



EngenderHealth

For a Gender- Equal Future

Annual Report
FY2020

Vision

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

Mission

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



Letter from Our President & CEO



EngenderHealth's fiscal year 2020 (FY20), from July 2019 through June 2020, was our first full year of operations under a bold new strategic plan that centers gender equality and clearly connects it to our longstanding work to advance sexual and reproductive health and rights (SRHR). The plan—developed with active participation from EngenderHealth leaders around the world—represents a honing and refining of our mission, vision, and approach, building on decades of SRHR experience and commitment to gender equality.

Our strategic plan commits us to organizational excellence, including putting learning and partnership at the center of our success. Those commitments span all that we do, which means we are learning from our work with internally displaced people (IDPs) in Ethiopia, from our work ensuring access to sexual and reproductive health services for people with disabilities in Tanzania, from our work with young people in India and DRC, from our engagement with women's groups and young activists in West Africa, and more. Their stories inspire us, and their partnership motivates us.

Toward the end of FY20, the entire world suddenly had to adapt to the changed day-to-day realities brought on by the COVID-19 pandemic. Because we were working from a solid strategic plan, all our country teams were

able to pivot quickly, working closely with local organizations, healthcare providers, governments, and communities to adjust how we delivered on shared goals. I am proud of what we have achieved, and continue to achieve, during the pandemic. In keeping with our commitments to learning and continual improvement, throughout the pandemic we have made a point to take lessons from our data in real time to improve project implementation. Those lessons will inform our work for years to come.

As we reflect on our data from FY20 and continue to implement our programs in FY21, we do so in a changed environment. Because of the pandemic, there is ground to make up. Restrictions implemented to mitigate the spread of COVID-19 have led to increases in unplanned pregnancies, unsafe abortions, gender-based violence, and child marriages. In addition, the future of SRHR and gender equality is challenged by shifts in global geopolitics, competing funding priorities, and the ongoing pandemic. We are committed to moving forward to address these and other challenges, toward our vision of a gender-equal world in which all people achieve their sexual and reproductive health and rights.

With this report, we are pleased to share data and stories that provide an overview of the progress we made in FY20 toward that vision. That progress is possible because of our supporters and partners—including individual donors, institutional funders, implementing partner organizations, governments that are both our hosts and partners, and more. In the face of countless challenges, we are moving ahead with eyes wide open, shoulder-to-shoulder with you, to do all that we can to expand sexual and reproductive health and rights and to advance gender equality around the world. Thank you for the myriad ways in which you help EngenderHealth deliver on that vision.

In partnership,

Traci L. Baird, MPH
President & CEO

Snapshot from India: Early Pandemic Response



In the early weeks of the COVID-19 pandemic, India implemented a nationwide lockdown considered one of the strictest in the world, which made it cumbersome, and at times impossible, for people to travel to health facilities for contraceptives. Even for those who could get to a health facility or who had access to home-based contraceptive services through a community health worker, the contraceptive method of their choice was likely to be out of stock due to pandemic-related disruptions to contraceptive supply chains.

In May 2020, the Foundation for Reproductive Health Services India (FRHS India) estimated that the pandemic would result in millions of Indians not being able to access their chosen methods of modern contraception. Even under the best-case scenario, FRHS India predicted that 24.55 million couples in the country would lose contraceptive access. FRHS India further estimated that lack of access could result in as many as 1.94 million additional unintended pregnancies and 681,883 additional unsafe abortions.

EngenderHealth went to work immediately, supporting 144 health facilities in the states

of Karnataka and Maharashtra—even the 40 facilities that were in locked-down “containment zones”—to ensure they were fully stocked with available contraceptive methods. In addition to avoiding and resolving contraceptive stockouts, we set up brand new systems for reaching healthcare providers and community health workers using messaging services such as WhatsApp. At a time when there were so many unknowns about the pandemic, we provided safe resources for information through these electronic messaging services, updating providers on the latest COVID-19 information and reminding them about the importance of sexual and reproductive health services in times of crisis. As a result of these efforts, between April and September 2020, EngenderHealth-supported facilities were able to reach 46,580 clients with a contraceptive method of their choice.

Learn more: This update was written in the early months of the COVID-19 pandemic, to align to our 2020 fiscal year, which ended in June of 2020. For more detailed and up-to-date information on EngenderHealth’s COVID-19 response, see our [website](#).



Global Strategy & Impact

Advancing Gender Equality through Sexual and Reproductive Health and Rights



We build our programs on lessons learned and best practices gained through half a century of experience in more than 100 countries delivering high-quality, gender-equitable programs and services that advance sexual and reproductive health and rights (SRHR). Today, we are implementing programs across Africa and in India to advance SRHR and drive toward gender equality. FY20 was our first full year

implementing our new strategic plan, a plan rooted in the socioecological model, a holistic approach that entails working with individuals, communities, health facilities, healthcare systems, governments, and other partners to create sustainable change. In this report, we are happy to share key success indicators—both data and stories—from FY20.

EngenderHealth's sexual and reproductive health impact in FY20 included:

8.97 million

Estimated Couple Years of Protection (CYPs)

2.5 million

People received their chosen method of contraception

850,000+

People directly educated on sexual and reproductive health and rights

128,766

Clients received safe abortion care or postabortion care services

Our work helped avert an estimated:

4.18 million

Unintended Pregnancies

1.15 million

Unsafe Abortions

59,100

Child Deaths

4,700

Maternal Deaths

With our partners, in FY20 EngenderHealth helped improve health, health systems, and the global knowledge base.

We deliver our programs by working in collaboration with national governments and local organizations, supporting individuals, communities, health systems, and national policies to be more responsive to individuals' reproductive health needs. We achieve our program results through training, strengthening

service delivery, and supporting policy development. Our strategic plan calls for us to be an effective, gender-equitable organization that emphasizes learning, leadership, and partnership in sexual and reproductive health and rights and in gender equality. As such, EngenderHealth experts frequently present at important conferences and are quoted in the news media, we host learning webinars, and we publish peer-reviewed papers in leading journals.



\$276 million

Estimated direct healthcare cost savings



19,580

Healthcare providers, workers, and support staff trained



16

National health policies or guidelines changed or updated to improve SRHR access or services



12

Peer-reviewed papers published

These are more than numbers.

They represent real people and communities, whose lives are better today.

Supporting Tanzania to Ramp Up Family Planning and Integrated Health Services



The Scaling Up Family Planning project in Tanzania, supported by the UK Foreign, Commonwealth and Development Office (FCDO), focuses on strengthening the national response to family planning and reproductive health, and strengthening integrated delivery of family planning, gender-based violence (GBV), and cervical cancer services in eight regions. EngenderHealth partners with Comprehensive Community Based Rehabilitation in Tanzania

(CCBRT), Pathfinder International, and DKT International to ensure the project reaches the country's most vulnerable and at-risk populations—particularly young people and people living with disabilities. The program provides orientations, trainings, and mentorship for health service providers in areas such as family planning; comprehensive postabortion care; adolescent- and youth-friendly services; and identification of, management of, and referrals for GBV.

With your partnership and support, in fiscal year 2020, EngenderHealth touched people's lives:



5.27 million**

Healthy years added to people's lives



49,463

People received support services after experiencing gender-based violence

80% were female

21% were under the age of 20



344

Women received surgeries to repair debilitating fistulas

**One CYP provides a couple with one year of protection from unintended pregnancy*

***Based on the calculation of Disability-Adjusted Life Years (DALYs)*

Thank you for helping us support people and communities around the world.

Improving Women's Health by Fighting Fistula



**Kadiatou
Diallo**

Kadiatou Diallo is a mother of two living in Kissidougou, Guinea. Between the births of her eldest child and her youngest, Diallo endured a heartbreaking delivery of a stillborn baby.

Kadiatou had suffered from an obstetric fistula, an often life-threatening, but largely preventable condition in which there is an abnormal opening or hole in the birth canal that results in chronic leakage of urine and/or feces. Obstetric fistulas affect an estimated 1 million girls and women in the world today, almost entirely in low- and middle-income countries. For a woman with fistula, the consequences can be devastating. The baby usually dies during labor, and the woman is left with chronic incontinence, often leading to isolation from family and community life, and neglect or abandonment by male partners. Without surgical repair, a woman's prospects for work or family support are greatly diminished, and she often must rely on charity.

Fortunately, in up to 90% of cases, fistulas can be surgically repaired. EngenderHealth has worked for years to address the issue through the *Fistula Care Plus* project and previous efforts supported

by the United States Agency for International Development (USAID), working with partners including professional medical associations, public and private teaching hospitals, national governments, and local organizations. Over the lifespan of these projects, the partnerships have trained nearly 400 surgeons and 35,000 other health workers in 15 countries, while ensuring more than 44,000 women with fistulas have been able to access the surgeries or other medical treatments they needed. Further, these programs and our partners have helped strengthen health systems in ways that reduce the likelihood of other women developing fistulas in the future.

Diallo's experience illustrates the transformative nature of the program. "I experienced this painful situation for seven months, until one day my neighbor told me that she learned that my illness could be treated without paying anything. I came out healed," she said. "I thank all those near or far who have helped to positively change my life. I encourage other women suffering from the same illness to go for treatment ... and especially not to lose hope."



Standing Up against Child Marriage in Bihar, India



Manisha

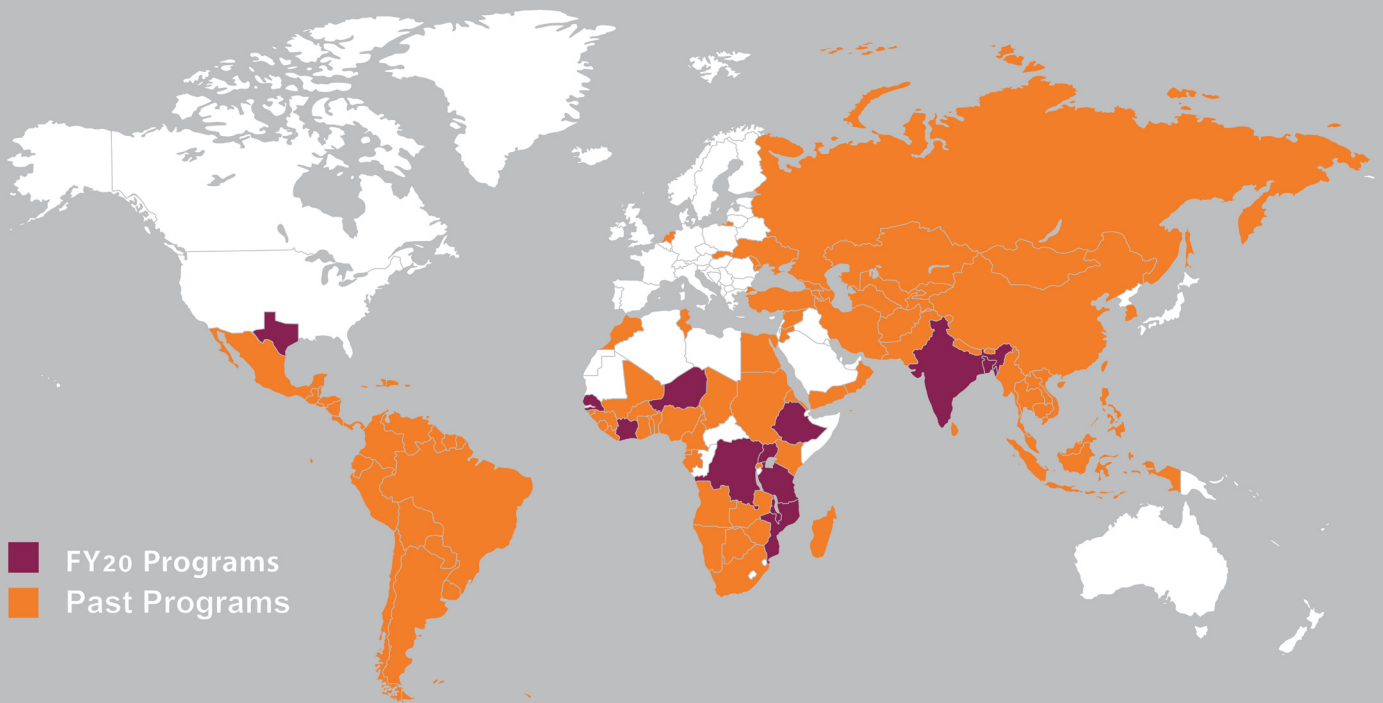
Manisha, like many girls in the Sitamarhi District in India's Bihar State, was expected to leave school in order to help her mother take care of the household. For Manisha, that happened after third grade and, as is often the case in her community, she was expected to marry early through an arrangement dictated by her parents. When Manisha was 17 years old, her parents identified a boy for her to marry. Manisha did not want to get married at such an early age, especially to someone she did not know. She turned to her peers for help.

After hearing Manisha's distress, the group

sought guidance from a counselor trained by EngenderHealth in adolescent health and development. The counselor visited Manisha's town, meeting with influential community members to discuss the ill effects of child marriage and urge the group to intervene with Manisha's parents on her behalf.

In the end, Manisha's mother agreed to delay her daughter's marriage, and Manisha went on to help other girls in her village stand up against early marriages. She said, "I could not complete my studies, but I think all young boys and girls should focus on their education."

Where & How We Work



Ensuring Access to High-quality Sexual and Reproductive Health Services

EngenderHealth has long been known for supporting high-quality comprehensive sexual and reproductive health (SRH) services. In FY20, our projects helped partner governments, health facilities, and healthcare providers generate an estimated 8,967,000 couple years of protection (CYPs*), and averted 4,700 maternal deaths, 59,100 child deaths, and 1,150,000 unsafe abortions. EngenderHealth supported contraceptive care for an estimated 2,535,760 clients. Most of these clients received a long-acting reversible contraceptive (74%) as their method of choice, including contraceptive implants (55%) and intrauterine devices (IUDs) (19%).

In addition to contraceptive care,

EngenderHealth’s support helped partners provide 92,450 safe abortion services, 36,316 postabortion care services, and 344 fistula repair surgeries.

EngenderHealth’s programs ensured 49,463 survivors of gender-based violence (GBV) received services, of whom 80% were female and 21% were under the age of 20. In FY20, to improve our understanding of clients and their needs and ensure that we appropriately tailor services to them, we began collecting data for specific five-year age bands where possible. For example, the 22% of female GBV clients under age 20 provided with services included 5% between the ages of 10 and 14 and 17% between the ages of 15 and 19.

Transforming Gender Norms



EngenderHealth believes that all of our projects can and should help move communities and societies toward gender equality. To achieve this vision, we use what we call a gender-transformative approach, which is designed to ensure our programs help reduce and eliminate harmful sex and gender norms, and we measure our effectiveness by using a Gender, Youth, and Social Inclusion Marker. This approach requires

us to engage our own staff and partners to intentionally reflect on, challenge, and change beliefs and biases that marginalize people due to their sex or societal gender norms. Those processes take us on a journey that ensures EngenderHealth “walks the talk” as we help drive progress on gender equality and sexual and reproductive health.



Malawi: Supporting Survivors of Gender-Based Violence



Upon graduating from the vocational course, Bertha Namala holds up her new sewing machine.

In Malawi, gender-based violence (GBV) is so prevalent that one in five girls below the age of 18 has experienced GBV. With support from the U.S. Department of State, EngenderHealth implemented a program to support survivors. The program was designed to give participants the opportunity to become more economically independent so they could exercise greater autonomy over their lives. More than 500 graduates from the program learned vocational skills to help them rebuild their lives and received start-up capital or materials to initiate small businesses.

One of EngenderHealth's directors in Malawi said, "All the [graduates] have shown a great interest

and capacity in pursuing their vocation skills in order to uplift their socioeconomic lives. Apart from the vocation skills, we have also equipped them with basic gender knowledge to promote gender equity and equality."

The impact is palpable among program graduates like Bertha Namala. She said the skills she gained will enable her to support her children and family, as well as the community: "I did not go far with my education and, as such, I did not have skills that would enable me to generate any stable income. With the skills I have acquired through this training, I will be able to start and run my own business and support my family."

Partnering with Youth and Adolescents

Because we view young people as experts in their unique needs, we employ a participatory, youth-centered approach to engage them in all phases of programming to ensure our interventions recognize and respond to those needs. Our adolescent and youth sexual and reproductive health and rights (AYSRHR) programs increase

access to comprehensive adolescent sexuality education, expand and improve the quality of youth-friendly SRH services, and support communities to promote AYSRHR and eradicate harmful traditional practices that negatively affect the health of adolescents and youth.

Youth Transforming Gender Norms in Rural Ethiopia



Samira and Rediet

In the rural Afar region of Ethiopia, where most communities are pastoral, EngenderHealth and its partners are committed to supporting adolescents and youth. Through the A'Ago project, funded by the Ministry of Foreign Affairs, Kingdom of the Netherlands and implemented in partnership with the Federal Ministry of Health, the Afar Regional Government, Amref Health Africa, Philips Health Africa, and Triggerise, we improve SRH outcomes for young people by meeting them where they are, listening to them, and providing critical SRH information and services.

Samira and Rediet, ages 13 and 14, expanded their horizons and claimed their leadership, in part by participating in A'Ago. Through the project, they were able to access comprehensive, age-appropriate sexuality education covering a variety of topics, including body changes during puberty, friendships and relationships, emotional ups and downs, harmful traditional practices, and early and unintended pregnancy. Exploring these topics

through interactive activities and discussions gave Samira and Rediet an opportunity to reflect on, challenge, and ultimately change harmful gender and other social norms that limit the potential of adolescent girls to become leaders and change agents within their communities.

Engaging adolescent boys in our work is crucial, recognizing that they are partners and supporters of sexual and reproductive health and rights (SRHR). The A'Ago project supports adolescent boys in the Afar region—like Tesfahun and Henok—to become advocates for SRHR within their communities. In that process, they explore topics that have traditionally been considered women's and girls' issues, like menstruation and female genital cutting. This exploration process is facilitated by in-school and out-of-school opportunities that provide safe spaces to learn and grow.

Reaching People with the SRHR Information They Need



EngenderHealth reached more than 850,000 people with SRHR messaging in FY20, including information on contraception, fistula, abortion care, GBV, and other elements of SRHR. For example, in Burundi and Malawi, our two GBV-focused projects communicated information to 278,000 people through community-based

initiatives, such as engaging with youth drama clubs, religious and traditional leaders, and community health workers, and engaged men as advocates for changing gender norms in their communities through our [Men As Partners](#) approach.

Strengthening Health Systems

EngenderHealth works with local partners to improve health systems, ensuring that high-quality health services are affordable, accessible, and available, whether people access those services through community-based health workers, local health facilities, or regional health centers providing specialized care. We support governments in their efforts to build resilient health systems in support of universal health coverage and help community partners realize their goal of providing people-centered primary health care. Our work on health systems strengthening helps ensure that frontline

healthcare providers have the most up-to-date medical guidelines, and have the necessary training, mentoring, and coaching to deliver high-quality services. Our work with governments helps identify and address barriers that prevent people from accessing high-quality health services, including ensuring adequate supplies of contraceptives and other commodities, and organizing health services to be both efficient and client-focused.

**One CYP provides a couple with one year of protection from unintended pregnancy*



Who We Are



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Chief Executive Officer



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Nènè Fofana-Cissé

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Audrey M. Johnson

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Jemal Kassaw

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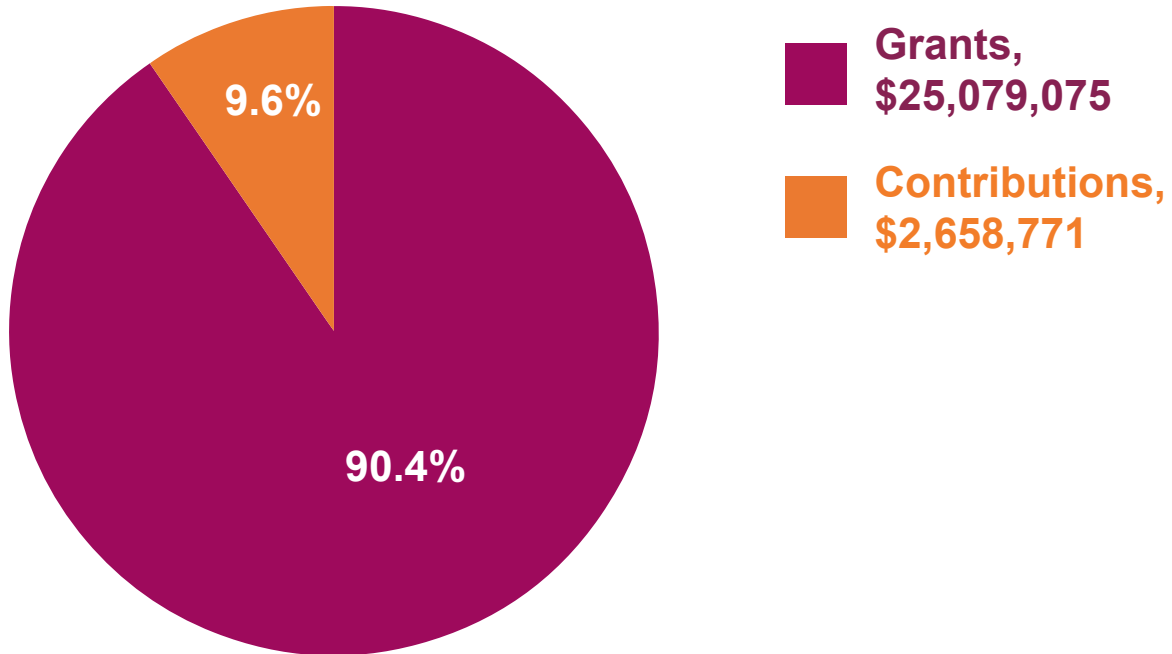
Senior Director, Strategy
and Partnership

When this report was assembled, EngenderHealth's global leadership team included the following experts. For an up-to-date list, see [our website](#).

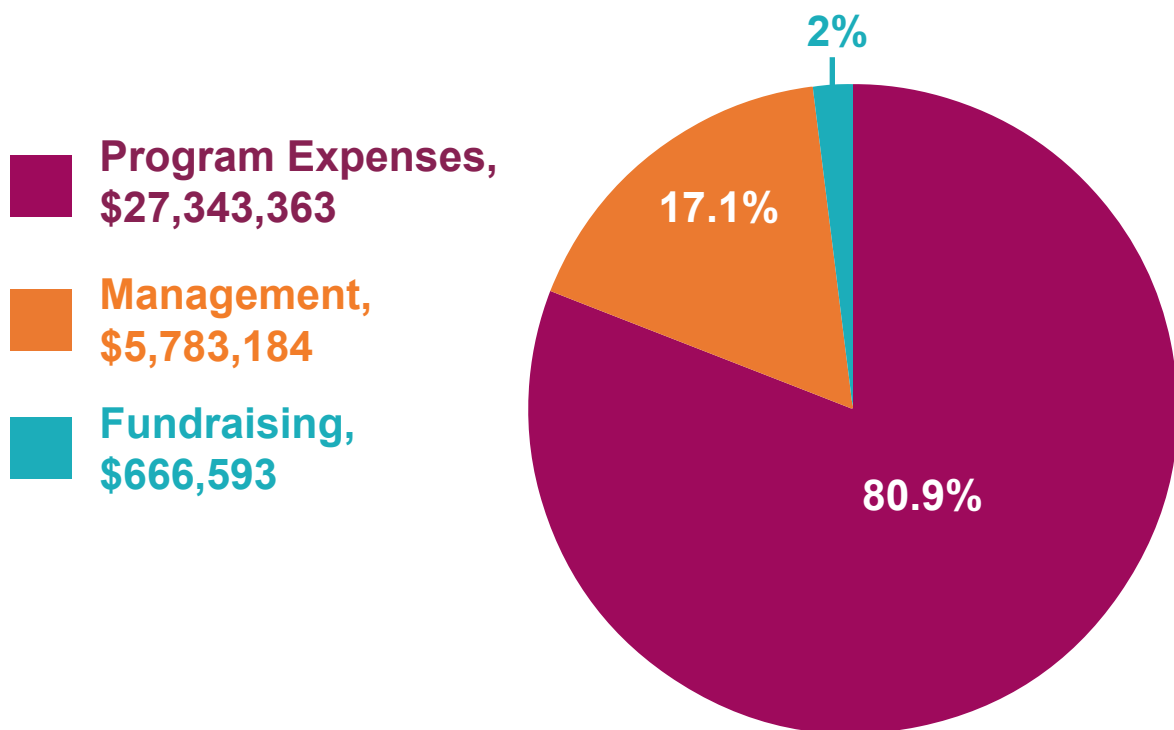


Financials

Breakdown of Operating Revenue



Breakdown of Operating Expenses



For more information, see our 2020 [audited financials](#) (PDF) and our most recent [990 tax form](#) (PDF) from fiscal year 2020 that ended June 30, 2020.





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