MATERNAL HEALTH POLICY INSTITUTE (MHPI) · FOR FUNDERS

A Learning Partner for Your Grantees

We help foundations turn a set of separate grants into a group of organizations working on the same families, with results you can see.

Most foundations fund several organizations that serve the same families: home visitors, clinics, early learning centers, benefits navigators. Each reports on its own grant, and few work together. MHPI sits in that middle. We bring your grantees to one table, help them agree on what to measure, and give you a clear view of what is changing.

How it works

STEP 1 · 12 WEEKS

Design

Interview 15–20 organizations, map where families drop off, invite 6–10 to the cohort, and agree on 4–6 shared measures from data they already keep.

STEP 2 · YEAR 1

Facilitated cohort

Monthly sessions, small working groups testing fixes, a dashboard every month, and a short report to you each quarter. One joint win in the first 90 days.

STEP 3 · YEAR 2

Gap map and next grants

A clear picture of the gaps the cohort found, so your next grants go where they will matter most. You decide before each step.

What your foundation gets

- A portfolio view instead of one report per grant
- Measures that connect your grantees' work to outcomes for children and families
- A quarterly 2–3 page report your board can read in five minutes
- A local co-facilitator alongside MHPI for day-to-day relationships

What we have learned on the ground

> This fall, community partners in Dallas told us that when every organization refers families to the same short list of clinics and food pantries, those places fill up and families get turned away. The fix came from the organizations coordinating with each other. That is the kind of problem a cohort is built to find.

Facilitated cohorts have a track record

20 of 25
collective impact initiatives studied showed population-level change; a funded backbone organization was the condition most often in place.

>20%
fewer severe hemorrhage complications in hospitals in California's maternal quality collaborative, versus 1.2% in comparison hospitals.

22%
fewer early elective deliveries in states in HRSA's infant mortality collaborative, versus 14% elsewhere.

WHERE TO START

A 12-week design phase, from $15,000

The design phase works on its own: you receive a landscape map, a committed group of organizations, shared measures with a baseline, and a Year 1 plan, and you decide whether to continue.

Good fit if your foundation

- funds several organizations serving the same families
- wants to show trustees outcomes, not just activity
- is exploring a new area, like maternal health, before committing

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Sources: ORS Impact and Spark Policy Institute, When Collective Impact Has an Impact (2018); Main et al., Health Affairs (2018); HRSA Infant Mortality CoIIN evaluation (PMC5944875).