1	11	33.5	164
Ford	4%	4%	4.2	21	114.7	593

Source: Data on 6,351 grants from the 1995-2005 annual reports of the Ford, Hewlett, MacArthur, and Packard foundations, and the 1995-1998 annual reports of the Rockefeller Foundation, coded by the author.

Communications:
Reproductive Health without Specifying Family Planning

Table 3 below presents the percentage of grant dollars for Communications work that addressed Reproductive Health but did not also specify Family Planning. This does not mean the grants necessarily *excluded* Family Planning, only that the grant descriptions solely specified Reproductive Health. In part, this could be for reasons as trivial as lack of space in the annual report or a staff member's offhand omission. However, the degree of difference between the Reproductive Health and Family Planning funders' numbers in this category suggests more meaningful causes.

The Reproductive Health funders, Ford and MacArthur, gave a greater percentage of their Communications grant dollars to grantees addressing Reproductive Health without Family Planning. As discussed in the previous chapter, the Reproductive Health frame positioned family

planning as a component of reproductive health. Therefore, these funders would be less likely to specify family planning in a description of a grant for reproductive health care services.

Furthermore, Ford and MacArthur promoted the broad Reproductive Health frame, which included activities that were distinct from both reproductive health care and family planning. For example, activities could involve educational programs about violence against women, or efforts to inform government ministries about how to promote gender equality through population policies. Thus, the foundations supported Reproductive Health programs that did not provide either reproductive health care or family planning services.

As discussed in the previous chapter, the Family Planning funders, in contrast, tended to group reproductive health together with family planning, as they primarily funded the components of reproductive health care that most directly affected use of family planning.

Table 3

Communications: Reproductive Health without Specifying Family Planning

1995-2000

	RH w/o FP % of total Comm $	RH w/o FP % of total Comm #	Grants $ (millions)	Grants #	Total Comm $ (millions)	Total Comm #
Ford	42%	46%	50.2	320	120.9	693
MacArthur	40%	39%	16	138	39.9	350
Hewlett	20%	24%	14	47	71.5	193
Rockefeller*	18%	26%	3	32	17.1	122
Packard	11%	20%	16.3	70	143.6	343

*Rockefeller data are for 1995-1998, before the Population Sciences program closed.

2001-2005

	RH w/o FP % of total Comm $	RH w/o FP % of total Comm #	Grants $ (millions)	Grants #	Total Comm $ (millions)	Total Comm #
MacArthur	51%	51%	17.2	84	33.5	164
Ford	48%	43%	54.6	256	114.7	593
Packard	n/a	33%	n/a	70	n/a	209
Hewlett	17%	26%	20.9	65	120.3	250

Source: Data on 6,351 grants from the 1995-2005 annual reports of the Ford, Hewlett, MacArthur, and Packard foundations, and the 1995-1998 annual reports of the Rockefeller Foundation, coded by the author.

Both the Reproductive Health and Family Planning funders pursued policy and program objectives through their Communications grants. For example, Ford and MacArthur supported the ICPD Programme of Action through grants aimed at informing segments of the public about

reproductive health care. They also supported educating family planning providers, health care providers, and the public about reproductive health, sexual health, and gender issues. Additionally, they gave grants aimed at generating support for reproductive health policies, reproductive rights, and women's rights. They also contributed to efforts to prevent violence against women and stop harmful traditional practices, like female genital cutting.

Packard, Rockefeller, and Hewlett represented and supported Family Planning through their goals, priorities, and strategies. Rockefeller and Hewlett primarily supported organizations that engaged directly with policymakers or that educated both the public and policymakers about population issues. Packard funded such policy-related efforts as well, but it supported more work targeting the public in order to promote the use of family planning. In this respect, Packard was similar to Ford and MacArthur: They too emphasized informing potential beneficiaries about services, though Packard focused on family planning rather than on comprehensive reproductive health care.

The discussion that follows demonstrates how the five foundations used their Communications grants for field-building, seeking to enroll new actors, diffuse the frame, and strengthen support for field actors.

Policy Goals

Ford and MacArthur

In addition to helping governments, donors, and NGOs understand what Reproductive Health entailed, Ford and MacArthur funded efforts targeting the public in the United States and abroad. Grants aimed to increase support for favorable policies. For example, in 1995 MacArthur funded an initiative in the U.S. to "promot[e] women's health by raising awareness of the gender and social justice implications of U.S. economic and development policies" (#2577, 1997). Similarly, in 1997 Ford funded a Brazilian organization "to stimulate public debate on women's health and rights, and to mobilize women in support of progressive policies" (#8853, 1997).

Also in Brazil, in 1999 Ford supported a national feminist network "to promote public debate on feminist perspectives concerning reproductive health and rights policy issues" (#9268, 1999). The funders' emphasis on promoting the women's rights framework for Reproductive Health policies was intended to build the field and institutionalize the Reproductive Health frame. Their grants certified and helped diffuse the frame.

Efforts to reach the public sometimes involved the news media. For example, MacArthur supported a Mexican organization's "activities to increase media awareness of women's concerns, and to develop a network of journalists interested in reproductive rights and other gender issues" (#2615, 1996). Ford gave several grants in 1997 to organizations in India and elsewhere to obtain "training in media skills" (#8776 India; #8777 England; #8778 USA; #8780 India).

That same year Ford also funded several Chilean organizations for "the incorporation of gender issues into the media" (#8841; #8842; #8843). Similarly, the foundation later provided a grant for "media and communication activities on reproductive health and women's empowerment" (#8968 India, 1998). All of Ford's and MacArthur's Communications grants in this area aimed to diffuse the Reproductive Health frame and generate support for it.

Rockefeller, Hewlett, and Packard

To influence policy through Communications grants, Packard prioritized educating the public in the United States and abroad about population issues, rather than targeting policymakers directly. Rockefeller and Hewlett focused on strengthening the ability of NGOs in donor countries to influence policymakers and the public. Through their grants, the three funders promoted concern for population growth and the need for family planning to address it.

Rockefeller's Communications grants emphasized educating both policymakers and the public in donor countries—including the U.S. but especially in Europe—about population issues and the importance of unmet demand for contraceptives. For example, in 1995 Rockefeller awarded $150,000 for "an educational initiative on population and development for parliamentarians of all parties in Denmark and Finland" (#4064 England). To help generate public support for population assistance, Rockefeller gave grants such as one to a Canadian NGO "for a public education program about international population and development issues and the dissemination of research results on these topics" (#4459, 1998).

Hewlett's Communications grants shared Rockefeller's emphasis. For example, in 1996 Hewlett gave a large general support grant to an organization that would "inform policymakers, opinion leaders, and the media about population issues" (#1763 USA). The foundation's primary focus in this regard was funding organizations in Europe that aimed to increase support for international population assistance.

At the time, some European countries gave minimal population assistance and had few population advocacy organizations or none at all. Hewlett's initiative, termed the "Eurongos" (for "European NGOs"), consisted of a group of European organizations that sought to increase international population assistance from their governments. The Eurongos project was to raise awareness of the need for population assistance; however, some of its members additionally worked to inform policymakers about how to include Reproductive Health in population and development work (e.g., #1288, 1997). This illustrates how some grants Family Planning funders awarded helped advance Reproductive Health while promoting Family Planning concerns.

Packard prioritized educating the public.[257] This included media training. For example, the foundation provided $475,000 over two years to the Population Reference Bureau, "to continue and expand a media project that educates journalists about global population issues" (#8190 USA, 1998). In 2000, Packard spent $20.3 million on seven grants for "a project to build domestic awareness about international family planning" (e.g., #8492 USA). This project, the PLANet Initiative, commanded nearly 30% of the foundation's Communications grant dollars in 2000.

Grants for the PLANet Initiative went to environmental, population, family planning, and development organizations. These grants contributed to field-building by reaching new constituents. This strategy of expanding the field by targeting actors in closely related fields was employed by all five funders.[258]

Program Goals

In addition to pursuing policy objectives, the foundations used Communications grants to contribute to field-building by helping shape Reproductive Health and Family Planning programs.

Ford and MacArthur

As Packard did through the PLANet Initiative, both Ford and MacArthur used Communications grants to help institutionalize the Reproductive Health frame in programs that had other primary purposes. For example, in 1995 MacArthur supported "implementing a project to provide financial support to Indian women's cooperatives that disseminate reproductive health information" (#2532 USA). It also funded International Planned Parenthood Federation/Western Hemisphere Region "to promote sexual health and gender awareness among the member family planning associations" (#2755 USA, 1997). Both Ford and MacArthur supported the same Latin American regional women's health network, based in Chile, to facilitate exchange of information about reproductive health among its members (#2586, 1995; #2994, 1998; #6181, 1998; #3268, 2001). Through such grants, the foundations helped expand the Reproductive Health field

Packard, Hewlett, and Rockefeller

In contrast to Ford's and MacArthur's grants, Packard's Communications grants were overwhelmingly focused on increasing contraceptive use. For example, Packard funded "a mass media campaign to educate consumers about modern family planning methods in the Philippines" (#8416 USA, 2000). Another approach was a grant "for production in Zambia of a training video on post-abortion family planning counseling for use throughout sub-Saharan Africa" (#5105 USA, 1995).

Hewlett's grants to recipients conducting communications work emphasized population issues and family planning. In 1995-2000, more than two-thirds of Hewlett's grant dollars for Communications (and more than half of its grants) were awarded through general support. In 2001-2005, 80% of its Communications grant dollars (and over two-thirds of its grants) were. As Hewlett gave general support grants to organizations whose missions were closely aligned with the population program's strategy, the foundation's spending in this category went primarily to large, well-established population, family planning, and reproductive rights organizations.[259]

With a range of approaches, Hewlett's general support grantees all did communications work that supported reproductive rights and aimed to expand access to and use of family planning. To varying degrees, they also promoted reproductive health care and/or the broader Reproductive

Health frame. Such grants helped build the Reproductive Health field while also serving Family Planning goals.

In addition to Hewlett's general support grants, its funding for specific projects helped expand the field. Most of Hewlett's Communications grants for projects were for population and family planning projects within development, environmental, and health organizations. For example, in 1997 Hewlett supported the Environmental Defense Fund "for a policy evaluation and public education program on the links between population and climate change" (#1321 USA). In 2002, it funded a public broadcasting organization in Massachusetts for a television "production on global population, biodiversity and the environment" (#2045). As noted previously, frame-bridging efforts to draw supporters of other movements into the Family Planning movement was a strategy for expanding the field.

In order to influence both policies and programs, unlike Packard, Rockefeller did not target people who might need services; its focus was influencing those who could shape policy and program design. Thus Rockefeller's Communications grants, like Hewlett's, prioritized informing policymakers and the public about relevant issues. Also like Hewlett, some of Rockefeller's grants included attention to reproductive health. For example, it funded "the development of a post-Cairo public education program on international reproductive health, population, and development issues" (#4051 Australia, 1995).

Summary: Communications Grants

Through their Communications grants, Ford and MacArthur advanced the Reproductive Health frame while Rockefeller, Packard, and Hewlett promoted Family Planning. However, the Family Planning funders supported some grantees that also addressed Reproductive Health concerns in their communications work. As a result, Family Planning funders' grants sometimes contributed to efforts to institutionalize the Reproductive Health frame, even as they sought to draw attention to population issues and family planning.

Projects that addressed *both* Reproductive Health and Family Planning concerns served to advance the Reproductive Health frame more than they did the Family Planning frame. Reproductive Health sought to broaden the focus of population policies and family planning programs to include attention to additional health, rights, and gender issues. Family Planning, on the other hand, sought to maintain a narrow focus. As a result, *adding* Reproductive Health concerns to Family Planning projects helped institutionalize the Reproductive Health frame. This process is also evident in the foundations' grants for the remaining two Activity categories.

Research

Just as the Reproductive Health and Family Planning funders used Communications grants for similar purposes—reaching policymakers and the public—but with different messages, so did

they use Research grants for the same purposes but with different concerns. As previous chapters illustrated, supporting research can be an especially effective way for foundations to build a field. It creates new knowledge and promotes particular frames. Additionally, research fellowships can attract new scholars and help them acquire expertise in the approach the funders favor. These scholars then diffuse the approach as they pursue careers in academia, government, and reproductive health or family planning programs.

Following ICPD, in order to influence policy—including budget allocations—and to develop more effective programs, both sides needed to generate more knowledge and interest in their field. They also needed to establish more experts who could influence governments and programs. Although they employed similar field-building mechanisms, the funders' differing policy aims and program priorities shaped their grants. This section explores the areas their Research grants favored, which differed along the same lines as their Communications grants.

As the table below shows, Research was among the top three Activity priorities for all foundations except for Packard. More than three-fourths of Rockefeller's population grant dollars in 1995-1998 went to recipients conducting research. This was Rockefeller's highest Activity priority, as it had been historically. It was Ford's and MacArthur's second highest Activity priority in 1995-2000.

Packard stood apart from the other funders: In 1995-2000, Research was its fifth priority, and fourth in 2001-2005. This reflects Packard's emphasis on expanding access to family planning as quickly as possible, which entailed scaling up existing successful programs, and adding some new programs, rather than conducting research.

Of Hewlett's funding for Research in 1995-2000, 46% was awarded in general support. In 2001-2005, 53% went to general support. Thus, Hewlett's Research numbers generally represent its support for organizations that conducted research as at least one of their activities, rather than its support for specific research projects.

Table 4

Grants: Research

1995-2000

	Activity Priority	Research % of total Pop $	Research % of total Pop #	Grants $ (millions)	Grants #	Total Pop $ (millions)	Total Pop #
Rockefeller*	1	77%	82%	54.6	415	70.7	509
Hewlett	3	56%	59%	66.9	182	119.2	311
Ford	2	39%	42%	131.3	676	337.8	1,601
MacArthur	2	34%	40%	30.6	297	78.1	736
Packard	5	17%	24%	46.6	155	280.2	647

*Rockefeller data are for 1995-1998, before the Population Sciences program closed.

2001-2005

	Activity Priority	Research % of total Pop $	Research % of total Pop #	Grants $ (millions)	Grants #	Total Pop $ (millions)	Total Pop #
Hewlett	3	56%	59%	109.5	260	195.3	438
Ford	2	41%	38%	105.8	486	256.1	1,283
MacArthur	3	34%	32%	24	117	70.2	361
Packard	4	n/a	20%	n/a	93	241.8	465

Source: Data on 6,351 grants from the 1995-2005 annual reports of the Ford, Hewlett, MacArthur, and Packard foundations, and the 1995-1998 annual reports of the Rockefeller Foundation, coded by the author.

The following sections demonstrate the foundations' use of Research grants to advance either Family Planning or Reproductive Health.

Research:
Family Planning, Demography/Population, and/or Contraceptive Technology (FP-DP-CT)

The table below shows a major difference in the level of funding the two groups of foundations directed to the Family Planning priorities: Family Planning, Demography/Population, and Contraceptive Technology (FP-DP-CT).

Table 5

Research Grants: Family Planning , Demography/Population, and/or Contraceptive Technology (FP-DP-CT)

1995-2000

	FP-DP-CT % of total Research $	FP-DP-CT % of total Research #	Grants $ (millions)	Grants #	Total Research $ (millions)	Total Research #
Hewlett	77%	69%	51.7	126	66.9	182
Packard	64%	57%	29.7	89	46.6	155
Rockefeller*	60%	57%	32.6	235	54.6	415
MacArthur	32%	23%	9.9	68	30.6	297
Ford	5%	7%	6.5	49	131.3	676

*Rockefeller data are for 1995-1998, before the Population Sciences program closed.

2001-2005

	FP-DP-CT % of total Research $	FP-DP-CT % of total Research #	Grants $ (millions)	Grants #	Total Research $ (millions)	Total Research #
Hewlett	61%	60%	67	157	109.5	260
Packard	n/a	52%	n/a	48	n/a	93
MacArthur	12%	17%	2.9	20	24	117
Ford	4%	7%	3.9	32	105.8	486

Source: Data on 6,351 grants from the 1995-2005 annual reports of the Ford, Hewlett, MacArthur, and Packard foundations, and the 1995-1998 annual reports of the Rockefeller Foundation, coded by the author.

In addition to committing different levels of funding to research in this area, the two groups gave grants for different purposes within it.

MacArthur and Ford: Family Planning, Demography/Population, Contraceptive Technology (FP-DP-CT)

Although the proportion of MacArthur's Research grants awarded for FP-DP-CT is substantially lower than that of the Family Planning funders, these grants do constitute nearly one-third of MacArthur's Research budget for 1995-2000. MacArthur primarily funded this area in order to expand the Reproductive Health field by shaping family planning research. Ford did the same, though it committed proportionally far less than MacArthur did.

MacArthur's largest Research grant for FP-DP-CT in 1995 provides an example of this field-building work. Harvard University's Center for Population and Development Studies received $900,000 over three years:

> For leadership development, policy research, and international exchanges to broaden the priorities of the population field…Approaches to population studies have matured from a preoccupation with demographics to a broader view of sustainable human development that focuses on reproductive health, women's empowerment, and reproductive rights. The center works with young leaders from around the world who bring fresh perspectives to population challenges. (#2523)

Through grants like this, MacArthur helped institutionalize the Reproductive Health frame. Ford gave minimally to FP-DP-CT Research, but its focus was similar to MacArthur's. For example, its second largest grant in this area in 1997 was "to incorporate reproductive health research and training in demographic research institutions in India" (#8759 India).[260]

MacArthur and Ford also awarded Research grants concerning family planning in order to support implementation of the Reproductive Health approach. For example, MacArthur funded the "documentation of efforts to broaden family planning programs in Latin America to include

concepts of sexuality and gender" (#3143 USA, 2000). Ford funded a university in China "to conduct a gender analysis and develop a gender index for the National Population and Family Planning Commission's quality of care program" (#7346, 2003). Thus, the foundations were promoting the Reproductive Health frame through their Research grants related to family planning.

To shape research in pursuit of new contraceptive technology, in 1997 MacArthur supported "a workshop on biomedical ethics and reproductive health research" (#2753 USA). That same year, Ford awarded $110,000 to the University of Chile's "new masters program in bioethics" (#8845). These grants represent field-building efforts to diffuse the Reproductive Health frame, enroll new actors, and shape the Family Planning frame to reflect Reproductive Health concerns.

Hewlett, Rockefeller, and Packard: Family Planning, Demography/Population, Contraceptive Technology (FP-DP-CT)

The Family Planning funders' Research grants for FP-DP-CT were similar to the grants that helped build the population field in the 1950s and 1960s. All three of the Family Planning funders gave Research grants that aimed to strengthen demographic research, inform policy, and facilitate improved access to and increased use of contraception. However, the three foundations had distinct emphases.

Hewlett and Rockefeller prioritized support for population studies centers in order to build knowledge, develop experts, and influence policy. Rockefeller also prioritized efforts to develop safer and more effective contraceptive technologies. Packard, which funded the least research of the five foundations, emphasized projects that would most directly bear upon family planning access and use.

Hewlett's Research grants for FP-DP-CT overwhelmingly went to university population studies centers and major, research-oriented population organizations. Most of its grants to these institutions were for general support. Hewlett particularly favored institutions that trained scholars from developing countries.

Rockefeller also aimed to advance demography and population studies, such as through supporting "a network of field sites in developing countries that collect demographic and health data on a continuous basis" (#4581 Ghana, 1998). In addition, Rockefeller continued its longstanding support for contraceptive technology research and development. Its many grants in this area included molecular cell biology research, animal studies, clinical trials, and capacity-building for research centers. Research focused on identifying and developing new avenues for female and male contraception, and methods that would also prevent transmission of HIV and other STIs.[261]

Research into contraceptive technology served both Family Planning and Reproductive Health goals. The Reproductive Health movement had called for improvements in contraceptive methods, as did the ICPD Programme of Action. The Reproductive Health funders, however, did not fund research in this area.

Although the degree of Rockefeller's emphasis on contraceptive technology research and development was unique, all three Family Planning funders supported a major initiative in the Contraceptive Research and Development program (CONRAD) through Eastern Virginia Medical School (e.g., #4122; #4277; #1237; #8436; #1240). CONRAD's Consortium for Industrial Collaboration in Contraceptive Research established a partnership between the public and private sectors. Collectively, the three foundations provided over $10.5 million to CONRAD between 1995 and 2004; Rockefeller contributed nearly half of that amount in 1995 and 1996. Neither Ford nor MacArthur contributed to the effort.

The Family Planning foundations often intended the population, demography, and family planning research they supported to inform policies and programs. For example, Rockefeller funded "a project designed to strengthen research capacity in Africa through the establishment of a center for population policy research in Nairobi" (#4092 USA, 1995). Moreover, one of Hewlett's university grantees in Latin America noted in its application that the majority of its graduate students came from positions in government agencies and returned to those positions after obtaining their degrees (#1940). Both forging and taking advantage of close links between academia and government are hallmarks of foundations' field-building work. As Chapter 4 demonstrated, it was an important factor in the Family Planning movement's success in the 1950s and 1960s.

As noted, Packard did not prioritize grants for research. However, in line with its stated priorities, almost all of the research funding it provided was to help increase the availability and use of contraceptives and to promote concern for population growth. For example, Packard funded "an analysis of existing data on the ability of people in developing countries to pay for family planning" (#8083 USA, 1997). Further, it supported the UNFPA "for a study of market segmentation related to commercial oral contraceptive distribution" in several developing countries (#8201 USA, 1998). Another example of Packard's use of Research funds to support family planning is a grant "to evaluate the effectiveness of clinic franchising programs on contraceptive service delivery" in the foundation's six focus countries (#8464 USA, 2000).[262]

Summary: Research for FP-DP-CT

The Reproductive Health funders supported research efforts aimed at encouraging FP-DP-CT work to address Reproductive Health concerns. This was to institutionalize the Reproductive Health frame within traditionally Family Planning domains, thus expanding the Reproductive Health field.[263] MacArthur funded more of this than Ford did.

The Family Planning foundations, in contrast, funded FP-DP-CT research in ways that advanced traditional Family Planning concerns. They also funded substantially more research in this area than did the Reproductive Health funders. Hewlett's emphasis was population studies, Rockefeller's was contraceptive technology, and both supported policy-relevant research. Packard funded less research for any issue than the other four foundations did, but within FP-DP-CT, it focused on how to expand access to family planning. Thus, all five foundations used Research grants for field-building purposes toward Reproductive Health or Family Planning.

<div align="center">Research:

Reproductive Health without Specifying Family Planning</div>

As the tables below show, the same pattern exhibited in Communications grants for Reproductive Health without Family Planning appears in grants that included research. Ford and MacArthur gave more of their Research grants to this area than the Family Planning funders did.[264] As noted in the Communications section, grants categorized as Reproductive Health without Family Planning did not necessarily exclude family planning work even though "family planning" was not mentioned in the annual report grant description.

Table 6

Research Grants: Reproductive Health without Specifying Family Planning

1995-2000

	RH w/o FP % of total Research $	RH w/o FP % of total Research #	Grants $ (millions)	Grants #	Total Research $ (millions)	Total Research #
MacArthur	48%	42%	14.6	125	30.6	297
Ford	48%	50%	62.5	335	131.3	676
Rockefeller*	19%	24%	10.2	98	54.6	415
Packard	17%	21%	8	33	46.6	155
Hewlett	11%	16%	7.3	30	66.9	182

*Rockefeller data are for 1995-1998, before the Population Sciences program closed.

2001-2005

	RH w/o FP % of total Research $	RH w/o FP % of total Research #	Grant $ (millions)	Grants #	Total Research $ (millions)	Total Research #
Ford	53%	47%	56.2	230	105.8	486
MacArthur	42%	46%	10	54	24	117
Packard	n/a	34%	n/a	32	n/a	93
Hewlett	25%	25%	27.7	64	109.5	260

Source: Data on 6,351 grants from the 1995-2005 annual reports of the Ford, Hewlett, MacArthur, and Packard foundations, and the 1995-1998 annual reports of the Rockefeller Foundation, coded by the author.

As Table 6 shows, Packard's and Hewlett's support for this category increased between the two time periods, which—especially for Packard—narrowed their distance from the Reproductive Health funders. This is likely a consequence of the increased dominance of the Reproductive Health frame or at least that of its discourse. As discussed below, many of Packard's grants that

fall into this category likely included family planning despite its omission from grant descriptions. Hewlett's emphasis on general support affects the meaning of its data in this category. For general support grants to appear in this category, the grantees' application and report documents and/or their organizational material from the time period must center on reproductive health. Therefore, the Hewlett numbers indicate that many of its grantees either focused on reproductive health or had adopted its discourse.

Despite the narrowed distance between the Reproductive Health and Family Planning funders in this category over time, a gap remains nonetheless. Furthermore, the following discussion shows that not only did the Reproductive Health funders commit a greater proportion of their budgets to research in this category than the Family Planning funders did, but they also used Research grants to promote attention to some different issues within this area.

Ford and MacArthur: Reproductive Health without Specifying Family Planning

Ford's and MacArthur's grants for Research in this area contributed to Reproductive Health field-building through efforts to inform policy. Grants supported monitoring ICPD implementation, monitoring the effects of policies, and conducting research into the determinants of reproductive health. Grants also funded research on numerous rights issues. These included the status of reproductive rights, and attitudes toward women's rights and reproductive health. They also funded research into the relationship between gender equality and reproductive rights. Other grants supported studies on the relationship between human rights and reproductive health.

Toward understanding the determinants of reproductive health, in 1995 MacArthur funded "a research and training program in gender, sexuality, and sexual health" (#2597 Brazil). Similarly, Ford funded "research in gender, sexuality and reproductive health" (#9046 Brazil, 1998). It also supported "an international gender studies and health equity project" in Brazil (#6524 USA, 2000). Another Ford grant in this area funded "community-based research on reproductive health and women's empowerment" (#7916 Bangladesh, 1996).

Both foundations also supported monitoring ICPD implementation. For example, Ford funded a project "to monitor and analyze the post-ICPD impact of international donor policies and programs on women's reproductive health" (#6335 USA, 1999). Representing MacArthur's turn in 2000 toward maternal mortality and morbidity and adolescent reproductive health, its largest grant in 2001 funded "policy research" in both areas (#3285 India, 2001).

The application of a human rights framework to population and development policies was a critical component of ICPD for Reproductive Health advocates. Both Ford and MacArthur supported research in this area while, in contrast, the Family Planning funders provided minimal grants for it. MacArthur, for example, funded a project to "promot[e] and monito[r] reproductive health and human rights principles as specified in the ICPD-Cairo agreements" (#2749 USA, 1997). Ford funded research into "the link between public health and human rights, with a focus on women's reproductive health" (#6076 USA, 1997).

Demonstrating the breadth of issues that fell under the reproductive rights rubric for the Reproductive Health funders, MacArthur supported an effort "to document the illegal practices of requiring women job applicants to submit pregnancy tests and of firing workers who become pregnant" (#2940 Mexico, 1998). Ford and MacArthur both used Research funding to address violence against women and harmful traditional practices. Examples in this area include MacArthur's grant for "a project to document the impact of gender and racial violence on women's health" (#3010 Brazil, 1999) and Ford's "to design a research program on the long-term health effects of female genital mutilation in Egypt" (#6944 Egypt, 2001).

Exemplifying the ICPD framing of the inter-relationships among determinants of reproductive health, Ford supported a project "to explore intersecting linkages between violations of women's human rights and sexuality and vulnerability to HIV/AIDS and gender-based violence" (#7555 USA, 2004). As illustrated in previous chapters, foundation Research grants were an important field-building mechanism not only because they supported knowledge creation, but also because they certified the importance of particular issues.

Ford additionally continued its longstanding field-building work of funding social science research and training. This included grants "to integrate reproductive health ethics into teaching, research and training" (#9217 Philippines, 1999). It also provided funding "to improve social science research on gender, sexuality, and reproductive health and its effect on public policy" (#8846 Brazil, 1997). Additionally, Ford supported "strengthen[ing] the reproductive health research capacities of young and female social scientists in West Africa" (#6597 Senegal, 2000). MacArthur provided far less support than Ford did for university programs, but it funded many individual research projects on a range of reproductive health topics.

Rockefeller, Hewlett, and Packard: Reproductive Health without Specifying Family Planning

In the 1995-2000 period, the Family Planning funders supported comparatively little research into reproductive health that did not also specifically address family planning access and use. Moreover, these funders had different goals for their Research grants in this area than their Reproductive Health counterparts did. They aimed to inform Family Planning efforts through, for example, strengthening population studies and supporting research into contraceptive technology.

The Family Planning funders also provided grants for research on determinants of sexual and reproductive behavior—because these behaviors affect fertility. In the process of serving Family Planning goals, however, some of their grants also helped institutionalize the Reproductive Health frame. They did so by certifying the importance of gender and other social factors, and by funding research to improve the quality of services.

Rockefeller

Of the $10.2 million Rockefeller awarded in this area (1995-1998), $7.2 million—71%—was to address Contraceptive Technology, Demography/Population, or Adolescent Reproductive

Health. Though the grant descriptions did not specify family planning, all three of these areas served Family Planning goals. Rockefeller's remaining grants in this category primarily supported research into the determinants of sexual and reproductive behavior.

Research into such determinants aligned with Family Planning priorities; findings pertaining to sexual and reproductive behavior could inform efforts to reduce fertility. However, some of the potential determinants investigated through these grants aligned with the Reproductive Health frame. These included gender relations, other social factors, and the quality of services.

By certifying that these were legitimate areas of study, Rockefeller's grants helped institutionalize the Reproductive Health frame. Its grants did so even though the foundation's goal—lowering fertility—did not align with that frame. For instance, in 1995 Rockefeller funded "an exploratory study of how gender relations among the poor in Bombay affect sexual behavior and the transmission of disease" (#4178 India) and a study on the "social influences on male sexual behavior in Thailand" (#4155 Thailand). The focus on gender supported the Reproductive Health frame.

Packard

Packard's Research grants in the Reproductive Health without Family Planning category often included program evaluations, needs assessments among reproductive health care programs, and research to improve the quality of care. Given Packard's focus on expanding access to and use of family planning services, it is likely that the reproductive health projects it funded almost always addressed—and even emphasized—family planning. Nevertheless, grant descriptions in annual reports do not always specify it. For example, a 1997 grant "to identify training needs and opportunities in reproductive health in four countries of sub-Saharan Africa" (#8098 USA) likely included family planning within reproductive health.

Packard's annual report narratives and my interviews with Packard program staff consistently indicate the program's drive to expand access to family planning as directly as possible. Even in Packard's other focus areas—abortion rights and post-abortion care, and adolescent reproductive health—supporting a significant number of reproductive health projects that did not specifically include family planning would be remarkably inconsistent with that priority. Yet Packard's grants certainly may have supported other components of reproductive health care *in addition to* family planning. If so, its grants indicate the success of the Reproductive Health movement in institutionalizing its frame.

As noted in the previous chapter, however, some Packard staff members experienced pressure from grantees and others that led them to adopt the Reproductive Health discourse even when their focus remained family planning (Anonymous, Packard 2010). If that accounts for many of Packard's grant descriptions that refer to reproductive health without specifying family planning, the descriptions represent the co-optation of discourse, rather than meaningful change.[265] On the other hand, if the change in discourse enabled grantees to use their grants for reproductive health

work in addition to family planning, the foundation's co-optation of discourse may have helped institutionalize the Reproductive Health frame regardless.

Hewlett

Hewlett did not prioritize Research on Reproductive Health without Family Planning; however, grantee files show that its grants in this area were typically oriented toward population studies. For example, Hewlett supported graduate training in population and reproductive health issues in developing countries (#1951 USA, 2000). It also supported some research on STI/HIV prevention, and studies pertaining to reproductive rights and abortion in the United States. Research in these areas served both Family Planning and Reproductive Health goals.

Summary: Research Grants

Research funding is a powerful field-building mechanism that both Reproductive Health and Family Planning funders employed. Some Family Planning grants resisted institutionalizing the Reproductive Health frame by promoting traditional Family Planning approaches. Other Family Planning grants, such as those addressing gender, the quality of services, or adolescent sexual and reproductive health, supported the Reproductive Health frame as a byproduct of the funders' pursuit of other goals. The next section demonstrates that this pattern, evident in both Research and Communications grants, also appears in a third category of grants.

Capacity-Building, Technical Assistance, and Training (CBTAT)

An important mechanism for field-building is the development of institutional capacity and human resources, both of which are essential components of a field's infrastructure. As previous chapters have shown, foundations give grants to governments, academic institutions, and NGOs for these purposes. This section explores how the five foundations used grants for Capacity-Building, Technical Assistance, and Training (CBTAT) to advance Reproductive Health or Family Planning following ICPD.

As Table 7 shows, among the five foundations Hewlett gave the greatest portion of its population budget to this category. Although Packard gave a smaller portion than Hewlett did, it was Packard's second highest Activity priority, behind only Communications during both time periods (see Table 1 above).

Table 7

Grants: Capacity-Building, Technical Assistance, and Training (CBTAT)

1995-2000

	Activity Priority	CBTAT % of total Pop $	CBTAT % of total Pop #	Grants $ (millions)	Grants #	Total Pop $ (millions)	Total Pop #
Hewlett	3	49%	49%	58.8	152	119.2	311
Packard	2	40%	34%	111	223	280.2	647
Ford	3	35%	29%	117.7	471	337.8	1,601
MacArthur	3	29%	23%	22.7	167	78.1	736
Rockefeller*	4	25%	27%	18	135	70.7	509

*Rockefeller data are for 1995-1998, before the Population Sciences program closed.

2001-2005

	Activity Priority	CBTAT % of total Pop $	CBTAT % of total Pop #	Grants $ (millions)	Grants #	Total Pop $ (millions)	Total Pop #
Hewlett	3	54%	42%	105.5	186	195.3	438
MacArthur	2	43%	31%	30.2	112	70.2	361
Packard	2	n/a	36%	n/a	169	241.8	465
Ford	3	38%	37%	96.1	472	256.1	1,283

Source: Data on 6,351 grants from the 1995-2005 annual reports of the Ford, Hewlett, MacArthur, and Packard foundations, and the 1995-1998 annual reports of the Rockefeller Foundation, coded by the author.

CBTAT grants may be the most direct field-building mechanism as they help establish and strengthen the field's infrastructure. The following sections highlight the different emphases of the funders' grants and demonstrate their efforts to institutionalize the Reproductive Health frame or to advance Family Planning. They also show that some of the Family Planning funders' CBTAT grants also supported the Reproductive Health frame.

Capacity-Building, Technical Assistance, and Training (CBTAT):
Family Planning, Demography/Population, and Contraceptive Technology (FP-DP-CT)

Within CBTAT, the Family Planning funders were again aligned in their focus on Family Planning, Demography/Population, and Contraceptive Technology (FP-DP-CT). Ford and MacArthur, on the other hand, gave minimally in this area.

Table 8

Capacity-Building, Technical Assistance, and Training (CBTAT): Family Planning, Demography/Population, and/or Contraceptive Technology (FP-DP-CT)

1995-2000

	FP-DP-CT % of total CBTAT $	FP-DP-CT % of total CBTAT #	Grants $ *(millions)*	Grants #	Total CBTAT $ *(millions)*	Total CBTAT #
Hewlett	79%	73%	46.2	111	58.8	152
Packard	59%	52%	65.8	116	111	223
Rockefeller*	41%	44%	7.3	60	18	135
MacArthur	13%	9%	2.9	15	22.7	167
Ford	3%	5%	3.1	22	117.7	471

*Rockefeller data are for 1995-1998, before the Population Sciences program closed.

2001-2005

	FP-DP-CT % of total CBTAT $	FP-DP-CT % of total CBTAT #	Grants $ *(millions)*	Grants #	Total CBTAT $ *(millions)*	Total CBTAT #
Hewlett	71%	66%	75.2	122	105.5	186
Packard	n/a	40%	n/a	67	n/a	169
MacArthur	9%	11%	2.8	12	30.2	112
Ford	3%	5%	3	21	96.1	472

Source: Data on 6,351 grants from the 1995-2005 annual reports of the Ford, Hewlett, MacArthur, and Packard foundations, and the 1995-1998 annual reports of the Rockefeller Foundation, coded by the author.

Although the three Family Planning funders had common goals, their CBTAT grants in this area reveal both areas of convergence and variation in their strategies and priorities.

Hewlett

Hewlett's CBTAT grants for FP-DP-CT supported its primary concerns: population research, family planning programs, and Family Planning advocacy to increase international population assistance. It provided funds to establish new population advocacy organizations, particularly the Eurongos discussed previously (e.g., #1288 Germany, 1997). It also supported well-established organizations through their leadership and financial transitions. For example, a Latin American family planning organization lost USAID support that had included contraceptive commodities accounting for 75% of the organization's annual supply. These commodities were worth over $400,000 per year (#1356). Hewlett had funded this organization previously, providing general

support; it continued supporting the organization specifically to help it navigate through this financial challenge.

Additionally, to enroll new actors in the Family Planning field, Hewlett funded efforts to encourage members of other movements to support Family Planning. For example, it provided a grant to an environmental organization to train its supporters in conducting population advocacy (#1871, 1997). To support expanding access to family planning services, Hewlett also gave grants that enabled organizations to establish family planning programs in new locations (e.g., #1542 England, 1998; #1734, 1996).

Rockefeller

Rockefeller's CBTAT grants for FP-DP-CT supported its resource mobilization and research objectives: It aimed to increase concern about population growth in order to generate support for family planning. Toward these efforts, for example, Rockefeller funded population advocacy organizations to obtain fundraising training and also technical assistance for their advocacy work.

Rockefeller additionally provided capacity-building grants to establish new organizations to help generate support for population assistance. Many of these grants were similar to Hewlett's for the Eurongos (e.g., #4255; #4256; #4069; #4240). To the extent that the grants focused on promoting concern for demographics and support for family planning without also addressing rights or additional reproductive health care, they resisted the Reproductive Health frame.

In support of research for improving contraceptives and to benefit family planning programs, Rockefeller funded training and technical assistance. For example, it supported "a collaborative training project…in the design, production and quality control of devices and formulations for contraceptive drug delivery systems" (#4276 Chile, 1996). It also funded University of Pennsylvania's Population Studies Center "to provide technical assistance to the Chinese State Family Planning Commission as it undertakes a field experiment in family planning in rural China" (#4102, 1995).

Several of Rockefeller's CBTAT grants for FP-DP-CT supported both research and resource mobilization. For example, it funded "a project to strengthen human resources for biomedical research and fertility regulation, and foster collaboration between the public and private sectors" (#4528 Mexico, 1998). Bringing together these two sectors was one of Rockefeller's field-building efforts aimed at generating more investment in contraceptive technology research and development.

Packard

Packard's grants in support of FP-DP-CT through CBTAT convey its emphasis on expanding access to family planning services, including through increasing the number of trained providers. One such grant supported "train[ing] new community-based health and family planning workers"

(#8106 Mexico, 1997). Grant descriptions in this category do not mention reproductive health. If such training, in fact, addressed only family planning, without including any other components of reproductive health care, it served as resistance against the Reproductive Health frame.

Packard also supported technical assistance and capacity-building to facilitate the flow of contraceptive supplies. For example, it funded "contraceptive logistics management systems trainings in Nigeria" (#10029 USA, 2004). Another Packard CBTAT grant was "to create a revolving fund for purchasing contraceptives and medical supplies" in Mexico (#8037 Mexico, 1997).[266] As noted in the Hewlett case above, USAID's withdrawal of support for the supply of contraceptive commodities created new challenges that funders sought to address.

Packard's capacity-building grants additionally supported the establishment of new family planning programs (e.g., #8106 Mexico, 1997) and assessments of existing ones, such as "an impact evaluation of a family planning and sex education program" (#5088 Mexico, 1995). Packard also funded efforts to advance Family Planning through, for example, "enhanc[ing] the capacity of organizations to evaluate the impact of population leadership development programs in developing countries" (#9843 USA, 2002). Packard's CBTAT grants in FP-DP-CT convey its strong support for Family Planning, sometimes in resistance to the Reproductive Health frame.

Ford and MacArthur

The two Reproductive Health funders provided minimal funding for CBTAT toward FP-DP-CT, but their grants tended to be similar to the Communications and Research grants they gave for FP-DP-CT: a means of advancing the Reproductive Health frame. For example, Ford gave a capacity-building grant "to improve the quality of care…in family-planning programs and to incorporate gender and reproductive health perspectives into the family-planning programs" (#6674 China, 2000). Ford also provided funding "to incorporate reproductive health research and training in demographic research institutions in India" (#8759 India, 1997). Such grants helped diffuse the Reproductive Health frame.

MacArthur's small number of grants in this area supported a range of capacity-building work, including conducting evaluations, strategic planning, sustaining key organizations through transitions, and creating new programs. An example of the latter was a grant "to create a school-based health education and counseling program that use[d] peer training to teach adolescents about human reproduction, sexually transmitted diseases, and contraception" (#2513 Nigeria, 1995). Though it addresses family planning, this grant also contributes to the Reproductive Health field by supporting comprehensive sexual education for adolescents.

<div align="center">
Capacity-Building, Technical Assistance, and Training (CBTAT) grants:
Reproductive Health without Specifying Family Planning
</div>

The gap between the Reproductive Health and Family Planning funders' CBTAT grants for Reproductive Health without Family Planning is smaller than it is for their FP-DP-CT grants,

and it decreases over time. The main factor affecting the data is MacArthur's narrowed focus in 2001-2005, which diminished the foundations' CBTAT support for a variety of Reproductive Health concerns. Another factor is Packard's increasing CBTAT funding for adolescent sexual and reproductive health, an area in which Packard supported the Reproductive Health approach.

Additionally, the data reflect the field's gradual acceptance of "reproductive health" as an umbrella term that included family planning services and post-abortion care. These are both areas that the Family Planning funders supported, so this change in discourse helped bring the Family Planning funders' numbers closer to those of the Reproductive Health funders. However, although the distance is narrower than it is for FP-DP-CT grants, there remains a gap between two groups of funders' CBTAT support for Reproductive Health without Family Planning. This offers further insight into the differences between the priorities of the two groups of funders.

Table 9

Capacity-Building, Technical Assistance, and Training (CBTAT): Reproductive Health without Specifying Family Planning

1995-2000

	RH w/o FP % of total CBTAT $	RH w/o FP % of total CBTAT #	Grants $ (millions)	Grants #	Total CBTAT $ (millions)	Total CBTAT #
MacArthur	56%	50%	12.8	83	22.7	167
Ford	32%	47%	38	221	117.7	471
Packard	23%	28%	25.9	62	111	223
Rockefeller*	22%	24%	3.9	32	18	135
Hewlett	22%	23%	12.8	35	58.8	152

*Rockefeller data are for 1995-1998, before the Population Sciences program closed.

2001-2005

	RH w/o FP % of total CBTAT $	RH w/o FP % of total CBTAT #	Grants $ (millions)	Grants #	Total CBTAT $ (millions)	Total CBTAT #
Ford	47%	44%	44.9	206	256.1	1,283
MacArthur	39%	43%	11.8	48	65.4	361
Packard	n/a	33%	n/a	55	n/a	465
Hewlett	26%	26%	27.3	48	195.3	438

Source: Data on 6,351 grants from the 1995-2005 annual reports of the Ford, Hewlett, MacArthur, and Packard foundations, and the 1995-1998 annual reports of the Rockefeller Foundation, coded by the author.

Ford's and MacArthur's CBTAT grants for Reproductive Health without Family Planning advanced the Reproductive Health frame: Their grants helped diffuse an understanding of both the frame itself and how to put it into practice. Ford supported academia more than MacArthur did, but the two funders were closely aligned. Packard's, Rockefeller's, and Hewlett's CBTAT grants in this area often supported the Reproductive Health frame in addition to that of Family Planning.

Ford

The number of CBTAT grants Ford provided for Reproductive Health without Family Planning is much greater than that of the other foundations. It also funded the widest variety of issues within this category. However, across the spectrum of its grants, Ford was consistent in advancing the Reproductive Health frame through promoting attention to gender, sexuality, and women's status.

Ford's field-building work through CBTAT grants in this category included funding universities to develop new research areas and to provide training in research methods to advance the Reproductive Health frame. For example, Ford supported a Brazilian university "for training on research methodology in gender, sexuality, and reproductive health" (#6718, 2000). It also funded Columbia University to enable its "Center for Gender, Sexuality and Health to build its capacity and develop research and training activities that focus on the social and cultural dimensions of sexuality" (#7043, 2002).

Ford also provided capacity-building and training grants to support NGOs, such as one for "strengthening grass-roots women's organizations" that addressed reproductive health (#9202 Indonesia, 1999). Another such grant supported "a multidisciplinary training program on sexuality and gender for professionals from key international sexuality and reproductive health organizations" (#7833 India, 2005). Ford also provided a "planning grant to integrate women's empowerment and reproductive health activities" into the work of an NGO in India that focused on women's leadership development (#7941 India, 1996).

In addition, Ford gave capacity-building grants to help expand access to reproductive health care. For example, it provided support for "integrat[ing] reproductive health into local government health services" in the Philippines (#6640 Philippines, 2000).[267] Through the wide range of initiatives they supported, Ford's CBTAT grants for Reproductive Health without Family Planning thus helped institutionalize the ICPD agenda.

MacArthur

MacArthur's grants in this category, constituting 56% of its CBTAT budget in 1995-2000, also aimed to institutionalize the Reproductive Health frame. For example, MacArthur funded the "development of a program [to] train community members to deliver high-quality reproductive health services" (#2563 Brazil, 1995). To diffuse the Reproductive Health frame and facilitate its

implementation, MacArthur funded initiatives such as one in Nigeria "to improve the capacity of grassroots groups to address reproductive, gender, and sexuality issues" (#2979 Nigeria, 1998).

Similarly, MacArthur funded an organization in Mexico "to train reproductive health promoters and to create a program on gender and development" (#2944, 1998). And it supported "a training program on women's empowerment, reproductive health, and gender rights" at a social science research institute in India (#2521, 1995). Such grants helped enroll new actors in the field and contributed to diffusing the Reproductive Health frame.

MacArthur's grants in 2001-2005 reflect the population program's narrowed focus on maternal mortality and morbidity and adolescent sexual and reproductive health. During this period, its capacity-building grants supported initiatives such as "strengthen[ing] the monitoring and evaluation capacity of non-government organizations working in" those two areas (#9669 Mexico, 2003). Exemplifying the foundation's continued commitment to the Reproductive Health frame within the program's new constraints, MacArthur supported "a training program on reproductive health and rights, with a focus on maternal mortality and morbidity" (#9639 India, 2002).

The foundation also provided CBTAT grants for developing new programs and expanding existing ones. One such grant supported "design[ing] a reproductive and sexual health training model for young people" (#3301 Mexico, 2001). Another supported "scaling up a model of reproductive and sexual health services for young people" (#3436 Mexico, 2005). MacArthur's CBTAT grants for Reproductive Health without Family Planning consistently emphasized rights, gender, and a comprehensive approach to reproductive health for both adults and adolescents. These emphases embodied—and aimed to institutionalize—ICPD's Reproductive Health paradigm.

Packard

Packard's CBTAT grants in this category often supported the Reproductive Health frame. Such grants included funding to incorporate post-abortion care into reproductive health services. They also included support for developing new approaches for addressing adolescents' needs.

Packard's 1995-2000 CBTAT grants for Reproductive Health without Family Planning predominantly funded training in reproductive health service provision (e.g., #8252). As noted above, given Packard's priorities, these services likely included family planning and/or post-abortion care. In addition to grants for training, the foundation also provided capacity-building support. For example, it gave a large grant of $750,000 (over 18 months) "for the first phase of a project to increase access to safe postabortion care and reproductive health care in Nigeria" (#8292 USA, 1999).

Packard increasingly directed capacity-building grants toward adolescent sexual and reproductive health efforts, particularly for developing sex education curricula.[268] As discussed previously, grants for adolescent sexual and reproductive health helped institutionalize the Reproductive Health frame while serving both Family Planning and Reproductive Health goals.

The focus on adolescents grew to constitute most of Packard's CBTAT grants for Reproductive Health without Family Planning in 2001-2005.

Also among Packard's grants in this area were those supporting services. For example, it provided funding to "assis[t] local agencies to expand and improve access to comprehensive adolescent reproductive health services in Northern Nigeria" (#9787 USA, 2002). Similarly, capacity-building grants for organizations that conducted policy advocacy often focused on policies concerning adolescent sexual and reproductive health care.

Packard additionally began providing training and capacity-building grants to support reproductive rights work. For example, it funded an effort in Mexico "to build leadership, capacity, and involvement of women in the reproductive rights and health policy process in Mexico" (#8274, 1999). Packard gave another grant to a Mexican recipient "to strengthen the capacity of state teams to educate the public, build alliances and create better leaders that will promote discussion about and design better strategies for sexual and reproductive rights" (#9825, 2002). Such grants helped institutionalize the Reproductive Health frame, building the field by enrolling new actors, strengthening existing actors, and certifying and diffusing the frame.

Rockefeller

Rockefeller's 1995-1998 CBTAT grants for Reproductive Health without Family Planning primarily supported technical assistance for adolescent sexual and reproductive health work, reproductive health research, and resource mobilization efforts. All of the foundation's CBTAT grants in these areas aimed to serve Family Planning goals. However, grants addressing adolescents' sexual and reproductive health and those supporting research into the effects of reproductive health issues on women also helped certify and institutionalize the Reproductive Health frame.

An example of Rockefeller's CBTAT funding for adolescent reproductive health is a grant "to provide technical assistance to African non-governmental organizations working in the field of adolescent reproductive health and sexuality" (#4183, USA 1995). Rockefeller also supported technical assistance for researchers, aiming to increase expertise in research methods, program design, and program evaluation. One such grant supported

> develop[ing] a set of guidelines for researchers on how to plan and implement
> rigorous studies in community settings in developing countries on the prevalence
> of reproductive tract infections/gynecological morbidities, as well as on their
> behavioral determinants and consequences for women's lives. (#4567,
> Switzerland 1998)

Funding to improve methods of tracking of women's reproductive health status and documenting the effects of reproductive health status on women's lives certified these areas of concern and promoted attention to them.

To inform policy and program development, Rockefeller funded a collaboration among researchers at universities in Canada, Thailand, and Uganda "to create a conceptual framework and guidelines for the design and evaluation of adolescent sexual and reproductive health interventions" (#4341, 1996). And combining capacity-building and technical assistance, Rockefeller provided a grant to an organization in India "to expand its reproductive health program for young people and develop and test indicators that can be used in other settings to monitor and evaluate community-based reproductive health services" (#4302, 1996). Such grants supported the Reproductive Health frame while contributing to Family Planning goals.

Hewlett

Most of Hewlett's grants for CBTAT in Reproductive Health without Family Planning were provided through general support. Therefore, the Hewlett data primarily represent the foundation's support for organizations that included work in this category among other efforts in pursuit of their mission. Most of Hewlett's grantees in this area were major Family Planning organizations. This points to an additional field-building mechanism, further addressed below: ensuring the field's stability through maintaining a cadre of anchor organizations. However, many of Hewlett's grants in this category also aligned with Reproductive Health.

Funding for girls' education initiatives in developing countries supported the Reproductive Health frame even as it served Family Planning goals (#1053, 2000). Similarly, some of the reproductive health programs Hewlett funded addressed the needs of adolescents (e.g., #1866 USA, 1998). Such grants likewise certified the Reproductive Health frame while serving Family Planning goals.

Additionally, Hewlett funded capacity-building and technical assistance to strengthen developing country NGOs working on abortion rights, gender equity, STIs, and maternal mortality and morbidity (e.g., #1478, USA 2000). Some of these grants strongly supported the Reproductive Health frame. For example, one general support grantee in this category aimed, in part, to develop "technical capacity…at national and international levels to implement the ICPD Programme of Action, in particular those aspects concerned directly with reproductive and sexual health and rights" (#1477, 1997).

About one-third of Hewlett's CBTAT grants for Reproductive Health without Family Planning went to universities, typically for population studies or public health. As an example of the former, Hewlett funded graduate level training "in financing and management of population and reproductive health programs and policy in developing countries" (#1951, 2000). It also supported training scholars in research methods through professional development seminars (#1085, Kenya 2005).

In the tradition of Ford's and Rockefeller's early field-building work supporting academia, Hewlett also funded a new awards program for research on population and reproductive health, specifically to address their relationship to poverty, equity, and development (#1770, 2005). The grantee stated that its purpose in establishing the awards program was to generate interest in these areas among academics and policymakers, and to produce research to inform population

and reproductive health policy. Through the dual focus on population and reproductive health, Hewlett supported both the Family Planning and Reproductive Health frames.

CBTAT for Field Stability

Where the interests of Reproductive Health and Family Planning overlapped, the two groups of funders often complemented each other's work. CBTAT grants were one mechanism that both groups of funders used to sustain key organizations—sometimes the same ones. One set of CBTAT grants provides an example. In 2002, Steven Sinding, former director of Rockefeller's population program, became the new Director-General of International Planned Parenthood Federation (IPPF) in London. He received a great deal of support from foundations as he guided this anchor organization through its leadership transition.

That year, Hewlett, Packard, and MacArthur all provided grants to IPPF. Hewlett gave $1 million in general support (#1446), Packard gave over $500,000 (#9821), and MacArthur gave $250,000 over 18 months (#9613). Packard's grant description reads "for leadership transition and strategic planning for international family planning programs"; MacArthur's reads "for a joint effort with other foundations to support the organization's leadership transition and revitalization."[269] This set of grants serves as a reminder that despite often having conflicting goals and strategies, the two groups of funders also relied on each other to maintain the stability of the field in which they all operated.

Conclusion

Through their grants, all five foundations contributed to institutionalizing the Reproductive Health frame embodied in the ICPD Programme of Action. Ford and MacArthur did so, for example, through funding efforts to increase understanding of the frame. They also provided funding to facilitate implementation of Reproductive Health priorities. Additionally, they supported initiatives to generate concern for reproductive health and women's rights. Such grants were in part to help mobilize further resources for Reproductive Health.

Ford and MacArthur also supported efforts to broaden the scope of family planning programs and to encourage population studies to address additional Reproductive Health concerns. They consistently worked against the Family Planning frame by providing funding to shift focus from population growth to reproductive health and women's rights. Even where their work included family planning it was within the Reproductive Health framework.

Packard, Rockefeller, and Hewlett, on the other hand, endeavored to maintain the population field's longstanding focus on high fertility and on family planning as the solution. This was an act of resistance against the newly dominant Reproductive Health frame. These funders supported efforts to increase concern for population growth in order to mobilize resources for specifically for family planning programs. They also supported research to advance

contraceptive technology and to inform policies and programs. Additionally, they funded family planning services.

Yet the Family Planning funders also contributed to institutionalizing the Reproductive Health frame while pursuing either Family Planning goals or shared goals. They supported research that legitimated the Reproductive Health movement's concern for gender and rights issues. They also funded reproductive health organizations that provided or promoted family planning. This helped strengthen the organizational infrastructure needed to institutionalize the Reproductive Health frame. And where Family Planning and Reproductive Health goals and strategies converged— adolescent sexual and reproductive health, quality of care, and abortion and reproductive rights—their grants mostly advanced the Reproductive Health frame while serving both sides' goals. Additionally, Packard's grants in particular suggest a co-optation of Reproductive Health discourse, which may have inadvertently served to help institutionalize the frame. Hewlett's data suggest that the foundation's grantees increasingly adopted the Reproductive Health frame or at least its discourse.

The findings presented in this chapter demonstrate that the five foundations deliberately participated in field-building after a pivotal movement event. They did so in order to institutionalize the Reproductive Health movement's achievement at ICPD or to resist it. The chapter shows how the foundations contributed to field-building specifically through Communications, Research, and CBTAT grants that promoted the frame they supported. As was also the case prior to ICPD, the Family Planning funders inadvertently helped build the Reproductive Health movement field even as they worked to advance its opponent.

Furthermore, the chapter illuminates the role of foundations as social movement actors that make strategic contributions to the field but do not drive the field. Except where they helped create new organizations—as in Hewlett's and Rockefeller's support for new NGOs to conduct population advocacy in Europe, the funders selected grantees from a field that had increasingly adopted the Reproductive Health frame. Foundations also reacted to the consequences of policy changes in the United States and elsewhere, such as by funding grantees that faced withdrawal of USAID support.

Finally, the chapter speaks to what transformational social change requires. The Family Planning funders could concentrate their resources on a narrow range of issues because, except where concerning adolescents or abortion, they were promoting a frame that had decades of policy and institutional infrastructure to support it. The Reproductive Health funders, on the other hand, were called to support efforts to alter a spectrum of social, cultural, political, and economic structures. In the words of former Hewlett Foundation program officer Anne Firth Murray, "Paradigm shifts take time. They are painful" (2006, 7).

Ford and Rockefeller helped establish the Family Planning paradigm in the 1950s. The Reproductive Health movement—with the support of Ford, MacArthur, and Rockefeller— upended it in 1994. From there, the five foundations in this study worked to shape the implementation of the Reproductive Health frame and, thus, the trajectory of the field.

Chapter 10

CONCLUSION:

UNDERSTANDING THE ROLE OF FOUNDATIONS IN SOCIAL MOVEMENTS

This project breaks new ground in social movement research. It introduces a novel approach to studying the role of foundations in movements and finds new mechanisms of foundation influence. The first of its kind, this study is based on archival data, interviews, and an original data set analyzing 8,103 grants awarded by five of the most influential foundations in the population field from 1990 through 2005. To understand the role of foundations in the international Reproductive Health movement, I analyzed the grants that the five foundations awarded through their population programs, focusing on what the grants were for and how they corresponded to the movement's trajectory. I combined that analysis with an examination of the foundations' goals, practices, and structures, based on interviews with foundation staff and leadership and on the foundations' archival data spanning several decades.

This comprehensive approach revealed multiple mechanisms foundations used to shape the Reproductive Health movement field. It also uncovered the reasons the foundations supported the issues and activities they did. I demonstrate how foundation support contributed to the emergence of the Reproductive Health movement and shaped its composition, trajectory, and outcome. Specifically, I show that foundations were instrumental in the movement's successful 1994 campaign to transform the international paradigm guiding population and development policies: Replacing a longstanding emphasis on increasing access to and use of family planning, 179 governments agreed to a new focus on women's health and rights.

This study is innovative in several respects. Most significantly, it is the first major study of foundations and social movements to collect and analyze data on the purposes of the *grants* awarded, rather focus exclusively on the types of grant *recipients*. Additionally, it examines not only grants to movement organizations but also those to non-movement organizations that contributed to the movement field. Moreover, it explores grants that did not directly target the study's focal point—the 1994 UN International Conference on Population and Development (ICPD)—but may have affected the movement's campaign nonetheless.

This is also the first major study to combine an analysis of grants with an examination of multiple foundation activities other than grantmaking that were critical to the movement's composition, trajectory, and outcome. In addition, the study explores how foundations' work decades earlier contributed to the movement's emergence by helping create the conditions that gave rise to it. Further, it investigates how foundations responded in the aftermath of the movement's successful ICPD campaign, remaining in the field but adapting their approaches. Moreover, this study includes five major foundations with varying orientations toward the movement, not solely those that supported it. No other study has examined the role of foundations in a social movement using this range of sources and levels of analysis.

In addition to analyzing what the foundations did, the study provides new insight into the reasons behind what they did. By exploring similarities and differences among the five foundations and tracing their histories, it sheds light on external factors that shaped the foundations' programs and their orientations toward the movement. It also identifies structures, norms, and status pressures within each foundation, the program area, and the philanthropic sector that influenced the decisions of foundation staff and leadership.

This study's unprecedented, comprehensive approach helps clarify *how* foundations influence movements and *why* they seek to do so in particular ways. Using Tim Bartley's (2007) field-building framework as a starting point, I have identified several grantmaking and non-grantmaking mechanisms through which the five foundations—both deliberately and unintentionally—helped build the Reproductive Health movement field, shaping its composition, trajectory, and outcomes. Through their field-building work, the foundations helped channel the Reproductive Health movement. In this chapter, I review the findings that answer my guiding research questions and then I discuss the study's implications for social movement research.

Summary

The aim of this study was to learn what five major, private foundations in the United States did to influence, advance, or impede the international Reproductive Health movement, and why they did so. It demonstrated the central role foundations played in forming a social movement field that transformed international approaches to population, family planning, and women's health. The study also elucidated the reasons for the foundations' interest in the population field and the motivations and constraints affecting their approaches to it.

Origins, Structures, and Motivations

In addition to uncovering mechanisms of foundation influence on movements, this study identified influences *on* foundations' work. The study explored how staff and leadership affected program strategies and grants throughout more than fifty years. It also examined similarities and differences among the foundations' approaches to philanthropy and to the population field, both of which affected their programs and grants. It sought to explain how and why staff and leadership were able to wield the influence they did, and to account for similarities and differences among the foundations.

Toward these ends, the study identified structural and normative factors that affected the foundations' work. Among these were the foundations' organizational structures, grantmaking processes, and approaches to risk. Additional factors included the staff's roles, professional networks, and status concerns. These constraints influenced the foundations' program strategies and grants.

Moreover, the study showed that the foundations' structures, operations, and population programs were shaped by the historical era during which the foundations were established. Their early leaders, including founders and their family members to varying degrees, responded to four features of the era: the views of the general public and the U.S. government toward philanthropic foundations; the national and international political context; the status of the population field; and philanthropic sector norms.

The foundations' early leaders established structures and norms that determined decision-making processes and the staff's roles and degree of autonomy. These structures and norms also affected the program strategies and the types of grants the foundations favored. The study additionally found that when developing their foundations and programs, all of the foundations' early leaders borrowed from but also tried to diverge from existing models in the philanthropic sector.

Also influencing the foundations was the sector's history as an object of the U.S. government's suspicion and the public's distrust. In response to scrutiny, criticism, and regulations, the philanthropic sector adopted norms concerning professional staff and rationalized operations. These processes affected foundations' grantmaking. The rise of professional staff was particularly consequential.

With professional staff came a high value placed on expertise and further emphasis on rationalized operations. These had widespread repercussions, including increasingly complex grantmaking processes and greater staff intervention in grantees' work. Staff members' commitment to the program area, often based on personal experiences and developed through prior work in the field, also impelled them to become more closely involved with their grantees. The development of staff's professional networks and multiple status pressures were yet additional consequences of professionalization and rationalization that shaped the foundations' field-building activities. These issues are addressed further below.

1950s-1980s

Demonstrating the deep roots of foundation involvement in the population field's evolution, the study traced three intertwined histories: It explored the population field's intellectual and institutional development beginning in the 1950s. It also investigated Ford's and Rockefeller's pivotal role in the field from that point. In addition, it explored feminists' responses to the field's dominant Family Planning paradigm beginning in the 1970s.

This analysis revealed that grants from Ford and Rockefeller helped form the population field and shape its intellectual foundations, which in turn influenced policies and programs in countries around the world. Their grants established international networks of actors from universities, governments, family planning programs, and NGOs. The foundations' efforts to advance the Family Planning frame helped create the conditions that later gave rise to the Reproductive Health movement.

In the 1970s and 1980s, reflecting the structural factors that shape foundations' relationships to social movements, Ford and Rockefeller differed in their responses to feminist critiques of the Family Planning frame the funders had championed since the 1950s. The differences resulted from the foundations' institutional norms and organizational structures, rooted in the founders' and early leaders' preferences. They also resulted from staff composition and the orientation of the foundations' presidents toward the women's movement. By 1980, Ford had embraced the causes of international women's movements, supporting them through several grantmaking programs, while Rockefeller struggled with how to address them.

International Conference on Population and Development (ICPD)

Women's rights and women's health advocates from the Global North and South formed the Reproductive Health movement in the early 1990s, advancing feminist critiques of the Family Planning frame. The movement's focus was the 1994 UN International Conference on Population and Development (ICPD). Grants and other critical support from Ford, MacArthur, and Rockefeller enabled the Reproductive Health movement to succeed at ICPD. At this conference, the international population field's guiding paradigm, codified in the ICPD Programme of Action, changed from Family Planning to the much broader Reproductive Health approach.

The ICPD Programme of Action, a consensus document signed by delegates of 179 countries, stated for the first time that population and development policies must protect and advance women's rights, status, and opportunities. Moreover, it articulated how gender inequality affected all aspects of women's lives, from their schooling and the number of children they had, to their financial prospects. It recommended policies and programs to rectify gender inequality in all spheres.

The Programme of Action was a triumph for the Reproductive Health movement because of the document's purpose: It was to guide international funding, national policies and budget allocations, a spectrum of national social programs, and research in the population and development fields for the next twenty years. The Reproductive Health frame the document presented changed the population field.

The study demonstrated how Ford and MacArthur strategized to advance the Reproductive Health frame. It showed how Rockefeller both resisted it and inadvertently supported it. It found that all three foundations' material, human, and symbolic resources were essential factors in the Reproductive Health movement's success at ICPD.

The foundations' grants facilitated the movement's organizing and other preparations for the conference. Moreover, the foundations directly intervened in the UN ICPD Secretariat's plans for the conference. They acted as advocates on behalf of movement organizations and they served as brokers between movement actors and the ICPD Secretariat. Their intervention resulted in the movement organizations' unprecedented access to and influence on the UN process.

The foundations' grants and their non-grantmaking activities fostered new alliances and enrolled new actors in the movement field. In the process, the foundations certified Reproductive Health movement actors and the Reproductive Health frame, and they diffused the frame. They also helped position particular actors as movement leaders. They did so in part through large unrestricted grants that provided flexibility and expanded the recipients' capacity to act. Several other types of grants, described in the Mechanisms section below, also elevated particular actors and frames.

In addition, the foundations helped build the Reproductive Health movement field outside of the ICPD campaign, likely facilitating the campaign's success. Many grants for research and grants for a range of reproductive health programs legitimated the movement's claims and aligned with its ICPD campaign strategy. By building the broader Reproductive Health movement field, the foundations indirectly contributed to the ICPD campaign.

After ICPD

The study also looked beyond ICPD to examine how foundations responded in its aftermath. With the addition of the Packard and Hewlett foundations, analysis of five foundations' grants from 1995-2005 demonstrated how funders continued participating in field-building after the Reproductive Health movement's successful ICPD campaign. They sought to shape the movement's long-term outcomes.

The study found that the foundations differed in whether they sought to promote or resist the newly dominant Reproductive Health frame but they all oriented aspects of their program structures, strategies, or discourse in relation to the ICPD Programme of Action. They also made staffing decisions to position their programs to influence the field. Following ICPD, Ford and MacArthur continued working to advance Reproductive Health, while Rockefeller, Packard, and Hewlett sought to maintain the field's Family Planning focus, resisting the Reproductive Health frame.

Further, the study revealed that despite the differences between the two groups of funders, all five foundations helped institutionalize the Reproductive Health frame embodied in the ICPD Programme of Action. Many of the Family Planning funders' grants inadvertently legitimated this frame. This was mostly a byproduct of their work toward Family Planning goals. For example, they supported the Reproductive Health approach for adolescents, as it was the most effective way to reduce adolescent fertility. This approach included providing comprehensive care with sensitivity to patients' identities and priorities. It also involved addressing gender and other social factors that shaped adolescents' sexual and reproductive behavior. Among these factors were school and family contexts and the adolescents' perception of their future options.

By supporting the Reproductive Health approach for adolescents, the Family Planning foundations certified that gender and a range of other social factors were important determinants of reproductive health. They also certified the effectiveness of the Reproductive Health

approach. Thus, they helped advance the Reproductive Health movement's frame while working toward Family Planning goals.

Moreover, the Family Planning funders' work toward goals and strategies that both sides shared tended to advance the Reproductive Health frame more than it did the Family Planning frame. This was particularly so when they emphasized addressing individuals' needs and preferences. This emphasis was more associated with Reproductive Health than with Family Planning: The Reproductive Health movement centered on serving individual women's needs and priorities and advancing women's rights. The Family Planning field, on the other hand, had developed from a macro-level concern for national and global economic, political, and social stability.

Although foundations were not the most important actors in the field, their support at critical junctures and in critical areas was instrumental in its development. First they helped build the population field, defined for several decades by the Family Planning frame they promoted. Then foundations enabled the transformation of the population field by helping to build the Reproductive Health movement field within it. The foundations' work contributed to the Reproductive Health frame's ascendance in the field.

Without the foundations' support, the movement could not have achieved its extraordinary success at ICPD. The foundations' interventions included providing grants for specific purposes and conducting other, non-grantmaking activities, such as brokerage and advocacy. They used their unique material, human, and symbolic resources to build the field—and to continue building it after ICPD. Next, I review the field-building mechanisms that helped channel the Reproductive Health movement, shaping its composition, trajectory, and outcomes.

Mechanisms

Foundations' field-building mechanisms include both grants and activities other than grantmaking. Both enable social movement actors and frames to gain prominence in the field by certifying them and by facilitating frame diffusion. The foundations' field-building work helps establish and strengthen networks. It also enables particular movement actors to develop organizational capacity or individual leadership capacity. These actors, along with others in foundation-supported networks, are then positioned to contribute to and diffuse the movement's frame.

Foundation support also helps develop the movement's evidence base, which encourages others' acceptance of the movement's frame. Moreover, grants and foundation activities such as coordination, brokerage, and advocacy enable grantees to reach policymakers, professionals, and members of the public. As a result, grantees can expand the movement's organizational field and influence policies, programs, and societal norms. Thus, through grants and other forms of support foundations contribute to building the field that channels the movement.

Grants for different purposes enable movement and non-movement organizations to conduct activities that directly or indirectly contribute to movement field-building. Grants that contribute directly support a range of initiatives that enable movement organizations to strategize and conduct movement activities effectively. Grants that indirectly contribute are often given to non-movement organizations for activities that provide support for the movement's claims or otherwise facilitate its strategy. This study has shown that field-building grants in six main areas shape movements directly or indirectly by affecting their composition and trajectories.

Research and Graduate Training

Funding for academic research and graduate-level training are powerful field-building mechanisms. These grants legitimate concern for particular issues and they can lead to data that certify movement claims or inform movement strategy. Additionally, they enable the development of experts, often certified by prestigious institutions, who may subsequently become advisors to governments or to other influential institutions. These experts, embedded in the field through their training, diffuse the frames their training instilled.

Chapter 4, for example, discussed how family planning experts from developing countries, initially trained by foundation-funded university programs in the United States, helped develop national family planning programs in their home countries. Chapters 6 and 7 noted that research was one of the pillars of the Reproductive Health movement's strategy for achieving legitimacy with government delegations to ICPD. Chapter 9 discussed the range of research Reproductive Health funders subsequently supported to help institutionalize the movement's ICPD achievement. Additionally, funding for contraceptive research and development beginning in the 1960s led to technologies that shaped movement goals over the years.

Communications

The communications activities that grants support contribute to field-building in several ways. They help enroll new actors in the field, expanding it. They diffuse information and frames throughout the field, fostering unity and coherence. They also diffuse information and frames *beyond* the field, contributing to a favorable context for the movement's work. Moreover, Communications grants help designate field leaders by enabling particular actors to diffuse their message.

Grants may target other social movement organizations, policymakers, professionals, the general public, segments of the public, and the media. They support a range of activities, such as educating journalists in order to influence their treatment of issues or events. Other activities include publishing reports and disseminating them to movement organizations, policymakers, and professionals in the field—such as family planning program administers and health care

providers. Grants also support producing programs, such as radio or television serial dramas, that inform the public about reproductive health or family planning.

Communications grants diffuse information and frames with the aim of altering norms, beliefs, and behaviors in support of movement goals. For example, previous chapters discussed Communications grants aimed at achieving legislative or policy changes, increasing women's use of family planning or reproductive health services, and increasing girls' enrollment in school.

Chapter 4 described campaigns to normalize small family size in high-fertility countries. Chapter 6 noted that grants supported public information campaigns about ICPD and funded efforts to encourage media coverage of the conference. Chapters 8 and 9 addressed grants that supported campaigns against violence against women, and those aimed at persuading donors, the public, and policymakers to support favorable policies. Communications grants thus helped diffuse movement frames and enroll new actors in the field.

Networks/Conference

Grants to establish or facilitate networks and those to support meetings and conferences also contribute to field-building. Foundations use these grants to facilitate relationships among movement actors and between movement and non-movement actors. Grants in this category can connect actors across disciplinary, geographical, and sectoral boundaries. They help expand and diversify field membership while creating opportunities for movement organizations to develop a coherent frame and to diffuse it. All of these processes shape the movement's composition and trajectory.

Networks/Conference grants facilitate information exchange and enable movement organizations to collaborate in developing the movement's strategy. They also enable selected actors to participate in the movement or to assert leadership within it. For example, Networks/Conference grants help determine who convenes a conference and sets the agenda. They also affect who is invited or funded to attend. Such grants thus help designate field leaders and advance frames by certifying and elevating some actors and ideas while marginalizing others—intentionally or not.

Networks/Conference grants also create opportunities for frame-bridging, including by encouraging conflict resolution between movements. In addition to providing grants that incidentally enable frame-bridging to occur, foundations also give grants explicitly for that purpose. Where successful, the frame-bridging process enrolls new actors in the field; it also may shape the field's frame.

As Chapter 6 discussed, grants for Networks/Conference included support for a range of international meetings of movement representatives and others in order to reach agreements, develop strategies, and otherwise plan for ICPD. These grants often supported movement actors to travel to and attend meetings, including ICPD itself. The Reproductive Health movement in fact developed its platform through foundation-supported meetings, many of which convened representatives of diverse but related movements. Such deliberate frame-bridging efforts on the part of the movement helped expand and strengthen it. Moreover, the coherent discourse and

unified strategy that resulted from these activities were critical components of the movement's success at ICPD. Through facilitating relationships among particular actors and creating opportunities for frame development, bridging, and diffusion, foundations' Networks/Conference grants thus contributed to building the movement field.

Capacity-Building, Technical Assistance, and Training (CBTAT)

Capacity-building, technical assistance, and training refer to closely-related, often mutually reinforcing activities; the three terms are sometimes used interchangeably. Capacity-building grants include support for establishing new organizations or programs and for hiring personnel to expand the purview of existing ones. They also include grants for improving organizational or field-level infrastructure. These efforts may involve conducting evaluations, strategic planning processes, and fundraising campaigns.

Technical assistance grants typically support a transfer of knowledge in order to modify an institution's approach to a task or issue. Training grants generally aim to impart new skills to individuals, such as to health care providers or researchers. Technical assistance and training are sometimes used interchangeably to refer to providing guidance or instruction in areas ranging from design and implementation of policies and programs to research methods or service provision.

Grants for all three activities directly contribute to field-building by enabling the development of organizational capacity and individual leadership capacity, and by enabling the transfer of skills and field frames. Moreover, grants in this category are the most direct vehicle for foundations' professionalizing and rationalizing influence on grantees. Therefore, these grants are in part responsible for the consequences of social movement organizations' professionalization and rationalization processes, as discussed in Chapter 3. Furthermore, capacity-building, technical assistance, and training grants certify particular actors and approaches as legitimate. They can also help actors achieve or sustain an influential position in the field by building their capacity or by enabling them to provide technical assistance or training to others.

Chapter 5 discussed foundation support for sending Western experts to provide technical assistance to South Asian government agencies. Chapter 6 discussed grants for the purpose of training movement organizations how to work within the UN system, which was instrumental in the movement's success at ICPD. Chapter 9 described, for example, grants that aimed to institutionalize the movement's ICPD achievement by training family planning program managers how to implement gender-sensitive reproductive health services. Thus, through grants for capacity-building, technical assistance, and training, the foundations helped build the field, certifying and strengthening actors and frames, and diffusing frames.

Policy

Another category of field-building grants aims to enable social movement organizations to shape the policy environment. Work in this area is often an important component of movement activity.

Policy grants fund movement organizations to analyze policies and monitor their implementation, and to educate policymakers and the public in order to influence policy. Grants in this category also serve to designate issue priorities, certify particular movement actors as trustworthy and important, and enable diffusion of information and frames.

Chapter 5 described grants for policy-relevant research into the relationship between fertility and a variety of social and economic factors. It also highlighted grants that supported informing policymakers about international population issues. Chapter 6 discussed the extensive movement activity aimed at influencing the UN ICPD agreement on population and development, which was to guide national policies and international funding to support them. Chapter 9 noted the movement organizations' work at national and international levels to effect the policy change called for in the ICPD agreement.

Services

The following section discusses how grants for Services contribute to field-building. Here I describe what the foundations' grants in this category supported. They funded family planning, primary health care, and a broad range of reproductive health care services. The latter ranged from STI diagnosis and cancer screening to maternal health care and treating complications of unsafe abortion. Organizations that received Services grants also provided counseling and ran hotlines offering information about emergency contraception, reproductive health, or intimate partner violence. Grants in this category typically targeted specific populations.

In addition to grants that directly funded service provision, grants in all of the other Activity categories also supported services. They did so through funding for evaluating programs, training providers of services, and training program administrators. Grants in other categories also facilitated information exchange among people who designed and implemented service programs. Other grants informed the public about the availability of services, or informed policymakers about the need for services. Grants also supported integrating reproductive health care into family planning services, or integrating both into primary health care.

Grants to Non-Movement Organizations

Grants in all of the categories described above supported both movement and non-movement organizations. Grants to recipients that are not part of the movement nonetheless contribute to the movement field and shape the movement's trajectory. This study demonstrated that research institutions and organizations that provided services were typical such grantees. The field-building role of grants to research institutions is addressed above; here I focus on how grants to non-movement organizations for providing services helped build the movement field.

As noted throughout this study, a major point of conflict between the Reproductive Health movement and the incumbent Family Planning approach was the nature of family planning and reproductive health services, including what services to prioritize. Grants pertaining to services

were thus an important component of field-building as the two movements competed for frame dominance. Grants in this area supported a movement's frame by certifying particular types of services, providers, and beneficiaries, and by diffusing norms.

Organizations that provide services are often not movement organizations. However, as earlier chapters explained, the experiences of both family planning and reproductive health service organizations informed the incipient Reproductive Health movement's agenda and subsequently provided evidence to support the movement's claims. In fact, this study demonstrated that grants for services played an important role in field-building over the course of nearly fifty years.

As described in Chapter 4, the models that foundation-supported family planning programs provided helped lead USAID to enter (and then quickly dominate) the field in the late 1960s. USAID's aim was to inundate high-fertility countries with contraceptive supplies and to expand access to family planning services. As Chapter 5 discussed, many women benefitted from USAID's effort; others, however, experienced negative outcomes. The Reproductive Health movement emerged largely in response to such outcomes.

The movement was also inspired by promising experiences with a new approach: comprehensive reproductive health services, which Ford began exploring in the 1970s. Thus, support for services helped create the conditions that led to the Reproductive Health movement's emergence and directly informed its frame. Moreover, as Chapter 6 showed, by the early 1990s failures of family planning services to reduce fertility as much as expected made governments more receptive to the Reproductive Health movement's call for comprehensive Reproductive Health services.

Chapter 7 discussed additional ways that funding related to services contributed to field-building. Grants for evaluating services and developing ways to improve or expand them helped to establish models of best practices and to determine cost-effectiveness. Other grants supported documenting people's use of services and tracking outcomes. These activities contributed to field-building by demonstrating the demand for and value of the Reproductive Health approach. Thus, grants to non-movement organizations for efforts pertaining to services contributed to the movement field by helping identify specifically what services people needed, who needed them, how to address those needs, why they should be addressed, and why they should be addressed in a particular way. This evidence base informed, legitimated, and strengthened the movement's frame.

Grants to non-movement organizations for activities such as providing, improving, or evaluating services can thus help build a movement field and shape the movement's trajectory. They do so by certifying, informing, and diffusing the movement's frame and by enrolling new actors in the field.

Non-Grantmaking Activities

This study further demonstrated that in addition to providing grants, foundations contribute to field-building through the use of their human and symbolic resources. They apply these resources to activities such as brokerage, coordination, and advocacy. Foundations' networks and status position them to broker relationships among movement actors and between movement and non-movement actors. The latter include government officials and other donor institutions. Networks also facilitate coordination among foundations to build the social movement field. Through coordination, foundations help diversify the field's members, attract more funding to the field, and avoid redundancy in their grantmaking programs.

Direct political advocacy is another field-building mechanism that foundations' status and networks enable them to employ effectively. In the Reproductive Health movement case, as noted above, foundation representatives engaged critical advocacy targets, including UN agencies and governments, in order to create access and opportunity for the movement. This intervention was pivotal in the movement's trajectory.

Grantmaking and Non-Grantmaking Mechanisms Combined

Brokerage, coordination, and advocacy work may also include providing grants. For instance, several chapters addressed grants that enabled public and private sector actors to collaborate on developing contraceptive technologies. Chapter 6 discussed conditional funding the foundations provided to encourage Reproductive Health movement participants to obtain positions on government delegations to ICPD. Foundations also coordinated their funding to movement organizations for the ICPD campaign.

Similarly, foundations' capacity-building work may include both grantmaking and other activities. Foundations' involvement *prior* to awarding grants contributes to field-building when it influences an organization's strategy or when it elevates particular actors within an organization. Chapter 6, for instance, discussed the efforts of a foundation staff member in the 1980s to recruit a new president to revamp an organization; it subsequently became one of the lead Reproductive Health movement organizations. As noted in Chapters 1 and 3, grantees have criticized funders' intervention in their work, often characterizing it as disruptive and burdensome. Without discounting such grantee reports, this study has shown how foundations' interventions serve as field-building mechanisms and thus contribute to channeling the movement.

Implications

This study advances social movement research by explaining how foundations contribute to channeling movements through the field-building mechanisms described above. It also helps

explain similarities and differences in the foundations' social movement work, identifying structural and normative factors that influence funders. In addition to those contributions, I would like to highlight six implications this study has for social movement research. These concern methods, concepts, foundation resources, risk, the limits of field-building, and foundations' effectiveness in advancing social movements.

Methods

My findings indicate that understanding the funder-movement relationship requires studying social movement funders as thoroughly as scholars have studied social movement organizations. This entails examining funders' personnel, leadership, organizational structure, networks, and activities—including but not limited to their grantmaking. Research has tended to center on the movement organizations that receive foundation support rather than on the foundations themselves. However, to better understand foundations' influence on social movements, it is necessary to consider: a) what specifically foundation grants support, b) what foundations contribute to a movement in addition to grants, c) what foundations that oppose a movement do to impede it or, perhaps inadvertently, advance it, and d) what foundation staff and leadership aim to achieve. These factors largely determine foundations' effects on movement composition, tactics, and trajectory.

Concepts

Although social movement scholars tend to characterize foundations as external entities that act upon a movement, in fact the major funders of social movements are social movement actors themselves. As this study has shown, the dominant funders in the population field deliberately acted either to advance the Reproductive Health movement or to impede it by promoting the Family Planning frame it challenged. Conceptualizing foundations as social movement actors encourages examination of the movement-related backgrounds of foundation staff and leadership. It also encourages examination of how and why other movement actors are able to influence the foundations. Further, this conceptualization prompts investigation into how foundation staff act as brokers and advocates on behalf of the movement and how they assist movement actors in other ways, such as by disseminating information.

For a foundation to become a social movement actor, at least some board members—especially the president—must support the movement. However, more or less within the board's parameters, the *degree* to which a foundation acts in support of a movement depends on its program staff, especially the director. Prior to joining the foundations, the program directors in this study were active participants in either the Reproductive Health or the Family Planning movement. They were not merely passive supporters; they led organizations, participated in movement networks, and worked to advance the movement frame. These individuals were hired *because* of their support for a particular movement frame and their experience in the movement

field. During their tenure at the foundations, the program directors helped ensure that their foundations' material, human, and symbolic resources supported the movement.

Conceptualizing major social movement funders as social movement actors directs attention to the complex ties between movement organizations and movement funders, and to the consequences of those ties for the movement. As shown throughout this study, although foundations are not the most important social movement actors in the field, they can be essential at critical junctures. This study has further shown that, as discussed next, foundations are uniquely equipped to serve some specific, decisively important purposes.

Resources

Foundations' symbolic and human resources can be as important to a movement as their material resources are. As this study demonstrated, foundations' field-building work includes certifying actors and frames, brokering relationships between previously unconnected actors, coordinating with other funders, and serving as advocates on behalf of the movement. All of these contribute to expanding the field and diffusing its frame. Foundations are able to use these mechanisms effectively as a result of their status and networks in addition to the grants they provide. Most scholars focus on foundations' material resources, but their symbolic and human resources are equally vital to their role in social movements.

Status

Status is a resource that funders use to advance their program strategy. As Chapter 3 discussed, a foundation's status within the philanthropic sector and the program area help determine its level of influence over other actors, including its ability to attract other funders to support particular grantees or strategies. Additionally, program staff members' status within the foundation, the program area, and the philanthropic sector affect their ability to influence the board and other funders. Status levels thus have consequences for foundations as organizations and for individual staff members within foundations, both of which affect the grants that a program awards.

Constant effort is required to maintain or increase status. As a result, status pressures felt by both staff and board members affect many aspects of foundations' work. These pressures influence foundations' willingness to coordinate with each other and it affects the nature of their coordination. Status concerns also affect information flow from staff to board members and from staff to grantees. The former helps determine the program strategy and grant recipients. The latter may influence the grantees' work. Additionally, status pressures felt by board members shape their decisions concerning program budgets, strategies, and grants.

Research into the funder-movement relationship would benefit from more attention to how foundations acquire status, how they use it, and for what purpose. This endeavor should include investigating how staff acquire and use status in all three spheres—the foundation, program area, and philanthropic sector—and to what ends. In addition, because "successful" grants are a

primary determinant of status for both the staff and the foundation, research should explore how staff, boards, and grantees define and measure success in the three spheres.

Networks

As this study has discussed, the networks in which foundations are embedded include grantees and other funders, as well as board and staff members' additional professional and personal connections. These networks constitute foundations' human resources, without which foundations could not be effective in their use of brokerage, coordination, and advocacy. Moreover, through networks, foundations obtain and transmit information about program areas, grantees, and applicants. This information influences funders' grant decisions and the other support they provide. Networks thus help determine the composition of a movement field and help shape and diffuse the movement's frame.

Although foundations' networks facilitate their social movement field-building work, it is important to note that with the exception of some grantees, foundations' primary influences are individuals from institutions that favor stability: Foundations are typically staffed, led, and advised by individuals from elite institutions. This raises questions about whether foundation networks may discourage foundations' support for social movements. Additional investigation of foundations' networks, including their composition and effects, is thus warranted. Such research might explore whom foundation personnel and leaders rely upon for guidance, what sources of expertise they value and in what areas, and how foundations use their position in a network to advance their goals.

Risk

Observers of foundations, including those within the philanthropic sector, often question why foundations do not take major risks. Given the minimal external constraints posed by tax regulations, foundations have unparalleled freedom to use their material resources creatively. Moreover, foundation staff and leadership universally claim that taking risks and supporting innovative approaches are among foundations' primary responsibilities. Nevertheless, major foundations' program areas, strategies, and grants yield few surprises. Chapter 3 discussed some of the reasons foundation staff and boards avoid risk. It also described structures and norms foundations have developed both to encourage risk-taking and to mitigate risk.

One way to assess the role of foundations in social movements would be to examine the risks *not* taken. This would shed light on foundations' role in channeling movements: Every movement marginalizes some voices and perspectives, both deliberately and unintentionally. The grants awarded indicate which voices and perspectives the foundations helped to elevate. The grants denied may illuminate those the foundations helped to marginalize. Research in this area might include examining strategies or proposals that program staff rejected for being too risky, or those that staff recommended but the board rejected. It also might include strategies or proposals that the president rejected, preventing the board from considering them. Identifying what the

foundation staff, president, or board considered too risky would provide insight into the staff's and leadership's perceptions of their roles in the foundation and their views of the foundation's role in the program area.

The Limits of Field-Building

This study traced the foundations' continued involvement in field-building even after the Reproductive Health movement's successful ICPD campaign. Findings from this research prompt questions concerning whether the field-building process ever ends, and if so, when, how, and why? Frame development and diffusion may be central to this inquiry.

The process of field-building includes enrolling new members in the field who can inform the field's frame and contribute to its evolution. On the other hand, my analysis suggests that over time a social movement field becomes increasing insular and self-referential. This may be the result of successful frame diffusion: As a frame becomes dominant, field members may take it for granted and not try to develop it further, or they may resist efforts to alter it. Members may also perceive that adopting the frame is necessary for their own legitimacy, which links to scholars' persistent questions concerning to what extent a frame is adopted or the frame's *discourse* is adopted. Research in these areas may also offer insight into movement decline.

Foundations' Effectiveness in Advancing Social Movements

This study demonstrated the powerful influence of foundations in the Family Planning movement and subsequently in the Reproductive Health movement's ICPD campaign. Their particular areas of influence raise questions concerning whether foundations' field-building work is more effective in some arenas than in others. For example, their unique resources may be especially well-suited to efforts that aim to effect policy change.

This line of research would not only help social movement scholars better understand the funder-movement relationship, but it might also be of use to social movements themselves. Understanding where foundations may be most effective could assist movements in harnessing foundations' unique resources for their benefit. Foundations will not always provide funding for the purposes that movement organizations prioritize and they will often intervene in grantees' work in unwanted ways. However, this study has shown that foundations can be effective in building a movement field and in helping establish a favorable context for a movement's work, sometimes by reaching beyond the field's boundaries. A greater understanding of how, when, and where foundations' material, human, and symbolic resources may be most effective could enable movements to make strategic use of funders.

Research in this area may also assist foundations in expanding the *intended* consequences of their work and in managing some unintended ones. This study demonstrated that even when funders aim to resist a movement's frame or when they support non-movement organizations, they may contribute to building a movement's field or to establishing a context that facilitates the

movement's work. Understanding how that occurs may help funders identify, if not avoid, potential unintended consequences of their work.

Conclusion

In 1990, the beginning of the study period, there were over 28,700 independent foundations in the United States that gave $6.6 billion in grants (Foundation Center 2012).[270] In 2005, the last year of the study period, there were over 63,000 independent foundations that gave $25.2 billion in grants (Foundation Center 2013).[271] Despite the economic recession that began a few years later, the philanthropic sector in the United States continued to expand at a similar rate: In 2013, nearly 80,000 independent foundations gave over $37 billion in grants (Foundation Center 2013). Although their considerable assets are yet dwarfed by the needs they seek to address, foundations can strategically apply their material, human, and symbolic resources to disproportionate effect. As the sector grows, the role of philanthropic foundations in social movements will continue to be an important area of research.

As this study has shown, the historical era in which foundations are established affects their structures, operations, program areas, program strategies, and grants. It has also shown that new philanthropies both borrow from and react against existing models. Among other influences, the current era in the philanthropic sector is marked by the rise of relatively young philanthropists, many of whom have been shaped by experiences in the technology industry. As the sector and its broader context evolve, this study offers a new approach to researching foundations and a framework for understanding how they contribute to social change.

[1] I use Jenkins' definition of social movement: "a collective attempt to organize or represent the interests of a previously unorganized or politically excluded group" (2001, 53).

[2] Brokerage is the act of establishing links between actors or sites that were previously not connected to each other (McAdam, Tarrow, and Tilly 2001).

[3] Certification means "the validation of actors, their performances, and their claims by external authorities" (McAdam, Tarrow, and Tilly 2001, 145-146).

[4] Reproductive Health movement participants included "representatives of women's and other non-governmental organizations and networks active in the fields of health, human rights, development, environment, and population" (Rio Statement 1994, 4).

[5] Regarding isomorphism among NGOs, although not necessarily social movement organizations, Hwang and Powell found that "The prime carriers of rationalization in our study are managerial professionals and foundations…Here we found that foundations are influential not so much because of the funds they provide but because those funds bring particular mind-sets and practices with them. Grants contain requirements for strategic plans and evaluations, have a budget for hiring consultants, and stipulate that executive directors and board members attend management training sessions. Foundations are playing a critical role as carriers of modernity in the nonprofit field, rendering a heterogeneous mix of organizations more similar" (Hwang and Powell 2009, 293).

[6] However, scholars have also found other motivations for social movement organizations' professionalization that are unrelated to funding; these include, for example, a desire for legitimacy (DiMaggio and Powell 1991) or social movement organization *leaders'* desire for stability (Staggenborg 1988).

[7] For example, according to Kohl, when the philanthropic sector focuses on a particular program area, they develop "theories of social change…[that] require grantee organizations to re-conceptualize their own work, sometimes creating frustrating or disorienting bureaucratic processes and sometimes shaping useful political opportunities" (Kohl 2010, 150).

[8] Benford and Snow define frame-bridging as "the linking of two or more ideologically congruent but structurally unconnected frames regarding a particular issue or problem" (2000, 624).

[9] In 1998, for instance, they held five of the top six positions on the Foundation Center's list of the "Top 50 U.S. Foundations Awarding Grants for Reproductive Health" (Foundation Center 2001). Packard was first, with a budget more than three times larger than that of Hewlett, second on the list. Ford was third, followed by Rockefeller. The Buffett Foundation was fifth; however, because Buffett did not accept unsolicited grant proposals, it was not appropriate for this study. MacArthur held the sixth position. In 1999, the Gates Foundation entered the field, funding reproductive health at a level second only to Packard, and with vastly greater assets than any of the other funders (Foundation Center 2001b). However, because it was a new foundation, Gates was not appropriate for this study.

[10] European aid agencies and a handful of other U.S. foundations also contributed substantially to the ICPD campaign.

[11] As Fligstein notes, "Organizations can control fields on the basis of two principles," one of which is "the relative size of organizations [that] gives their actors differential power to dictate the actions of others in any given field" (1991, 314).

[12] The Council on Foundations had a membership of over 1,000 philanthropies in 1990 and over 2,000 in 2005, at the close of the research period.

[13] Of the 267 grantees that received 709 grants from 1996-2005, 115 provided consent for me to view their files, which included 318 grants. This represents 43% of grantees for 1996-2005, 45% of the population program's grants, and 46% of its grant dollars. I viewed 62% of the grant files available to me (based on their presence in the archives and grantee consent), which includes 90% of the grantees that provided consent for 1996-2005 and represents 63% of the grant dollars they received during that period.

[14] Nearly 60% of the files I reviewed were for general support grants, as the annual reports provided no information about those grants.

[15] Ford's narrative notes that awareness of these broader issues and needs is "thanks to the increased participation of women in public life and the emergence of women's health movements throughout the world" (Ford AR 1993, 77).

[16] The philanthropic sector's efforts to secure its legitimacy have long shaped foundations' work. The field's response to state regulation and public suspicion exemplifies coercive isomorphism, which "results from both formal and informal pressures exerted on organizations by other organizations upon which they are dependent and by cultural expectations in the society within which organizations function" (DiMaggio & Powell 1991, 67). In part, the

need for legitimacy drives organizations to succumb to coercive isomorphism (ibid.). The origins of Rockefeller and Ford, discussed below, will illuminate the nature of the relationship between foundations and the state. Subsequent interventions by the state into the philanthropic sector further shaped the behavior of the five foundations in this study.

[17] The relationship between philanthropy and the U.S. government has deep roots. When John D. Rockefeller established his foundation, he wanted the U.S. government to have significant control over it and proposed a plan involving all three branches of the government (Karl and Katz 1987). To his consternation, Congress rejected his proposal, effectively cementing the concept of a truly private foundation in which the government would have no formal role beyond taxation. What the Rockefeller Foundation became was not what its founder had initially intended, despite what many in the public suspected. The two sectors, however, also have a long history of working together. For example, "notably in the discovery of causes and the demonstration of effective control of hookworm and yellow fever, the discoveries of government experts were adopted and given world-wide application by the Rockefeller agencies. Indeed, the close cooperation between philanthropy and public agencies in the sphere of health makes it hard to measure the contributions of each" (Curti 1961, 151).

[18] The Russell Sage Foundation, established in 1907, predated both Carnegie Corporation and Rockefeller Foundation, but it was more closely aligned with the traditional model of a trust focused on a single issue—social services. Carnegie and Rockefeller were the first two philanthropies to address a broad range of issues with an emphasis on scientific research into the causes of social problems and on a national and international scale (Karl and Katz 1981, 1987).

[19] Both Rockefeller and Carnegie built their fortunes from essentially nothing; they did not have roots in the tradition of elite charity (Chernow 1998; Karl & Katz 1981).

[20] These industrialists, having built large corporations that spanned states, had a particular vantage point from which to see American society. For example, John Rockefeller's experience building Standard Oil made him aware of the efficiency and value that could come with advanced technologies and an integrated, large-scale approach (Karl and Katz 1981; Curti 1961).

[21] The first major philanthropists obtained their wealth through the oil industry, railroads, and steel, with government support and assistance in acquiring the land they needed. This led some to feel the philanthropists' wealth was not entirely their own, that it "had actually been taken from the public in some unwarranted fashion" (Karl and Katz 1987, 8; Karl and Katz 1981).

[22] As Bell writes, "In 1916 the Industrial Relations Commission accused foundations like the Rockefeller Foundation and the Carnegie Endowment for International Peace of being instruments for extending capitalist control over education and welfare" (1971, 472). This and related critiques would persist for the next century (Peterson; Dowie). Additionally, Progressives criticized the Rockefeller Foundation despite the fact that much of its work aligned with the movement's priorities. John Rockefeller was not a Progressive but the foundation supported areas such as medicine and health, social welfare, universities, and scientific research (McCarthy 1987; Karl and Katz 1981; Biebel; Bell; Nagai et al.).

[23] John D. Rockefeller had earlier led Standard Oil to become the notorious monopoly that resulted in the 1890 Sherman Anti-Trust law. Then in 1914, after he had established the foundation, his Colorado Fuel and Iron Company's brutal approach to striking workers turned into the Ludlow Massacre when the Colorado National Guard faced down the workers. This was a pivotal event in the history of labor organizing (Burawoy 1979; Nelson 1982; Corner 1960). The Ludlow Massacre was widely publicized and the subject of congressional investigation. For these reasons, Rockefeller was vilified in the press and the subject of great distrust (Corner 1960; Karl and Katz 1981; Howe 1980; Bell 1971).

[24] According to Curti, this tax policy was unique to the United States and would remain so for several decades: "not until 1950, when the German Federal Republic introduced this provision into income tax legislation, had it been known abroad in anything comparable to the American pattern" (Curti 1961, 150).

[25] The country already relied on private funding of functions and services that other western governments provided (Karl and Katz 1981); the work of the philanthropies further institutionalized and amplified this relationship.

[26] According to Chernow (1998), the criticism of John Sr.'s business practices and philanthropic intentions perplexed him and he felt deeply misunderstood, which to some extent he was. Based on a deep religious conviction and sense of responsibility, he had consistently engaged in personal philanthropy since childhood. Regardless of his business practices, his philanthropic intentions were genuine (ibid.).

[27] This professionalization and rationalization process occurred at Carnegie Corporation following Andrew Carnegie's death in 1919 (Biebel 1976). Although Rockefeller had been motivated by the need for legitimacy,

through the 1920s, both foundations established norms of professional operations and independent management such that philanthropies could persist without their founders (Karl and Katz 1981).

[28] Despite the foundation's claim that its funding for medicine and disease prevention was nonpolitical, Bell notes that emphasizing the permeability of national boundaries "had political connotations in a period when the League of Nations was under debate" (1971, 471). Shown in the discussion of Ford's origins, the political implications of—and motivations for—the international philanthropy would become increasingly significant after World War II and would affect the population field.

[29] In 1951, Ford Foundation's assets were valued at over $417 million, far beyond those of any other foundation. Rockefeller's assets that year, for example, were about $122 million. Even the largest university endowment, that of Harvard, paled at $191 million (Sutton 1987). Ford's "resources, counted in billions rather than millions, comprised one-third of the combined assets of all foundations, and by 1954, its annual appropriations represented between a fourth and a fifth of total foundation spending" (Bremner 1960, 178).

[30] Decades later, Ford president Susan Berresford also discussed the importance of listening and responding to people on the ground (Berresford 2010). The "experts" changed, but the goal of allowing others' stated needs to guide Ford's work remained.

[31] Rockefeller's activities following World War I and Ford's after World War II thus deliberately aligned with public sentiment and perception of need.

[32] Hoffman also had an ambitious vision for the foundation—and beyond: "in the words of one of his early associates, he 'wanted to run the world from the Ford Foundation'" (Sutton 1987, 59). His leadership was bold and independent, sometimes verging on autocratic from the trustees' perspective, and it made the trustees increasingly uncomfortable. In 1952, Ford effectively fired Hoffman, though the press release called it a resignation (ibid.).

[33] For example, this conviction was reflected in the still recent establishment of the United Nations, which Ford aimed to help strengthen. As one analyst speculated, the era in which Ford became a major foundation was a defining factor: "no time since the early fifties has had the peculiar mixture of optimistic self-confidence in American strengths, and anxieties about the international scene that this country had then" (Sutton 1987, 74). Yet at the same time that anything seemed possible, the perceived imminent threat of communism and the specter of nuclear war lent a sense of urgency. The Gaither committee, however, did not want the foundation to support programs that were "based solely on fear of Communism, reaction to totalitarian tactics, or the immediate exigencies of avoiding war. Such a national posture they saw as defensive and negative and might lead us to 'grow like the thing we fight'" (ibid., 56). Instead, the foundation supported research centers, for example, that fostered intercultural understanding.

[34] According to Gordon, Paul Hoffman "decided that India, one of the two Asian giants, and the non-Communist one, was to be a focus of serious investment by the Ford Foundation for the good of the future of India and the good of the free world.... [H]e seemed to think that alleviating poverty in India would put Indians firmly in the Western camp and further democratic rights. This was to be in contrast to those enslaved by international communism" (1997, 111).

[35] In rejecting centralized control—largely to avoid the apparent conflicts over staff autonomy at Rockefeller, Ford Foundation set the stage for future conflicts over accountability, power, and an unwieldy organizational structure: "The view that the Ford Foundation was too large to be governed as a single institution, that it ought to be split up or made into a loose confederation of subsidiaries, has regularly recurred. Problems of balance of power, of dividing control between staff and trustees, were to persist in various forms" (Sutton 1987, 51). Although Ford did implement a chain of command involving vice presidents, it continued to embrace the decentralized structure, valuing the autonomy of program staff and field offices.

[36] Helping to institutionalize the foundation's commitment to being responsive and innovative, the trustees would provide only "general guidance," with "the president and staff officers having a high degree of discretion and the flexibility to respond to unforeseen issues and new opportunities" (Ford Foundation 2013).

[37] Further underscoring this emphasis on decentralized control, the committee proposed that in the event that the foundation established new institutions to carry out its programs, these institutions should be totally independent from the foundation (Sutton 1987).

[38] The founders originally named it the W.R. Hewlett Foundation, but changed it to the William and Flora Hewlett Foundation after Flora's death in 1977 (Hewlett AR 1966-1977).

[39] For example, after Lucile died, David reassessed the foundation and "wrote a brief outline of his vision for the Foundation and then, in the following years, began its implementation" (Orr and Wilbur 1997, 6). Adjustments he made included starting the Center for the Future of Children in honor of Lucile's longstanding interest, and expanding the population program to reflect his own interest, discussed later.

[40] As Colburn Wilbur recounted, until Lucile died in 1987, "it was really the David and *Lucile* Packard Foundation because she was running it and Dave was quite active with the company, so he didn't spend too much time with the Foundation…Lucile was the key driver…[After she died] it became the *David* and Lucile Packard Foundation. And he was the key driver then…And then when he died in 1996, the next generation took it over and it just became the David and Lucile Packard Foundation [no emphasis]" (Wilbur 2010, his emphasis).

[41] In 2015, Hewlett Foundation's board included four of the founders' descendants, but the foundation's by-laws mandate that they constitute a minority of the board (Hewlett 2015).

[42] After a period of review, the Packard board chose not to fundamentally change the foundation's funding areas. It decided to maintain the foundation's four core funding areas—including Population—and increase its grantmaking in some additional, smaller funding areas (Wilbur 1998).

[43] These included: "integrity, respect for others, belief in individual leadership, commitment to effectiveness, and the capacity to think big" (Orr and Wilbur 1997, 6).

[44] Despite the continuity, the board did not remain loyal to all of the founders' preferences. Although David strongly supported reproductive rights and environmental conservation, he was an ardent Republican. While he was chair of Packard Foundation's board, it funded conservative organizations like the Hoover Institution and the American Enterprise Institute. However, after David's death, although the board aimed to honor the founders' values and interests, the foundation did not continue to support conservative organizations and causes to the same extent. The Packard case shows that founders' children may try to interpret and honor their parents' wishes for the foundation while also allowing their own interests and priorities to shape the foundation.

[45] Hewlett Foundation had also experienced significant growth earlier in its history. Due to co-founder Flora Hewlett's bequest, Hewlett's assets expanded following her death in 1977 (Hewlett Foundation 2015). This prompted the board's reflection and some program changes (Heyns 1981). However, as William Hewlett was still leading the foundation, there was stability through the growth.

[46] This information is available in the financial statements included in Hewlett's annual reports.

[47] Ultimately, John MacArthur's laissez-faire approach to his foundation enabled it to become an institution that supported causes he opposed. For example, he saw environmentalists as irritating, unnecessary obstacles to legitimate business development, yet his foundation came to support many of their interests (Kriplen 2008).

[48] As expressed in the foundation's account of its history, its "first decade was challenging: assets to dispose of in a way that realized good value responsibly, tensions over grantmaking strategies, the task of assembling a staff and working out its relationship with directors who had also served as staff in the early days" (MacArthur Foundation 2014).

[49] The relationships between Rod and the conservative board members were deeply contentious (Blau 2003). A lawsuit he filed against a number of them remained unresolved upon his death in 1984.

[50] F. Champion Ward, the former vice president, then helped design the Fellows program with the input of the Nobel Prize program managers and representatives of several other foundations (Ward 2001).

[51] Neo-Malthusians agreed with Thomas Malthus that population growth would outstrip resources and cause calamity, but departed from his view that the solution was abstinence rather than contraception (Caldwell 1998).

[52] Although the eugenics frame and the birth control movement's objective of expanding access to contraception dominated the population field, Hodgson and Watkins (1997) observe that Sanger also incorporated feminist and neo-Malthusian frames. The neo-Malthusian viewpoint was that unchecked population growth led to poverty. Over-population was not a widespread concern in the 1920s, but Sanger combined the neo-Malthusian frame with eugenics, arguing that "more birth control would lead to less poverty and fewer defective offspring" (ibid., 475). Additionally, she continued to employ a feminist frame, maintaining that contraception was necessary for women's freedom, and that small families were better for women's health and well-being. (The latter frame appealed to eugenicists who believed it could be used to motivate poor people to have fewer children.) However, through the 1930s, the feminist rationale for birth control was sidelined, "symbolized by [the birth control movement's] rechristening in 1942 as the 'Planned Parenthood Movement,' a term that centered attention on families and children and not on women and sex" (ibid., 478; also see Gordon 2007).

[53] Despite her involvement in the eugenics movement in the 1920s, Sanger's writings indicate that she was primarily motivated by a concern for the well-being of women and children, especially those living in poverty. For example, as she reflected in 1937: "I was working as a trained nurse among the poor in the slums of New York when I first realized the need for birth control. That was in 1914. From the day when I saw a poor woman die needlessly because information of how to prevent her becoming pregnant was denied her, I decided what my life work was to be. It was to bring to such women the information which they had every right to have from the standpoint of their health, their children, the welfare of their families and the public good" (Sanger 1937). A number of quotes conveying the

impression that her primary motivation was virulent racism have been misattributed to her or entirely fabricated (Planned Parenthood Federation of America 2004). On the other hand, Sanger did advocate effectively quarantining criminals, people with addictions, sex workers, and others deemed to have moral failings. Additionally, she supported offering incentives for sterilization to people with undesirable conditions thought to be hereditary (ibid).

[54] Research at the time supported this contention; for example, infant mortality in the first year of life declined significantly when babies were born four years apart (Sanger 1926).

[55] Information concerning Rockefeller's grants comes from its annual reports from 1913 on.

[56] In 1976, instead of supporting local or national Planned Parenthood affiliates, it gave grants to three new recipients, including its first two grants to international organizations: Population Council and International Planned Parenthood Federation. The 1977 program description in the annual report states the foundation's interest in supporting international work. The Population program's objectives and approach changed little from 1977 and 1994.

[57] For example, the 1991 annual report advises, "People with wanted children are more apt to be effective parents, to create an economic future for themselves, and to live in better balance with the natural environment" (Packard AR 1991, 25).

[58] As Colburn Wilbur, the foundation's original staff member and eventual president and Board member, recalls: Lucile Packard's interest in Population stemmed from the fact that she "cared for families and children and wanted the mother and children to bond and have a good relationship, and she didn't think you could do that nearly as well if you had too many children and not enough money" (Wilbur 2010).

[59] The first decade of MacArthur Foundation's development occurred mostly during the 1980s. This was a period when women (particularly White women) in the United States marked some notable achievements—few in number but prominent. For example, in 1981 Sandra Day O'Connor became the first woman Supreme Court Justice, in 1983 Sally Ride became the first American woman to go to space, and in 1984 Geraldine Ferraro became the first woman vice presidential candidate for a major party. Women's presence in the workforce and other areas of the public sphere was receiving significant attention. In 1989, MacArthur Foundation became the first of the five foundations to appoint a female president, Adele Simmons.

       The five foundations had a combined thirteen presidents over the sixteen-year research period. Of these, four were women, appointed at different foundations in 1989, 1996, 2004, and 2005; all were White. Each was the first woman president at the foundation. Hewlett is the only one that did not have a woman president at any point. Of the four women presidents, two were promoted internally. Only one male president was "promoted" internally—he had been a board member before becoming president. He was the first person of color to be president at any of the five foundations. The other two women had been college or university presidents, a common background for foundation presidents; of the thirteen presidents, six came from positions of leadership in academic institutions.

[60] There are, however, some private watchdog groups that monitor foundations (Frumkin 2006).

[61] Brest further notes that "foundations can bring intellectual and reputational capital as well as dollars to the table" (2006, x). These also contribute to their status.

[62] Ford, Packard, and Rockefeller have boards of trustees; Hewlett and MacArthur have boards of directors.

[63] Foundation boards can be a source of problems. An inattentive board can lead to misuse of foundation resources. This can occur, for example, when inadequate management by the board gives the staff great autonomy without a corresponding level of accountability. An especially self-interested board can also misuse foundation resources, particularly through their decisions concerning grants and salaries. Additionally, if a board appoints a president who conflicts too much with the staff, or if it fails to manage the president effectively, it may lose top staff members. Although foundation boards, like corporate boards, can engage in misconduct, foundation boards are not subject to oversight by shareholders. An important component of foundations' independence is that within legal bounds, their boards are accountable only to themselves. As the previous chapter noted, foundation boards can institute structures to prevent misconduct. Some choose to impose term limits for board members, for example, and to establish particular management policies (Kenney 2012).

[64] Members are frequently on the boards of other institutions, as well.

[65] The president represents the foundation to other foundations, the U.S. government and governments of other countries, and the general public. The president seeks to increase the foundation's influence in its program areas and in the philanthropic sector, and it aims to strengthen the foundation's grantmaking. These efforts can entail public relations efforts to protect the field's interests in the face of periodic government inquiry, and to maintain or increase the foundation's status in the public sphere. They can also include collaborating with other funders.

[66] For example, MacArthur president Jonathan Fanton would prepare the board in advance for potentially controversial grants (Fanton 2010).

[67] MacArthur Foundation also preferred presidents who had significant experience in Chicago, where the foundation is based (Simmons 2010; McCormack 2010).

[68] Former MacArthur president Jonathan Fanton found that having managed a university—with its many different departments—helped him understand how to manage the foundation's budget (Fanton 2010).

[69] Of the president informants, half previously held leadership positions in universities; two were university presidents and one was dean of a law school. Two worked in the nonprofit world and one was an internal promotion. All of these presidents had had previous contact with foundations through having been part of grant recipient institutions.

[70] The norm of program directors' expertise was not always the case at Ford Foundation. Its population program in the early 1970s was led by someone without such specialized knowledge. Oscar Harkavy was instead "an outstanding administrator" who understood his limitations and valued the expertise of others (Caldwell and Caldwell 1986, 53). His practice was to gather information from specialists across disciplines to orient his priorities and decisions, and then trust the grant recipients' judgment. Ford demonstrated a remarkable openness to challenges from its staff, which led to its evolution from advancing the family planning approach to supporting the Reproductive Health movement.

[71] Former Rockefeller president, Peter Goldmark Jr., recalled that there were few qualified candidates for the program director position, which required a combination of expertise in the field, management skills, and vision. He also felt that a good program director needed to have both raw talent and an ego that was under control. Former Hewlett president, Paul Brest, echoed Goldmark's views about expertise and management skills, and added that because program directors arrive at the foundation as experts in a particular area of the field, it is also important that they be interested in learning about the broader field. Colburn Wilbur, former president of Packard, additionally found it important for a program director to be a good listener and good at motivating the staff. In the mid-1960s, Ford's population program appointed experts in biomedical research and family planning (Caldwell & Caldwell 1986). In the late 1960s, it appointed more social scientists. Demographers were well represented from the late 1960s until the program closed in the early 1980s.

[72] There are a number of penalty excise taxes as well; I address only this non-penalty excise tax because every foundation is subject to it.

[73] According to Karl and Katz, the government's attention to foundations was political: "The attack on foundations that began in the election battles of 1968 and focused on such matters as voter-registration in the South and the Ford Foundation's support for the close associates of the assassinated Robert Kennedy were again striking events which obscured an historical past in which foundations traditionally worked to do for southern Negroes what their white neighbours would not do for them, and in which foundation officers found ways of sustaining the temporarily displaced members of an elite they had helped create. Both actions were traditional parts of the pattern of action of American foundations. Both were products of the fact that for over half a century, foundations had been bridging the hitherto unbridged gap which Americans had created between public and private, between state and nation, and between social and political, between traditional American ideas and the urgent problems of the time" (1981, 269).

[74] In such cases, a grantee must show the funder that its income from non-lobbying grants does not exceed the cost of its non-lobbying projects (Urban 2004). Grantee organizations themselves are also subject to regulations concerning lobbying activities.

[75] Some argue, however, that foundations might be able to help prevent future social needs from developing if they devoted their funds to resolving or at least constraining the current ones (Boris & Steuerle 2004; Deep & Frumkin 2001). Funding for HIV/AIDS research is one often-cited example (Boris & Steuerle 2004; Deep & Frumkin 2001).

[76] Additionally, because board meetings already have full agendas, they often do not address low priority issues (Deep & Frumkin 2001). As the 5% payout was a long-established norm in the field, there was little sense of urgency to consider alternatives.

[77] Supporting DiMaggio and Powell's (1991) discussion of professionalization as a source of isomorphism, Hwang and Powell observe, "widespread efforts to professionalize are likely to have the effect, perhaps unintended, of making a heterogeneous collection of organizations into a distinct, coherent sector with a common set of organizational routines" (2009, 271).

[78] The Rockefeller family remained involved in the foundation for a number of years following its initial efforts to professionalize, but the foundation's operations were deliberately rationalized (Karl & Katz 1981). This process also occurred at Carnegie Corporation, following Andrew Carnegie's death in 1919. Through the 1920s, both foundations established the norm of professional operations and independent management such that philanthropies could persist without their founders (ibid.). Explored later, this process also involved efforts to institutionalize the founder's intentions.

[79] The burdens of the application and reporting requirements for NGOs are documented elsewhere (e.g., Ford-Smith 1997); here I focus on the reasons funders initially started to develop them.

[80] Through a Gramscian lens, if one is concerned about the spread of hegemonic ideology (as many of the philanthropists' critics were), institutionalizing the formation, perpetuation, and fields of influence of elite networks is not necessarily an improvement over the power of a single family to determine who will benefit from its philanthropy. If anything, it may be a more efficient way to transmit and normalize that ideology. Moreover, these networks were also linked to the government.

[81] The emphasis on funding specific projects rather than on providing general operating support had additional consequences. It also "changed the relationship between foundations and recipient organizations. Instead of coming honestly to the table to seek funds based on real organizational needs, nonprofit executives often must conjure up a never-ending string of new projects, which are often merely disguised requests for general operating support" (Frumkin 1998, 276).

[82] As noted in Chapter 1, these processes affect the funders' professionalizing influence on grantees, which is an important channeling mechanism (Jenkins 1998; Brulle and Jenkins 2005). Scholars have also discussed grantees' struggles with funders' intervention in their work (Kohl 2010; Ford-Smith 1997).

[83] Similarly, Rockefeller's 1968 annual report noted that the foundation "keeps closely in touch with representatives of other organizations that have population programs, in order to avoid duplication of effort and to insure that the resources available are used in such a way as to complement and reinforce their activities" (Rockefeller AR 1968, 46).

[84] Relatedly, Hwang and Powell (2009) find that professionalization decreases risk-taking among NGOs.

[85] Such concerns within the philanthropic sector are evidenced, for example, by the numerous organizations that foundations support to conduct research, disseminate information, and provide trainings concerning philanthropic practices. And the Council on Foundations, a membership organization, holds a widely-attended annual conference devoted to improving philanthropy, as well as numerous smaller conferences or meetings focused on different types of foundations, regional issues, and specific topics.

[86] To counteract this tendency, Hewlett president Paul Brest initiated an annual "Worst Grants Contest," in which programs competed to win the title. His aim was to remove the stigma of failure and encourage program staff to take chances, reassured that their professional reputation would not hinge on their "worst grants" (Brest 2010). MacArthur president Jonathan Fanton maintained that it was important not to penalize people for failure. At the same time, he felt that program officers should be close enough to grantees to catch potential problems relatively early, and thus avoid failure. His aim was for there to be "no surprises" for staff, board members, grantees, or himself (Fanton 2010). Colburn Wilbur, former Packard president, noted that the foundation had a Special Opportunities fund that could be used for projects that fell outside of program strategies or program areas, or that posed a risk in some way (Wilbur 2010). Fanton also instituted a "trump fund" that program staff could use to award grants of which he did not personally approve.

[87] This point appears in many foundation annual reports.

[88] Brest adds: "The reluctance to consider projects 'not invented here' is based on a fundamental misconception of how ideas develop. Even great thinkers like Leibniz, Newton, and Darwin drew on ideas that were in the air—part of the zeitgeist—and, in truth, most foundations' ideas fall well short of genius" (2006, xvi).

[89] "Strategic plans, independent financial audits, and quantitative program evaluations all represent attempts to measure and formalize nonprofits' activities. These practices locate rationality inside the organization (strategic planning) and establish specific substantive and financial areas for analysis (quantitative program evaluations and financial audits, respectively). Consultants are often brought in to develop and implement these practices and improve other areas of operation that are purportedly deficient" (Hwang and Powell 2009, 272).

[90] The field of measurement and evaluation began a significant expansion in the 1990s, and it has continued. However, this topic is beyond the scope of this project.

[91] To varying degrees, foundation staff are inevitably unaware of what their grantees are doing. Even where the staff attempt to be actively engaged in their grantees' progress, they are removed from it. For foundations like the five in this study, which fund nationally and internationally, there may be significant geographic distance between a funder and its grantees. Programs at large foundations also have too many grantees for the average staff to monitor closely. Therefore, given the cost of external evaluations, in almost all cases foundation staff must depend on grantees' self-reporting.

In the 1990s, funders' increasing interest in evaluating the effects of their programs and of their grantees' work gave rise to new approaches to grantmaking, measurement, and evaluation. It also let to new experts and organizations that could provide advice about and conduct evaluations. The evaluation sector, linked to "strategic

grantmaking," has continued to grow. As the sector began to develop, among the issues grantee organizations struggled with were funders' new demands for a level of monitoring, documentation, and analysis that required significant material and human resources.

Furthermore, the evaluation process is problematic because every actor involved in it has an interest in the final product. Grantees need to appear successful in order to obtain further funding. Foundation staff want to show the board that their grants have been successful. The board too wants to be able to proclaim its success. Moreover, the evaluators themselves want to be in the foundation's good graces. As a MacArthur board member recalled: "Many a person on the board quipped, 'It's impossible to find somebody to do a review who isn't already a grantee or somebody who might want to be a grantee.' That wasn't just a one-off comment" (Theobald 2010). Of course, each of these actors also has motivations for identifying problems and failures; however, it is important to acknowledge the range of pressures on all involved in the evaluation process.

[92] Frumkin (1998) contends that a professionalized staff is inherently risk-averse. The possibility of a career in philanthropy leads staff to fund stable, well-established organizations that are also supported by other foundations, rather than risk failure by supporting a relatively untested organization. I find additional status concerns that determine what constitutes "risk" for foundation staff.

[93] This transition can be a difficult one for program staff (Anonymous Hewlett, 2009). Program staff can become accustomed to the high status they experience when they are perceived gatekeepers to wealth (Kohl 2010; Goldmark 2010). As one program director observes, "One of the big pitfalls, particularly in a funding agency, is you become victim to your own hyperbole…When you work for a funder, everyone thinks you're brilliant, sing well and dance well, but they don't mean it. And you must not believe it" (Seims 2004, 66). President informants also discussed the challenge of colleagues' and grantees' resistance to being candid and honest with them (Simmons 2010; Goldmark 2010).

[94] Or from another angle, the board has material resources while staff have symbolic resources (Brint and Karabel 1991); each depends on the other's resources.

[95] As the discussion of MacArthur in Chapter 8 shows, staff autonomy can vary depending on the president.

[96] In interviews, MacArthur board members from Fanton's tenure spoke highly of how he managed the foundation (Theobald 2010; McCormack 2010), suggesting that the board valued many of the changes he made—even if many staff members objected to them.

[97] Prior to the establishment of Ford's official population program, regional representatives could opt to fund population efforts. Once the Population program was established in 1963, however, all of the regional offices had to make some grants in this area (Caldwell & Caldwell 1986).

[98] At the same time, in 1980 Hewlett president Roger Heyns claimed that "the staff does not regard it as a failure if a recommendation is not accepted on its initial presentation, nor has the Board felt uncomfortable about declining a recommended grant" (Heyns 1981, 3).

[99] Relatedly, one of the primary roles of program staff that Kohl (2010) identified included weaving compelling stories to obtain the board's support.

[100] Until the late 1940s, the population field focused on the West. Eugenicists were concerned about fertility declines in the U.S. and Europe that were occurring only among upper classes.

[101] From its inception, Rockefeller's work in scientific and medical research in the United States and abroad had given it an interest in demography. Population density, for example, was relevant to its public health initiatives. Rockefeller also expressed interest in maternal and child welfare in the context of public health as early as the 1923 annual report. Support for demographic research continued, and in the 1940s the foundation began addressing relationships between population and nutrition and population and labor supply. In the 1948 annual report, Rockefeller president Chester Barnard characterized rapid population growth as a threat to social and political stability and emphasized the need to develop technologies to improve agricultural production and relieve pressure on natural resources.

[102] John D. Rockefeller 3rd had been interested in population issues since he traveled to Asia following WWII; there he saw high levels of poverty and observed that new technologies were dramatically reducing mortality rates while fertility rates, not targeted by interventions, held steady (Warwick 1982). In the early 1950s, concerned about the implications of unchecked population growth, JDR 3rd convened a multidisciplinary conference to discuss the topic. The attendees, all esteemed in their fields, "recommended the establishment of a permanent, unofficial, international council working on population at a high level of professional competence and public esteem" (Warwick 1982, 57). In less than six months, the Population Council was established with JDR 3rd its president and board chair.

[103] Birth control activist Margaret Sanger helped establish the organization that became IPPF. She ensured that it had the same feminist orientation she had advocated throughout her career: women's freedom depended on their ability

to control their fertility. Hodgson and Watkins characterize this as a "moderate feminist rationale for family planning" based on "mild feminist assumptions," such as the belief that "all women desire to gain control of their reproductive destinies" (1997, 482-483). This frame, however, may have been less appealing to Rockefeller and Ford than the Population Council's demographic focus was (ibid.). IPPF received far less funding than Population Council did. Some population specialists objected to IPPF's focus on women, which included services for women and research into contraceptive methods that women could control (ibid.). Demographers eventually warmed to the view that women in developing countries would welcome contraception because this position "provided grounds for optimism about lowering fertility at a time when few other reasons for such optimism could be discerned" (ibid., 483). Thus, demographers found the "mild" feminism useful, even though they were "not interested in equalizing gender relations in third world societies" (ibid., 482).

[104] For the first several years, Population Council primarily functioned as a pass-through funder, supporting research efforts at population studies institutions. Both Ford and Rockefeller funded Population Council as a way of addressing population without initiating programs of their own. The organization was pulled into the technical assistance field in 1958 by demand from developing country governments, as donor governments and multilateral institutions were unable or unwilling to provide it (Warwick 1982).

[105] Indicating the extent of the knowledge gaps and the need for methodological advancements, when discussing a national study of fertility rates and family size expectations in the U.S., the 1959 Rockefeller annual report remarked that the study's unconventional inclusion of women as interview subjects affected the results (Rockefeller AR 1959, 183).

[106] According to Arnove (1977), Ford employed similar strategies in its development funding during the same period.

[107] In 1957, an Indian family planning official met with representatives of Ford and Rockefeller to seek assistance with "developing educational materials for the Indian family planning program" (Caldwell & Caldwell 1986, 42). The foundation representatives expressed discomfort with "directly support[ing]" family planning programs, though they said they would talk to their trustees about it "informally" (ibid., quoting Ford's India representative, Douglas Ensminger). It was two more years before Ford agreed to participate in the educational materials project. However, it then entered the family planning era with gusto.

[108] In 1956, it mentioned funding research in India "to determine the effect of family planning on the size of village populations" (Rockefeller AR 1956, 104). In 1958, it noted its support for Population Council's goal of developing means of fertility control.

[109] Wilmoth and Ball refer to this approach as the "population control" solution (1995, 332).

[110] The types of grants the foundations awarded also contributed to field-building. For example, Ford's university grantees in the early 1960s found the support to be remarkably flexible, allowing them to be responsive to changing contexts. They emphasized "that this lack of enforced direction meant that high-quality and adventurous programs could be quickly erected" (Caldwell & Caldwell 1986, 152). The grantees observed that this level of flexibility, and the tremendous trust that accompanied it, was unique to Ford during that time period. No other institution offered such funding during the early 1960s, and in the 1970s and 1980s, neither did Ford (ibid.). As the previous chapter demonstrated, foundations' independence allows them to use their material resources in ways other types of institutions cannot easily. However, not all foundations exercise their independence in the same way. Notably, Ford appears to have ceased that form of grantmaking following the Tax Reform Act of 1969, discussed in Chapter 3, as the philanthropic sector increasingly rationalized grantmaking in response. However, the early 1960s were a pivotal period for the population field when the foundations' support was especially critical. The presence of flexible support during that time may have been particularly valuable.

[111] According to an internal memo, Ford wanted to task public health programs with training and developing leaders in the field of family planning (Caldwell & Caldwell 1986). Although some found this goal to be too heavily weighted toward activism, the population programs in public health schools nevertheless did prepare many students to become administrators of developing country family planning programs (ibid.). Some in public health believed the field had contributed to the rapid population growth problem by facilitating decreases in mortality rates without also providing assistance for reducing fertility rates (ibid.).

[112] According to Wilmoth and Ball, until birth control was destigmatized as a topic, the population control movement could not achieve widespread public or political support. The authors acknowledge that this was true despite the fact that artificial contraception was not necessary to slow population growth; the withdrawal method, for example, could be effective. The population control movement believed that rapid transformation of societal norms around fertility and family size would require the intervention of governments and, it turned out, "substantial government involvement in population control became politically feasible only as modern contraceptive technology

advanced" (1995, 328). Demeny (1988) emphasizes that treating new contraceptive technology as necessary for reducing fertility rates enabled the population movement to avoid the complicated structural causes of high fertility.

[113] Rockefeller did, however, recognize that determinants of fertility other than access to contraceptives also needed to be addressed. For example, the 1962 annual report expressed the need for fertility control efforts to be combined with community health improvements: "It is probably useless to try to introduce birth control into a community so lacking in maternal and child health services that it still supports a high infant mortality rate" (Rockefeller AR 1962, 33).

[114] Rockefeller's president in the late 1970s, John Knowles, asserted that the foundation's value went beyond its financial contributions. Despite its reduced assets and the influx of funding for population from other sources, Rockefeller concluded that it still had an important role to play in the field. Knowles observed that "our presence [in the field] is of symbolic as well as substantial significance" (1978, 7). Other donors could provide funding, but not necessarily the symbolic value that Rockefeller offered. Through its presence in the field, Rockefeller certified the field's importance.

[115] Minkler (1977) interviewed fifty population advisors who had been sent to India by USAID and Ford Foundation between 1961 and 1974 for terms of nine months to two years. She also interviewed forty-three of the Indian nationals who worked with these advisors. The Indian and American counterparts often had different understandings of what technical assistance should include, and unaligned objectives were a particularly acute problem when the advisors were university professors, as most of Ford's were (ibid.). According to Minkler's research, "the advisors' felt need to produce publications led to greater resentment among Indians interviewed than any other single factor" because they appeared to be there solely for personal benefit (ibid., 411). The professors were often under conflicting pressures: Ford sometimes prodded them to achieve program results, while their home institutions awaited their published research. Nevertheless, the many advisors and consultants the foundation sent to India did help the country develop population experts, many of whom were then hired by international agencies like UNFPA and World Bank beginning in the late 1960s (ibid.).

[116] President Johnson promised to "seek new ways to use our knowledge to help deal with the explosion in world population and the growing scarcity in world resources" (Johnson 1965, 16). All three branches of government helped advance the family planning cause domestically and internationally, altering the context in which the foundations worked. A few months after President Johnson's speech, the Supreme Court's decision in Griswold v. Connecticut legalized the use of contraception by married couples in the United States.

[117] This occurred through the addition of Title X to the Foreign Assistance Act, following much political maneuvering (Piotrow 1973).

[118] The importance of the funding approved for USAID's population assistance cannot be overstated; it was pivotal for the field and an achievement of the population advocates' influence. The population movement's elite network included allies in Congress: "The leadership of Congress on the population issue—contrasted with the virtual abdication of responsibility by high officials in the executive branch—can be seen at its most effective level in the field where Congress has traditionally exercised greatest power—funding" (Piotrow 1973, xv).

[119] This was part of a declaration concerning the population growth rate and quality of life (Symonds & Carder 1973, 147).

[120] At the 1968 International Conference on Human Rights in Tehran, the UN proclaimed that "parents have a basic human right to determine freely and responsibly the number and the spacing of their children" (Resolution XVIII: Human Rights Aspects of Family Planning, U.N. Doc. A/CONF. 32/41, p.15). Piotrow asserts that members of the U.S. Congress, USAID, and population activists outside of the government had a major influence on the UN's involvement in the population field, even though "the UN process remained throughout the 1960s about two years behind U.S. moves," (Piotrow 1973, 199). Although Sweden and other Scandinavian governments preceded the U.S. in their efforts to involve the UN, they had been unable to "prevail against the combined hostility or indifference of Catholic and communist governments" without U.S. backing (ibid., 200-201).

[121] Many domestic women's movements from the Global South strategically participated in the international sphere: Where women lacked domestic political power, they could leverage international pressure to effect change at the national level (Keck and Sikkink 1998). Thus, the international women's rights movement also included movements concerning, for example, women's property rights and family law (e.g., inheritance, divorce, and child custody) (Antrobus 2004). It also included movements working against harmful religious and cultural traditions (e.g., dowry deaths, female genital mutilation) and violence against women (Antrobus 2004; Keck & Sikkink 1998).

[122] From 1964 to 1974, Rockefeller's portfolio decreased 52% in real value, taking into account both stock market drops and rising inflation (Rockefeller AR 1974, 9). Rockefeller had less to give and inflation meant grantees could do less with the funds. The same was true for Ford.

[123] Davis (1967) contended that fertility rates were linked to social and economic structures that shaped family size preferences, and that these motivational factors needed to be addressed. Family planning proponents were ignoring the myriad pro-natalist structures guiding behavior and were instead fixating on contraceptives; for example, they assumed that if people reject a particular contraceptive device, they simply need another option. Davis, on the other hand, called for greater attention to the factors that influence how many children people want—not merely how they feel about contraceptives.

[124] India's increasing nationalism and resistance to foreign involvement in the early 1970s led Ford to redirect funding to Indian institutions, typically for research, rather than support foreign experts providing technical assistance. This continued into the mid-1970s (McCarthy 1995).

[125] Rockefeller funded a wide range of women's studies research, especially concerning women in U.S. history. Ford funded research in addition to numerous direct efforts to advance women's rights and status in the U.S.

[126] She recalls Harkavy saying, "'I've got a large staff. I can afford to have one iconoclast'" (Germain 2003, 26).

[127] The Bangladesh Rural Advancement Committee (BRAC) is an example. As McCarthy describes: "Its approach was comprehensive, incorporating a variety of women's, family planning and health programmes in an effort to test and promote self-generating, self-supporting community-based development schemes. Ford's grants helped BRAC to evaluate, streamline and improve its basic data collection techniques and to strengthen its management and programmatic capacities" (1995, 307). BRAC later became a model for development NGOs in Bangladesh and elsewhere, and governments sought research into its methods (ibid.).

[128] In the early 1970s, while funding poverty programs in the United States, Berresford "spent quite a bit of [the budget] on women" (Germain 2003, 45). As later chapters discuss, she continued Ford's strong support for the Reproductive Health movement.

[129] As Berresford recounts, "We first focused on the U.S., but then brought in the overseas offices. And we had the arguments that everybody had at that time: was it exporting American values or were they the values of women in these societies? So you had to go listen to women, help people hear women's voices. And support them. And so women's reproductive health fit in that larger conception" (Berresford 2010).

[130] President McGeorge Bundy and vice president David Bell were broadly supportive of the feminists within the foundation—as evidenced by promotions given to the feminists and by the foundation's increased hiring of women in general (Flora 1983). They also supported efforts to increase field offices' support for women (Germain 2003).

[131] To implement the inundation strategy, USAID relied greatly on NGOs (Piotrow 1973). IPPF's presence and influence had grown in the mid-1960s due to an influx of support from funders like SIDA, but with USAID's support, its budget more than doubled from 1972 to 1974. By the mid-1970s, one-third of IPPF's budget came from USAID (Caldwell & Caldwell 1986). Rockefeller and Ford's early support for such organizations made it possible for USAID to carry out its work.

[132] See Hodgson & Watkins (1997, 487-490) for a discussion of the complex relationship between the Family Planning movement and second wave feminism—which included both liberal and radical feminists.

[133] As Ehrenreich et al. reported in 1979, within months of the Dalkon Shield's becoming available in the United States—and well before USAID shipped them to other countries—evidence of the device's dangers emerged: "There were cases of pelvic inflammatory disease (an infection of the uterus that can require weeks of bed rest and antibiotic treatment), septicemia (blood poisoning), pregnancies resulting in spontaneous abortions, ectopic (tubal) pregnancies and perforations of the uterus. In a number of cases, the damage was so severe as to require a hysterectomy." The device also resulted in a number of deaths (Ehrenreich et al. 1979).

[134] In another example, Ehrenreich et al. reported in their 1979 *Mother Jones* article that "in Bangladesh, site of an intensive AID inundation program, pills are sold, usually at nominal prices and without any semblance of medical supervision, through local shops, alongside cigarettes, bananas and betel nuts" (Ehrenreich et al. 1979). However, the pills were not necessarily safe. The ones distributed in Bangladesh contained higher levels of estrogen than those recommended in the United States at the time, which would have meant increased risks of serious side effects. Given the typical health and nutritional profile of Bangladeshi women, in particular, the risks were higher for them. The higher dose pills were cheaper for USAID (ibid.).

[135] Feminists found many reasons to believe that Family Planning advocates were more concerned about increasing women's use of contraceptives than they were about women's health beyond fertility. For example, in 1977, women's health advocates in the U.S. sought to have warning labels applied to oral contraceptives, but Family Planning advocates objected. Ultimately, "Feminists won and pill use in the United States declined substantially" (Hodgson & Watkins 1997, 492). Family Planning proponents had additional reasons to consider women's health activists to be obstructing women's access to family planning: "Feminist groups successfully fought to block

approval by the Food and Drug Administration of Depo-Provera in 1978 and 1984, against opposition by Upjohn, USAID, and IPPF" (ibid.).

[136] The women's health perspective was that family planning programs should have "women's reproductive needs as a starting point, not a policy that aims at controlling population growth" (Hardon 1992, 754).

[137] Previous World Population Conferences in 1954 and 1965 were primarily for scientists to share research and did not address policy (Dixon-Mueller 1993).

[138] During the Bucharest conference, John D. Rockefeller 3rd spoke at an NGO meeting that occurred in tandem with the conference. Having determined that the existing family planning approach was inadequate, he had sought input on alternatives. This led him to the aforementioned Ford program officer, Adrienne Germain, who convinced him that the problem was disregard for women's needs beyond contraceptives (Dunlop 2004; Germain 2003). In fact, Germain helped write his speech for Bucharest (Germain 2003; Dunlop 2004). In it, he noted that since the mid-1960s, it had become apparent that the family planning approach was primarily reaching women after they had had children, which was not slowing population growth quickly enough (Rockefeller 1978). It was imperative to reach women before they began bearing children. He called for everyone in the field to reassess their assumptions, approaches, and measurements of success. Family planning was essential, but it needed to be more responsive to social and economic conditions in a given country. He also urged the population field to address "the role of women in society" and acknowledge discrimination against women and the failure of development efforts to address their needs (ibid., 515). He argued that improving women's status would enable family planning programs to be significantly more effective. The speech angered some population leaders who felt he had betrayed their cause by diminishing the importance family planning (Germain 2003; Dunlop 2004).

[139] As Presser explains: "A feminist perspective goes beyond describing gender differences and specifies these differences as in large part socially constructed to the advantage of men, who are relatively more empowered than women, both within and outside the family…Motivating feminist scholarship is an underlying expectation that learning about these processes will help reduce gender inequities and give women greater control over their lives" (1997, 302).

[140] By the end of the decade, 117 developing countries had policies that supported family planning based on health, human rights, or demographic concerns (Dixon-Mueller 1993). Some governments created national programs while others encouraged or allowed private family planning initiatives to be integrated into general health services. The 35 developing country governments that either opposed or did not address family planning represented just 4% of the population of all developing countries combined (ibid.). However, not all of the countries that adopted population policies did so out of a primary concern for population growth. For some countries, the World Bank made population policies a loan condition (Sai and Chester 1990), and some adopted the policies as a strategy for courting development funds from other sources (Chimbwete et al. 2005).

[141] In part, merely directing attention to women's needs was an achievement.

[142] Like Ford, Rockefeller's assets had fallen, prompting a review of its programs. In the late 1970s, it considered withdrawing from the population field, having helped achieve several positive outcomes: funding for population had increased exponentially, birth rates had fallen in many places, and several contraceptive options were available (Rockefeller AR 1977). It also was disappointed by some developments in the field and had recalibrated some of its assumptions based on evidence challenging the population orthodoxy.

[143] The foundation still maintained that "population growth remains the most central problem for humanity" (Rockefeller AR 1977, 7).

[144] Fundraising efforts for UNFPA had begun bearing fruit in 1970; its budget increased from $3.9 million in 1969 to $14.1 million in 1970, and $57.1 million in 1974 (Mousky 2002). It continued to increase thereafter. Through the 1970s, UNFPA became a major source of population assistance and the largest multilateral funder in the field (Mousky 2002; Heyzer 2002). Because developing country governments were contributors to UNFPA, its involvement was often perceived as less of an intrusion than that of other aid agencies.

[145] There was disagreement in the field over what constituted coercion, and India was not the only country that provided incentives. For example, in Bangladesh, individuals could receive a "reimbursement" for undergoing sterilization procedures, which some viewed as a financial incentive and thus coercive (Sinding 2007).

[146] Gwatkin reports, for example, that "school teachers were driven to attach greater importance to the recruitment of contraceptive acceptors than to the instruction of children; labor contractors were pressed harder to produce sterilization cases than to build roads; agricultural extension agents were goaded to increase family planning performance as a matter of higher priority than the distribution of fertilizer; and so on" (1979, 52).

[147] Some in the international population movement advocated coercive measures or believed they would be necessary to slow population growth sufficiently (Sharpless 1995; Connelly 2008). On the other hand, as expressed

in numerous analyses (Hodgson 2008; Demeny 1988; Potts 2008; Caldwell & Caldwell 1986; Warwick 1982) and echoed by my interview subjects, a commitment to voluntary family planning was embedded in the foundation of the field. The dominant position in the 1970s continued to hold that voluntary programs would be sufficient. Hodgson and Watkins maintain that "a continuing tension in the movement has revolved around the question whether voluntary programs that simply provide improved access to contraception are sufficient to prevent potential societal disaster. While it is likely that the majority in the contemporary neo-Malthusian movement believe that such programs are indeed sufficient, at times the image of looming catastrophe induced by population growth persuaded some (Davis 1967) that 'beyond family planning measures' were needed to reduce fertility, measures that have, at one time or another, included advocacy in the media, targets, incentives and/or disincentives, and outright coercion" (1997, 471-472). Many Family Planning proponents advocated demographic targets, and India's Emergency Period demonstrated the potential consequences of an emphasis on targets without including safeguards (Germain 2003).

[148] Lyman presented the stark financial reality: In 1980, Rockefeller's budget was $47 million; in 1957, it was $26 million. However, in real dollars adjusted for inflation, the $47 million in 1980 would have had the purchasing power of only $16 million in 1957. Conversely, 1957's $26 million would have been equal to $76 million in 1980, nearly $30 million more than Rockefeller's 1980 budget. To convey the magnitude of the lost value across the philanthropic field, Lyman singled out the largest of the foundations: "Ford's expenditures in 1957 were $351 million; in 1980, they were $130 million, or $44 million in 1957 dollars" (Lyman 1981, 19). Sutton similarly notes that in real dollars, Ford's assets in 1979 were equivalent to "one-sixth of [their] value in 1964" (Sutton 2001, 97).

[149] One notable aspect of Rockefeller's grantmaking is the long view it took toward scientific research. True to its roots in medical research and public health, it maintained its commitment to reproductive biology research and contraceptive research and development despite long periods of little apparent progress. For example, the 1974 annual report stated frankly that there were "no spectacular solutions in sight" (53); similarly, the 1975 annual report noted that "no breakthroughs are in sight" (28). Yet support for research continued. There was no major source of funding for this sort of research outside of private foundations (Rockefeller AR 1975).

[150] The concept of "reproductive choice" also gained traction in the 1980s in the domestic U.S. political sphere as the conflict over abortion rights escalated. It gained traction on the international level during the same period largely in response to the coercive policies of China and India. The "choice" language simultaneously signaled support for reproductive rights in the U.S. domestic discourse and support for voluntary, not coercive, programs in the international sphere. The changing rhetoric partly indicates the influence of feminists on discourse in both spheres.

[151] The foundation was newly aware that its work toward the mission of "promoting the well-being of all mankind" was disproportionately benefitting men, and it now recognized that addressing barriers to women's participation would accelerate progress toward development goals (Lyman 1985, 5).

[152] Lyman acknowledged that the foundation did not yet have a handle on how best to address gender issues and noted that its "attempt to learn more about the relationships between women's status in society and their fertility is aimed at increasing that sensitivity" (Lyman 1985, 8). Acutely aware of the insidious and also sensitive nature of gender issues, Lyman expressed humility regarding the foundation's attempts in this new area: "We shall no doubt look back on our early efforts as marked by more fumbling with the issues than we would like" (ibid., 9). Nonetheless, he firmly held that the foundation had a responsibility to confront the issues, as "to do nothing does not constitute neutral behavior" and "would be truly inexcusable" (ibid., 9).

[153] The other program had a domestic focus and emphasized issues regarding families headed by minority single mothers.

[154] Because the Plan of Action produced at the 1974 Bucharest conference was a twenty-year plan, the 1984 conference was intended to advance rather than replace it.

[155] Of course there were varying national and local interpretations of what constituted "freely and responsibly."

[156] Most delegations agreed to language stating that abortion should not be considered part of family planning—so that governments could avoid supporting it. All concurred that policies and programs should prevent women from needing abortions. There was broad agreement that more money was required for population programs in developing countries (Wulf & Willson 1984). The World Bank, a strong proponent of slowing population growth to facilitate development (Sai and Chester 1990), announced its commitment to increasing loans in this area, and called upon states to make similar commitments (Wulf & Willson 1984).

[157] In contrast to the new Plan of Action, the U.S. policy statement discussed women only in the context of rapid population growth's implications for maternal and child health (White House Office of Policy Development 1984). Even in its emphasis on the need for sound economic policies, it did not mention the importance of increasing women's access to economic opportunity (ibid.). Here again the United States stood against the tide.

[158] The U.S. delegation minimized developing countries' claims that global economic structures were problematic for them; the delegation countered that because some countries were developing quite well, the problems must be rooted in domestic rather than international structures (Wulf & Willson 1984; Demeny 1985).

[159] Other countries would have been unlikely to support the U.S. policy; in private, delegates noted that many developing countries depended on foreign assistance for contraceptive supplies and family planning services, and so decreased funding for any reason would lead to more unwanted pregnancies and abortions—often illegal and unsafe (Wulf & Willson 1984, 230). Thus, the Mexico City Policy would be counter-productive to the Plan of Action's objectives of reducing fertility and improving maternal health.

[160] Details concerning what the Mexico City Policy entailed further explain why it was colloquially known as the "Global Gag Rule": "The activities expressly prohibited by the standard clause include providing advice and information about medical indications for abortion, providing accurate information about abortion as an available option and where it can be legally obtained, and engaging in lawful lobbying to preserve, expand, or create the right to a safe, legal abortion. Significantly, the standard clause places no restrictions on anti-abortion speech; counseling on the disadvantages of abortion and lobbying against safe, legal abortions are entirely unrestricted. This censorship of all non-pejorative speech about abortion is not limited to AID-funded speech, but extends to all activities of the recipient, including activities that are funded entirely from sources other than the U.S. Government" (Camp 1987, 39).

[161] At first, these changes had more symbolic than practical significance: Congress prevented the Reagan Administration from withholding funds for population assistance, and in fact managed to increase those funds through the mid-1980s (Sharpless 1995; Wulf & Willson 1984). As Sharpless points out, "career AID and State Department officials remained loyal to the population-control doctrines that had dominated U.S. foreign policy for nearly two decades" (1995, 96). But soon the changes began to take effect.

[162] The Planned Parenthood Federation of America, a member of IPPF, fought the Mexico City Policy in court based on "medical ethics and free speech" claims, to no avail (Planned Parenthood 2014).

[163] From 1985 through the end of the decade, Ford's population spending typically ranged from 13% to 45% of Rockefeller's Population Sciences budget. In 1985, Rockefeller's Population Sciences budget was $5 million, while Ford's population spending stood around $1-1.5 million. In 1987, Rockefeller's was over $15 million with Ford's about $2 million. Closing the decade, Rockefeller's 1989 population budget was $8.6 million and Ford's population grants totaled $3.9 million.

[164] After John MacArthur's death in 1978, the foundation received approximately $1 billion of his assets and awarded its first grants. During the 1980s, the first president and board of directors created the framework for the foundation's work going forward. As expressed in the MacArthur Foundation's account of its history, its "first decade was challenging: assets to dispose of in a way that realized good value responsibly, tensions over grantmaking strategies, the task of assembling a staff and working out its relationship with directors who had also served as staff in the early days" (MacArthur Foundation 2014).

[165] Reproductive Health movement participants included "representatives of women's and other non-governmental organizations and networks active in the fields of health, human rights, development, environment, and population" (Rio Statement 1994, 4).

[166] In opposition to the prevailing Family Planning viewpoint described in the previous chapter, Kingsley Davis (1967) argued for the demand side approach. His was a developmentalist position that called for addressing a number of constraints on women's opportunities, rights, and status that limited demand for contraception. This is the perspective John D. Rockefeller 3rd represented in his shattering speech at the 1974 Bucharest conference.

[167] As is discussed later, following ICPD the movement was criticized for its failure to address these development concerns adequately.

[168] Barzelatto came to the foundation from the World Health Organization where he was the Director of the Special Programme of Research, Development and Research Training in Human Reproduction.

[169] The foundation's use of the annual report—an official publication—to express its support of this feminist tenet helped certify and diffuse the frame.

[170] According to annual reports, Ford's Reproductive Health and Population program grants increased from $5.1 million and $6.3 million in 1990 and 1991, respectively, to $16.7 million in 1992, $21.3 million in 1993, and $20.5 million in 1994.

[171] Though the population program focused on family planning supply, the foundation addressed some demand-related issues outside of the program, such as through an African Initiative that aimed to increase girls' education. The population program, however, prioritized addressing people who already wanted contraceptives but lacked access.

[172] In 1993 Rockefeller began to include reproductive health care in the population program's goal, which was to "help ensure availability of quality reproductive health and family planning services to all women in [the] developing world" (Rockefeller AR 1993, 11). When referring to reproductive health, Rockefeller's annual reports generally mention HIV/AIDS, sexually transmitted diseases, and contraceptives (Rockefeller AR 1988, 1991, 1993).

[173] As Germain et al. (1994) expressed from the RH perspective, a focus on unmet demand would be more effective if it addressed the reasons why adolescents, unmarried individuals, and men did not have access to family planning and reproductive health services, or did not use them if they were available.

[174] The extent of transformation sought can be debated. Higer (1999) argues persuasively that the Reproductive Health movement's organizing for ICPD was led by pragmatists who opted for compromise in key areas instead of advancing more radical positions.

[175] Only Rockefeller and Ford appear to have done so specifically for ICPD; MacArthur's religion-related grants are not necessarily for ICPD.

[176] The two other UN conferences were the World Conference on Human Rights, held in Vienna in 1993, and the Fourth World Conference on Women, held in Beijing in 1995.

[177] In fact, ICPD is mentioned in nearly every Ford annual report from 1992-2005.

[178] The three foundations combined gave 83 ICPD grants to 54 recipients from 1992-1994. Of the 54 grantees, 5 received grants from both Ford and MacArthur, 4 from both Ford and Rockefeller, 1 from MacArthur and Rockefeller (for the designated newspaper of record during the conference), and 1 from all 3 foundations. The only grantee to receive grants from all three foundations for ICPD was the organization responsible for coordinating the NGO Forum at ICPD.

[179] This grant was for $150,000 over two years.

[180] These conferences included the 1992 Conference on Environment and Development (UNCED) in Rio de Janeiro; the 1993 World Conference on Human Rights in Vienna, the 1994 ICPD in Cairo, and the 1995 Fourth World Conference on Women in Beijing.

[181] See Hodgson & Watkins 1997 for further discussion of the different feminist movements involved in reproductive health and family planning issues.

[182] Higer's research affirms the "sudden influx of funds" into the international women's health movement, particularly for mainstream feminist groups (Higer 1999, 137). She also notes that "feminists now occupied positions of power in both population agencies and policy institutions. In short, for Cairo, the [movement] had greater financial resources and more points of access to the policy process than ever before" (ibid., 132).

[183] Germain worked at Ford Foundation in the 1970s and 1980s. Dunlop worked at Ford in the 1960s and then for John D. Rockefeller 3rd in the 1970s. Their experience with foundations made them aware of how valuable they could be to the movement, and they were at ease in the foundation world (Dunlop 2004). Part of IWHC's strategy was to influence foundations' approach to population: "what we set about doing was changing their minds" (ibid., 112). Aware of how influential foundations could be, both through money and access, Dunlop and Germain viewed them as important parts of their strategy. They aimed "to influence how much bigger actors with money and power did their work" (Germain 2003, 107). This included, for example, an early effort to "change the priorities in public contraceptive research agendas" (ibid., 147). As the previous chapter showed, private foundations had demonstrated their ability to shape research agendas and contribute to inspiring public interest in particular issues.

[184] Dunlop asserts that it was "the International Women's Health Coalition who really put this term *reproductive health* on the map" (Dunlop 2004, 112). In addition to Dunlop's and Germain's extensive connections and experience in the field, being white women from the United States likely afforded them privileged positions relative to movement participants from developing countries or relative to women of color in the United States.

[185] Catholics for a Free Choice was involved in all of the UN conferences of the 1990s and received funding from Ford, MacArthur, and Rockefeller during the ICPD period.

[186] Foundations may have encouraged alliances between feminists and the Family Planning movement as early as 1991 (Hodgson & Watkins 1997, 515, endnote #43).

[187] "Although not all NGOs, especially some from developing countries, were in agreement with the women's position, there was a strong tendency to close ranks in the face of the intense attack mounted by the Holy See against a list of feminist issues. Where PrepCom II had ended with a 'fragile consensus,' by the end of PrepCom III only one position seemed to be open to a large majority of participants, that of the feminist agenda" (McIntosh & Finkle 1995, 239).

[188] This concession to the Family Planning community was opposed by many feminists, but as Higer contends, "at every step of the way…pragmatists dominated feminist organizing. They…worked intensively with sympathetic population insiders to find language that might be acceptable to both" (Higer 1999, 136).

[189] According to Benford and Snow, "Frame bridging refers to the linking of two or more ideologically congruent but structurally unconnected frames regarding a particular issue or problem. Bridging can occur between a movement and individuals, through the linkage of a movement organization with an unmobilized sentiment pool or public opinion cluster, or across social movements" (2000, 624).

[190] WEDO's co-founder and chair was Bella Abzug, a former U.S. Congresswoman and a long-time feminist activist whose prior experience at both the Bucharest and Mexico City UN population conferences informed the Reproductive Health movement's tactics (McIntosh & Finkle 1995).

[191] The Women's Caucus began with more than 130 women, about half of which were from over 30 developing countries; the other half represented about 10 countries in North America and Europe (WEDO 1994).

[192] The Reproductive Health movement took advantage of PrepCom III to exchange information, set priorities, work through issues, and develop strategies. They drafted resolutions for the delegates to consider and contributed language changes when delegates struggled (McIntosh & Finkle 1995). WEDO, for example, had a Writing Analysis Group that pored over ICPD draft documents, "formulated amendments…which better reflected the expressed needs and concerns of women," and then distributed the revisions "to government delegates and the Secretariat" (WEDO 1994). Indicating the effectiveness of its strategy, the next draft document "incorporated many suggestions of the Caucus" (WEDO 1994).

[193] These Ford grants were: IWHC #5457, 1993; #5473, 1993; #5534, 1993; #5606, 1994.
CEPIA #5568, 1993; #5612, 1994; #5735, 1994.

[194] Germain (2012c) characterizes the conference as having been deeply contentious. She says that reaching consensus resulted from the extraordinary skill, patience, and persistence of a couple of movement representatives, the willingness of some to make painful compromises, and the awareness of many that unity was essential to achieving the goals they shared.

[195] The Preamble is Chapter I of the Programme of Action; Chapter II defines the fifteen Principles underpinning the document. These are followed by nine thematic chapters and four that address aspects of implementation and follow-up. See UNFPA 1995.

[196] Ruth Dixon-Mueller provided the observations in this section about the specific language changes and additions from the Bucharest and Mexico City conference documents to the Cairo Programme of Action.

[197] Aid for population programs was less important to many activists from developing countries than the effects of economic crises and structural adjustment policies (Higer 1999). Germain and Kyte note that "the Programme of Action calls for reforms in the global economy to place greater emphasis on social development and to support the most vulnerable members of society, including the poor, and, especially women, who represent the majority of the world's poor" (1995, 1). Critics pointed out, however, that specific development concerns were expressed in one-third of the twenty-one agreements contained in the Rio Statement that over 200 women's health and rights advocates had signed, and that served as the movement's platform, yet they were not prioritized by the Reproductive Health movement leaders at ICPD (Higer 1999). As Hodgson and Watkins reflect, the ICPD policy achievement on abortion—and the lack of progress on addressing global economic inequality—indicates the dominance of feminists from the Global North rather than the south (1997, 516, endnotes #44 and #46).

[198] Germain, an active participant on the U.S. delegation to ICPD, recalls negotiations with delegates from Pakistan and Iran in which she sacrificed sexual rights in order to preserve agreement on over forty references to adolescents, also a sensitive issue for these delegates. While she felt this was the right choice, nearly twenty years later she still expressed regret for the sense of betrayal experienced by lesbian colleagues and friends in the movement (Germain 2012c).

[199] In addition to task forces and regional chairs, monitors were assigned to each chapter of the document and primary contacts were named for "each of the government voting blocs and key sub-regions (G-77, EU, CANZ, CARICOM, Nordic)" (Abzug 1994).

[200] The whole Caucus met every morning of the conference, and some of its members met every afternoon with the NGO representatives who were on government delegations (Abzug 1994).

[201] Sadik had previously sought Sinding's support in her conference efforts. She had been unimpressed by the first draft proposal for the ICPD Programme of Action that came out of the UN, but she needed some reinforcement. She turned to Sinding who, at her request, convened and funded a meeting of outside experts to review the draft (Sadik 2003). They unanimously panned it, which gave Sadik the license she needed to recommend major changes. Instead of sending a representative to the MacArthur meeting on her behalf, at Sinding's urging, she attended herself (Sinding 2004).

[202] Feminists had strongly advocated the addition of women to government delegations; they objected to the gender divide between NGO observers, who were primarily female, and the male-dominated government delegations (Higer 1999).

[203] Rockefeller funded HIV/AIDS work through its Health Sciences program rather than its Population Sciences program. The separation of HIV/AIDS from Reproductive Health is something the Reproductive Health movement worked against. MacArthur's Health program did not address reproductive health; it focused on mental health, human development, and parasitic diseases. Its population program, however, increasingly supported work related HIV/AIDS. Though not among the program's top three Issues, funding for HIV/AIDS work more than tripled in 1992-1994 over the previous two years. It continued to increase and was MacArthur's fifth Issue priority in the 1995-1999 period.

[204] Most of MacArthur's and Ford's grants during the 1992-1994 period went to recipients in developing countries (see Appendix 7).

[205] Research and literature in two areas underpinned the Reproductive Health agenda advanced at Cairo. First, as addressed previously, feminist activists and scholars criticized the Family Planning approach for treating women as instruments for reaching national population goals. They also criticized them for focusing on women's fertility to the exclusion of myriad other health-related concerns. They documented harmful effects of this approach and, from a women's rights premise, advocated for comprehensive Reproductive Health services and reproductive rights, including safe and legal abortion (McIntosh & Finkle 1995). Second, development scholars and practitioners from the Global South and North extensively critiqued conventional development theories and practices: They critiqued everything from the neocolonial mentality of development institutions to the havoc development projects had wrought on countries, communities, and the natural environment (ibid.). Significantly, the feminist critiques demonstrated how, by ignoring the needs of women, these institutions had implemented projects that harmed women, such as by reducing their financial security and their access to food and water (ibid.). These effects, in turn, had negative consequences at the community and national levels. This voluminous research strengthened the position of the activists who went to Cairo (ibid.).

[206] Support for individual leadership may partly have been an outgrowth of the foundation's early commitment to supporting promising individuals through its Fellows program (the "genius" grants).

[207] As the previous chapter discussed, the Reproductive Health movement's conflict with the Family Planning movement was ideological as well as strategic. However, for the ICPD campaign, Family Planning advocates focused on the importance of prioritizing family planning over reproductive health.

[208] In 1993, Rockefeller began to include reproductive health care in the population program's goal: to "help ensure availability of quality reproductive health and family planning services to all women in [the] developing world" (Rockefeller AR 1993, 11). Its focus on quality of care and developing new technologies stemmed from research indicating that women were less likely to discontinue use of contraceptives when they were provided with the method they preferred, when side effects were tolerable, and when the method was effective. This required that women be presented with a range of safe and effective contraceptive methods from which to choose, and complete information about them. It was also important to improve the technologies to be better suited to women's needs and to reduce side effects.

[209] These grants fall under Demography/Population. Rockefeller's grants in this category primarily supported population studies centers.

[210] Moreover, as noted in the preceding chapter, because Rockefeller framed its funding in these areas as an effort to be responsive to individuals' needs, it contributed to building the Reproductive Health field. That frame was associated more with the Reproductive Health movement than with Family Planning, which had developed from national and global concerns (see Hodgson & Watkins 1997 for discussion of the ideological divide between the two sides). Thus, through grants intended to serve Family Planning—and that did serve both movements—Rockefeller helped certify the Reproductive Health frame.

[211] For example, Rockefeller supported research "on ovarian differentiation in mammals" (#3699 Mexico, 1992). It also gave technical assistance grants for a field research project in China (#3721 USA, 1992; #3845 USA, 1993), and it provided funding "to strengthen the research capacity of [a] department of biomedical research" in the Dominican Republic (#3684, 1992; #3808, 1993). An example of a Networks/Conference grant in this area is one to the National Academy of Sciences for "a project of the Institute of Medicine concerning new opportunities for public- and private-sector collaboration in the application of biotechnology to contraceptive research and development" (#3825, 1993). This is also an example of a brokerage grant.

[212] During the 1995-2000 period were three important UN conferences at which the Reproductive Health movement fought both to protect and advance its achievements from ICPD (Crossette 2005; Dunlop et al. 1996; Sadik 2003;

Sai 2004). The conferences included the UN Fourth World Conference on Women, held in Beijing in 1995; ICPD +5 held in 1999; and Beijing +5 held in 2000. Among other challenges was the Vatican's increasingly effective opposition (Sadik 2003; Germain 2003). The foundations, especially Ford and MacArthur, contributed to the movement's efforts. In addition to the influences of the UN conferences, the Gates Foundation entered the population field in 1999 and began to have an effect.

Several factors in the early 2000s influenced the activities of the Reproductive Health movement and of the foundations during the 2001-2005 period. United States President George W. Bush took office in 2001; his Administration actively obstructed both Reproductive Health and Family Planning efforts (e.g., see Sadik 2003; Camp 2003; Sinding 2009). In addition, the UN produced the Millennium Development Goals, which omitted Reproductive Health despite the UN's having confirmed its support for it one year earlier at ICPD +5 (see Crossette 2005 for an explanation of why and how this occurred). Then the September 11, 2001 attacks on the United States immediately absorbed the attention and altered budget priorities of the United States and other donor countries; concern for international population growth diminished significantly (e.g., Sai 2004). Additionally, the economic recession beginning in 2002 reduced the foundations' assets.

[213] In 2009, Hewlett population program director—and former Rockefeller associate director—Sara Seims characterized the divide in the population field in terms that the data presented here seem to convey: On one side was Sexual and Reproductive Health and Rights—including family planning. On the other side was demography and population science, focused on "macro issues in population growth" (Seims 2009a).

[214] Other reproductive health concerns, such as violence against women or female genital mutilation, were not priorities for Family Planning funders.

[215] Berresford was Vice President for U.S. and International Affairs during Thomas's tenure.

[216] It also was an attempt to assist the many grantees that worked on multiple issues and were having to apply to multiple programs within the foundation. If the programs themselves were integrated, the process might be smoother for the grantees (Berresford 2010).

[217] Relatedly, Ford supported advancing women's political participation through its Governance and Civil Society unit of the Peace and Social Justice program (Ford AR 2004). This additionally supports the recommendations of Platform for Action from the United Nation's Fourth World Conference on Women (FWCW), held in Beijing in 1995.

[218] Despite its diminished profile in the field, Ford's commitment to Sexual and Reproductive Health persisted. After determining that having a dedicated program for Sexual and Reproductive Health would enable the foundation to be more effective, the new president who replaced Berresford reverted back to that structure (Hempel 2009). In 2009, Ford established a distinct program area, Sexuality and Reproductive Health and Rights. Its first director was Margaret Hempel, who had been a Ford Reproductive Health and Population program officer in the 1990s, including during the ICPD period.

[219] MacArthur's population program director, Carmen Barroso (2009), recalls that the program evaluation was conducted by "a really star panel," including such esteemed members of the population field as David Bell of the Center for Population and Development Studies at Harvard University's School of Public Health, Allan Rosenfield, dean of Columbia University's School of Public Health, and Fred Sai, who had a long list of titles that included former Senior Population Advisor to the World Bank, president of the International Planned Parenthood Federation, and chairman of the 1984 and 1994 UN population conferences Mexico City and Cairo. "I remember Fred Sai saying to the Board very clearly, 'This is the time to stay the course. It's a very successful program. It should not change at all,'" says Barroso, "So I really was pleased" (Barroso 2009). The panel's recommendations were oriented toward strengthening the program's existing approach, such as by supporting some grantees in its focus countries that could have a regional influence (MacArthur AR 1995). According to Barroso, despite the caliber of the panel, a MacArthur Board member who favored the Family Planning approach and consistently resisted the Reproductive Health approach that she and others at MacArthur advanced, proclaimed, "This is a whitewash," in response to the favorable evaluation (Barroso 2009). Nevertheless, the outside approval validated the approach, which the foundation continued to pursue.

[220] In 1995, the year after the conference, MacArthur's annual report referred to the Programme of Action as validation of the foundation's approach. And in 1998, the program narrative noted that its grantees were "address[ing] a variety of obstacles that still hamper progress toward the vision of reproductive health embodied in the [ICPD] Program of Action" (MacArthur AR 1998, 69). In the 1999 annual report, MacArthur again affirmed its support for the new paradigm, acknowledging that despite some successes, the world was far from reaching the goals set at the ICPD (Wallerstein 2000).

[221] Barroso does not believe, however, that the structural change affected the population program's grantmaking. The three programs were grouped under the Program on Global Security and Sustainability. Security referred to "the conditions for peace—including sustainable development, equity and protection of human rights," in addition to military concerns (MacArthur AR 1998, 83).

[222] From the start, the program focused its funding on four countries: Brazil, India, Mexico, and Nigeria. Funding for Brazil was phased out in 2002 but continued for the other three countries through 2005. It also supported some more general international efforts.

[223] According to a former board member, Simmons had been "hired as a very gifted, intelligent, imaginative person…She was a proven visionary and manager" (McCormack 2010). A former program officer supports that view: "Foundations talk about being bold, they talk about leadership, they talk about taking risks, they talk about doing path-breaking work. But when confronted, they're often timid…I've had the good fortune of working with people like Adele [Simmons] and Carmen [Barroso] who [were] bold and different" (Burden 2010). Simmons also allowed program staff great autonomy, which enabled bold grantmaking strategies (ibid.). Fanton sought to rationalize grantmaking: "We may have been at a point then where we were comfortable, trusting our instincts a lot. And Jonathan was asking us, 'What's your theory of change for that problem?'" (ibid.). Barroso concurs that Fanton brought change: "mostly in the sense that he was mostly concerned with human rights, peace and security, and population was really not a great interest of his. And it changed also in the sense that his vision of an organization is very centralized" (Barroso 2009).

[224] See Chapter 3 for a discussion of the process through which this change occurred.

[225] Rockefeller intended its grants for partnerships and collaborations across sectors to support further resource mobilization. The foundation anticipated that if such work resulted in new, safer, or more effective technologies, it could attract additional funding from other sources (e.g., see Rockefeller AR 1996).

[226] In 1998 when Gordon Conway began his tenure as president of Rockefeller Foundation, the Population Sciences program continued its work but the annual report stated that the program was under review. The following year, the program was in the process of being phased out. In its stead was a brief mention of a special funding area, "Population and the Cairo Agenda", with a statement conveying that Rockefeller "is engaged in an executive review to consider future directions for work in this field. During this period, current grant activities are continuing and new grants will be very limited until a new course is set" (Rockefeller AR 1999, 20).

[227] This case also illustrates the potential power of individuals within the foundation leadership and the role of personal relationships. According to Sinding and Seims, a Rockefeller board member who had a longstanding relationship with Chen had pushed the foundation to hire Chen as vice president. Conway's predecessor, Peter Goldmark, had supported the population program and regarded its staff highly (Goldmark 2010). Once Goldmark left, however, Chen had the opportunity to persuade the new president of the population program's failings (Sinding 2009; Seims 2009a).

[228] Chen had been a strong proponent of the Reproductive Health approach since the 1970s. He had influenced Ford's adoption of the approach (McCarthy 1995) and, in the late 1980s, led the committee that advised MacArthur Foundation as it designed its new population program (Simmons 2010).

[229] Campbell also suggested other ways for the women's rights advocates achieving their goals related to gender equity, such as working with UN human rights policy, rather than continuing to dismantle population policy (Campbell 1998).

[230] Packard Foundation had in fact provided meaningful support for women's rights advocates in developing countries. Hewlett population program officer, Anne Firth Murray, co-founded the Global Fund for Women in 1987 in order to create a source of funding for women's rights groups in developing countries. Colburn Wilbur, president of Packard, volunteered office space for her fledgling organization in the foundation's building.

[231] The increase in Hewlett's assets was not as dramatic as that of Packard Foundation's. See Appendix 1 for comparison.

[232] As Murray recalls, "I found, for example, that among many of the groups that the foundation had supported through U.S.-based intermediaries were family planning centers that had gone well beyond their narrow focus on contraception and family planning to include the creation of groups where women would meet to talk and learn new skills or begin some sort of income-producing activity. Again and again, I saw women participating in these activities first and then becoming interested in the family planning activities afterward. To the extent that they were allowed to do so under the terms of the various grants, I saw that women were defining their own needs and responding to them, despite the grant rather than directly because of it. Their needs often involved chances to come together, to meet and share their lives, to determine what activities would be most useful to them and to their communities" (2006, 47).

[233] Murray's experience affirms that of Rockefeller's program staff following the foundation's change in leadership. It also is reflected in MacArthur's program changes after Jonathan Fanton arrived as president. At MacArthur, program director Barroso had allies on the board (Barroso 2009; McCormack 2010). She was able to influence how the program change was interpreted in grantmaking, but the nature of the change—narrowing its focus to only two issues that could be measured quantitatively—was determined by the president's goals and board's priority. As discussed in prior chapters, Ford's history shows more openness to the influence of staff.

[234] Hewlett Foundation did, however, provide grants to this new foundation.

[235] Speidel's position was program officer but it was equivalent to that of a program director; hewas responsible for developing the population program's strategy to recommend to the Board.

[236] The only mention of the conference was from president Gardner in the 1995 annual report, referring to a grant to an organization "for global monitoring of the implementation of the Cairo Program of Action" (Gardner 1996, 8). Speidel, who led the population program, rejects the common assumption that ICPD was a paradigm change: "I think all of the issues advanced at Cairo were on the table and cared about [by population professionals] all along" (Speidel 2009). He does, however, agree that it was beneficial that the Programme of Action spelled out those issues.

[237] The geographical focus resulted from the diminished U.S. commitment to international population assistance.

[238] The strategic plan continues: "The overarching goal selected by the Population Program is to reduce population growth in countries, regions, and among groups having high fertility by helping individuals and couples attain access to the full array of high quality family planning and reproductive health information, services and fertility regulation technologies required to voluntarily determine the number and timing of their childbearing" (Hewlett Population Program 2001, 17). Except for the inclusion of "full array of high quality" and "reproductive health," this echoes the standard Family Planning orientation dating to the 1960s.

[239] The ICPD Programme of Action defined reproductive health based on the World Health Organization's definition of health: "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases" (United Nations 1995, para. 7.2).

[240] This acknowledgement was a major victory for women's rights movements.

[241] From the ICPD Programme of Action: "Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes" (United Nations 1995, para. 7.6, underline in original).

[242] "The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. In addition, it is essential for the achievement of sustainable development. The full participation and partnership of both women and men is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household" (United Nations 1995, para. 4.1).

[243] The Programme of Action not only called for governments to cooperate with NGOs but also to "encourage the expansion and strengthening of grass-roots, community-based and activist groups for women. Such groups should be the focus of national campaigns to foster women's awareness of the full range of their legal rights, including their rights within the family, and to help women organize to achieve those rights" (United Nations 1995, para. 4.12).

[244] In her assessment of a number of studies on the topic, Corrêa found that "since 1994, some real progress has been made in improving reproductive health policies and services. As 'ICPD+5: Moving in the Eye of Storm' concluded, a semantic revolution has clearly been underway. Everywhere family planning programs are being renamed as reproductive health programs. In most of the countries, serious efforts have been made to improve the integration of services. In all of the regions studied, various gender equality and equity initiatives are being implemented, and this reflects the synergy that has developed between the Cairo and the Beijing agendas" (Corrêa 2000, 2).

[245] Some Family Planning advocates were additionally concerned that the development-related, rather than reproductive health care, components of the ICPD Programme of Action would become the financial responsibility of population programs (Jain 1996; Potts 1996).

[246] Though the Reproductive Health movement's contribution to the diminished stature of Family Planning is evident, it was not the only—and possibly not the primary—factor in governments' and aid agencies' diminished support. The U.S. case provides one example. Fear of communism had historically been a major impetus for U.S. foreign assistance, including population assistance, based on the premise that people in countries with little hope of economic growth would be more susceptible to communism's message. The end of the Cold War, therefore, greatly diminished U.S. concern for development. In addition, as McIntosh & Finkle point out, the U.S. public was intensifying its demand that the country focus its resources on the "growing array of serious domestic social problems" rather than on developing countries (1995, 231).

[247] Merging with general health care would be a step backwards for family planning, as Family Planning proponents had worked to separate family planning from medical care (Kane 1996; Potts 1996). Given that many communities in developing countries lacked medical facilities, in order to provide people with access to contraceptives, it was important that they be available without needing to involve medical intermediaries. See Hodgson and Watkins (1997) for further discussion of the Reproductive Health movement's funding options for implementing the ICPD Programme of Action.

[248] These factors were recognized by Kingsley Davis (1967) decades prior to ICPD

[249] Prior to ICPD, Ford Foundation supported an effort to develop a standard for quality of care: "Foundation staff knew that feminist, consumer, and professional groups shared a concern for improving the quality of care in family-planning services. Yet there was little agreement as to what 'quality care' meant. Some measured quality by the technical efficiency of the methods provided or by computerized information systems; others looked to proper clinical procedures or respectful provider-client interaction. The Foundation is now working to help build a consensus on quality care in order to improve the country's family-planning system. One grant, to the Population Council, supports a working group of researchers, feminists, and officials [in Indonesia]…who are developing a pragmatic definition of quality of care" (Thomas 1993, 13).

[250] The ICPD Programme of Action described high-quality services as including a reliable supply of safe and effective contraceptive methods suitable for the individual and context. These methods were to be supplied by providers trained in the methods and in effective and appropriate treatment of patients. Services were also to include comprehensive, accurate information, counseling about options, and follow-up care. Additionally, the agreement asserted that family planning programs must either provide comprehensive reproductive health care in addition to contraceptives, or provide referrals for it (United Nations 1995, para. 7.23). It also stated that patients' experiences with services should be monitored through qualitative measures.

[251] See Hodgson & Watkins 1997 for discussion of the ideological divide between the two sides.

[252] As in previous chapters, this chapter includes tables that present data on the foundations' grants. Each grant could support multiple activities and address multiple issues; therefore, data in the tables represent grants that included efforts in a given category but were not necessarily exclusively dedicated to that category (see Appendices 3 and 4 regarding categories and coding). The tables include the number of grants and amount awarded to provide context; however, because the foundations' budgets differed, the percentage of grant dollars awarded is the primary point of comparison, followed by the percentage of grants.

[253] The different dynamics resulted from external economic and political factors and from developments within the foundations.

[254] Packard provided the total amount the program awarded each year, but not the amount awarded for each grant. Therefore, it was not possible to determine what percentage of Packard's population grants budget went to a particular category.

[255] Of the 267 grantees that received 709 grants from 1996-2005, 115 provided consent for me to view their files, which included 318 grants. This represented 43% of grantees for 1996-2005, 45% of the population program's grants, and 46% of its grant dollars. I viewed 62% of the grant files available to me (based on their presence in the archives and grantee consent), which included 90% of the grantees that provided consent for 1996-2005 and represented 63% of the grant dollars they received during that period.

[256] Nearly 60% of the files I reviewed were for general support grants, as the annual reports provided no information about those grants.

[257] In 1995-2000, 52% of Packard's Communications grants and 37% of its Communications grant dollars were awarded to U.S.-based grantees engaged in international work or to grantees based outside of the U.S. In 2001-2005, such grantees received 66% of Packard's Communications grants. (The percent of grant dollars is unavailable for 2001-2005.

[258] This strategy is an example of frame-bridging.

[259] Examples include Planned Parenthood Federation of America, International Planned Parenthood Federation, Population Council, Population Services International, Catholics for a Free Choice, and Marie Stopes International. Of Hewlett's grantees in this category, 70% were located in the U.S., 23% in other donor countries, and 8% in developing countries. About 23% of Hewlett's Communications funds went to U.S. grantees working on domestic issues alone.

[260] Illustrating the different perspective of the Reproductive Health and Family Planning funders, Ford supported a project "to examine the effect of family planning on women's lives" (#8808 China, 1997). For years, Family Planning research had been examining how various factors affected women's use of family planning. This research turned that question on its head.

[261] Both Family Planning and Reproductive Health advocates called for improved contraceptive technology. The Reproductive Health movement, however, also called for changes in research methods, particularly concerning clinical trials. Rockefeller's annual reports do not provide data on whether or how the foundation or its grantees addressed such concerns.

[262] Packard's focus countries were Ethiopia, India, Mexico, Nigeria, Pakistan, and the Philippines

[263] This was a form of frame-bridging.

[264] In 2001-2005, MacArthur's funding for this area declined as it narrowed its program focus to maternal health and mortality and adolescent reproductive health. Nevertheless, its funding level remained second only to Ford's. Additionally, it gave proportionally more grants in this area, just proportionally less funding.

[265] Hodgson & Watkins note that even prior to ICPD, some feminists were concerned that Family Planning advocates were co-opting Reproductive Health discourse: "Elizabeth McGrory, a feminist who has worked on population issues at the Ford and MacArthur Foundations, grew wary after [ICPD] PrepCom III victories (1994): 'Is it actually succeeding, or are they co-opting our language and kind of lulling us into a false sense of security when in fact they are not going to do any of this? 'They' being the white, male, population control establishment'" (ibid., 505).

[266] Grants such as the Nigeria and Mexico examples also complemented Rockefeller's contraceptive technology work.

[267] The Programme of Action called for such integration based on the movement's claim that reproductive health was an essential component of women's health.

[268] Initiatives in Adolescent Sexual and Reproductive Health were newer than those targeting adults, so they required more CBTAT and Research funding on the part of Family Planning and Reproductive Health funders. Here the work of Family Planning funders supported institutionalizing the Reproductive Health approach while grants from all five funders served the goals of both sides.

[269] This joint effort is also an example of foundations' use of coordinated funding for field-building.

[270] This is in 2010 dollars.

[271] This is in 2013 dollars.

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Ford Foundation	1950-2005
Hewlett Foundation	1966-1976 (a combined report), 1977-2005, 2010
MacArthur Foundation	1990-2005
Packard Foundation	1990-2005, 2007
Rockefeller Foundation	1913, 1923-1926, 1940-2005

Appendix 1

FOUNDATION ASSETS, TOTAL GRANTS AWARDED,
AND TOTAL POPULATION GRANTS AWARDED

1. Assets

In billions

	Ford	Hewlett	MacArthur	Packard	Rockefeller	All foundations Total
1990	5.3	0.6	3.1	0.2	2.0	11.2
1991	6.2	0.8	3.3	0.7	2.2	13.2
1992	6.4	0.8	3.0	0.9	2.2	13.2
1993	6.8	0.9	3.1	1.3	2.4	14.4
1994	6.5	1.0	2.9	1.5	2.2	14.1
1995	7.4	1.4	3.3	2.4	2.5	17.0
1996	8.0	1.5	3.4	7.4	2.8	23.1
1997	9.4	1.8	3.8	9.0	3.1	27.1
1998	9.5	1.9	4.1	9.6	3.4	28.5
1999	11.8	2.7	4.7	13.1	3.8	36.2
2000	14.5	3.7	4.6	9.8	3.6	36.2
2001	10.7	6.0	4.2	6.2	3.2	30.3
2002	9.1	5.0	3.8	4.8	2.7	25.4
2003	9.8	6.2	4.5	6.0	3.1	29.6
2004	10.5	6.5	5.0	5.3	3.6	30.9
2005	11.4	7.3	5.5	5.9	3.7	33.8

Source: Audited financial statements in foundation annual reports

2. Total Grants Awarded in All Programs

In millions

	Ford	Hewlett	MacArthur	Packard	Rockefeller	All foundations Total
1990	238.5	35.0	148.1	22.5	90.0	534.0
1991	255.9	34.9	141.3	32.9	102.2	567.2
1992	264.4	34.4	154.4	55.0	113.2	621.4
1993	288.0	34.3	151.2	48.5	107.6	629.6
1994	285.7	39.3	141.0	62.6	102.7	631.3
1995	317.2	66.2	142.3	113.7	112.7	752.1
1996	346.9	47.5	142.6	130.0	104.7	771.7
1997	411.6	52.3	152.6	201.2	116.6	934.3
1998	490.9	74.5	171.9	348.8	129.2	1,215.3
1999	549.7	91.6	206.7	412.0	166.7	1,426.7
2000	690.8	134.6	179.0	616.3	208.5	1,829.2
2001	901.0	212.0	226.6	655.2	167.9	2,162.7
2002	557.7	176.1	183.7	200.0	136.2	1,253.7
2003	525.2	177.0	190.7	214.0	134.9	1,241.8
2004	475.0	169.5	178.3	217.0	125.2	1,165.0
2005	553.0	178.4	194.2	201.0	111.6	1,238.2
	7,151.5	1,557.6	2,704.6	3,530.7	2,029.9	16,974.2

Source: Foundation annual reports

3. Population Program Grants

In millions

	Ford	Hewlett	MacArthur	Packard	Rockefeller	All foundations Total
1990	5.1	7.0	9.3	1.5	6.3	34.3
1991	6.3	7.0	8.8	1.5	8.9	30.6
1992	16.7	6.8	12.1	1.5	10.8	47.9
1993	21.3	6.9	10.1	2.0	9.5	49.8
1994	20.5	8.5	12.5	2.0	9.9	53.4
1995	20.9	10.1	15.8	3.0	16.2	66.0
1996	26.9	12.4	14.8	5.9	20.8	80.8
1997	52.3	14.5	9.8	14.9	14.4	105.9
1998	75.7	20.0	12.4	51.8	19.4	179.2
1999	73.5	28.6	12.6	79.1		194.0
2000	88.5	33.6	12.6	125.7		260.0
2001	76.0	48.8	14.3	98.5		237.6
2002	62.7	36.0	14.8	45.0		158.5
2003	36.6	33.3	10.3	36.0		116.2
2004	39.5	35.6	13.8	32.2		121.1
2005	41.3	41.6	12.2	30.1		125.2
	663.8	350.7	196.2	530.5	116.2	1,860.5

Source: Foundation annual reports

Appendix 2

CODING: CATEGORIES

I coded each grant according to over 150 categories that fell into four groups: Activity, Geography, Issue, and target Population. I also coded some grants according to sub-program areas ("Program Area" below). To analyze the grants data, I used FileMaker Pro and Stata for descriptive statistics. In this appendix, I define the groups and list the categories within each one.

Activity: The activity or strategy that the grant was to support.

Geography: a) Where the grantee was based.
                 b) Where the grantee worked: domestically and/or outside of its base country.

Issue: The issue or area of concern that the grant was to address.

Population: The population group the grant was to target.

Program Area: In annual report grants lists, some of the foundations grouped their population program grants under thematic or geographical sub-program areas corresponding to the program strategy. In the database, these are labeled Program Areas. Because the Geography categories encompassed the geographical sub-program areas, I did not include them under Program Area. Sub-program areas changed frequently.

Activity, Geography, and Issue

Activity

Activity or strategy

Name	Label
Act_Advocacy	Advocacy (policy)
Act_CapInstBldg	Capacity- or Institution-Building
Act_Documentation	Documentation
Act_EducLiteracy	Education or Literacy

Act_Evaluation	Evaluation
Act_Funding	Funding (providing)
Act_Fundraising	Fundraising
Act_InfoDissem	Information Dissemination
Act_Legal	Legal
Act_Media	Media
Act_Mobilization	Mobilization
Act_NetworkConf	Networks or Conference
Act_Pilot	Pilot
Act_PolicyAnalysis	Policy Analysis or Monitoring
Act_Promote	Promote
Act_PubEd	Public Education
Act_Research	Research
Act_Service	Service
Act_TechAsst	Technical Assistance
Act_Technology	Technology
Act_Training	Training

Geography

Where the grantee was based.
Whether the grantee worked domestically and/or outside of its base country.

Name	Label
Geo_Africa	Africa
Geo_Asia	Asia
Geo_Canada	Canada
Geo_Europe	Europe
Geo_LatAmCarib	Latin America or Caribbean
Geo_MidEast	Middle East
Geo_NZAus	New Zealand or Australia
Geo_USBased	Based in United States
Geo_ForBased	Based outside of United States
Geo_WorksDomestically	Works in the country in which it is based
Geo_WorksOutsideBase	Works outside of the country in which it is based

Issue

Issue or area of concern

Name	Label
Iss_Abortion	Abortion
Iss_AdolescYouth	Adolescents, Youth
Iss_Boys	Boys
Iss_ChildrenBabies	Children, Babies
Iss_Citizenship	Citizenship
Iss_CommDevt	Community Development
Iss_Counseling	Counseling
Iss_CriminalJust	Criminal Justice
Iss_CultureTrad	Culture, Tradition
Iss_Demog	Demography
Iss_Devt	Development
Iss_DevtWomen	Women in Development
Iss_Disability	Disabilities
Iss_EC	Emergency Contraception
Iss_EducLiteracy	Education, Literacy
Iss_Emergency	Emergency Relief
Iss_Enviro	Environment
Iss_Ethics	Ethics
Iss_Family	Family
Iss_FGM	Female Genital Mutilation
Iss_FPAcessUse	Family Planning Access and/or Use
Iss_FPMethods	Family Planning Methods
Iss_Funding	Funding
Iss_Gender	Gender
Iss_Girls	Girls
Iss_HealthGen	General Health
Iss_HealthMental	Mental Health
Iss_HealthTradMed	Traditional Medicine
Iss_HealthWomen	Women's Health
Iss_HIVAIDSSTI	HIV/AIDS, STIs
Iss_HR	Human Rights
Iss_ICPD	UN International Conference on Population and Development
Iss_Indigenous	Indigenous People
Iss_Intl	International
Iss_Labor	Labor
Iss_Leadership	Leadership
Iss_Legal	Legal
Iss_LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
Iss_LowIncMarginalized	Low-income, Marginalized
Iss_MDGs	United Nations Millennium Development Goals

Iss_ME	Measurement and Evaluation
Iss_Media	Media
Iss_Men	Men
Iss_MHM	Maternal Health and Mortality
Iss_Migration	Migration
Iss_MinorityGrp	Minority Group
Iss_NGO	Non-Governmental Organization
Iss_Policy	Policy
Iss_Pop	Population
Iss_Poverty	Poverty
Iss_PvtSector	Private Sector
Iss_RaiseAware	Raise awareness
Iss_RefugeesIDP	Refugees, Internally Displaced Persons
Iss_Religion	Religion
Iss_ReproSci	Reproductive Science
Iss_Research	Research
Iss_RH	Reproductive Health
Iss_RR	Reproductive Rights
Iss_Rural	Rural
Iss_Services	Services
Iss_SexEd	Sex Education
Iss_SexWork	Sex Work
Iss_SocSci	Social Science
Iss_SRH	Sexual and Reproductive Health
Iss_SRHR	Sexual and Reproductive Health and Rights
Iss_SubstanceAbuse	Substance Abuse
Iss_TeenPregnancy	Adolescent Pregnancy
Iss_UNBeijing	UN Fourth World Conference on Women, Beijing
Iss_Urban	Urban
Iss_Violence	Violence
Iss_WelfareGovtPrograms	Welfare, Government Programs
Iss_Women	Women
Iss_WomenRtsStatus	Women's Rights, Women's Status

Population

Target population

Name	Label
Pop_AcaDemogSci	Academics, Demographers, Scientists
Pop_AdolescYouth	Adolescents, Youth
Pop_Boys	Boys
Pop_CBO	Community-Based Organization
Pop_ChildrenBabies	Children, Babies

Pop_Disabilities	People with Disabilities
Pop_ForProfitPvt	For-Profit, Private Sector
Pop_GeneralPublic	General Public
Pop_Girls	Girls
Pop_GovtPubInst	Government or Public Institution
Pop_HIV	People with HIV
Pop_ImmMigrants	Immigrants, Migrants
Pop_Indigenous	Indigenous People
Pop_Individual	Individual
Pop_Leaders	Leaders
Pop_LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
Pop_LowIncMarginalized	Low-Income, Marginalized
Pop_Media	Members of the Media
Pop_Men	Men
Pop_MilitaryPolice	Military, Police
Pop_MinorityGrp	Minority Group
Pop_NGOsProfessionals	NGOs, Professionals
Pop_PolicyMakers	Policymakers
Pop_PregnantOrMother	Pregnant Women, Mothers
Pop_PrisonerOrFormer	Prisoners, Former Prisoners
Pop_RefugeeIDP	Refugees, Internally Displaced Persons
Pop_Religious	Members or Leaders of Religious Group
Pop_SexWorkers	Sex Workers
Pop_Students	Students
Pop_SubstanceAbusers	Substance Abusers
Pop_Teachers	Teachers
Pop_TradHealers	Traditional Healers
Pop_ViolenceSurvivors	Survivors of Violence
Pop_Women	Women
Pop_Workers	Workers, Labor
Pop_Rural	Rural Population
Pop_Urban	Urban Population
Pop_DevCountries	Developing Countries
Pop_International	International
Pop_AfricaSubSaharan	Sub-Saharan Africa
Pop_Asia	Asia
Pop_Europe	Europe
Pop_LatAmCarib	Latin America or Caribbean
Pop_MENA	Middle East or North Africa
Pop_NZAus	New Zealand or Australia
Pop_USACanada	United States or Canada

Program Area

Thematic sub-program area within population program

Name	Foundation	Label
PA_F_ABCD	Ford	Asset Building and Community Development
PA_F_KnowCreatFreedom	Ford	Knowledge, Creativity and Freedom
PA_F_PeaceSocJust	Ford	Peace and Social Justice
PA_M_CollStudSocEnvChnge	MacArthur	Collaborative Studies on Human Social and Environmental Change
PA_M_CommPubEd	MacArthur	Communications and Population Education
PA_M_FundLdrshipDevt	MacArthur	Fund for Leadership Development
PA_M_IntlCollab	MacArthur	International collaboration
PA_M_LdrshipTrainDevt	MacArthur	Leadership Training and Development
PA_M_MassComm	MacArthur	Mass Communications
PA_M_MenSexualityRepro	MacArthur	Men, Sexuality, and Reproduction
PA_M_PopConsumpEnv	MacArthur	Population, Consumption, and Environment
PA_M_PopNatRes	MacArthur	Population and Natural Resources
PA_M_UNBeijing	MacArthur	UN Fourth World Conference on Women, Beijing
PA_M_WRHRR	MacArthur	Women's Reproductive Health and Reproductive Rights
PA_R_DTFR	Rockefeller	Developing Technology for Fertility Regulation
PA_R_FCBHI	Rockefeller	Family and Community-Based Health Initiatives
PA_R_Fellow	Rockefeller	Fellowships
PA_R_GlobPubGood	Rockefeller	Global Public Goods
PA_R_HarnessNewSci	Rockefeller	Harnessing New Sciences
PA_R_InfoDevt	Rockefeller	Information for Development
PA_R_IPPP	Rockefeller	Improving Population Policies and Programs
PA_R_PDR	Rockefeller	Policy Dialogue and Research
PA_R_ResourcPubHealth	Rockefeller	Resourcing Public Health
PA_R_RH	Rockefeller	Reproductive Health
PA_R_RIRH	Rockefeller	Research to Improve Reproductive Health
PA_R_SCR	Rockefeller	Second Contraceptive Revolution
PA_R_StrengthGlobLdrship	Rockefeller	Strengthening Global Leadership
PA_ICPD	Any	UN International Conference on Population and Development (ICPD)
PA_Other	Any	Other

Appendix 3

CODING: DEFINITIONS

The preceding chapters present data on 18 categories of grants: 10 Issues, 6 Activities, and 2 Geography categories. This appendix defines each of the 18 categories.

Of these 18 categories, 15 represent combinations of 2 or more of the categories listed in Appendix 2. Most of the combinations include only categories from the same group—Issue or Activity, sometimes with the addition of a sub-program area. However, 3 categories— *Leadership*, *Policy*, and *Research*—combine categories from more than one group. Although I treat each of these 3 as either an Issue or Activity, they are comprised of categories that fall under Issue, Activity, and/or Population. Appendix 4 discusses the rationale for such combinations.

Several categories include sub-program areas (PA) for MacArthur or Rockefeller (see Appendix 2 and Appendix 4 for additional information). Because sub-program area names typically refer to an Issue, Activity, or both, I treated them accordingly.

Issue

Name	Includes
HIV	HIV *(Iss_HIV)*
Health	General Health, Women's Health, and/or Maternal Health and Mortality *(Iss_HealthGen + Iss_HealthWomen + Iss_MHM)*
SRHR	Sexual and Reproductive Health and/or Rights *(Iss_SRHR + Iss_SRH + Iss_RH + Iss_RR + [for MacArthur] PA_M_WRHRR + PA_M_MenSexualityRepro)*
Leadership	Combines Issue and Population: Leadership and/or Leaders *(Iss_Leadership + Pop_Leaders + [for MacArthur] PA_M_FundLdrshipDevt)*
ConTech	Contraceptive Technology: Reproductive Science and/or Family Planning Methods *(Iss_ReproSci + Iss_FPMethods + [for Rockefeller] PA_R_DTFR + PA_R_SCR)*

DemPop	Demography and/or Population *(Iss_Demography + Iss_Population)*
FPAccessUse	Family Planning Access and/or Use *(Iss_FPAccessUse)*
ICPD	UN International Conference on Population and Development *(Iss_ICPD + [for MacArthur] PA_ICPD)*
RHnoFP	Reproductive Health without specifying Family Planning *(Iss_RH + Iss_SRH + Iss_SRHR + excluding Iss_FPAccessUse)*
FP-CT-DP	Family Planning, Contraceptive Technology, Demography, and/or Population *(Iss_FPAccessUse + Iss_ReproSci + Iss_FPMethods + Iss_Demography + Iss_Population + [for Rockefeller] PA_R_DTFR + PA_R_SCR)*

Activity

Category Name	Includes
CBTAT	Capacity Building, Technical Assistance, and/or Training *(Act_CapInstBldg + Act_TechAsst + Act_Training)* Efforts to expand or strengthen an organization's capacity or ability to do its work; efforts to inform individuals how to do something. Examples: Scale-up Start a new program Staff development Advise others or consult with advisers Hold a planning meeting to prepare for starting a project Develop a project Strategic planning Starting a new institution Management consultation Train professionals Leadership training

Communications	Information Dissemination, Public (Popular) Education, and/or Media *(Act_InfoDissem + Act_PublicEd + Act_Media)*
	Examples: Disseminate research findings Provide information to other organizations Publish a written document Educate, inform or raise awareness among members of general public Produce video, radio, magazine, or newspaper materials
Networks/Conference	Networks and/or Conference *(Act_NetworkConf)*
	Examples: Travel to conference or meeting Plan a meeting or conference Prepare for UN conferences (including ICPD) Expand or strengthen networks (contact with other actors) Link two or more sectors
Policy	Combines Activity, Population, and Issue: Policy *(Iss_Policy + Iss_WelfareGovtProgram + Pop_Policymakers + Pop_GovtPubInst + Act_Advocacy + Act_PolicyAnalysis + [for Rockefeller] PA_R_IPPP)*
	Examples: Advocate for policies or legislation Monitor, study, or evaluate policy Compile information relevant to policy Educate people about policy Policy-relevant research
Research	Combines Activity, Population, and Issue: Research and/or Academic Training *(Act_Research + Act_Documentation + Iss_Research + Pop_AcaDemogSci + [for Rockefeller] PA_R_DTFR + PA_R_RIR)*
	Examples: Research, studies Graduate training

Evaluation of a phenomenon (not evaluation of a program)
"Examine" or "investigate" an issue
Fellowships

Geography

Category Name	Includes
Developing Countries	Asia, excluding Japan; Latin America and the Caribbean; Middle East and North Africa; Sub-Saharan Africa *(Geo_Africa + Geo_Asia + Geo_LatAmCarib + Geo_MidEast + excluding Japan)*
Donor Countries	Europe, Australia, Canada, Japan, New Zealand, United States *(Geo_Canada + Geo_Europe + Geo_NZAus + Geo_USBased + Japan)*

Appendix 4

CODING: PROCESS

Establishing Categories

As noted, I coded each grant according to over 150 characteristics in the following areas: Activity, Issue, (target) Population, and Geography. Appendix 2 lists all of the categories for which I coded. Appendix 3 presents definitions of the categories discussed in this study. This Appendix describes my decision-making processes for developing the categories and coding the grants.

To determine the relevant Activity, Issue, and Population categories, I read annual report grant descriptions from all of the foundations and identified the terms they used that fell into these three groups. To some extent, developing the categories and coding were iterative processes. For example, when I came across sporadic grants addressing "female genital mutilation," I coded them for the Issue *Sexual and Reproductive Health*. However, when these grants began to appear more frequently, I added an Issue category for it and re-coded the previous grants.

To develop decision rules, I took cues from the grant descriptions and read the annual report program narratives in order to understand what the foundations meant by the terms they used. Coding by hand was necessary because the same word could have different implications depending on context. For example, grants addressing "fertility" could be concerned with any of several Issue categories: *Demography*, *Adolescent Pregnancy*, *Family Planning Access/Use*, *Family Planning Methods,* or *Population*.

Grant descriptions often did not identify a specific target population, or the population was not particularly meaningful independent of the grant's Activity or Issue. Most grants targeted NGOs or professionals, academics or other researchers, policymakers, or the general public. These categories become significantly more meaningful when combined with Activity or Issue categories. For the purposes of this project, for instance, it was significant that a grant targeting the Population category *NGOs/Professionals* was for the Activity *Networks/Conference* in preparation for the Issue *ICPD.* Therefore, I do not analyze Population categories independently; instead, I combine them with relevant Activity or Issue categories. For example, I combined the Population category *Academics, Demographers, Scientists*, Activities *Research* and *Documentation*, and Issue *Research* to become a new, inclusive *Research* category. I treat this new category as an Activity because most of the grants under its umbrella are coded for the two Activity categories it includes.

In annual report grants lists, some of the foundations grouped their grants into thematic or geographical sub-program areas ("Program Area" for coding).These sub-program areas changed frequently. Although I did code for them, in most cases they were redundant. For example, the sub-program *Developing Technology for Fertility Regulation* did not add information concerning

a grant described as being for reproductive biology research toward developing new contraceptives. However, in some cases, sub-program areas did contribute information, such as when a grant description was ambiguous and the sub-program name offered clarification. When creating combined categories, I included sub-program areas, where relevant, as a safety measure to capture cases where they were not redundant.

Defining and Combining Categories

As noted above and indicated in Appendix 3, to serve the purposes of this project, I combined categories that encompassed the same family of Activities or Issues. For example, the three categories for *Capacity Building/Institution Building*, *Technical Assistance*, and *Training* became a single category. Likewise, *General Health*, *Women's Health*, and *Maternal Health and Mortality* became a new *Health* category. I also combined several Geography categories into one category for *Developing Countries* and one for *Donor Countries*. Most of the categories discussed in this study are such combination categories. Appendix 3 defines them; this appendix describes the rationales for them.

Combinations from the Same Group

Often the decision to combine categories was straightforward; this was especially so when combining categories from the same group, such as Activities. The *Communications* category, for example, includes three Activities: *Information Dissemination, Public (popular) Education,* and *Media*. When I was coding grants, there were meaningful distinctions among these three Activities concerning the target population or the means: *Public Education* targeted the general public; *Information Dissemination* either targeted a specific subset of the population (e.g., adolescents, movement organizations, or health care providers) *or* the grant description did not specify a target. *Media* referred to using television, radio, or print media to convey information; this could include creating television programs (e.g., #2212; #5615), documentaries (e.g., #5609), or, for example, "encourag[ing] honest portrayals of sexuality in entertainment programming" (#2320).

Combinations from Multiple Groups

Deciding to create a new category that combined categories from more than one group— Activity, Issue, or Population—could be a more complicated process. *Research* provides an example. First, I determined which group encompassed most of the grants related to research. Most fell under Activity *Research*, but a significant number were under Population *Academics, Demographers, Scientists*, and some were Issue *Research* (e.g., "to improve social science research"). Next, I reviewed grant descriptions to assess qualitative differences, for example, between grants coded for a research-related Activity and those coded for a research-related target Population or Issue. This process informed my final step.

Lastly, I evaluated whether the grants in more than one group were relevant to my analytical purpose. For the *Research* category, my purpose was to represent efforts to advance knowledge. Thus, such distinctions as conducting scholarly research (Activity *Research*) rather than holding an academic conference (Population *Academics, Demographers, Scientists* + Activity *Networks/Conference*) were not meaningful. As a result, I created a new, combined *Research* category that included the Activities *Research* and *Documentation*, the Population *Academics, Demographers, Scientists*, and the Issue *Research*. This decision-making process is representative of how I developed the other combination categories listed in Appendix 3.

Coding Process

This study focuses on Issue and Activity categories. Here I explain what those two groups represent and introduce some of the factors that determined how I coded grants within them. Each grant could support multiple Activities and address multiple Issues.

Issue

For Issues, I coded according to the immediate issue the grant was to address, not the rationale or motivation for it. Following is an example of a grant description that required this distinction:

> To expand a sex education program for adolescents and to train teachers and counselors in public schools…Despite Mexico's recent progress in reducing total fertility, an estimated five hundred thousand adolescents give birth each year. These young women and their children likely will spend their lives in poverty. In recent years, IMIFAP has developed a comprehensive sex education program for teenagers, which has been implemented in one hundred Mexican schools. With Foundation support, IMIFAP will implement its eighth grade sex education curriculum in schools nationwide and develop family life materials for children from preschool to eighth grade. (MacArthur #2193 Mexico, 1991)

This grant conceivably could have been coded for the Issues *Demography/Population* ("reducing total fertility") or *Poverty* ("likely will spend their lives in poverty"). However, those were rationales for the grant but not the immediate issue the grantee was to address. Therefore, I coded this grant for the Issues *Adolescent Pregnancy* and *Sex Education*.

Activity

Activity categories represent the action or strategy the grant supported. Coding for these categories tended to be more straightforward than for the Issue categories, but not always. For instance, the following grant clearly merited coding for *Pilot* and *Research*:

> For a pilot project in Mexico launching a multi-country trial of interventions
> aimed at reducing the role of commercial sex workers in the transmission of HIV
> and other sexually transmitted diseases. (Rockefeller #3664 Mexico, 1991)

However, because the description does not specify what the interventions were, determining how to code for that part of the grant required additional consideration. This entailed three steps. First, I looked for additional grants to the same grantee, as sometimes the descriptions of prior or subsequent grants include more detail about a project. Second, I reviewed the foundation's program narrative for that year to see if it further discussed its funding strategy in this area.

Third, I considered the likely possible interventions based on my readings of annual reports and my previous coding of similar grants: providing outreach, counseling, and condoms to sex workers; providing STD and HIV testing, education, and treatment; and, possibly, conducting information campaigns targeting potential customers. I categorize counseling, provision of contraceptives, and all medical procedures as *Services*. Because most of the likely interventions fell under *Services*, I determined that it was reasonable to code for this variable. Because *Information Dissemination* covered the remaining likely interventions, and it was improbable that this would not be a component of the project, I also coded for this variable.

Typically, I followed a fourth step: look up the grantee organization online to see if its "History" webpage or publications offered further indication of what the activities may have been. However, in this case the grantee was Mexico's Ministry of Health, so I did not pursue that step.

Judgment Calls

As the previous example illustrates, coding inconsistent qualitative material inevitably entails judgment calls. This was particularly true when a grant description was vague but I had outside information about the grantee's work. In those cases, I had to decide whether to code only for what the grant description stated or take into account the external information I possessed. I based my decision on the reliability of my sources for the latter and on whether the information was specific to the time period of the grant. Although my task was to code grants based on the grant descriptions contained in annual reports, I was willing to subordinate "coding purity" for informational value, within constraints: I required reliable sources for the information and I selected the most broadly-inclusive categories.

Illustrating the type of dilemma that an unclear grant description and additional, external information could present, and demonstrating my decision-making process for resolving the dilemma, is the following grant. For ICPD, MacArthur funded the Women's Environment and Development Organization (WEDO) "to support preparations for the United Nations International Conference on Population and Development [ICPD]" (#2282 1992 USA). Because the description does not specify the nature of WEDO's "preparations," it would have been appropriate not to code for any Activity categories. Instead, however, I coded for two Activities: *Networks/Conference* and *Policy Analysis*. I did so for several reasons.

First, scholarly accounts of ICPD discuss WEDO and its central role in organizing women's NGOs for the official UN preparatory process and for ICPD itself (e.g., McIntosh and Finkle 1995; Higer 1999). Moreover, the organization's own literature from the time period confirms that these were among its primary activities (e.g., WEDO 1994). Both sets of sources convey, for example, that WEDO established committees of movement representatives to monitor different parts of the ICPD draft documents and to advocate for changes in them. Based on multiple reliable accounts of WEDO's activities in preparation for ICPD, therefore, I determined that coding for the Activities *Networks/Conference* and *Policy Analysis* was appropriate.

The alternative would have been not to code the grant for any Activity categories because the grant description does not specify any. In cases where I lacked additional, reliable information, I always left categories blank. However, in cases such as this one, where I had reliable sources, I chose not to prioritize "coding purity" over coding for useful information. This resulted in my coding of WEDO's grant for *Networks/Conference* and *Policy Analysis*.

On the other hand, I did *not* code the grant for *Communications*, even though reliable sources conveyed that WEDO had a media strategy for ICPD. I omitted *Communications* because, in my judgment, "preparations" suggested *Networks/Conference* and *Policy Analysis* more than it did *Communications*. Additionally, I perceived that WEDO's media work for ICPD was a more limited or isolated activity, whereas *Networks/Conference* and *Policy Analysis* were the foundation of its ICPD work. It was likely that grants to WEDO supported *Networks/Conference* and *Policy Analysis,* so I felt it was safer to code for them and to omit *Communications.*

This decision-making process was typical of my approach to vague or ambiguous grant descriptions when I had additional information about the grantee's work. My sources did not always include scholarly accounts; sometimes they included a combination of my interviews with foundation staff, foundation literature, the grantee's organizational literature, and accounts of other organizations (e.g., descriptions of collaborative projects that included the grantee). Sometimes media reports corroborated these accounts.

I did not seek outside sources for every grant description that was vague or ambiguous; I primarily did so for large grants or frequent grantees, as these would have the most significant effect on my data. I also did so in situations where I knew the grantee had played an important role in the field or where I suspected that reliable, additional information was available. Both of these were the case in the WEDO example: Based on my previous experience in the international women's rights field, I was familiar with WEDO's work prior to coding, and I had more recently also noticed it in academic literature.

Conclusion

In interviews, program staff members often described grantmaking as both an art and science. The same could be said of coding grants. I tried to err on the side of caution without sacrificing reliable, useful information for coding purity. As stated in the Introductory chapter, the grants data represent an approximation of what the foundations supported grantees to do, but it is a consistent and well-supported approximation.

Appendix 5

INTERVIEWS

I sought interviews with key informants who held positions at the five foundations during the period of 1990-2005. These included former presidents, board members, and population program directors and program officers. Interviews averaged about one hour each and addressed the informants' personal experiences, observations, and analyses of specific events during their tenure at the foundation. I conducted all but one interview in person or on the telephone: One informant preferred to correspond over email; I sent questions and received written responses. All but one informant permitted me to audio record the interview.

Selection of Program Staff Informants

Program directors led the foundations' population programs. Each foundation typically had about two or three program directors over the span of the research period, one of whom served for the majority of the period.[†] I prioritized interviewing the one who had served the longest, but also requested interviews with the others. Additionally, I interviewed program officers because they were the foundations' most direct link to grantees. They evaluated proposals, communicated with and visited grantees, and recommended grants for approval.

At large foundations, a single program may have multiple program officers, each responsible for a particular geographical or thematic area. The population programs in this study, from 1990-2005, typically had between one and five program officers at a given time. I requested interviews with those who were responsible for international grantmaking and had held the position for at least two years. To help ensure that I was interviewing the most appropriate informants, I asked each one whom else I should interview. Nearly all of my program officer informants were suggested by at least two others. I also interviewed two program staff members who assisted program officers and directors for many years; they provided insight into program operations.

Informants

I conducted interviews with twenty-three individuals who held approximately thirty-two positions at the foundations from 1990-2005. Informants who held multiple positions offered unique insights. One subject was an associate program director at Rockefeller Foundation and subsequently the program director at Hewlett, holding both positions during the research period. Five subjects were program staff members who were internally promoted to positions of greater responsibility over time. One subject was Packard Foundation's president for over twenty years

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[†] This study includes only staff members who worked in the foundations' United States offices. Ford, MacArthur, and Rockefeller also employed staff members in other countries.

and remained on its board after stepping down. One informant entered Ford Foundation in 1970, rising to become executive vice president and then president during the research period.

The twenty-three interview subjects include fifteen individuals who held about nineteen program staff positions at the foundations from 1990-2005. These informants include seven program directors and deputy and acting program directors. They also include six program officers. In addition, I interviewed two program associates, one formally and the other informally. Their role was to support the program officers and directors. Not including the program associates, the program staff interviews cover the entire 1990-2005 study period at the Hewlett, Rockefeller, and Packard foundations. For MacArthur, they cover 1990-2003. For Ford, they cover the first ten years of the study period. Ford's program director who spearheaded the foundation's ICPD work was deceased; however, I was able to interview the deputy program director who worked with him.

Of eleven individuals who were the foundations' presidents from 1990-2005, I interviewed six. These interviews span the whole study period at MacArthur. Additionally, one of the MacArthur informants was president when the foundation first developed its population program. The Rockefeller informant was president for eight of the nine years of the study period that the foundation had a population program. The presidents' interviews cover ten years at Ford and Packard; however, these informants held other leadership positions during the remainder of the study period. The Hewlett informant was president for six years of the research period.

Of the five presidents I did not interview, one was deceased, one did not respond to requests, two denied requests, and one agreed to be interviewed and then cancelled, citing a desire to leave the experience in the past. Although I was unable to interview the former president of Ford from the ICPD period, I interviewed the executive vice president from that period, who became president after ICPD.

The dozens of individuals who served on the boards of the five foundations from 1990-2005 were almost entirely inaccessible. Some were deceased, few acknowledged requests, and one wrote me a polite letter explaining that he did not recall details of his experience on the board. Only three board members I contacted agreed to be interviewed. These interviews span the whole study period for the MacArthur and Packard foundations.

Additional Support

The Sophia Smith Collection's Population and Reproductive Health Oral History Project, housed at Smith College, includes transcripts of lengthy interviews with three of my informants from Rockefeller and Hewlett foundations (Sinding 2004; Seims 2004; Speidel 2002), and one informant who was a Ford staff member prior to the research period and a Reproductive Health movement leader during the research period (Germain 2003). Among a wide range of topics concerning population and reproductive health, the extensive interviews address the informants' work at the foundations and at other institutions in the field, including USAID and foundation grantees. These documents augmented and supported data from my interviews.

Appendix 6

EXCISE TAX

The Tax Reform Act (TRA) of 1969 imposed a 4% excise tax on foundations' net investment income, intended to fund the Internal Revenue Service's oversight of foundations. The tax was later decreased to 2% with a provision allowing for a further reduction to 1% depending on certain conditions. This provision had the unintended effect of "encourag[ing] foundations to minimize giving" (Boris & Steuerle 2004, 2). The reason for this is that foundations are most likely to obtain the 1% tax rate if they maintain a payout rate that is consistently at the lowest possible level (Boris and Steuerle 2004).

Whether the excise tax is reduced from 2% to 1% of net investment income depends on a formula based on a foundation's average payout, as a percentage of its assets, over five years. If a foundation's payout for the most recent tax year is *less* than the product of this formula, it must pay the 2% tax. An increase in a foundation's payout for one or more years can raise the five-year average enough to result in the 2% tax rate.

Maintaining a consistent payout rate at the lowest possible level helps a foundation avoid having its payout in any given tax year amount to less than the product of the formula based on the five-year average (Boris and Steuerle 2004). This tax policy effectively penalizes foundations for increasing their grantmaking temporarily, which they may want to do, for example, to support a response to an emergency situation. Consequently, foundations have long sought to change the excise tax to a flat rate of 1%. In 2015, this became a possibility.

In February and May 2015, respectively, the U.S. House of Representatives and the Senate passed bills to modify the excise tax regulation, imposing the flat 1% tax rate foundations have sought. As of July 2015, they are in conference to resolve differences between the bills (Reed 2015).

Appendix 7

POPULATION PROGRAM GRANTS TO RECIPIENTS
IN DEVELOPING COUNTRIES (DC), 1992-1994

	Total DC Grants (millions)		% of DC Grants		% of all Pop Grants		Total Pop Grants (millions)	
	$	#	$	#	$	#	$	#
FORD								
All	28.9	256	-	-	50%	59%	58.5	428
Domestic	26.3	226	91%	88%	45%	53%		
International	2.6	30	9%	12%	4%	7%		
MACARTHUR								
All	22.7	178	-	-	65%	71%	35	250
Domestic	20.1	156	87%	87%	57%	62%		
International	2.4	21	12%	12%	7%	9%		
ROCKEFELLER								
All	13.1	148	-	-	43%	40%	30.2	369
Domestic	7.6	120	63%	81%	25%	33%		
International	5.2	24	35%	16%	17%	6%		

Source: Data on 1,047 grants from the 1992-1994 annual reports of the Ford, MacArthur, and Rockefeller foundations, coded by the author.

Appendix 8

GRANTS CITED

Grant #	Year	Country	Foundation	Organization
1053	2000	*	Hewlett	*
1085	2005	Kenya	Hewlett	African Population and Health Research Centre (APHRC)
1237	1997	USA	Hewlett	Eastern Virginia Medical School - CONRAD
1240	2004	USA	Hewlett	Eastern Virginia Medical School - CONRAD
1288	1997	*	Hewlett	*
1321	1997	USA	Hewlett	Environmental Defense Fund
1356	*	*	Hewlett	*
1357	2000	*	Hewlett	*
1446	2002	England	Hewlett	International Planned Parenthood Federation
1477	1997	*	Hewlett	*
1478	2000	USA	Hewlett	International Women's Health Coalition (IWHC)
1542	1998	*	Hewlett	*
1734	1996	*	Hewlett	*
1763	1996	*	Hewlett	*
1770	2005	*	Hewlett	*
1866	1998	USA	Hewlett	Sexuality Information and Education Council of the United States
1871	1997	*	Hewlett	*
1940	*	*	Hewlett	*
1951	2000	*	Hewlett	*
2045	2002	USA	Hewlett	WGBH
2169	1991	Brazil	MacArthur	Estudos e Comunicacao em Sexualidade e Reproducao Humana (ECOS)
2193	1991	Mexico	MacArthur	Instituto Mexicano de Investigacion de Familia y Poblacion (IMIFAP)
2212	1992	Brazil	MacArthur	Cidadania, Estudo, Pesquisa, Informação e Ação (CEPIA)
2219	1992	Mexico	MacArthur	Grupo de Estudios Sobre la Mujer "Rosario Castellanos"
2224	1992	USA	MacArthur	International Projects Assistance Services (IPAS)
2227	1992	USA	MacArthur	International Women's Health Coalition (IWHC)
2257	1992	Mexico	MacArthur	Consuelo Yoloxochiti Casas Chousal
2260	1992	Brazil	MacArthur	Eliane Goncalves

2275	1992	USA	MacArthur	Harvard University - Center for Population and Development Studies
2282	1992	USA	MacArthur	Women's Environment and Development Organization (WEDO)
2301	1993	Brazil	MacArthur	Instituto Brasiliero de Administracao Municipal
2302	1993	USA	MacArthur	International Women's Rights Action Watch (IWRAW)
2320	1993	USA	MacArthur	Advocates for Youth
2372	1994	USA	MacArthur	Columbia University - Center for Population and Family Health
2380	1994	Brazil	MacArthur	GELEDES: Instituto da Mulher Negra
2425	1994	Brazil	MacArthur	Denise Dourado Dora
2426	1994	Brazil	MacArthur	Vera Lucia Fermiano
2513	1995	Nigeria	MacArthur	Oladimeji Oladepo
2521	1995	India	MacArthur	Centre for Development Studies
2523	1995	USA	MacArthur	Harvard University - Center for Population and Development Studies
2532	1995	USA	MacArthur	Program for Appropriate Technology in Health (PATH)
2563	1995	Brazil	MacArthur	Associacao Saude Sem Limites
2577	1997	USA	MacArthur	Health and Development Policy Project
2586	1995	Chile	MacArthur	Red de Salud de las Mujeres Latinoamericanas y del Caribe
2597	1995	Brazil	MacArthur	Centro de Estudos e Pesquisa em Saude Coletiva
2615	1996	Mexico	MacArthur	Comunicación e Información de la Mujer (CIMAC)
2749	1997	USA	MacArthur	Columbia University - Center for Population and Family Health
2753	1997	USA	MacArthur	Institute of Women and Ethnic Studies
2755	1997	USA	MacArthur	International Planned Parenthood Federation, Western Hemisphere Region
2940	1998	Mexico	MacArthur	Yolanda Ramirez Leon
2944	1998	Mexico	MacArthur	Centro de Investigaciones en Salud de Comitan
2979	1998	Nigeria	MacArthur	Women's Health Organisation of Nigeria
2994	1998	Chile	MacArthur	Red de Salud de las Mujeres Latinoamericanas y del Caribe
3010	1999	Brazil	MacArthur	Casa de Cultura da Mulher Negra
3143	2000	USA	MacArthur	International Planned Parenthood Federation, Western Hemisphere Region
3268	2001	Chile	MacArthur	Red de Salud de las Mujeres Latinoamericanas y del Caribe
3285	2001	India	MacArthur	Indian Institute of Management Bangalore

3301	2001	Mexico	MacArthur	Alternativas de Capacitacion y Desarrollo Comunitario (ALCADECO)
3664	1991	Mexico	Rockefeller	Ministry of Health, Mexico
3684	1992	Dominican Republic	Rockefeller	Asociacion Dominicana Pro-Bienestar de la Familia, Inc.
3699	1992	Mexico	Rockefeller	Universidad Nacional Autonoma de Mexico
3721	1992	USA	Rockefeller	University of Pennsylvania, Population Studies Center
3726	1992	England	Rockefeller	International Health and Biomedicine, Ltd.
3750	1992	USA	Rockefeller	State University of New York, Potsdam College
3803	1992	USA	Rockefeller	Case Western Reserve University
3808	1993	Dominican Republic	Rockefeller	Asociacion Dominicana Pro-Bienestar de la Familia, Inc.
3825	1993	USA	Rockefeller	National Academy of Sciences
3845	1993	USA	Rockefeller	University of Pennsylvania, Population Studies Center
3951	1994	USA	Rockefeller	University of Hawaii - The East-West Center
3953	1994	USA	Rockefeller	Family Care International, Inc.
3963	1994	USA	Rockefeller	Women USA Fund [Women's Environment and Development Organization (WEDO)]
3965	1994	Sweden	Rockefeller	World Population Foundation - Stockholm
3972	1994	USA	Rockefeller	Feminist Majority Foundation
4009	1994	USA	Rockefeller	Population Council
4051	1995	Australia	Rockefeller	Australian Reproductive Health Alliance
4064	1995	England	Rockefeller	International Planned Parenthood Federation, London
4069	1995	England	Rockefeller	Marie Stopes International
4092	1995	USA	Rockefeller	Population Council
4102	1995	U.S	Rockefeller	University of Pennsylvania - Population Studies Center
4122	1995	USA	Rockefeller	Eastern Virginia Medical School - CONRAD
4155	1995	Thailand	Rockefeller	Chulalongkorn University - College of Population Studies
4178	1995	India	Rockefeller	SAHAJ Society of Health Alternatives
4183	1995	USA	Rockefeller	Western Consortium for Public Health
4255	1996	Netherlands	Rockefeller	World Population Foundation
4256	1996	Netherlands	Rockefeller	World Population Foundation
4276	1996	Chile.	Rockefeller	Chilean Institute of Reproductive Medicine
4277	1996	USA	Rockefeller	Eastern Virginia Medical School - CONRAD
4302	1996	India	Rockefeller	Rural Women's Social Education Centre
4341	1996	Canada	Rockefeller	McMaster University
4459	1998	Canada	Rockefeller	Action Canada for Population and Development

4482	1998	England	Rockefeller	Marie Stopes International
4528	1998	Mexico	Rockefeller	Programa Latinoamericana de Capacitacion e Investigacion en Reproduccion Humana
4567	1998	Switzerland	Rockefeller	World Health Organization
4581	1998	Ghana	Rockefeller	Ministry of Health, Ghana
4865	1992	France	Rockefeller	Independent Commission on Population and Quality of Human Life
4888	1993	Brazil	MacArthur	Cidadania, Estudo, Pesquisa, Informação e Ação (CEPIA)
4889	1993	India	MacArthur	Women's Feature Service, India
5088	1995	Mexico	Packard	Centro para los Adolescentes de San Miguel de Allende, A.C. (CASA)
5105	1995	USA	Packard	Johns Hopkins University - Bloomberg School of Public Health
5330	1992	USA	Ford	International Center for Research on Women (ICRW)
5346	1992	Kenya	Ford	Center for African Family Studies
5355	1992	USA	Ford	Panos Institute
5372		Bangladesh	Ford	International Centre for Diarrhoeal Disease Research
5426	1992	Brazil	Ford	Brazilian Association for Post-Graduate Study in Collective Health
5482	1993	Kenya	Ford	Kenya Anti-Rape Organization
5491	1993	Switzerland	Ford	Inter-African Committee on Traditional Practices
5457	1993	USA	Ford	International Women's Health Coalition (IWHC)
5473	1993	USA	Ford	International Women's Health Coalition (IWHC)
5534	1993	USA	Ford	International Women's Health Coalition (IWHC)
5568	1993	Brazil	Ford	Cidadania, Estudo, Pesquisa, Informação e Ação (CEPIA)
5577	1993	Mexico	Ford	Mexican Health Foundation
5606	1993	USA	Ford	International Women's Health Coalition (IWHC)
5609	1994	USA	Ford	American Documentary
5612	1994	Brazil	Ford	Cidadania, Estudo, Pesquisa, Informação e Ação (CEPIA)
5615	1994	USA	Ford	Georgia Tech Foundation
5633	1994	USA	Ford	Park Ridge Center for the Study of Health, Faith, and Ethics
5735	1994	Brazil	Ford	Cidadania, Estudo, Pesquisa, Informação e Ação (CEPIA)
6076	1997	USA	Ford	Columbia University

6181	1998	Chile	Ford	Red de Salud de las Mujeres Latinoamericanas y del Caribe
6335	1999	USA	Ford	Tides Center
6524	2000	USA	Ford	Harvard University
6597	2000	Senegal	Ford	Union for African Population Studies
6640	2000	Philippines	Ford	Association of Municipal Health Officers of the Philippines
6674	2000	China	Ford	State Family Planning Commission
6718	2000	Brazil	Ford	Universidade Estadual de Campinas
6944	2001	Egypt	Ford	Egyptian Fertility Care Society
7043	2002	USA	Ford	Columbia University
7346	2003	China	Ford	Xi'an Jiaotong University
7555	2004	USA	Ford	Harvard University
7833	2005	India	Ford	Creating Resources for Empowerment and Action - CREA New Delhi
7941	1996	India	Ford	Society for Women's Action and Training Initiative
8027	1992	Mexico	Ford	El Colegio de Mexico
8029	1993	Kenya	Ford	Kenya Association of Professional Counsellors
8037	1997	Mexico	Packard	Federacion Mexicana de Asociaciones Privadas de Salud y Desarrollo Comunitario, A.C. (FEMAP)
8083	1997	USA	Packard	University of California at Berkeley
8098	1997	USA	Packard	International Family Health
8106	1997	Mexico	Packard	Pathfinder International
8190	1998	USA	Packard	Population Reference Bureau
8201	1998	USA	Packard	United Nations Population Fund (UNFPA)
8252	1997	USA	Packard	International Family Health
8274	1999	Mexico	Packard	Equidad de Genero: Cidadania, Trabajo y Familia
8292	1999	USA	Packard	IPAS - International Projects Assistance Services
8416	2000	USA	Packard	DKT International
8436	2000	USA	Packard	Eastern Virginia Medical School - CONRAD
8464	2000	USA	Packard	University of North Carolina at Chapel Hill
8492	2000	USA	Packard	Communications Consortium Media Center
8759	1997	India	Ford	International Institute for Population Sciences
8776	1997	India	Ford	Bombay St. Xavier's College Society
8777	1997	England	Ford	British Broadcasting Corporation (BBC)
8778	1997	USA	Ford	Camera News
8780	1997	India	Ford	Women's Feature Service, India
8808	1997	China	Ford	State Family Planning Commission
8841	1997	Chile	Ford	SUR Professional Consultants
8842	1997	Chile	Ford	Women's Development Corporation "La

				Morada"
8843	1997	Chile	Ford	Women's House of Arica-Cedemu Ltd.
8845	1997	Chile	Ford	University of Chile
8846	1997	Brazil	Ford	Brazilian Association for Post-Graduate Study in Collective Health
8853	1997	Brazil	Ford	Centro Feminista de Estudos e Assessoria
8968	1998	India	Ford	Aalochana Centre for Documentation and Research on Women
9046	1998	Brazil	Ford	Universidade Federal da Bahia
9202	1999	Indonesia	Ford	Yayasan Galang
9217	1999	Philippines	Ford	University of the Philippines
9268	1999	Brazil	Ford	Rede Nacional Feminista de Saude e Direitos Reprodutivos
9613	2002	London	MacArthur	International Planned Parenthood Federation, London
9639	2002	India	MacArthur	Sree Chitra Tirunal Institute for Medical Sciences and Technology
9669	2003	Mexico	MacArthur	Investigacion en Salud y Demografia (INSAD)
9787	2002	USA	Packard	Planned Parenthood Federation of America
9821	2002	London	Packard	International Planned Parenthood Federation, London
9825	2002	Mexico	Packard	Equidad de Genero: Cidadania, Trabajo y Familia
9843	2002	USA	Packard	Clegg and Associates, Inc.
10029	2004	USA	Packard	JSI Research and Training Institute

* Data associated with these citations derive from application and report documents of Hewlett Foundation grantees. The organizations consented to the use of their data provided they not be identified.