



EngenderHealth Annual Impact Summary

July 2020 to June 2021

Overall Health Impact

This year, EngenderHealth supported the provision of high-quality, comprehensive contraceptive care as part of sexual and reproductive health and rights (SRHR) services in 13 of our 26 projects, located in eight countries. Through this work, we supported approximately **2,919,000 clients in accessing contraceptive care** and contributed to the following estimated health outcomes:*

8,331,400 couple years of protection

3,821,700 unintended pregnancies averted

918,600 unsafe abortions averted

74,200 child deaths averted

5,000 maternal deaths averted

\$326,914,800 in direct healthcare costs saved

* These data represent the reach of those services and their contribution to reducing preventable death and disabilities between July 2020 and June 2021. Impact data are estimated using the MSI Reproductive Choices Impact 2 Model.

Achievements across the Socioecological Model

We are continuing to realize our mission of implementing high-quality, gender-equitable programming to advance SRHR across the socioecological model: from the policy level to the individual level.

Positively Influencing Policies, Laws, and Processes

EngenderHealth and our partners supported a total 19 policy changes across Burkina Faso, the Democratic Republic of the Congo (DRC), Ethiopia, India, and Tanzania. Of these, 13 policy changes focused on promoting gender equity and advance SRHR, 4 focused on ensuring access to safe, high-quality abortion care and postabortion contraception, and 2 focused on promoting availability of and access to SRHR services for young people.

Supported 19 policy changes related to advancing gender-equitable, youth-friendly SRHR and improving access to abortion care

Supported training for over 14,600 clinical staff and community health workers

Strengthening Health Systems

We worked with and through governments to achieve sustainable and equitable health impacts. This included supporting the integration of gender-transformative and inclusive programming throughout health systems; transitioning health facility oversight to governments; strengthening the capacity of healthcare staff, government officials, and influential leaders in the community; and improving client satisfaction with SRHR services. We supported skills development for a range of healthcare staff, training more than 14,600 clinical staff (doctors, nurses, midwives, etc.) and community health workers across 15 projects.

Reaching Communities with SRHR Information

We reached individuals directly, through peer-to-peer outreach events, call centers, and individual participation at community events, and indirectly, through mass media activities (including via television and radio) to promote SRHR messaging. This year, we reached over 297,000 people directly with SRHR messaging, including messaging on abortion, contraception, fistula, SGBV, and other elements of SRHR, including SRHR in the context of COVID-19. We reached millions more indirectly through mass media activities.

Directly reached more than 297,000 people with SRHR messaging

Supported service provision to approximately 2,919,000 contraception clients, 64,765 abortion clients, and 793 fistula clients

Ensuring Access to High-Quality Services

This year, EngenderHealth supported approximately 2,919,000 clients (including 618,000 young people under the age of 25) to adopt a contraceptive method of their choice. In addition to contraceptive care, our work supported provision of a total of 64,765 high-quality CAC services, 793 fistula repairs, and 72,501 SGBV survivor care services.

Individual-Level Impact: A Fistula Recovery Story from Nigeria

If anyone had told Michael Joy that she would one day be a parent, she would have said it was a lie. After a prolonged and obstructed labor, a past pregnancy left her with the loss of a child and a resulting fistula. The injury had a devastating impact on her life; her once thriving business crashed, she was uncomfortable around others, embarrassed to be around her husband, and believed that she was under a spiritual attack.

Her story is common among women experiencing fistula in West Africa, where many women cannot access or afford care.

After visiting the general hospital several times, Michael Joy had still not received treatment. One day a doctor called and informed her that a local hospital was offering fistula repair surgery for free. The hospital was able to provide this service as part of a partnership with the USAID-funded, EngenderHealth-led *Fistula Care Plus* project. Upon arriving at the facility, Michael Joy discovered she was not alone in her struggle, her faith was restored, and she received the care that she needed.



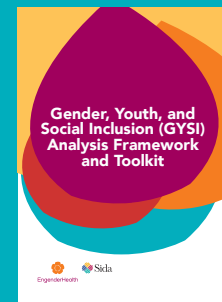
“After the surgery, my recovery brought happiness and joy to my heart and a huge transformation to my life... Now I am free.”

Today, Michael Joy and her husband, Sunday Michael, who stayed by her side while she was experiencing fistula despite disapproval from his peers, are the parents of two healthy children. She is grateful to God for the care she received, for her doctor, and for EngenderHealth, “for putting an end to [her] sorrow” and creating the opportunity for her to receive the life-changing treatment.

Michael Joy received services supported by our Fistula Care Plus project. Our fistula care work continues today through the USAID-funded, EngenderHealth-led MOMENTUM Safe Surgery in Family Planning and Obstetrics project.

Learning, Leadership, and Partnership

- We **participated in numerous international conferences and events**, including: Global Health Science and Practice Technical Exchange Conference; Global Implants Removal Taskforce; International Conference on Family Planning (ICFP) #NotWithoutFP Forum; Virtual 32nd International Confederation of Midwives Triennial Congress; Women and Girls Summit; and 8th Meeting of the Global Alliance for Surgical, Obstetric, Trauma, and Anesthesia Care.
- We **published 12 journal articles on critical SRHR topics**, including diversity in global health, provider attitudes toward COVID-19, integrated contraceptive care, expanding access to voluntary postabortion contraception, addressing fistula care, and identifying determinants of contraceptive method continuation.
- We **published 27 policy, technical, and research briefs** that will be featured on our new website; these included a series of technical briefs highlighting key successes of the global *Fistula Care Plus* project and a variety of policy, research, and technical briefs highlighting our achievements and learning through our work in the DRC, Ethiopia, and India, as well as a regional project in West and Central Africa.
- We **shared approximately 1,400 messages across our social media**, which garnered 2,100 mentions and shares and contributed to notable increases in new followers, particularly on Instagram (42% increase) and LinkedIn (34% increase). Our website also received over 128,000 unique views.
- We continued to engage in different partnership models. This includes developing **a unique youth-adult partnership with CHOICE for Youth and Sexuality**, a global youth-led SRHR organization, and **collaborating with the University of North Carolina’s Full Access, Full Choice project** to inform expansion of contraceptive method choice globally, particularly for youth. Further, for the 16 Days of Activism against GBV Campaign, our West and Central Africa team leveraged partnerships with influential activists, social media experts, youth-led organizations, and community members across Benin, Burkina Faso, Burundi, Côte d’Ivoire, and Mali to celebrate their activism journeys and amplify their work.



We made a significant contribution to the global health community with our ***GYSI Analysis Framework and Toolkit***. This toolkit is a resource for our staff and other organizations to investigate the gender, age, and social marginalization-related barriers to SRHR.