

## EngenderHealth Annual Strategic Plan Measurement and Reporting Summary: July 2020 – June 2021

Measurement is an ongoing process, one which we work to continuously improve upon, both in the rigor of our indicators and their ability to tell a meaningful story across our diverse projects. The data we report for this year<sup>1</sup> show how EngenderHealth is more fully realizing our strategic plan, specifically the extent to which our work advances gender equality and sexual and reproductive health and rights (SRHR) from the policy level to the individual level, and aligns with our theory of change (figure 1).

In this spirit, this report presents our progress on our strategic plan, starting with our overall impact, followed by an examination of findings related to each level of the socioecological model: our influence on policies, laws, and processes; our contributions to health systems and other systems; and our impact on communities and ultimately individuals, who are at the center of our work.

After discussing our achievements across the socioecological model, we describe how EngenderHealth accelerated our results through our emphasis on learning, leadership, and partnerships, and on organizational effectiveness, which positively influences all our contributions across the socioecological model. Results illustrate our progress across 26 projects, during a unique year when the COVID-19 pandemic persisted globally.

Figure 1. EngenderHealth Theory of Change



### Setting the Stage: Programming during the COVID-19 Pandemic

EngenderHealth staff continued to ensure continuity in high-quality programming and service delivery in the face of the ongoing challenges associated with the COVID-19 pandemic. In many cases, we adjusted our projects to ensure the safety of our staff, partners, and project participants, including shifting to remote modalities for stakeholder collaboration and to digital and virtual approaches for training and support to healthcare facilities and systems. Our staff also supported provision of personal protective equipment to healthcare workers, assisted governments with COVID-19 surveillance, and amplified current, accurate messaging on COVID-19 prevention. In the Democratic Republic of the Congo (DRC), our ExpandFP II project supported provision of contraceptive self-injections to maintain contraceptive supply for users with reduced access to facilities, distributed personal protective equipment and disinfectants to health facilities, and used social networks to generate contraceptive demand among young people. Additional COVID-19 prevention and management contributions are highlighted throughout the report.

<sup>1</sup> This report covers the period of July 1, 2020 to June 30, 2021.

## Demonstrating Overall Impact

We begin our report with a high-level overview of demographic and reproductive health impact across our programming. Our impact numbers reflect projects that support provision of modern contraceptive care. This past year, EngenderHealth supported the provision of high-quality, comprehensive contraceptive care as part of SRHR services through 13 of our 26 projects, located in eight countries. Through EngenderHealth-supported services, we generated an estimated 8,331,400 couple years of protection (CYPs)<sup>2</sup> and averted an estimated 3,821,700 unintended pregnancies, 74,200 child deaths, 5,000 maternal deaths, and 919,500 unsafe abortions.<sup>3</sup> We also contributed to direct healthcare cost savings of approximately \$326.9 million.

**Table 1: Estimated Demographic and Health Impact (July 1, 2020 to June 30, 2021)\***

Demographic Impacts	Estimates
Unintended pregnancies averted	3,821,700
Live births averted	2,086,300
Abortions averted	1,171,100
Health Impacts	Estimates
Maternal deaths averted	5,000
Child deaths averted	74,200
Unsafe abortions averted	918,600
Disability-Adjusted Life Years (DALYs)** and Economic Impacts	Estimates
Maternal DALYs averted (mortality and morbidity)	289,700
Child DALYs averted (mortality)	6,274,100
Total DALYs averted	6,563,800
Direct healthcare costs saved (USD)***	\$326,914,800
CYPs	Estimates
Total CYPs	8,331,400

\*Impacts are modelled estimates using the MSI Reproductive Choices' Impact 2 tool.

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

\*\*\*The cost estimate represents money that would have been spent by families or the healthcare system for pregnancy care, safe delivery, and treatment of complications.

## Positively Influencing Policies, Laws, and Processes

An important objective for EngenderHealth is to help shape supportive national policy environments for SRHR, which facilitate positive results across the socioecological model. This year, EngenderHealth collaborated with partner organizations to support **thirteen** policy changes to promote gender equity and advance SRHR; **four** changes to ensure access to safe, high-quality

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

abortion care and postabortion contraception; and **two** changes to promote availability of and access to SRHR services for young people ages 10 to 24. Of the 19 changes, 12 occurred in Ethiopia, 4 in Tanzania, 1 in Burkina Faso, 1 in the Democratic Republic of the Congo (DRC), and 1 in India.

Examples of EngenderHealth's efforts to foster these changes, in partnership with country actors, are summarized below. Our achievements show where EngenderHealth substantially contributed to the development of a new policy or strategy process.

### Featured Policy Changes

**Burkina Faso:** Since August 2020, EngenderHealth supported Burkina Faso's Ministry of Health (MoH) to increase access to abortion care and strengthen the health system through the Improving Sexual and Reproductive Health project, with funding from a large anonymous donor. In collaboration with DKT International, Jhpiego, Pathfinder International, and other partners, EngenderHealth advocated to the MoH and the Centrale d'Achats des Médicaments Essentiels (CAMEG), or Central Purchasing of Essential Drugs System to endorse the availability of the mifepristone-misoprostol combination pack (combi-pack) in public-sector facilities (previously available only in the private sector). In addition, the MoH included misoprostol and the combi-pack, with an indicated use for both safe abortion and postabortion care (PAC), in the Association of Public Health Structures' *Acquisition Plan*. As a result of the project's efforts, the MoH also added the combi-pack to the *National List of Essential Medicines*. In March 2021, the MoH Secretary General issued a directive endorsing use of the combi-pack in the public sector.

**Ethiopia:** Through our Family Planning by Choice (FPbC) project in Ethiopia, EngenderHealth contributed to the third edition of the national *Health Sector Gender Mainstreaming Manual*. Our project's focus for the revision was on assisting MoH staff in effectively integrating a gender perspective into all aspects of work, including strategic planning, developing normative standards, and designing and delivering thematic and regional programs. EngenderHealth conducted an initial revision of the document and provided recommendations to the gender technical working group, which completed the revisions. Additionally, our Access to Reproductive Health Initiative (ABRI) V project ensured the needs of adolescents and young people were fully addressed in the new version. The MoH finalized, endorsed, and published the updated manual in March 2021, with printing, translation, and dissemination supported financially by EngenderHealth.

**India:** Through the Expanding Access to Intrauterine Device Services in India (EAISI) project, EngenderHealth collaborated with the governments of Gujarat and Rajasthan and successfully advocated for the scale-up and adoption of key project activities as part of future state-level strategies. First, in July 2020 the government of Gujarat updated the family planning state-level guidelines to include EngenderHealth's *REDI: A Client-Centered Counseling Framework*. Previously, the state-level contraception guidelines did not include any training on provider counseling; the framework is now routinely used as part of Gujarat's facility-based trainings to ensure providers deliver high-quality, client-centered contraceptive care. Second, in September 2020 the government of Rajasthan issued a directive requiring facilities to follow the six high-impact practices identified by the EAISI project, including prioritization of family planning counseling for all clients.

**Tanzania:** Under the Expand Access to Postabortion Care in Zanzibar project, EngenderHealth provided technical support and financial assistance to the Zanzibar Ministry of Health, Social Welfare, Elderly, Gender and Children to update national guidelines for postabortion care and data quality, in collaboration with other stakeholders. The government-endorsed the revised guidelines, which included (1) *Minimum Package of Essential Postabortion Care Interventions in Zanzibar*, (2) *On-the-Job Training Guidelines on Postabortion Care in Zanzibar*, and (3) *National Guidelines for Health Data Quality Assessment in Zanzibar*, in December 2020. These guidelines will serve to promote sustainable access to high-quality SRHR services.

## Strengthening Health Systems

Ensuring that health systems provide high-quality, gender-equitable SRHR services is central to our work and is inextricably linked with the policy-focused activities described in the previous section. A systems approach is fundamental to ensuring positive change at all levels. This year, we assessed our contributions in working with and through governments to achieve sustainable and equitable health impacts. In addition to broader crosscutting initiatives, our core activities 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 fostering client satisfaction with SRHR services. Together, our efforts contributed to strengthening service quality and delivery across health systems.

### Focus on Family Planning by Choice (FPbC): Strengthening Systems and Capacities

The FPbC project is one example of our crosscutting health systems strengthening work. Building on the Ethiopian government's existing three-tier health service delivery system, FPbC established, operationalized, and institutionalized a system of catchment-based clinical mentoring and supportive supervision with a focus on comprehensive contraceptive and abortion care. FPbC strengthened the system and enhanced capacity for in-service clinical training, including establishing training centers at the six centers of excellence and learning zones. FPbC also strengthened clinical quality audit and quality improvement systems. This included revising or developing national tools for clinical auditing, establishing and revitalizing clinical quality teams at health facilities, providing orientations to clinical audit teams, and working alongside existing government clinical quality structures. Based on capacity needs assessments and gap analyses, EngenderHealth's FPbC staff also developed and implemented comprehensive capacity building packages for health systems in partnership with the MoH.

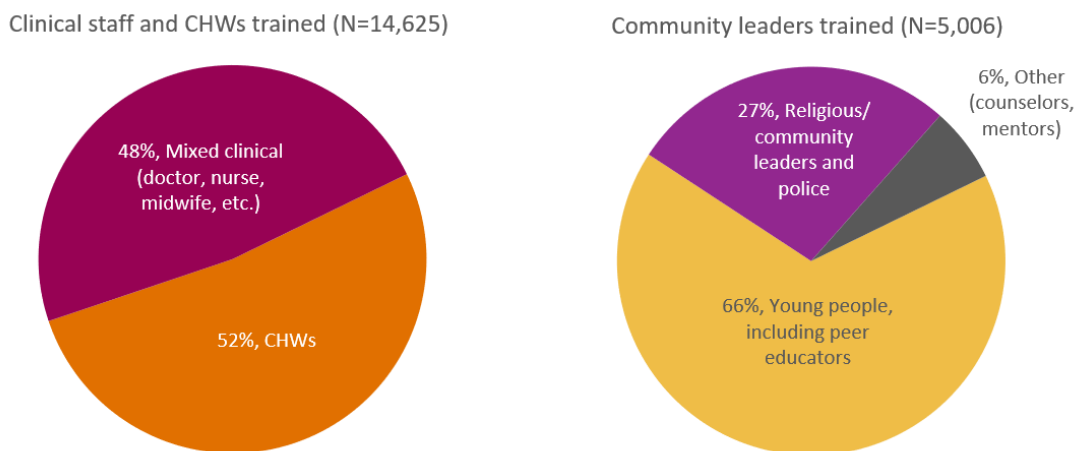
**Supporting integration of gender-transformative and inclusive programming throughout health systems:** One example of our focus on inclusion and health system strengthening comes from our work through the USAID Boresha Afya—Southern Zone Project in Tanzania, where we improved sexual and gender-based violence (SGBV) prevention and service coordination. We focused on integrating SGBV prevention programming into HIV prevention, testing, care, and treatment services—with an emphasis on intimate partner violence risk assessment and response. For example, we collaborated with the Police Gender Desk and Social Welfare Department to link SGBV survivors with legal assistance and provide referrals to health services. We concurrently provided technical assistance to health facilities to develop action plans for addressing gaps in SGBV screening and documentation and promoted integration of SGBV risk assessments with HIV index testing and partner notification services. An additional highlight of our work included promoting male-friendly health services to better reach at-risk men. This multi-pronged strategy included strengthening the capacity of healthcare providers to deliver high-quality male-centered counseling and establishing community-based male champions to create demand for and provide referrals to these services.

**Transitioning health facility oversight to governments:** EngenderHealth supported health facility transitioning efforts in multiple countries to promote government ownership and accountability. For example, EngenderHealth initiated innovative activities under the ABRI V project in Ethiopia in line with this goal. While previous ABRI phases focused on supporting direct service delivery, our new phase enabled the MoH to take full ownership and accountability for sustaining delivery of high-quality contraception care and comprehensive abortion care (CAC). A key outcome indicator of the project was the number and percentage of facilities that had fully transitioned to government management. The transitioning process focused on strengthening the capacity of local woreda health

offices and primary healthcare units to integrate comprehensive contraception care and CAC within reproductive, maternal, neonatal, child, and adolescent health programs. This included introducing a range of innovations and strategies to improve access to and quality of contraceptive services and CAC, including structured on-the-job trainings. As of June 2021, 94% of the 634 project-supported facilities had successfully transitioned, with the remaining facilities set to transition by the end of the year. Data from a process evaluation indicated that high-quality, voluntary contraceptive uptake continued and, for some facilities, increased after the ABRI-supported transitioning.

**Strengthening the capacity of healthcare staff, leaders, and other health actors:** 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 (CHWs) across 15 projects (Figure 2). Among these groups, two-thirds of trainees were women and one-third were men. Training areas<sup>4</sup> for clinical staff included modern contraceptive method service provision, CAC, SGBV, and provision of male- and youth-friendly services. CHWs received training in contraceptive counseling and method provision; adolescent reproductive health; SGBV; and gender, youth, and social inclusion (GYSI). EngenderHealth also supported health workers’ physical safety during the pandemic. For example, through the A Rights-Based Approach for Enhancing SRHR in Ethiopia project, we purchased and donated personal protective equipment to 6,500 healthcare providers. In addition to healthcare personnel, EngenderHealth trained 5,000 influential community members—including peer educators, young people, religious and community leaders, and police—in SGBV prevention, GYSI, contraceptive counseling, and community engagement. Across this group of influential community leaders, 53% were female, and 66% were young people or peer educators. EngenderHealth also trained over 1,200 government personnel (e.g., data officers, district coordinators, social welfare officers) and project staff (not shown).

**Figure 2. Clinical Staff, CHWs, and Community Leaders Trained**



**Improving client satisfaction with SRHR services:** As part of our commitment to ensuring high-quality, gender-equitable services, we conducted client exit interviews in several projects. The survey findings demonstrated high levels of client satisfaction and receipt of high-quality SRHR services. We identified notably positive results in the following selected projects:

- Postabortion Care Family Planning (PAC-FP) project in Tanzania:

<sup>4</sup> Additional areas of clinical staff training included values clarification, fistula care, clinical mentorship, HIV prevention and self-testing, and cervical cancer screening. Additional training areas for CHWs included topics such as nutrition, mental health, noncommunicable diseases, and substance misuse.

- PAC clients' satisfaction with the quality of information and counseling on PAC increased from 15% at baseline in 2016 to 95% at endline in 2020.
- PAC clients' satisfaction with the provision of contraceptive care during PAC services increased from 17% at baseline in 2016 to 69% at endline in 2020.
- Expand FP II project in DRC:
  - According to an overall satisfaction index constructed from seven criteria, 66% of clients reported satisfaction with services they received.
  - Satisfaction ratings exceeded 80% for most individual criteria and reached 97% for satisfaction with the courtesy/kindness and respect received from staff.

## Reaching Communities with SRHR Information

EngenderHealth reached people in their communities with gender-inclusive and youth-friendly SRHR messaging and programming. We collected data in this area through project-specific monitoring tools that recorded the number of “direct” interactions with individuals, such as through peer-to-peer outreach events, call centers, and individual participation at community events. We also monitored our broader “indirect” reach through mass media activities.

This year, EngenderHealth 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. For example, in India, the KARMA project's Broadening Accountability of Men campaign communicated the benefits of contraception and encouraged adoption of positive attitudes toward contraception among 36,800 men in two states through community-based initiatives, such as street plays, mobile roadshows, interactive discussions, and call centers. Through DRC's Supporting Street Children in Kinshasa during COVID-19 project, we sensitized over 19,000 youth living on the street (64% male, 36% female; 42% ages 10 to 14) on COVID-19 prevention measures.

We also reached people indirectly through mass media activities. EngenderHealth leveraged numerous media channels, such as television and SMS, to promote SRHR messaging. In Ethiopia, our Rights-Based Approach for Enhancing SRHR project implemented a radio and television campaign with integrated messages on SRHR, SGBV, and COVID-19 that reached millions of listeners in the broadcasting coverage areas.

## Ensuring Access to High-Quality SRHR Services

Individuals, and their ability to fully realize their SRHR, are at the heart of what we do. In this section, we describe the services we supported this year, with supplemental data on gender and age to provide the best picture of the clientele we support.

This year, EngenderHealth supported approximately 2,919,000 clients to adopt a contraceptive method of their choice. Of these estimated clients, 618,000 (21%) were young people under age 25. Long-acting reversible contraceptives (LARCs) provided contraceptive coverage for 87% of all clients (Figure 3).<sup>5,6</sup>

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<sup>5</sup> While at first glance, the estimated number of clients that adopted a contraceptive method suggests a method mix skewed toward LARCs, and particularly implants, this is a modeled estimate. The adoption of contraceptive methods is based on the method's temporal coverage per person in a year, and thus weighs LARC and permanent methods more heavily; however, the raw percent of LARCs provided was 22%. 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, which are based on commodity numbers 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 LARCs and permanent methods, we assume one method provided is equal to one user.

EngenderHealth projects supported modern contraceptive method provision through multiple types of service delivery points. Most clients received modern contraception as a standalone, dedicated service (72%), followed by those who received contraception as part of postpartum services (23%), integrated services (5%) (where contraceptive care is offered as part of another health service, such as HIV services), and postabortion services (0.4%).

In addition to contraceptive care, our projects supported provision of a total of 64,765 high-quality CAC services and 793 fistula repair surgeries. While the percentage of young people served with CAC across projects is obscured by limited age data, in Burkina Faso, where age data are complete, 42% of clients receiving CAC services through EngenderHealth-supported projects were under the age of 25. Across countries, EngenderHealth also supported services for 72,501 SGBV survivors, of whom 80% were female clients. Overall, 30% of male and 23% of female SGBV survivors receiving services were under the age of 20.

With the goal of ensuring access to high-quality SRHR services, we also explored clients' knowledge of SRHR and self-confidence in their ability to access SRHR services. Results from India's TARUNYA project assessment offer insights into increases in adolescents' SRHR knowledge and ability to access information and services in our peer education implementation areas.

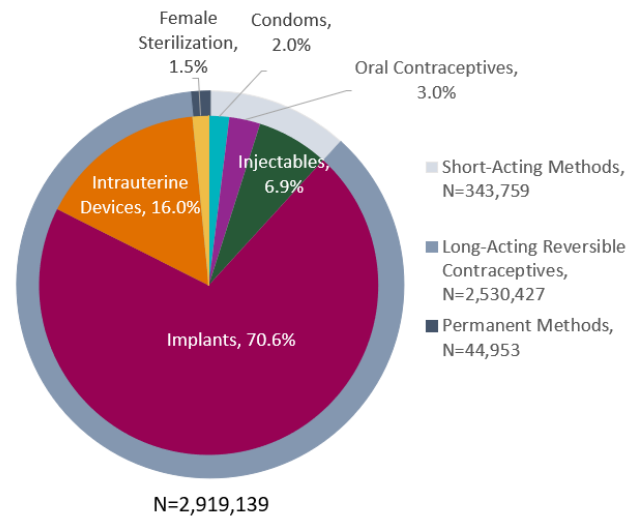
- Between the August 2019 baseline assessment and the October 2020 endline assessment:
  - Knowledge of where to obtain contraceptives increased from 28% to 75% among males and from 38% to 70% among females. Knowledge of safe birth spacing, legal age of marriage, and understanding of sexually transmitted infections also increased.
  - Respondents reported increased comfort in discussing SRHR issues with their parents, positive shifts in SRHR beliefs and perceptions, and increased attendance at adolescent-friendly health clinics.
- At both baseline and endline, correct knowledge of SRHR topics was typically higher among girls than boys and was higher among older adolescents (aged 17 to 19) compared with younger adolescents (aged 15 to 16).

These changes indicate a strengthened foundation for decision-making among adolescents and improved ability to access SRHR information and services. Based on these findings, TARUNYA staff recommended ensuring that adolescent health initiatives include and adequately resource community-based activities, like peer education and adolescent health days, as they are equally as important as health systems strengthening interventions.

### Highlighting Individual-Level Impact: Mrs. Michael Joy's Story

In addition to measuring our impact at systems, policy, and community levels, it is also essential to examine how we are transforming lives at a more personal level. The textbox that follows tells the

Figure 3. Contraceptive Coverage



story of Michael Joy, a client who received assistance through activities supported by our Fistula Care *Plus* project.

### “Now I Am Free”: A Fistula Recovery Story

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, her past pregnancy ended with the loss of her child and a resulting fistula. As a woman in Ile-Ife, Nigeria, the injury had a devastating impact on her life. Her once thriving business crashed after the departure of her apprentices, she was uncomfortable being 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 the region. As Professor Oladosu Akanbi Ojengbade notes, “many of these patients never knew that there was a possibility of a cure.” People believe these injuries are the result of something spiritual, and therefore have “self-limiting prophecies that [fistula] is not curable,” they lose hope and are often segregated from their families. Further, many women in the region 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 the Wesley Guild Hospital in Ilesa 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,” she said.



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.

You can view Michael Joy’s [full video story here](#).

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



## Learning, Leadership, Partnership

Our impact across the socioecological model is facilitated by our use of evidence-based best practices, our technical expertise and leadership, and our collaborative partnerships all working toward shared goals. EngenderHealth aims to be a key contributor to the global SRHR community through our commitment to advancing and sharing our knowledge. Our ongoing learning encompasses use of global best practices and evidence when designing projects; engagement with working groups and communities of practice on priority topics, such as adolescent and youth SRHR; and local, regional, and global dissemination of project lessons. We share what we learn internally and with the broader community through webinars, conference participation, journal articles, technical briefs, blogs, and more. Some highlights of our learning and leadership are listed below. Attendance at the listed conferences was entirely virtual in the wake of COVID-19.

- With EngenderHealth’s President and CEO, Traci Baird, as moderator, EngenderHealth hosted the closing plenary and presented at the Women and Girls Summit in November 2020.
- EngenderHealth staff participated in and contributed to three sessions at the International Conference on Family Planning (ICFP) #NotWithoutFP Forum in February 2021, including a side event entitled “Not Without Partnerships: Why Effective Partnerships are Essential to Advancing Family Planning.”
- EngenderHealth staff from four projects presented four sessions at the Global Health Science and Practice Technical Exchange Conference in April 2021 on topics including improving SRHR for internally displaced people in Ethiopia and engaging adolescent girls to promote improved care for newborn girls in India.
- Our Fistula Care *Plus* team presented at the Virtual 32nd International Confederation of Midwives Triennial Congress; 8th Meeting of the Global Alliance for Surgical, Obstetric, Trauma, and Anesthesia Care (G4 Alliance); and the Global Implants Removal Taskforce.
- 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. The articles garnered over 7,900 downloads and 39 citations as of August 31, 2021.
- We developed 27 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 EngenderHealth’s achievements and learning through projects in DRC, Ethiopia, India, and a regional project in West and Central Africa.
- To promote transparency and global access to our data and learnings, we collated and uploaded reports and data for several of our projects to the [International Aid Transparency Initiative](#) and the [USAID Data Development Library](#).
- We shared approximately 1,400 messages across four social media platforms (Facebook, Instagram, LinkedIn, and Twitter), which garnered 2,100 mentions and shares. Our website similarly received approximately 128,000 unique views.

This year, EngenderHealth made a significant contribution to the global health community with development and global dissemination of our *GYSI Analysis Framework and Toolkit*, launched in June 2021. This toolkit serves as a resource for project staff and other implementing organizations to investigate the gender, age, and social marginalization-related barriers to high-quality SRHR services

and information. Data generated using the toolkit can help projects integrate a robust GYSI lens into their activities.

We also reflected, adapted, and shared lessons internally. In the past year, our global support teams routinely engaged with our projects through regular monthly project performance management and pipeline reviews. This year, our programs and finance departments and project teams prioritized adaptive learning through participation in over 90 pipeline meetings fostering data-driven dialogues.

External partners also recognized EngenderHealth for our leadership. For example, in April 2021 the India team received an award from the World Health Organization for their campaign to engage youth in the COVID-19 response and the Tanzania team won an IBP network high-impact practice stories contest for their brief on one-stop shops for mobile family planning outreach. In addition, EngenderHealth received commendations through public forums, such as from Ethiopian Minister of Health Lia Tadesse for efforts to combat COVID-19 through our FPbC project.

EngenderHealth engages in different models of partnership with diverse organizations. This past year, EngenderHealth continued to develop our unique youth-adult partnership with CHOICE for Youth and Sexuality, a global youth-led SRHR organization. Throughout the year, we collaborated with the Full Access, Full Choice project based at the University of North Carolina, sharing primary data from our ExpandFP II project. Additional data mining by the Full Access, Full Choice project informed global recommendations for new investments on how to expand contraceptive method choice, with a focus on access for youth. In June 2021, EngenderHealth further demonstrated our prioritization of localization by committing to expand partnerships and programs in support of two focal areas of the landmark Generation Equality Forum: (1) SGBV and (2) bodily autonomy and SRHR.



**Spotlight on Partnership: 16 Days of Activism against GBV Campaign**

A key component of our Advance Advocacy on CAC project in Côte d'Ivoire is creating and mobilizing a partnership comprising influential activists, social media experts, youth-led organizations, and community members in West Africa to increase awareness of and address the many SGBV issues common in the region. In October 2020, amid the COVID-19 pandemic, EngenderHealth engaged with this partnership to advance SGBV prevention efforts in the region as part of the 16 Days of Activism against GBV campaign (25 November to 10 December 2020). We worked with activists and feminist organizations to create safe spaces for them to share their experiences and helped them recognize, prevent, and overcome the burnout resulting from their activism and engagement. Dialogues across five countries (Benin, Côte d'Ivoire, Burkina Faso, Burundi, and Mali) provided opportunities for expression and exchange of experiences for young feminists who celebrated their activism journey despite the many obstacles they faced. These activities resulted in the creation of new communities of feminists and activist organizations operating through WhatsApp groups (one in each country) as well as in the development of action plans for advancing SRHR in each country.

## Organizational Effectiveness

Organizational effectiveness underpins all of our strategic plan results. Without a strong operational foundation, commitment to continuous quality improvement, and a value-based culture, our work would fall short. This year, EngenderHealth took a series of steps in support of being an effective, gender-equitable organization.

As part of our commitment to gender, equity, diversity, and inclusion, EngenderHealth conducted our second internal gender pay-gap analysis with data from September 2020. This year, we added data on the race and ethnicity pay gap for our US staff to the analysis. We also finalized our gender, equity, diversity, and inclusion policy and worked to ensure that we apply a Do No Harm Framework across all projects.

In December 2020, CHOICE for Youth and Sexuality reviewed EngenderHealth’s organizational policies and implemented a mixed methods assessment among over 60 employees from six countries, with 15% of respondents aged 30 or below. The assessment found promising results. For example, 80% of young staff felt their role in the organization was important to a high or very high extent, and 100% of respondents felt they contributed a great extent to the goals of the organization. CHOICE’s recommendations included creating an organizational meaningful youth participation policy and establishing indicators to measure the contributions and influence of young people. EngenderHealth will work to implement these recommendations into our operations and activities during the coming year.

Throughout the year, we also implemented our GYSI marker on a quarterly basis, enabling us to monitor and internally reflect on the systematic GYSI approaches in our projects. We worked with projects throughout their lifecycle to help them meet our standards for GYSI, including addressing specific gender and youth needs at project design, ensuring meaningful participation of all stakeholders, and adhering to participatory and socially inclusive project approaches.

In May of 2021, EngenderHealth identified five new organizational values to help embody ideals in our work and strengthen our effectiveness as a gender-equitable organization. These values are already reflected in many initiatives from the past year, including in our approach to internal gender equity and our efforts to continuously improve our systems and processes.

#### EngenderHealth Values

- **Reflection:** we question, challenge, learn, and adapt
- **Inclusion:** we are committed to equality, justice, and leaving no one behind
- **Integrity:** we are principled and honest, and we walk our talk
- **Respect:** we value the wisdom and agency of our collaborators, and appreciate our differences
- **Transformation:** we seek bold new ideas and opportunities to innovate for progress

In addition, we made significant progress this year in implementing and updating systems that facilitate our operations and promote effectiveness in our work. These improvements were made to systems across finance, human resources, information technology, philanthropy, and programs, to increase efficiency and process integration at EngenderHealth. Updates included: (1) upgrade of our two main financial systems, which improved functionality and enhanced country and project staff abilities to draw on financial insights to strengthen programming; (2) upgrade of our human resource information system, which improved data integrity and integrated our talent platform into our core human resources information system thereby streamlining recruitment processes; (3) cyber security improvements to better protect our systems, and (4) a reconfiguration of our donation platform to accept cryptocurrency, which expanded the ways in which donors can support SRHR. The organization also continues to improve and benefit from Athena, our internal intranet system with an

integrated knowledge management component, where staff document and share project achievements and lessons as well as news from across the organization.

## Looking Forward

The strategic plan achievements outlined in this report provide important insights into our organizational progress. The data highlight how EngenderHealth is more fully realizing our strategic plan and the extent to which our work advances gender equality and SRHR. Looking forward, we continue to prioritize these areas and explore new ways in which we can foster enabling environments at all levels.

Our data also reflect our organizational commitments to strengthen and improve gender-equitable and high-quality services through strengthening communities, systems, and policies. This year, we focused on telling a story that illustrates these broader efforts and impact. We recognize that ensuring sustainability of interventions and outcomes over a longer term is critical—including in the period after our projects end for facilities that have graduated from project support and initiatives that have transitioned to local ownership. Continuing to track and report on such sustainability will be a focus in coming years.

As next steps, we will continue to refine our organizational indicators and adjust our strategic plan reporting to reflect our core impact areas of SRHR, maternal health, and SGBV more closely. To help measure our reach and improve the timeliness, quality, and use of our data, we will explore and highlight the use of innovative tools, such as digital technologies, to further advance our work. We will keep critically examining our indicators, with a lens of continuous improvement, and work to expand upon the depth and breadth of our reporting to best demonstrate the reach and impact of our work. And finally, we will reflect on our organizational progress, interpret our findings, and identify the implications for our programming. These reflections will ensure we are strategic in our future work and that our decisions will continue to build upon our data-driven approaches.