



**Health for  
Everyone,  
Everywhere**

**EngenderHealth  
Annual Report  
FY2022**



EngenderHealth

# Table of Contents

About Us	3	Adolescents and Youth	10
Letter From the CEO	4	People Impacted by Humanitarian Crises	12
Where We Work	5	People With Disabilities	15
Our Impact	5	Leadership	17
Gender-Based Violence Survivors	6	Financial Information	18
Women Living With Fistula	8	Institutional Donors	18



# About Us

EngenderHealth is a global organization committed to advancing sexual and reproductive health and rights and gender equality.

---

## Our Mission

To implement high-quality, gender-equitable programs that advance sexual and reproductive health and rights.

---

## Our Vision

A gender-equal world where all people achieve their sexual and reproductive health and rights.

---

## Our Approach

EngenderHealth believes everyone, everywhere should be able to exercise their rights to gender-equitable sexual and reproductive healthcare and participate as equal members of society. Our rights-based approach emphasizes full, free, and informed choice to improve sexual and reproductive health (SRH), including expanding access to high-quality contraceptive care and comprehensive abortion care. EngenderHealth also takes a holistic approach to preventing and addressing gender-based violence (GBV); this includes engaging communities to transform harmful gender norms, improving comprehensive services for GBV survivors, and strengthening GBV prevention and response programming. In addition, we promote safe pregnancy and childbirth by working with facilities and healthcare providers to improve access to high-quality antenatal care, essential and emergency obstetric care, fistula prevention and treatment, safe surgical obstetric care, and postnatal care. Across our work, we apply an intersectional, inclusive lens to ensure our programming is equitable and addresses the needs of marginalized and underserved communities.

EngenderHealth works with local, national, regional, and international partners and stakeholders to help build resilient, sustainable health systems that provide accessible high-quality care for all. We collaborate with communities and civil society organizations to raise awareness of sexual and reproductive health and rights (SRHR) issues and related healthcare concerns and support community members' engagement with the health sector. And, we support policies that advance health, rights, and equity. By engaging with a broad range of stakeholders and putting people at the center in our programming, we strive to support a more inclusive and gender-equitable world.

# Letter From the CEO

Our annual report always brings an important chance for reflection. Last year, the world seemed to be turning faster, with a confluence of crises that proved how intertwined our futures are. Reproductive rights are shrinking in the United States following the overturning of *Roe v. Wade*, and women around the world are fighting for their rights and surviving humanitarian and climate events. And yet, we have much progress to celebrate.

Abortion access is on the rise in Benin, which recently adopted one of the continent's most liberal laws. Young people are actively defining their futures through meaningful engagement in policy development with local officials in Ethiopia. And, in India, the government has committed to expanding contraceptive choice by introducing implants and novel injectables.

These challenges and opportunities remind me that EngenderHealth's goals—to advance gender equality through our work on SRHR, maternal health, and GBV—remain as relevant as ever.

At the same time, the field of global health is changing. There are increasing calls for international actors to shift power and resources to local decision-makers, fueled by national and international discourse on racial justice, locally led development, and advancing anticolonialism in global health. Our teams and partners are using this momentum to propel our efforts forward with global, regional, and national collaborators, fostering new and more equitable ways of working together and ensuring that our programs place local voices in the lead. EngenderHealth is living our values—reflection, inclusion, integrity, respect, and transformation—each and every day.

Whether we are working with country governments to improve the quality of sexual and reproductive healthcare—including contraception, abortion, and maternal and obstetric care—or supporting community programs to advance gender equality and prevent GBV, we are committed to reaching all people, no matter who they are or where they live, with the services that they need and want. We are focused on the areas where we know we are needed the most: communities and individuals who are often on the margins—people with disabilities, fistula and GBV survivors, young people, and displaced populations. You'll learn more about this work and EngenderHealth's contributions throughout this report, which covers our fiscal year 2022 (FY22), from July 2021 through June 2022.

I'm proud of our accomplishments, our inclusive approaches, and most importantly, our impact. I'm also determined to continue to stand up and speak out in support of equality and justice. Our work is needed, now more than ever, and we will continue to achieve our mission with your allyship and support.

With respect and appreciation,



Traci L. Baird





# Where We Work

In FY22, EngenderHealth implemented programming in more than a dozen countries.

- Benin
- Burkina Faso
- Burundi
- Côte d'Ivoire
- Democratic Republic of the Congo (DRC)
- Ethiopia
- India
- Mali\*
- Mozambique
- Nigeria
- Rwanda\*
- Senegal\*
- Tanzania

*\*As the lead implementer of the MOMENTUM Safe Surgery in Family Planning and Obstetrics project, EngenderHealth directly manages programming in Democratic Republic of the Congo, India, Mozambique, and Nigeria and oversees programming managed by IntraHealth, one of our core implementing partners, in Mali, Rwanda, and Senegal. EngenderHealth separately implements additional programming directly in Mali.*

## Our Impact

In FY22, EngenderHealth's impact included:

<p><b>1.1 million</b></p> <p>clients accessed contraceptive care</p>	<p><b>3.3 million</b></p> <p>couple years of protection against pregnancy</p>	<p><b>12 policy changes</b></p> <p>across five countries</p>
<p><b>\$132.7 million</b></p> <p>in direct healthcare cost savings</p>	<p><b>1.5 million</b></p> <p>unintended pregnancies averted</p>	<p><b>363,700</b></p> <p>unsafe abortions prevented</p>
<p><b>29,100</b></p> <p>clinical staff and community health workers trained</p>	<p><b>33,000</b></p> <p>comprehensive abortion and postabortion services</p>	<p><b>1.2 million</b></p> <p>people directly reached with SRHR messaging</p>

*These data represent the reach of services EngenderHealth supports and their contribution to reducing preventable death and disabilities between July 2021 and June 2022. Impact data are estimated using the MSI Reproductive Choices Impact 2 Model.*



# Gender-Based Violence Survivors

Gender-based violence (GBV) is one of the most widespread human rights violations globally and a major public health concern. It can happen to anyone, though it disproportionately affects women and girls, and the risk increases for those from often overlooked communities, particularly adolescent girls and women in crisis settings. Our comprehensive approach to GBV prevention focuses on working with communities to address harmful gender norms, promote healthy relationships, and facilitate effective interpersonal communication and shared decision-making. Our approach to GBV response centers the rights and needs of survivors—including through promoting confidentiality, respect, safety, and nondiscrimination—while facilitating access to high-quality healthcare and social services in coordination with government systems. In addition, we partner with healthcare providers to integrate screening for GBV into SRH and maternal health services. We also work with justice and judicial systems to increase their ability to respond sensitively and effectively to survivors' needs, and with the media to improve gender-responsible reporting on GBV.



---

## Collaborating To Advance GBV Prevention and Response in West and Central Africa

GBV remains a pervasive problem across societies and can have lasting impacts on survivors' mental, physical, reproductive, and sexual health. No one community, organization, or government can address an issue this complex on its own. That's why in May 2022, EngenderHealth launched [Ensemble](#), a bold, regional GBV prevention and response initiative in West and Central Africa.

Funded by a bequest from the late Atherlie Gidding, a former board member and long-time supporter, Ensemble has placed women in the lead alongside local organizations, international partners, governments, United Nations agencies, and donors, who are committed to addressing GBV by learning from one another, improving coordination, and strengthening relationships to accelerate action in the region.

“The most exciting part of this project is the co-creation process with our partners, including feminist grassroots and youth-led organizations,” said Yvette Ouedraogo, EngenderHealth's regional GBV advisor for West and Central Africa. “In my 25 years of working on GBV, this is the first time I've seen the global community embrace this approach. Our partners have said it is great because they have a voice in the design and vision—something they have never had before.”

Ensemble, which means “together” in French, has done exactly that: promoted effective and equitable partnerships that bring together communities, religious leaders, women, and young people through consultations with local organizations and groups representing GBV survivors. Together, they are cocreating survivor-centered response and referral services and developing a 10-year roadmap to end GBV in West and Central Africa. What’s more, through this work, partners are integrating their knowledge and experience into the initiative so that it truly responds to the needs of GBV survivors.

Through these cooperative efforts, Ensemble will cultivate a sustainable movement committed to eliminating GBV in West and Central Africa.

# 91,161

In FY22, EngenderHealth supported services for survivors of 91,161 GBV incidents.



Guests in attendance for the Ensemble launch in Abidjan, Côte d'Ivoire, May 2022.

# Women Living With Fistula

Almost five billion people worldwide do not have access to surgery, according to [The Lancet](#), including surgical interventions to support safe newborn deliveries. While every pregnant person has the right to give birth safely, for some, lack of access to emergency obstetric care and safe surgery can result in tragedy. Female genital fistula is a serious injury that can occur during childbirth due to prolonged, obstructed labor or surgical error during a cesarean section. Without treatment, women can't control urination or bowel movements because a hole, or "fistula," has formed between their vagina and bladder or rectum. Yet, it is almost entirely preventable. For nearly two decades, EngenderHealth has partnered with healthcare providers, health facilities, and community-based organizations to improve fistula prevention and treatment, along with other obstetric and contraceptive surgeries. Our work includes expanding fistula screening, referral, and surgical and nonsurgical treatment services; strengthening health systems and policies to increase investments in obstetric surgery; and providing clinical and holistic training.



---

## Rehabilitation and Reintegration Within Holistic Fistula Care

Women living with fistula face many challenges. Beyond their physical symptoms, they often confront social isolation and stigma, financial insecurity, and GBV. Historically, care has focused on "closing the hole," which addresses the fistula but not survivors' other needs. We have been working to expand the fistula care model to better meet patients' needs, going beyond repair to support survivors' overall physical, mental, and economic wellbeing. This includes services to help survivors reintegrate into their communities, as well as information and care to help prevent fistula reoccurrences.

Through the [MOMENTUM Safe Surgery in Family Planning and Obstetrics project](#), a part of the wider USAID-funded MOMENTUM initiative, EngenderHealth worked to increase the availability of safe and appropriate surgical care, including fistula prevention, treatment, and support services, across seven countries in Africa and Asia during FY22. The project's holistic approach includes expanding access to physical therapy and rehabilitative care both before and after life-changing surgical repairs.

In Nigeria, for example, EngenderHealth has partnered with MAMA LLC to improve holistic fistula care—providing women with a myriad of services to meet their needs. MAMA LLC works with healthcare facilities and providers to strengthen their capacities to provide physical therapy through training and education. Physical therapy, a key component of rehabilitative care, offers survivors an opportunity to reconnect with their bodies after experiencing fistula.





“Women who have been living with fistula often see their bodies as an enemy, rather than an ally,” said Karen Levin, director of monitoring, evaluation, research, and learning for MOMENTUM Safe Surgery in Family Planning and Obstetrics. “Physical therapy helps women reclaim positive views of their bodies while restoring functioning.”

To support survivors’ financial independence and community reintegration, EngenderHealth also works with State Ministries of Women Affairs, the Institute of Social Work of Nigeria, and the Family Succour and Upliftment Foundation to provide vocational training, funding, and materials to help them launch businesses.

“Our goal is for country institutions and community-based organizations to take up this holistic, integrated approach and both sustain and mainstream rehabilitation and reintegration interventions to improve fistula survivors’ quality of life,” said Vandana Tripathi, director of MOMENTUM Safe Surgery in Family Planning and Obstetrics.

# Adolescents and Youth

EngenderHealth recognizes young people as experts in their own lives. We use a participatory, youth-centered approach to engage young people in all phases of program design and implementation, to ensure that our work is done with (rather than for) them and responds to their needs and priorities. Our adolescent and youth sexual and reproductive health and rights programs increase access to comprehensive adolescent sexuality education, expand and improve the quality of youth-friendly SRH services, and support communities to promote adolescent health and end harmful traditional practices—including child, early, and forced marriage and female genital cutting and mutilation—that impact the health and wellbeing of young people. We work with youth, families, communities, and institutions to help meet the needs of young people, ensuring adolescents and youth have accurate SRHR information, are able to make informed decisions about their health, and can access youth-responsive services.



## Purposeful Play for Adolescents and Youth: Gender Equality, GBV, and SRHR Education

A group of adolescent girls sprinted around a field in Bihar, India. Two of the girls chased the others, trying to tag each one until they have tagged everyone playing. They were having fun, but they were also learning about sexually transmitted infections. After everyone had been tagged, their coach led a discussion about sexually transmitted infections and safer sex practices.

Sports and games offer an opportunity to engage and partner with young people and their mentors, teachers, parents, and coaches to introduce and discuss sensitive topics like contraception, sex, early marriage, GBV, and gender norms. With funding from the Kahlr family, during FY22, EngenderHealth adapted our adolescent and youth health education and training materials into games and sports activities focused on gender equality, GBV, and SRHR. We then used this new curriculum to train youth leaders and health educators in India and Tanzania on the purposeful play methodology.

“When we go to [the] community and talk about SRH and GBV, we usually get shy. But during this training we didn’t feel the awkwardness,” said Reshma, a youth master trainer in Bihar. “These games will help us to convey the messages in the community without hesitation.”



In Bihar, India, and Arusha, Dar es Salam, and Zanzibar in Tanzania, EngenderHealth held master training sessions for project staff, mentors, and youth peer educators. Participants learned about the purposeful play approach, which encourages self-directed learning, inclusion, and cooperative problem-solving. They also practiced playground games and sports designed to help adolescents and young adults learn about and understand the power dynamics and stereotypes that influence gender inequality, myths and facts about SRHR, and how to make safer choices about SRH. Since their training, the youth and adult educators have reached thousands of young people through purposeful play, advancing SRHR education and raising awareness of gender issues among adolescents and young people in their communities.

# People Impacted by Humanitarian Crises

During conflict and humanitarian emergencies, the SRH of women and girls is often overlooked, leading to unwanted pregnancies, unsafe abortions, and maternal illnesses and deaths. By mid-2022, a record 103 million people were forcibly displaced worldwide according to the [United Nations High Commissioner for Refugees \(UNHCR\)](#). Women and adolescent girls of reproductive age comprise an estimated one-quarter of people in need of humanitarian assistance and they are at particular risk when healthcare and social systems collapse. EngenderHealth supports the SRHR of girls and women impacted by humanitarian crises, including through programs in Burkina Faso and Ethiopia, where [1.72 million](#) and [2.75 million](#) people have been displaced, respectively, according to the UNHCR. We work in close coordination with partners to improve access to comprehensive and gender-equitable SRH services, including contraception, abortion, maternal and obstetric care, and GBV prevention and response for people impacted by humanitarian crises.



## Improving SRHR for Displaced People in Ethiopia

When crisis strikes, local community members are first to the frontlines and often best equipped to lead a sustained response. Ethiopia's humanitarian crisis in the Somali region is no different. To date, it has displaced more than 910,000 people, according to the [International Organization on Migration](#), and is a growing challenge that disproportionately impacts women and young people, including inhibiting their access to healthcare. Through the [SRHR Response for Internally Displaced Persons](#) program, funded by the David and Lucile Packard Foundation, EngenderHealth collaborated with the Ethiopian government and other partners, including the United Nations Population Fund, to expand access to SRH services in the Somali region. Through this project, we trained local healthcare workers to deliver life-saving care and supported local volunteers to provide health education to community members.

The program worked with the Somali Regional Health Bureau to train master trainers who then trained other healthcare providers on basic emergency obstetric and newborn care, comprehensive abortion care, and contraceptive care. These providers were eager to work with development partners and contribute to the crisis response. They were also particularly sensitive to the needs and challenges of the displaced community and, as a result, were better equipped to provide care without discrimination. EngenderHealth also led community outreach efforts to distribute information on SRHR issues, including abortion, contraception, GBV survivor services, and maternal and obstetric care, to people affected by conflict. EngenderHealth trained local volunteers to conduct home visits within their communities to raise awareness of SRHR issues and supported health education sessions, community dialogues, and mass education initiatives. The outreach initiative helped encourage referrals from the community to health facilities for services including antenatal care and skilled deliveries, contraceptive care, and postabortion care.



“This team mobilized the community and increased their awareness of reproductive health services,” said one female client in the Qolaji camp for internally displaced persons. “As a result, a lot of women are using the services. The community awareness of reproductive health services, gender-based violence, and harmful traditional practices has increased.”

EngenderHealth also conducted research on the [SRHR needs of internally displaced persons](#) and generated recommendations for strengthening SRH service integration in humanitarian programming—findings that are critical to responding to ever-growing crisis settings.



# People With Disabilities

People with disabilities face numerous barriers to accessing healthcare, including SRH services. EngenderHealth partners with disability-focused organizations to ensure the voices, experiences, and needs of people with disabilities drive our work and that all clients receive appropriate care and are treated with respect and dignity. Working with partners like Comprehensive Community Based Rehabilitation in Tanzania, we have trained providers on disability-inclusive counseling and care and strengthened data collection and tracking on SRH services provided to people with disabilities to improve care. In addition, we have worked with our partners to increase support for expanding disability-inclusive healthcare by sensitizing community leaders to champion SRHR for people with disabilities and advocating for multisectoral approaches to address barriers to accessible health services.



## Collective Impact Working Group Supports Accessible Family Planning Services in Tanzania

A group of community members—from religious leaders to government officials—sat around a table listening to the needs of people with disabilities. They were committed to developing a common agenda to help adolescents and people with disabilities access SRH services, ensuring no one in their community is left behind.

Inclusive health services for people with disabilities are difficult to find in Tanzania, due to a lack of provider training, accessible health facilities and transportation as well as other challenges. Through the [Scaling up Family Planning](#) program, EngenderHealth is helping the national health system deliver inclusive and comprehensive SRH services, especially for marginalized populations, including people with disabilities. Funded by the United Kingdom's Foreign, Commonwealth & Development Office, the program supports public healthcare providers to integrate family planning services with other healthcare, strengthen comprehensive postabortion care, and improve care for GBV survivors.

Early in the project, the team realized that they would have a better chance of creating long-term change by collaborating with other organizations within and beyond the health sector. With partners, EngenderHealth established collective impact working groups in communities across Tanzania. The [Chakechake district group](#) brought together representatives from government institutions, the private sector, and faith-based organizations to support and assist one another in their work to reach youth and people with disabilities.

According to Fredrick Msigallah, disability inclusion advisor for Scaling up Family Planning, partnerships between organizations with different specializations are a vital part of this work.

**“When you join those expertise [together] you can achieve more than any one partner working in a certain area,” Msigallah said.**

The Chakechake working group members meet monthly to discuss achievements, challenges, and responsive solutions. This has improved cooperation among the members and enhanced their ability to carry out SRHR activities. Some of the group’s important achievements since forming in 2020 include providing sign language education, distributing SRH educational materials, and encouraging youth and people with disabilities to become advocates for policy change.

Mohamed Jape, former Chakechake district medical officer, said the working group is an effective way to maintain health services and “improve the lives of many youths and people with disabilities in Pemba.”

**6,650**

**In FY22, Scaling up Family Planning reached 6,650 people with disabilities in Tanzania with family planning outreach services.**





# Leadership & Board

## Executive Team

**Traci L. Baird**  
President and CEO

**Sekai Chikowero\***  
Vice President, Programs

**Alex Morris\***  
Vice President, Human  
Resources

**Tonée Mwangi**  
Vice President, Finance and  
Administration

**Robyn Sneeringer\***  
Chief of Staff

---

## Country Leadership

**Kabiru Atta**  
Country Representative, Nigeria

**Sidi Yaya Bagayoko**  
Country Program Manager, Mali

**Jean Lambert S. Chalachala**  
Country Representative, DRC

**Georges Coulibaly**  
Country Representative, Burkina Faso

**Moustapha Diallo**  
Country Program Manager, Guinea

**Arune Estevela**  
Country Representative, Mozambique

**Jemal Kassaw**  
Country Representative, Ethiopia

**Ajay Khera**  
Country Representative, India

**Mohamed Ly**  
Regional Director, West and Central  
Africa

**Moke Nyambita Magoma**  
Country Representative, Tanzania

**Maïfoux Nassirou**  
Country Program Manager, Benin

**Lucie Nyamarushwa**  
Country Program Manager,  
Burundi

---

## Global Directors

**Ana Aguilera**  
Director, Adolescent and Youth Sexual  
and Reproductive Health

**Jennifer Berges\***  
Director, Philanthropy

**Renu Golwalkar**  
Senior Director, Gender Equality and  
Social Inclusion

**Malayah Harper**  
Director, Sexual and Reproductive  
Health and Rights

**Dominique Igo**  
Director, Internal Audit and Enterprise  
Risk Management

**Kate O'Connell**  
Managing Director, Technical  
Leadership

**Gina Reynolds**  
Controller

**Lekha Sapra**  
Director, International Human  
Resources

**Kristin Saucier**  
Director, Business Development

**Vandana Tripathi**  
Director, MOMENTUM Safe Surgery in  
Family Planning and Obstetrics

---

## Board of Directors

**Linda Rosenstock**  
Board Chair

**Sarah Cairns-Smith**  
Chair, Board Executive Committee

**Rosemary Ellis**  
Secretary of the Board

**Karen Koh**  
Assistant Secretary of the Board

**Robert D. Petty**  
Board Treasurer

**Sheena de Boisgelin**  
Board Member

**Constance Carrino**  
Board Member

**Denise Raquel Dunning**  
Board Member

**Tom Georgis**  
Board Member

**Kimberly D. Gregory**  
Board Member

**Ryan Hawke**  
Board Member

**Ruth Katz**  
Board Member

**Thomas Kisimbi**  
Board Member

**Elizabeth Maguire\***  
Board Member

**Juan Carlos Negrette**  
Board Member

**Melinda O'Leary\***  
Board Member

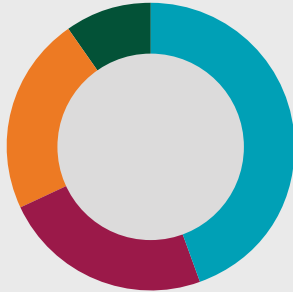
**Mark Simmonds**  
Board Member

\*Joined EngenderHealth after June 30, 2022.



# Financial Information

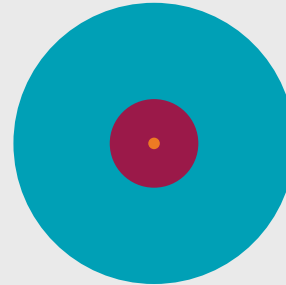
## Breakdown of Revenue



- USAID: \$11,780,000 (44.7%)
- Other Governments: \$6,182,000 (23.4%)
- Private Foundations and UN Agencies: \$5,866,000 (22.2%)
- Donations: \$2,551,000 (9.7%)

**Total Revenue: \$26,380,000**

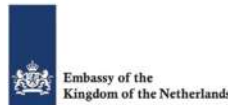
## Breakdown of Expenses



- Direct Program Expenses: \$18,567,000 (73.1%)
- Operations, Leadership, and Governance: \$6,000,000 (23.6%)
- Fundraising: \$832,000 (3.3%)

**Total Expenses: \$25,399,000**

# Institutional Donors



# Help Us Keep up This Important Work

---

Your gift allows us to deliver high-quality, gender-equitable programs that advance SRHR. When you donate to EngenderHealth, you support our efforts to ensure that people's sexual and reproductive rights are upheld as human rights.



Your support makes a difference.  
[www.engenderhealth.org/donate](http://www.engenderhealth.org/donate)



Washington, DC Office  
505 9th Street NW, Suite 601  
Washington, DC 20004  
+1 202 902 2000  
[info@engenderhealth.org](mailto:info@engenderhealth.org)  
[www.engenderhealth.org](http://www.engenderhealth.org)

