

# Annual Impact Report

Fiscal Year 2023: July 2022 to June 2023



EngenderHealth

## Introduction

EngenderHealth’s Annual Impact Report for Fiscal Year 2023 (FY23)<sup>1</sup> illustrates achievements and progress from 23 projects across 16 countries in Africa and Asia (Figure 1) addressing our core impact areas: [sexual and reproductive health and rights \(SRHR\)](#), [gender-based violence \(GBV\)](#), and [maternal and obstetric care](#).

Our programming is guided by our organizational Strategic Plan and complementary [Theory of Change](#). This report highlights our overall impact and examines findings related to each level of the socioecological model represented in our theory of change, including our influence on policies, laws, and processes; our contributions to health systems; and our impact on communities and individuals at the center of our work. All our achievements are amplified through partnerships, learning, and leadership—and through our emphasis on organizational effectiveness and gender equity, which accelerate our impact.

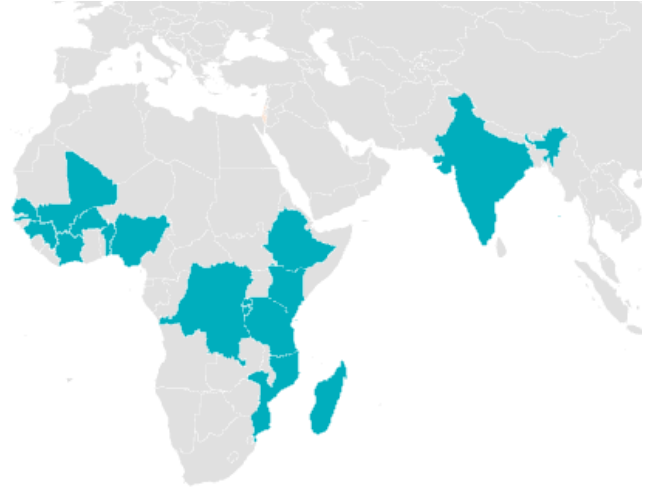
At the end of FY22 we set several goals for FY23. We pledged to expand our partnerships and demonstrate how these partnerships enhance our work. We committed to further examining multisectoral approaches to these partnerships and development, recognizing that all development sectors—from health to climate to education—are interlinked and that solutions must be collaborative. We also committed to exploring and documenting how our work can build resiliency across our communities and systems.

Our FY23 report provides highlights of our progress toward reaching these goals. This report also documents our partnerships honoring local leadership, as well as our multisectoral approaches to partnering to integrate SRHR with other health and development investments (e.g., HIV, nutrition, and sanitation). We also provide an overview our activities in humanitarian environments as an example of how our work can build resiliency within fragile settings. Throughout this report, we demonstrate how our programs reach underserved populations, including youth, people with disabilities, and rural communities.

## Demonstrating Overall Impact

Our demographic and reproductive health impact numbers reflect projects that support the provision of modern contraceptive care and comprehensive abortion care. In FY23, EngenderHealth supported the provision of high-quality, contraceptive and abortion care as part of sexual and reproductive health (SRH) services in eight projects located in nine countries. Through these projects, we contributed to an estimated 3,448,700 couple years of protection (CYPs)<sup>2</sup> and helped avert an estimated 1,682,900 unintended pregnancies, 31,300 child deaths, 2,300 maternal deaths, and 477,400 unsafe abortions.<sup>3</sup> We also contributed to direct healthcare cost savings of approximately \$157.7 million. See Table 1 on the following page for estimated demographic and health impact from FY23.

Figure 1. EngenderHealth’s FY23 Country Presence



<sup>1</sup> July 2022 to June 2023

<sup>2</sup> CYPs are the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free-of-charge to clients during that period.

<sup>3</sup> Eight projects that support provision of direct modern contraceptive care contributed to these data. Additional projects not involved in direct contraceptive service provision, such as those focused on health systems strengthening, are not included but contribute to other strategic plan outputs. Since we work with many partners, including ministries of health and other nongovernmental organizations, these numbers reflect our contributions to expanded service availability and accessibility in collaboration with partners.

Table 1. Estimated Demographic and Health Impact (July 1, 2022 to June 30, 2023)\*

Demographic Indicator	Impact
Unintended pregnancies averted	1,682,900
Live births averted	850,500
Abortions averted	601,800
Health Indicator	
Maternal deaths averted	2,300
Child deaths averted	31,300
Unsafe abortions averted	477,400
Disability-Adjusted Life Years (DALYs)** and Economic Indicators	
Maternal DALYs averted (mortality and morbidity)	147,300
Child DALYs averted (mortality)	2,683,000
Total DALYs averted	2,790,300
Direct healthcare costs saved***	\$157,679,500
CYPs	
Total CYPs	3,448,700

\* Impact data are modeled estimates using the MSI Reproductive Choices' Impact 2 tool version 6.

\*\* DALY is a measure of overall disease burden, expressed as the number of years lost due to illness, disability, or early death.

\*\*\* The cost estimate represents money that would have been spent by clients or the healthcare system for antenatal care, safe delivery, and treatment of complications, in 2023 US dollars.

## Positively Influencing Policies, Laws, and Processes

In FY23, EngenderHealth collaborated with partner organizations to support 18 policy changes to advance SRHR, GBV, and maternal and obstetric care across 11 countries. Examples are summarized in the table below and continuing on the following page. Our achievements show where EngenderHealth substantially contributed to the development of a new policy, strategy, or process.

Table 2. Featured Policy and Strategy Changes

**Burundi:** EngenderHealth's [Burundians Responding Against Violence and Inequality \(BRAVI\) project](#) (2014 to 2019) identified a gap in national tools and guidance related to providing care for child survivors of sexual violence. In response, EngenderHealth worked with the Ministry of Health's Programme National de Sante de la Reproduction (National Reproductive Health Program) through the [Gir'iteka project](#) to develop **national training guidelines to prevent and respond to violence against children and adolescents**. Through close collaboration with the Gir'iteka prime, SWAA-Burundi (the national branch of SWAA International, which is the Society for Women against AIDS in Africa), we supported the national program in developing training manuals for healthcare providers (including a new module on trauma healing) to improve awareness, prevention, and response and referrals related to violence against children at the community level. The government has been using these training guidelines since October 2022.

**Ethiopia:** EngenderHealth supported development of the **National Health Equity Strategic Plan (2022–2026)**, which is an integral part of the country’s Health Sector Transformation Plan II. The new plan sets ambitious goals to improve health equity gaps by addressing access, coverage, and use of essential health services. EngenderHealth contributed to the strategic plan by sharing lessons and insights from the implementation of interventions with under-resourced groups. We also helped identify major health disparities through data harvesting and populating key indicators to monitor the plan. The Ministry of Health approved the strategy and held a joint launch workshop with the World Health Organization in August 2022. At this workshop, the Honorable Dr. Lia Tadesse, Health Minister, highlighted how the new health equity strategy incorporates lessons from implementation and broader health sector strategies.

**Tanzania:** EngenderHealth provided technical assistance to the Zanzibar Ministry of Health to develop **Standard Operating Procedures for Delivery of Quality Postabortion Care** for providers through the [Expanding Postabortion Care project](#). The guidelines aim to support healthcare providers in planning service delivery, offering care, and evaluating services. Key modules included in the guidelines include: administration of misoprostol in healthcare facilities, community pharmacies, and other accredited drugs outlets; delivery of postabortion family planning (FP); and postabortion care data capture, data entry into DHIS-2 System, and data use. The ministry endorsed the new and revised policy guidelines and standards in August 2022 and has since disseminated these guidelines at national and subnational levels.

## Strengthening Health Systems and Institutions

EngenderHealth works with governments and other partners to build equitable and resilient health systems that support universal health coverage and primary healthcare by improving the availability, accessibility, acceptability, and quality of services; advancing research and innovation; and promoting ownership and sustainability. We value systems strengthening as a pathway to ensuring that everyone can realize their SRHR. We assess our contributions in working with governments and partners to achieve sustainable and equitable health impact. Together, our efforts contributed to strengthening service quality and delivery across health systems, particularly for primary healthcare.

### Expanding Safe Maternal and Obstetric Care

In FY23, EngenderHealth continued to expand patient-centered, safe, affordable, and respectful maternal and obstetric care. The [MOMENTUM Safe Surgery in Family Planning and Obstetrics project](#) works in nine countries to strengthen the maternal health safe surgery ecosystem at all stages of patient care. This year, the project focused on scaling up activities, supporting more than 1,200 healthcare facilities to provide high-quality maternal healthcare, including antenatal care, essential and emergency obstetric care, fistula prevention and treatment, safe surgical obstetric care, and postnatal care. We also expanded project activities—for instance, by supporting clinical mentorship, developing training packages, and facilitating improved data monitoring—to ensure that those who need high-quality, medically indicated cesarean deliveries are able to access them. This work resulted in the provision of more than 82,500 cesarean deliveries at project-supported facilities. The project also supported the provision of nearly 1,300 fistula repair surgeries.

## Working with Governments to Strengthen Systems and Capacity for SRHR

In Kenya, through the [Hormonal Intrauterine Device Rollout and Scale-Up project](#), we are collaborating with the government to expanded method choice by increasing provision of and access to this long-acting contraceptive device at public health facilities. This year, we supported the Ministry of Health to develop a national orientation package on hormonal intrauterine devices and injectable contraceptives to train providers in both methods. The Ministry of Health used the final orientation package of tools to train 21 master trainers; 16 of these master trainers have begun supporting national training efforts while the other 5 are cascading the training to 900 healthcare providers working across 275 facilities in five project-supported counties.

In Nigeria, the [MOMENTUM Safe Surgery for Family Planning and Obstetrics project](#) expanded the capacity of health administrators and providers to use technology to improve maternal and obstetric health data. EngenderHealth worked with the Federal Ministry of Health to jointly develop a digital dashboard to present cesarean section and fistula data and to train administrators and providers on how to use data from the dashboard, including how to identify data quality issues. This initiative has helped overcome previous challenges with underreporting by supporting facilities across the country to more accurately report fistula surgery numbers. The project also introduced cesarean delivery audits, which have improved data quality and enabled providers to better assess, monitor, and compare rates of cesarean delivery among different facilities and regions.

## Integrating Gender-Transformative and Inclusive Programming throughout Health Systems

Through the [Rights-Based Approach for Enhancing SRHR project](#) in Ethiopia, we engaged providers to ensure underserved populations—including the estimated 3.5 million deaf people living in the country—can access the SRH services they need. EngenderHealth partnered with the Addis Ababa Health Bureau, the Ethiopian National Association of the Deaf, and the Federation of Ethiopian Associations of Persons with Disabilities to train 40 healthcare providers in Addis Ababa on basic sign language and disability-inclusive health services.

In India, our Gender Integrated Response to Emerging COVID-19 Priorities initiative focused on GBV prevention and response in six states. Through this initiative, implemented as part of the [MOMENTUM Safe Surgery for Family Planning and Obstetrics project](#), we developed several GBV training modules focused on strengthening the capacity of staff at one-stop centers that provide comprehensive GBV care, including legal, medical, and psychosocial services. We also supported the design of GBV prevention, awareness, and mitigation modules for community groups. This year, we facilitated training for more than 37,000 community health workers (CHWs) and sensitized more than 19,000 male champions, youth, and community leaders. EngenderHealth also worked with partners to identify and disseminate digital resources to connect CHWs with mental health services and support. Based on participatory workshops with CHWs, we engaged psychiatrists and psychologists to develop a digital self-care application to support CHWs. The [Mansi application](#)—which employs the principles of equity, inclusivity, and privacy—features self-assessment tools for common mental health conditions (such as depression and anxiety), customized self-care resources, and access to local helplines and referral networks. Nearly 15,000 CHWs have downloaded the application since it launched in May 2023.

## Integrated and Cross-Sector Services for Health Systems Strengthening

EngenderHealth sees health holistically and recognizes the benefits of integrating SRH care with other health and development priorities—such as GBV, HIV, nutrition, and sanitation—for improved outcomes.

Through the [Afya Yangu project](#) in Tanzania, EngenderHealth supported delivery of integrated GBV, FP, HIV, and tuberculosis services and ensured inclusion of gender-responsive approaches focusing on adolescent girls and young women, children, and youth. In FY23, the project reached nearly 25,000 people with integrated GBV care, including treatment of sexually transmitted infections, pregnancy screening, and provision of postexposure prophylaxis for HIV, along with supportive social services (such as psychosocial support, forensic investigation, and legal aid).

We also incorporated water, sanitation, and hygiene components in several SRH projects, including in Mali, where we supported the [Kènèya Nieta project](#) to reduce maternal, newborn, and child mortalities (see textbox on Building Resilience in Humanitarian Settings). Through the [Reach, Expand, and Access Community Health \(REACH\) project](#) in Ethiopia, we implemented menstrual hygiene management activities in the Oromia region, trained CHWs to engage with and provide referrals for SRH services to more than 28,000 people, worked in schools to ensure more than 16,000 students had access to safe water, and supported 14 schools to construct or renovate latrines.

Nutrition plays a pivotal role in promoting optimal reproductive health outcomes. EngenderHealth is implementing the [Building Rights for Improved Girls Health in Tanzania \(BRIGHT\) project](#) in Tanzania, which aims to provide an integrated package of gender-responsive adolescent SRH and nutrition services. In India, EngenderHealth addressed nutrition through our [Mainstreaming Gender in Large-Scale Food](#)

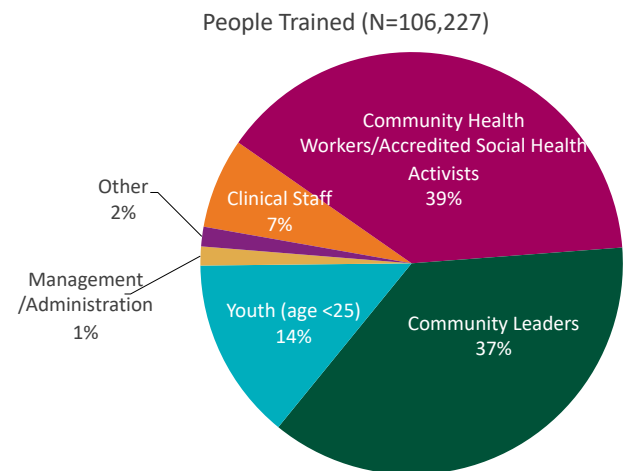
[Fortification \(LSFF\) Programs project](#), which examines gender relations in households, communities, and the broader food supply chain as important drivers of nutrition outcomes. The project is helping stakeholders identify and address gender-related barriers to fortified food access, such as food distribution center hours that do not align with women’s work schedules and other responsibilities.

### Strengthening the Capacity of Healthcare Staff, Influential Community Members, and Other Health Actors

A key component of health systems strengthening is ensuring availability of a skilled healthcare workforce. This year, EngenderHealth trained more than 7,300 clinical staff and more than 41,500 CHWs (including accredited social health activists, as this cadre is known in India) across 14 projects (see Figure 2). Among the clinical staff trained, 68% were women, 24% were men, and 8% were of unknown gender. All CHWs were female, as most were members of India’s all-female cohort. Most clinical providers and CHWs completed training on GBV topics (66%). Many also completed training on various SRH and related topics, including gender, youth, and social inclusion; mental health; and nutrition (17%).

In addition to training healthcare personnel, we worked to expand the capacity of influential community members to generate social support for healthcare, rights, and equity. We trained more than 54,100 community leaders and youth, including peer educators, male champions, religious leaders, and law enforcement officers on various topics, such as adolescent SRH and overall SRHR, GBV, GYSI, and women’s and youth leadership. Most trainees were female (two-thirds) and 27% were under the age of 25. EngenderHealth also trained more than 3,000 administrative and management personnel and other supporting stakeholders, such as counselors, feminist activists, journalists, and teachers. Together, these stakeholders are positioned to drive meaningful progress in their respective communities.

Figure 2. Clinical Staff, CHWs, Managers and Administrators, Community Leaders, Youth, and Others Trained



### Reaching Communities with SRHR Information

We share evidence-based SRHR information to improve knowledge, counter misinformation, and promote healthy behaviors. In FY23, EngenderHealth supported local partners to generate SRHR awareness at the community level by leveraging direct contacts, for example, through peer-to-peer outreach, home visits, and at community events. This approach allows us to engage and build trust with communities in ways that facilitate sustained change. We also reached people indirectly through mass media activities.

In FY23, EngenderHealth projects reached more than 1.6 million people directly with SRHR messaging, including messaging on contraception, GBV, maternal health, safe abortion care, and other health topics. One critical venue for reaching adolescents is schools. Through the [Tarunya project](#) in India, EngenderHealth reached more 389,000 adolescents (80% ages 10 to 14 and 20% ages 15 to 19) through adolescent health and wellness days in schools, where students, parents, teachers, community members, and

#### Youth-Focused Digital Advocacy in Ethiopia

EngenderHealth increasingly reaches people with information through digital technology. In Ethiopia, we launched an advocacy and communication initiative with a young health professional volunteer group managing a digital platform called Yetena Weg. Through this platform, we organized webinars and clubhouse discussions and produced short videos on GBV, reaching 500 people through social media and an estimated three million through broadcasting spots on local media and through YouTube. Topics included violence toward women and girls with disabilities; ensuring access to healthcare; and GBV and human rights.

health and education government staff came together to celebrate the health and well-being of young people. In the Democratic Republic of Congo, through the [MOMENTUM Safe Surgery for Family Planning and Obstetrics project](#), we supported community sensitization activities for more than 91,000 people in Kinshasa through community meetings where we facilitated discussions on such topics as FP, fistula prevention, gender, and safe motherhood. We also reached people indirectly through mass media activities that leveraged numerous channels, such as social media and mass mobile messaging, to promote SRHR.

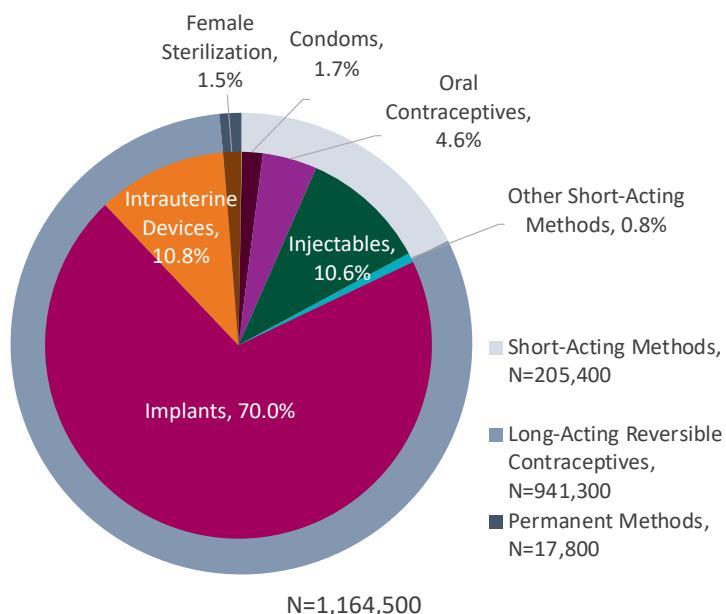
### Ensuring Access to High-Quality SRHR Services

In FY23, EngenderHealth’s projects supported approximately 1,164,500 clients to adopt a contraceptive method of their choice. Of the estimated clients for whom age data were available,<sup>4</sup> 366,100 (44%) were under the age of 25. The majority (81%) of all clients adopted long-acting reversible contraceptives (see Figure 3), with implants chosen most frequently.<sup>5,6</sup>

EngenderHealth projects supported modern contraceptive method provision through multiple types of service delivery points. Most clients, 83%, received contraceptive methods as an interval, dedicated service; 13% received their methods as part of postpartum services, 3% through integrated services (where contraceptive care is offered as part of another health service, such as HIV services), and 1% through postabortion care.

In addition to contraceptive care, our projects supported more than 89,400 obstetric surgeries, 21,000 abortion and postabortion services, and 1,299 fistula repair surgeries. Where age data were available, 10% of clients receiving comprehensive abortion care through EngenderHealth-supported projects were under the age of 20. Across countries, EngenderHealth also supported services for survivors of 127,435 GBV incidents. Most (86%) GBV incidents were reported by female clients, including 23% of which were reported by female clients under the age of 20, demonstrating our reach to adolescents. In addition, 14% of GBV incidents were reported by male clients, 24% of whom were males under the age of 20.

Figure 3. Contraceptive Coverage



<sup>4</sup> Where age data were available (n=818,410).

<sup>5</sup> Figure 3 displays the annual contraceptive coverage adjusted by CYP coefficient (i.e., the method’s temporal coverage per person in a year), and thus weights long-acting reversible contraceptives and permanent methods more heavily; however, the raw percent of long-acting reversible contraceptives provided was 20%. We continue to prioritize voluntary and informed choice across a wide range of contraceptive methods.

<sup>6</sup> We calculated the number of clients who adopted a modern contraceptive method using USAID MEASURE Evaluation’s CYP coefficients. The source data are commodity provisions collected by projects in the last year. For short-term methods, we estimate the number of clients reached by applying method-specific CYP coefficients to the number of commodities provided. For long-acting reversible contraceptives and permanent methods, we assume one method provided is equal to one user.

## Highlighting Individual-Level Impact

In addition to measuring our impact at policy, systems, and community levels, we also examine how our projects are transforming lives at a personal level. In the text box below, we share the story of Muskan, a young person whose life was enriched through the [Tarunya project](#) in India.

### Finding Her Agency: Muskan's Story

Muskan, an 18-year-old from the village of Bhatolia in Bihar state in India, began working as a peer educator with the Tarunya project in July 2019. Initially hesitant to discuss SRH topics with her peers, Muskan's journey to confidence began with peer education training. Through games, role-play exercises, and discussions, she gained a deeper understanding of SRH topics. After the training, she emerged as a dynamic advocate—leading peer group meetings, supporting school events on adolescent health and wellness days, and eventually becoming a master trainer for new peer educators.

Muskan's work caught the attention of the Youth Dreamer Foundation, earning her recognition and a INR 24,000 scholarship. In 2023, her influence grew as she represented the state of Bihar at the G-20 regional consultation in Lucknow and subsequently participated in a national G-20 event in Delhi.

Through her work and the economic benefits of her scholarship, Muskan has gained confidence in her abilities. Today, Muskan is an active EngenderHealth Youth Advisory Group member and master trainer. Her evolution from a hesitant peer educator to a bold advocate and master trainer is a testament to the power of youth agency and its transformative impact on SRH awareness.



## Partnerships

EngenderHealth recognizes the importance of building and nurturing partnerships to advance SRHR in underserved communities. We take a broad view of partnerships, building strong, often long-standing relationships with governments, health system authorities, local nongovernmental organizations (NGOs) and associations including youth-led groups, private sector partners, and donors. This year, we articulated key components of how we work with local partners in our [EngenderHealth Partnerships Summary](#). We partnered with seven new organizations to implement programming. We also demonstrated our commitment to long-term, meaningful and mutual collaboration with local organizations by signing memoranda of understanding with 25 organizations across 10 countries.

### Partnering to Advocate for SRHR

In West and Central Africa, we partnered at the country and regional levels to advocate for heightened awareness of comprehensive abortion care and GBV, including female genital cutting and mutilation. Our regional [Ensemble initiative](#) developed formal relationships with 12 local partners in Benin, Burkina Faso, Cote d'Ivoire, Guinea, and Mali to establish joint commitments in prevention and response to GBV. We held co-creation workshops in two countries with a selection of these local partners as well as representatives of governments, law enforcement, social justice systems, and feminist organizations, to develop country-specific action plans toward shared goals.

In Benin, Burkina Faso, and Cote d'Ivoire, EngenderHealth partnered with nine youth-led organizations (YLOs) to improve laws, standards, guidelines, and procedures for SRHR and GBV through the [Partnering to Advance SRHR and Eliminate GBV project](#). As a result of project-supported activities in Burkina Faso, the YLOs successfully provided input to the Ministry of Health and Ministry of Youth on the development of the National Adolescent and Youth Strategy, which is in use across the country. Further, each YLO is now better positioned and funded to continue leading SRHR and GBV advocacy. For example, more than half of YLOs have received funding to expand activities and all have started implementing country-specific action plans to advance feminism as a strategy to mitigate GBV and strengthen access to GBV and SRHR services.



## Partnering for Meaningful Youth Participation

In FY23, we continued to engage youth as SRHR and GBV champions within their communities. In India and Tanzania, EngenderHealth and local partners integrated education, play, and sports activities to reach more than 8,000 young people with information on sensitive issues related to SRHR, GBV, and gender. EngenderHealth also collaborated with local organizations to engage youth ages 15 to 30 from six states in India as champions to address GBV in their communities; we trained more than 2,900 champions (55% female, 45% male) in “do no harm principles,” enhancing their abilities to support GBV prevention and helping them identify and refer GBV cases in their communities for appropriate services.

## Elevating National and Subnational Partners

EngenderHealth promotes locally led development through strong partnerships and prioritizes strengthening and shifting capacities to national and subnational partners, ensuring government-led solutions and ownership, developing systems and capacities for the future, and designing for local needs with local partners.

The three-year [GIR'ITEKA](#) project (2020 to 2023), which aimed to improve integration of GBV prevention and response into HIV services in Burundi, is an example of how we strengthen and shift capacities to local partners. In this project, we transitioned from our role as lead implementer of the predecessor project ([BRAVI](#)), and adopted the role of supporting partner to a local organization, SWAA-Burundi, under GIR'ITEKA. We provided guidance and advice to SWAA-Burundi in proposal management, project design, budgeting, staffing, and USAID bid mechanisms during the proposal development stage. During implementation, we provided support in addressing harmful gender norms and institutionalizing high-quality care for GBV survivors.

In Nigeria, through our MOMENTUM Safe Surgery for Family Planning and Obstetrics project, we supported government-led solutions and ownership through the provision of ongoing technical assistance and mentoring to the State Ministries of Women Affairs in Sokoto (a state in the northwest of the country). We strengthened their capacity to seek private investments to support state health programs. As a result of this work, they were able to secure \$50,000 from a local philanthropic NGO to invest in and rehabilitate the Sokoto State Rehabilitation Centre for women with fistula.

## Leadership and Learning

All our achievements are facilitated by our technical expertise and leadership. We elevate priority topics in SRHR, GBV, and maternal and obstetric care through national, regional, and global fora. We actively demonstrate our commitment to advancing and sharing our knowledge through blogs, conference participation, journal articles, technical briefs, webinars, and more.

## Global Commitments and Advocacy

- In FY23, EngenderHealth shared updates on our contributions to global goals, including for commitments for [FP2030 goals](#) and the [2022 Global Disability Summit](#). We also promoted [Generation Equality Forum](#) efforts at the regional level, with technical and financial support to the Ouagadougou workshop held in June 2023 to monitor gender equality commitments for West Africa.
- EngenderHealth advocated to protect women and girls globally and in multiple countries during the [16 Days of Activism Against Gender-Based Violence](#). In Mali, we held community forums and sessions in schools to raise GBV awareness. In Ethiopia, we briefed 25 journalists on efforts to prevent and respond to GBV. In the Democratic Republic of Congo, we organized a webinar addressing the interplay of GBV and fistula.
- Our India team supported the Ministry of Health and Family Welfare to organize the G-20 “Health of Youth-Wealth of Nation” event in Delhi in June 2023, where global stakeholders joined together to raise attention of and investment by G20 nations in the health of adolescents and youth.
- EngenderHealth leaders Anna Temba, Meskerem Setegne, and Yvette Ouedraogo, (from Tanzania, Ethiopia, and Cote d’Ivoire, respectively) were honored as [Heroines of Health](#) by Women in Global Health and Johnson & Johnson for their outstanding contributions gender equity in global health at the [Women Deliver](#) conference.

- For the third year in a row, [Global Health 50/50](#), an initiative that works to advance equity in global health, recognized EngenderHealth as a “very high performer” in gender-related policies and practices. We also collaborated with Global Health 50/50 in October of 2022 to write [a commentary on the intersection of food security, gender, and SRHR](#), highlighting the growing hunger and malnutrition risks to women and girls and the need for gender-equitable leadership in food security.

## Learning from and Sharing Evidence

Between presentations at global fora, project briefs, webinars, workshops, and articles in peer-reviewed journals, our 2023 fiscal year has been one of reflection, learning, and growth.

### Conference Presence

- In Tanzania, we gave four presentations at the October 2022 Tanzania Health Summit and held a symposium during the summit on [“Inclusive SRH Services for Young People and People with Disabilities: What Works for Tanzania.”](#)
- In November 2022, staff from seven country offices and members of our global support team attended the [International Conference on Family Planning](#) in Thailand. With a focus on partnerships, inclusion, and equity, our activities included 16 presentations and poster sessions, a plenary session for approximately 400 youth, and a side event on the TIME for SRHR Initiative (see the text box below for more information on TIME and visit our [microsite](#) for a full list of our presentations and events).
- EngenderHealth provided substantial financial, planning, logistics, and technical support for the November 2022 [International Society of Obstetric Fistula Surgeons conference](#) in Maputo, Mozambique, which disseminated best practices from high-burden countries and included an official launch of the [Fistula Rehabilitation and Reintegration working group](#), led by EngenderHealth.
- Our MOMENTUM Safe Surgery in Family Planning and Obstetrics team had a robust presence at the May 2023 [International Maternal and Newborn Health Conference](#) in Cape Town, South Africa with three presentations, one panel, one poster, and a co-hosted MOMENTUM reception (see our [microsite](#)).
- In July 2023, 14 staff from country offices and our global support team, along with three partner representatives, attended the [Women Deliver](#) conference in Kigali, Rwanda. EngenderHealth co-moderated a session on youth, abortions, and intersectionality; spoke at a session on nutrition as a gender equality issue, and supported four partner-led side events (see our [microsite](#)).

### Prioritizing our Commitment to Locally Led Development

Following the June 2022 launch of the [Transforming INGO Models for Equity \(TIME\) initiative](#), EngenderHealth and colleague organizations continued to explore together how SRHR international NGOs can and should rethink how they operate to contribute to responsive, equitable, and inclusive development. We completed the first phase of the initiative, where we centered the perspectives of national NGOs through surveys, interviews, and open forums exploring international–national NGO partnerships and relationship dynamics. Findings from Phase 1 of the initiative were shared in [Partnerships and Power: Understanding the Dynamics Between International and National Sexual and Reproductive Health and Rights Organizations](#), including five identified characteristics of inequitable partnerships in the SRHR ecosystem and recommendations for concrete and actionable reforms to shift these dynamics. Phase 2, which began in April 2023, focuses on building a strong international SRHR NGO community of practice, consensus on a vision of the future, and a multidimensional roadmap.

### Thought Leadership

- As a member of the SheDecides Movement, we signed onto an [op-ed in Al Jazeera](#) in April 2023 that emphasized the importance of comprehensive sexuality education. We simultaneously published [a blog](#) calling for increased attention to and resourcing of comprehensive sexuality education as a critical component of our efforts to improve the health, rights, and equality of young people.

- On April 20, 2023, EngenderHealth's [Partnering to Advance SRHR and Eliminate GBV project](#) hosted a [webinar highlighting YLOs leading the SRHR movement](#), for which we were joined by young leaders from partner organizations in Benin, Burkina Faso, and Cote d'Ivoire. We also shared lessons and experiences from this project in [a brief on partnerships](#).
- Our [MOMENTUM Safe Surgery in Family Planning and Obstetrics](#) project held an action-oriented global expert convening in June 2023 to explore postpartum and postabortion FP innovative solutions for better integration and scale-up within universal health coverage. Participants identified three focal areas to advance the initiative: consideration of postabortion and postpartum FP in the global financing facility, primary healthcare frameworks, and maternal health leadership.
- We updated our organizational [Abortion Strategy](#) to articulate our commitment to advancing abortion care at all levels of the health system through a rights-based approach. The strategy considers abortion in the context of universal health coverage and self-care, and highlights how EngenderHealth is uniquely placed to address abortion via transformative approaches, health systems strengthening, and innovative partnerships.
- We published [six journal articles and chapters](#) on critical SRHR and maternal and obstetric health topics, including obstetric fistula, vasectomy, gender, and meeting the health needs of marginalized populations. Collectively, the articles garnered over 8,900 views and 1,400 downloads from July 2022 to June 2023.

### Building Resilience in Humanitarian Settings

EngenderHealth works with public, private, and nongovernmental health system partners to eradicate barriers to care, build resilient and equitable health systems that advance universal health coverage, and promote sustainable change. In FY23 EngenderHealth worked in a growing number of humanitarian contexts to strengthen the ability of health systems and communities to endure and resist shocks, such as political instability and environmental disasters spurred by climate change.

At the **individual and community level** in Mali, EngenderHealth operated in regions of political insecurity to increase the capacity of communities to plan, finance, and manage their own health programs. While access to villages was challenging, we reached more than 900,000 households with gender-integrated messaging on FP, newborn care, prevention of malnutrition and malaria, immunization, and water, sanitation and hygiene. We reached tens of thousands of youth with meaningful youth participation training and held sensitization sessions for community leaders, and we used community platforms to scale up the [Men As Partners approach](#) to better engage men in promoting the health of women and children.

At the **health systems-level**, under the [3M—My Body, My Choice, My Rights project](#) in Burkina Faso, EngenderHealth worked to expand access to comprehensive abortion care and reduce unintended pregnancies among underserved populations and in humanitarian settings. Despite Burkina Faso's deteriorating security situation, since the launch of the project in October 2022, the team has provided training and equipment for health facilities and established safe spaces for women to discuss SRH issues.

At the **policy and strategy level**, through our work in Ethiopia, we actively engaged in various humanitarian platforms at global, national, and subnational levels to develop strategies and update policies to promote accountability, to ensure respect for human rights, and to foster improved ownership by the responsible sectors. We served on various working groups, such as the Health Cluster in Emergency led by the World Health Organization, and we continued to serve as a founding member of SRHR for Humanitarian Situations technical working group, led by the Ethiopian Public Health Institute.

To **accelerate the impact of our interventions** in humanitarian spaces, we reflect on our learnings and share best practices with other implementing partners. For example, taking lessons from the [SRHR Response for Internally Displaced Peoples project](#) in the Somali region of Ethiopia, we published [a qualitative process evaluation](#) offering recommendations for organizations and government entities seeking to design and implement SRHR programs in humanitarian settings.

## Organizational Effectiveness and Equity

As illustrated by our theory of change, organizational effectiveness and equity underpin our project implementation and all our strategic plan results. In FY23, EngenderHealth continued to actively identify and implement improvements to increase our effectiveness as a gender-equitable organization.

In addition to continuing to apply our [GYSI marker](#) and [Do No Harm Framework](#) across projects, we created more resources to ensure we engage thoughtfully and inclusively with communities where we work. This year we expanded our language guides to include the more than one billion people worldwide who live with some form of disability. The principles outlined in our [People with Disabilities Language Guide](#) provide overarching guidance on [how we think about and use language in our work](#) as well as more detailed applications related to people with disabilities, who routinely experience overwhelming barriers when accessing healthcare.

In FY23, we continued to assess and reflect on the gender-balance within EngenderHealth and its leadership. As of June 2023, our global senior leadership team consisted of 45% women, our executive team consisted of 60% women, and our board consisted of 65% women. Despite the relative gender balance in these teams, our country-based leadership remains highly skewed, with men holding 92% of country representative positions as of June 2023. We recognize this as an area for improvement and continuously strive for increasing the representation, participation, and voice of women and other gender minorities in all levels of the organization. As part of these efforts, we also monitor the gender-equity of our pay and we conducted and published our fourth [gender pay-gap analysis](#) this year.

We prioritized reflection, critically considering our role as an SRHR organization in addressing pressing political and environmental issues. We maintained our resolve in the face of the United States Supreme Court Dobbs decision, which removed constitutional protection for abortion rights for people living in this country, by addressing misinformation in countries where the anti-choice movement has been emboldened by the ruling. We also advanced our work at the intersection of climate and SRHR, for example, engaging with the Margaret Pyke Trust to deliver an internal webinar on the important connections between SRH, gender, and climate.

Finally, we made significant progress in updating and implementing several internal strategies to improve organizational efficiencies and ensure a cohesive approach across the organization. For example, we developed a West and Central Africa Regional Strategy aligning our programmatic focus and aspirations with the region's realities and priorities. This strategy set a path forward for EngenderHealth to robustly engage in our focal areas, and to expand integration of our portfolio across key development areas, including nutrition, climate resilience, and livelihoods.

## Looking Forward

The achievements outlined in this report provide insights into our organizational progress and impact. The data highlight how EngenderHealth is realizing our theory of change and the extent to which our work advances gender equality and SRHR. In the coming year, we will update our strategy to reflect current thinking. We will consider the evolving development context, as well as ongoing environmental challenges and opportunities, as we adjust our approaches and work. As our approach to locally-led development evolves and we explore where we are best suited to advance global efforts and embrace related opportunities in our own organization, we will frame our impact in a way that honors this context. This includes continuing to cultivate relationships with local organizations and governments and implementing approaches that champion ownership and leadership by country stakeholders. Priorities for FY24 include engaging more deeply with youth- and women-led organizations to deliver SRH services and to counter the growing anti-choice movement; partnering with local organizations, initiatives (such as FP2030), and governments to scale up contraceptive care in select countries to achieve national commitments; and expanding our engagement with initiatives at the crossroads of SRHR and other health and development areas, including climate change and nutrition. Finally, we will institutionalize our approaches and strategies—such as those on abortion, self-care, and health systems strengthening—to promote best practices and sustainability.

**Annual Impact Report**  
**Fiscal Year 2023: July 2022 to June 2023**



EngenderHealth