

# Annual Impact Report

Fiscal Year 2022: July 2021 to June 2022



EngenderHealth

EngenderHealth’s fiscal year 2022 (FY22)<sup>1</sup> impact report illustrates our progress across 22 projects, while countries continued to grapple with the immediate and longer-term effects of the COVID-19 pandemic. Our progress and associated impacts are guided by our organizational Strategic Plan and complementary Theory of Change (see Figure 1). 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. We also illustrate our achievements in relation to our three core impact areas: [sexual and reproductive health and rights \(SRHR\)](#) (including contraception care, abortion care, and more), [gender-based violence \(GBV\)](#), and [maternal and obstetric care](#)—all of which critically support EngenderHealth’s mission. Furthermore, the report highlights how we achieve our results through specific pathways to change, including community engagement, digital health, and health systems strengthening; and via our priority approaches of gender-transformative change, localization of leadership, meaningful youth participation, and partnerships. All our achievements are accelerated through partnerships, learning, and leadership, and through our emphasis on organizational effectiveness and gender equity, which amplifies our impact.

Figure 1. EngenderHealth Theory of Change



## Expanding Existing Initiatives in Our Core Impact Areas

Our recent initiatives demonstrate our expanded reach and impact across our three core impact areas. Along with ongoing activities, new and complementary projects helped increase our impact through evidence generation, multi-stakeholder collaboration, systems strengthening, and other methods aligned with our pathways to change and strategic approaches.

### Sexual and Reproductive Health and Rights (SRHR)

EngenderHealth employs a rights-based approach that emphasizes clients’ full, free, and informed choice of contraceptive methods and expands access to high-quality SRHR information and services, including comprehensive abortion care. During FY22, in addition to our ongoing support to service provision and systems strengthening work, we expanded the evidence base for SRHR best practices. For example, we launched the [Family Planning Integration into the Primary Health Care System project](#) in Ethiopia and are collaborating with universities to implement a nationally representative assessment to understand the effectiveness of family planning (FP) integration within primary healthcare facilities.

We also promoted use of the latest SRHR evidence and guidelines. Internally, we disseminated the new World Health Organization (WHO) [Abortion Care Guideline](#) to all relevant EngenderHealth staff and partners, following publication in March 2022. The guideline includes updated, evidence-based recommendations and shifts focus toward a human rights-based approach to abortion care and health systems strengthening.

<sup>1</sup> July 2021 to June 2022

## Gender-Based Violence (GBV)

Preventing and addressing GBV and supporting survivors are essential to improving the health of all people. In May 2022, EngenderHealth launched [Ensemble](#), an initiative focused on preventing and responding to GBV in West Africa. The survivor-centered, multi-sectoral GBV prevention and response initiative aims to raise funds to address GBV in the region and we will be codesigning programming in collaboration with governments, civil society organizations, and other national and regional stakeholders. EngenderHealth also continued to implement GBV and SRHR integration activities in multiple projects in FY22. In Benin, Burkina Faso, and Côte d'Ivoire, we built equitable partnerships with youth-led organizations (YLOs) in West and Central Africa to advance SRHR and eliminate GBV. In Burundi, we continued to work with local partner SWAA-Burundi on the [Gir'iteka project](#) to integrate GBV and FP into HIV programming, including supporting integrated services in 160 sites.

## Maternal and Obstetric Care

In FY22, EngenderHealth continued to expand patient-centered, safe, affordable, and respectful maternal and obstetric care. The [MOMENTUM Safe Surgery in Family Planning and Obstetrics project](#) enables facilities and providers to offer high-quality maternal healthcare, including antenatal care, essential and emergency obstetric care, fistula prevention and treatment, safe surgical obstetric care, and postnatal care. With 20 global, regional, and local partners, the project is now supporting 868 health facilities in nine countries and is providing training and technical assistance to community health workers (CHWs) and community-based organizations. The project conducted a literature review on counseling and consent in cesarean delivery and the landscape of peripartum hysterectomy in low- and middle-income countries and used findings to inform the design of research beginning in the Democratic Republic of Congo (DRC), India, and Nigeria. The project also initiated agreements with key global partners, such as the WHO, to enable future collaborative activities.

Through the [Kènèya Nieta project](#) in Mali, which aims to reduce maternal, newborn, and child mortalities, we integrated a gender lens into a communications campaign focused on sharing FP, maternal and child health, and nutrition information to improve knowledge, transform gender norms, and increase demand for services. Through this campaign, we sensitized households across 4,000 villages on gender equity in health decision-making and on the important role that men can play in the care of pregnant and lactating women and in the care and nutrition of children.

## Demonstrating Overall Impact

Our demographic and reproductive health impact numbers reflect projects that support the provision of modern contraceptive care. In FY22, EngenderHealth supported the provision of high-quality, comprehensive contraceptive care as part of sexual and reproductive health (SRH) services through 10 projects located in five countries. Through project-supported services, we generated an estimated 3,255,700 couple years of protection (CYPs)<sup>2</sup> and averted an estimated 1,484,400 unintended pregnancies, 29,700 child deaths, 2,100 maternal deaths, and 363,700 unsafe abortions.<sup>3</sup> We also contributed to direct healthcare cost savings of approximately \$132.7 million.

<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> Ten 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 here 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, 2021 to June 30, 2022)\*

Demographic Indicator	Impact
Unintended pregnancies averted	1,484,400
Live births averted	823,300
Abortions averted	441,800
Health Indicator	
Maternal deaths averted	2,100
Child deaths averted	29,700
Unsafe abortions averted	363,700
Disability-Adjusted Life Years (DALYs)** and Economic Indicators	
Maternal DALYs averted (mortality and morbidity)	123,000
Child DALYs averted (mortality)	2,508,500
Total DALYs averted	2,631,500
Direct healthcare costs saved***	\$132,727,500
CYPs	
Total CYPs	3,255,700

\* Impact data are modeled estimates using the MSI Reproductive Choices' Impact 2 tool version 5.

\*\* 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, in 2021 US dollars.

## Positively Influencing Policies, Laws, and Processes

In FY22, EngenderHealth collaborated with partner organizations to support six policy changes to promote gender equity and advance SRHR; five changes to ensure access to safe, high-quality abortion care and postabortion contraception; and one change to promote availability of and access to SRH services for young people ages 10 to 24. Of the 12 changes, 5 occurred in Tanzania, 3 in Ethiopia, 2 in Burkina Faso, 1 in Benin, and 1 in the DRC. Examples of our 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, strategy, or process.

### Featured Policy and Strategy Changes

**Benin:** Since 2019, EngenderHealth has worked with partners in Benin, Burkina Faso, and Côte d'Ivoire to advocate for increased access to comprehensive abortion care in West Africa. As a result of this collective advocacy, we contributed to the October 2021 amendment of the **Sexual and Reproductive Health Law (Law No. 2003-04)** enacted by Benin's parliament. The amendment now allows for termination of a pregnancy up to 12 weeks "when the pregnancy is likely to aggravate or cause a situation of material, educational, professional, or moral distress." Previously, a client could only terminate a pregnancy if the pregnancy would threaten their health or life, in case of fetal malformation, or when the pregnancy was a result of incest or rape. The new law expands this to include socioeconomic reasons, including a client's education or career. This change increases access to safe abortion care and is a significant step in advancing SRHR in the region. A key element of our approach was working with and strengthening the advocacy capacity of our partner YLOs to support abortion-related policy

changes. For example, EngenderHealth facilitated collaboration between these YLOs and the Safe Projet de Plaidoyer pour l'Avortement Sécurisé (Safe Advocacy Project for Safe Abortion), a leader in Benin's abortion movement.

**Democratic Republic of Congo (DRC):** Since July 2020, EngenderHealth has worked with partners to support the DRC Ministry of Health's Programme National de Santé de la Reproduction (National Reproductive Health Program) to evaluate its 2014-2020 FP strategic plan and to develop the **National Multisectoral Family Planning Strategic Plan for 2021-2025**. EngenderHealth provided technical and financial support to the ministry and facilitated the engagement of other partners involved in FP in the country to participate in the process. The new plan highlights progress from the past six years, incorporates a focus on universal health coverage, and provides updated targets, including an overarching goal of increasing the prevalence of modern contraception to 23% by 2025. In addition to conducting background research for the plan, EngenderHealth ensured that the plan incorporated a gender lens. We also supported roll-out of the plan after the Minister of Health and the Secretary General approved the document in July 2022.

**Ethiopia:** EngenderHealth contributed to the development of an **Adolescent and Youth Strategy (2021-2025)** in support of Ethiopia's National Health Sector Transformation Plan. Through a technical working group, EngenderHealth actively engaged in the development of the strategy, from synthesis of evidence and strategy design through final development. Working closely with multiple partners, we ensured the inclusion of special populations (such as out-of-school adolescents) and meaningful youth engagement in the strategy. The final document, which the Ministry of Health endorsed in December 2021, ensures a focus on historically underserved groups, such as adolescents and youth living with HIV, adolescents with disabilities, and youth in humanitarian settings.

**Tanzania:** EngenderHealth provided technical and financial assistance to the Ministry of Health, Social Welfare, the Elderly, Gender, and Children in Zanzibar and other partners to develop a series of key strategy documents. The aim of these strategy documents is to strengthen the enabling environment for postabortion care (PAC) services. The government-endorsed documents include the: 1) **Minimum Interventions Package and Services for Zanzibar Community Health Volunteers (2019-2025)**, 2) **Basic Training Skills Package for Reproductive, Maternal, Newborn, Child, and Adolescent Health**, and 3) updated **In-Service National Training Guidelines**. The new and revised strategies, which aim to build the skills and knowledge of healthcare providers and community health volunteers, will strengthen health system operations to promote availability of high-quality SRHR and maternal health services.

## Strengthening Health Systems

We work 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 to achieve sustainable and equitable health impacts. Together, our efforts contributed to strengthening service quality and delivery across the health system, particularly at the primary healthcare level.

### Working with Governments to Strengthen Systems and Capacity for SRHR: Project Examples

Through the [Expand Access to Postabortion Care \(Expand PAC\) Zanzibar project](#), EngenderHealth amplified the visibility of PAC as a critical SRHR issue among key decision-makers. We worked with local partners to strengthen their capacity around PAC advocacy, introduced a new healthcare worker training tracking system, worked with partners to support data collection and data use for decision-making through a review of health management information system tools, and supported the Ministry of Health, Social Welfare, the Elderly, Gender, and Children to develop various PAC policies and guidelines. PAC service uptake improved by 83%

in the first six months of 2022 compared with the same period in 2021 at Mnazi Mmoja Hospital, the main referral hospital in Zanzibar. PAC service uptake also increased by 24% for all of Zanzibar. The ministry has started discussions for developing a plan to replicate the best practices and adoption of the model elsewhere.

Starting in 2014, EngenderHealth implemented the [Postabortion Care-Family Planning project](#) in Tanzania, an intervention aimed at strengthening voluntary access to long-acting reversible contraceptives (LARCs) within PAC in hospitals in mainland Tanzania and Zanzibar. Research conducted in 2020 and 2021 and published in 2022 in the [International Journal of Obstetrics and Gynecology](#) assessed the project's continued impact on postabortion contraceptive uptake. Results from Zanzibar showed that increased voluntary uptake of postabortion contraception was associated with the introduction of training in PAC (including postabortion FP) and quality improvement interventions, and that gains were maintained during the post-intervention period. During this period, quality improvement interventions were associated with an average trend of 34% postabortion LARC uptake per month, more than 20 percentage points higher than during the pre-intervention period. This evidence of a sustained increase in uptake of postabortion FP post-intervention demonstrates the long-term impact of a participatory, teamwork-based approach to promoting uptake of best practices by customizing systems strengthening and quality improvement approaches to local health systems.

The [Improving Sexual and Reproductive Health through Health System Strengthening in Burkina Faso project](#) helped to create a sustainable environment for SRHR by strengthening systems, policies, and processes. Together with the Ministry of Health, we developed an SRHR advocacy work plan in the project's five intervention regions; strengthened the national health management information system by equipping health facilities with revised data collection tools; trained service providers on GBV, FP, and abortion requirements to increase the availability of care and services; and monitored the availability of medication abortion drugs and contraceptive products in health facilities to improve commodity planning and redistribution. The project also contributed to policy initiatives, such as working with partners to amend the National Supervision Guide and National Mentoring Clinical Guide to include considerations of the most effective ways to provide contraception and abortion in different types of facilities.

### Transitioning Health Facility Oversight to Governments: A Project Example

After 14 years of implementing project activities to strengthen local capacity to increase adolescent access to SRHR information and services, the [TARUNYA project](#) in India transitioned health facility support to government management to promote local ownership and accountability for sustaining delivery of high-quality services for adolescents. During FY22, we continued to support 17 adolescent-friendly health centers (AFHCs) in Sitamarhi district and began supporting 35 AFHCs in Gaya and Jamui districts to serve as functional and responsive spaces for adolescents. The project conducted a gap assessment of the facilities and advocated with public health center officials to fill the gaps and to start serving adolescent clients at the AFHCs. We focused on ensuring the sustainability of the AFHCs beyond the life of project by training nurse-midwives on adolescent health issues; gender, youth, and social inclusion (GYSI); and counseling skills. As a result, 48 facilities (92% of all supported facilities) have started providing adolescent-friendly services through trained health providers and are now primarily supported by government staff instead of project-funded staff.

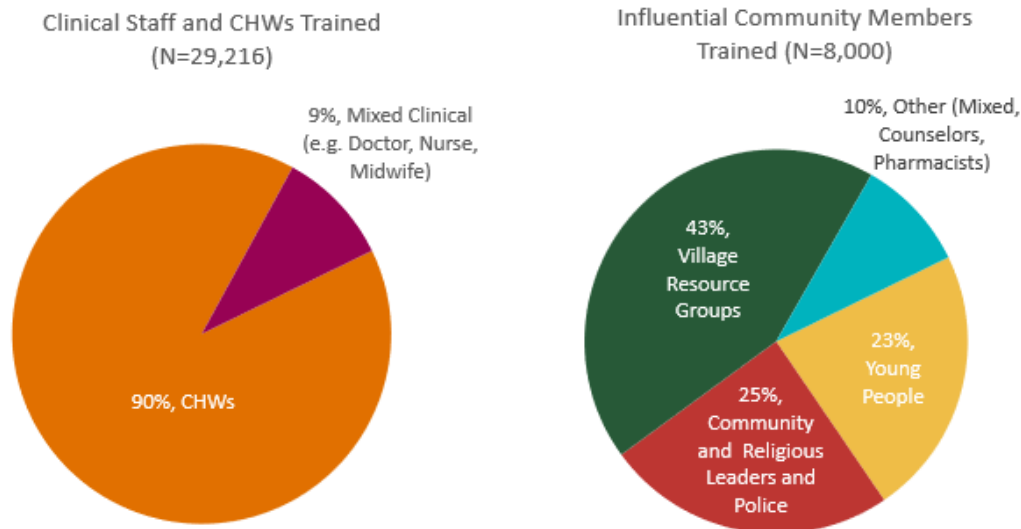
### Strengthening the Capacity of Healthcare Staff, Influential Community Members, and Other Health Actors: Achievements Across the Organization

A key component of health systems strengthening is ensuring availability of a skilled healthcare workforce. We supported skills development for a range of healthcare staff, training more than 2,800 clinical staff and more than 26,300 CHWs across 13 projects (see Figure 2). Among the clinical staff, 71% of trainees were women and 29% were men.<sup>4</sup> The vast majority (92%) of clinical staff and CHWs were trained on GBV topics, with most (over 25,600) trained as part of the Gender Integrated Response to COVID initiative of the MOMENTUM Safe Surgery for Family Planning and Obstetrics project in India. Other training areas for clinical staff included GYSI and gender sensitization; modern contraceptive method service provision, including postpartum FP; contraceptive and adolescent-responsive counseling; and comprehensive abortion care. CHWs received training in adolescent reproductive health, adolescent-responsive services, and GYSI. In addition to healthcare personnel, EngenderHealth trained 8,000 influential community members (including

<sup>4</sup> The gender percentages exclude a small number of trainees for which gender was unknown (<0.5% overall).

adolescent champions and young leaders, educators, community and religious leaders, community resource groups, and police) in GBV prevention and response, GYSI, [Men as Partners](#), PAC, SRHR advocacy, and disability inclusion in SRHR. Across this group, 47% were female and 23% were young people under the age of 25. The large proportion of GBV and gender-related trainings reflect our organizational priority of transforming gender norms. EngenderHealth also trained more than 2,000 government personnel (including health officers, district and health bureau managers, nonclinical health facility staff, and social welfare officers) and project staff (not shown).

**Figure 2. Clinical Staff, CHWs, and Influential Community Members Trained**



**Integrating Inclusive FP throughout Health Systems via CHW Training**

The [Scaling Up Family Planning in Tanzania project](#) includes a component of inclusiveness in all service provider and CHW trainings. Through this project, we worked with the ministries of health in mainland Tanzania and Zanzibar to orient service providers and CHWs on the concept of disability-inclusive services using a government-approved training curriculum addendum. We are also advocating for the inclusion of sign language education in preservice nursing and midwifery students' curricula and to recruit service providers with sign language skills to ensure the availability of disability-responsive services in health facilities. In FY22, we reached more than 523,000 people with FP through outreach services, including 6,650 people with disabilities (PWD). This represents a 48% increase in people reached through outreach and a 121% increase in the number of PWD reached, compared to the previous year. The project also improved value for money over time, decreasing the cost per FP client reached by 29% from 2020 to 2021 (from £7.97 to £5.69)

**Reaching Communities with SRHR Information**

We share evidence-based SRHR information with diverse audiences to improve knowledge, counter misinformation, and promote healthy behaviors. In FY22, EngenderHealth reached people 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 FY22, EngenderHealth reached more than 1.2 million people directly with SRHR messaging, including messaging on abortion, contraception, GBV, and other health topics. In Mali for example, the Kènèya Nieta project reached more than 870,000 people with information through a two-month national campaign focused

on FP, maternal and child health, and nutrition that we conducted through community health platforms (largely home visits) across three regions. Through India's TARUNYA project, EngenderHealth reached more 309,000 adolescents (58% ages 10 to 14 and 42% ages 15 to 19) through a mix of peer education, special adolescent health days, and community-based activities, including outreach to village resource groups, support for CHWs (locally known as accredited social health activists), and AFHCs.

We also reached people indirectly through mass media activities. EngenderHealth leveraged numerous channels, such as social media and mass mobile messaging, to promote SRHR. In Tanzania, our Expand PAC project worked through local partners to promote the importance of timely access to quality, gender-sensitive, and age-appropriate PAC through Facebook, Instagram, Twitter, and YouTube, reaching more than 22,500 people.

### I Am the Change Today and Tomorrow, #I\_AcTT: A Youth-Led Initiative to Reach People with COVID-19 Information Using Digital Health Tools

EngenderHealth engaged youth as community leaders to share health information by leveraging digital tools for a COVID-19 response campaign. The [I Am the Change Today and Tomorrow, #I\\_AcTT initiative](#) sought to harness the power of youth to counter misinformation in India by disseminating critical health messages and sharing the collective responsibility for reducing transmission of COVID-19. EngenderHealth led this project in partnership with The YP Foundation and youth networks in India from May to September of 2021.

We began by conducting a rapid youth perception survey around COVID-19 in 11 states and territories. We used findings from this survey to inform the campaign strategy and engaged over 600 young champions in the design and implementation of key digital interventions to share #I\_AcTT messages. This included use of a special mobile app called "Delta;" social media campaigns for Facebook, Instagram, and Twitter; contributions to "Celebrating Youth Champions" Instagram Live episodes every Sunday evening; and amplification of messaging by influencers and celebrities. #I\_AcTT reached more than 600,000 people of all ages and genders with critical COVID-19 information and received a positive response from audiences. The youth champions also connected with doctors, government officials, police, and other local professionals who demonstrated an interest in their work and who have the capacity to further disseminate #I\_AcTT messages in their communities.



## Ensuring Access to High-Quality SRHR Services

In FY22, EngenderHealth supported approximately 1,114,200 clients to adopt a contraceptive method of their choice. Of these estimated clients, 331,000 (30%) were young people under the age of 25. LARCs provided contraceptive coverage for 85% of all clients (see Figure 3), with implants providing the highest proportion of coverage among all method types.<sup>5,6</sup>

EngenderHealth projects supported modern contraceptive method provision through multiple types of service delivery points. Most clients received modern contraception as an interval, dedicated service (85%), followed by those who received contraception as part of postpartum services (12%), integrated services (2%) (where contraceptive care is offered as part of another health service, such as HIV services), and PAC (1%).

<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 LARCs and permanent methods more heavily; however, the raw percent of LARCs 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 LARCs and permanent methods, we assume one method provided is equal to one user.



In addition to contraceptive care, we supported provision of more than 33,000 high-quality abortion and postabortion services and 590 fistula repair surgeries. While age data for comprehensive abortion care are limited, where age data are available, 37% of clients receiving comprehensive abortion care through EngenderHealth-supported projects were under the age of 25, demonstrating our reach to young people. Across countries, EngenderHealth also supported services for survivors of 91,161 GBV incidents. Most (85%) GBV incidents were reported by female clients, including 22% of which were for female clients under the age of 20. In addition, 15% of GBV incidents were reported by male clients, 26% of which were males under the age of 20.

Figure 3. Contraceptive Coverage

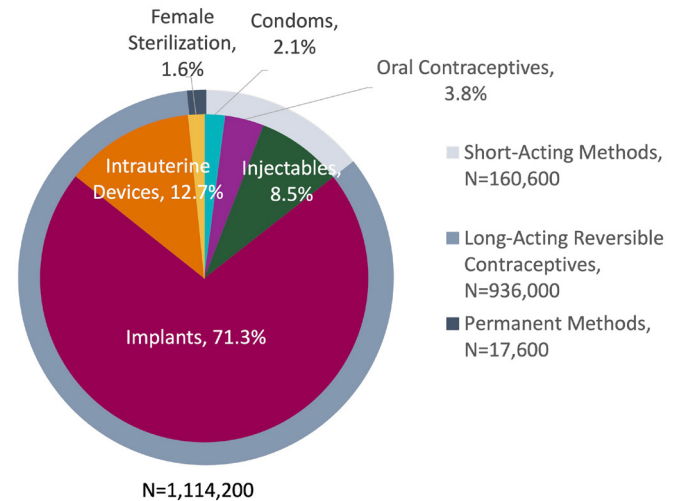
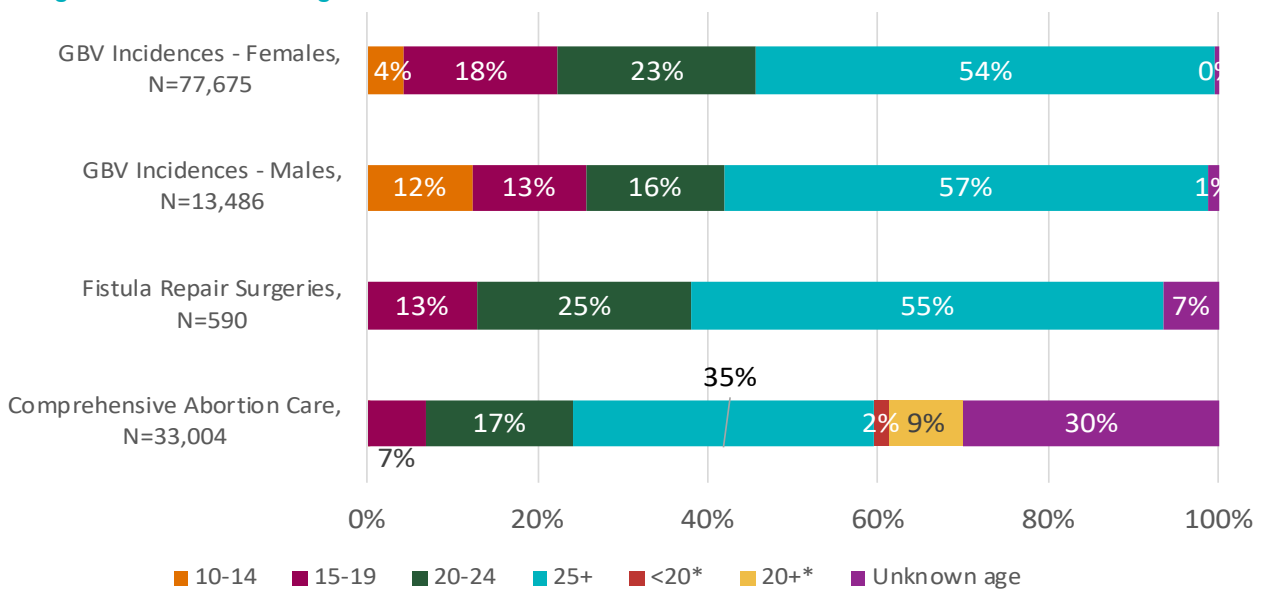


Figure 4. Age Distribution among SRHR Services



\*While we disaggregate age groups wherever possible, in some cases data are only available for broader age groupings of <20 and 20+.

As part of our commitment to ensuring high-quality, gender-equitable services, we conduct periodic client exit interviews in select projects. Results from our [Scaling Up Family Planning in Tanzania project](#) demonstrate improvements in client satisfaction over time. In 2021, 95% of survey respondents reported receiving high-quality counseling and 92% were satisfied with the services, up from 88% and 79% in 2020, respectively.

### Highlighting Individual-Level Impact

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 personal level. On the next page we share the story of Neema, a client who received assistance through our Scaling Up Family Planning in Tanzania project.

### Neema's Story: Accessing Contraceptive Care in Rural Tanzania

After the birth of their fourth child, Neema and her husband decided their family was complete. They wanted to use contraception to prevent future pregnancies but living in a small community in rural Tanzania made it difficult to access FP services.

One day, Neema heard an ad for FP services being provided in the village through an "FP week." These weeks are part of our project's initiative to provide FP services at healthcare facilities in hard-to-reach areas. Neema was excited to learn about this opportunity and visited the healthcare facility mentioned in the ad.

At the facility, Neema learned about the contraceptive methods available and obtained her preferred method. When she returned home, Neema shared the news with her husband. They were both thrilled that they were able to find FP services to help them avoid unintended pregnancies.

Neema was one of more than 672,000 clients who received FP services through outreach activities completed during the first two years of the project.



## Partnerships

All of our programming is grounded in partnerships and is part of a collective effort to drive sustained change. During FY22, EngenderHealth continued to develop various types of partnerships with a focus on localization and strengthening our relationships with community-based organizations, as well as strengthening their capacity. We partner with global and local organizations, build on existing structures, and implement solutions identified by the community to promote sustainable change and enhance impact.

### Promoting Inclusion through Partnerships in Tanzania

Since 2019, EngenderHealth has partnered with Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), DKT, and Pathfinder International to ensure that the Scaling Up Family Planning in Tanzania project reaches the most underserved populations—particularly young people and PWD. CCBRT supports PWD inclusion in training, service delivery, and supportive supervision; DKT supports FP commodity supply; Pathfinder International implements FP trainings and youth engagement; and EngenderHealth provides oversight and ensures incorporation of an overall GYSI lens in project activities. These partnerships have helped EngenderHealth grow its capacity to engage youth and PWD, while also helping partners to collaborate on client tracking through a joint planning approach. For example, in FY22, the project began tracking method-specific contraceptive uptake of PWD to better understand their unique needs for a full range of contraceptive methods.

### Partnering at Global and Local Levels to Improve Maternal Health Outcomes

The MOMENTUM Safe Surgery in Family Planning and Obstetrics project is a global project that partners with international and local organizations and institutions to ensure that strategies and activities are country-owned and country-led. In FY22, the project established partnerships with 10 national and local entities to strengthen capacity and create a sustained environment for safe obstetric care. We renewed relationships with former partners from the *Fistula Care Plus* project (2016-2021): Focus Fistula in Mozambique, Institute of Social Work of Nigeria, and Panzi Hospital in DRC. We also formed a new partnership with MAMTA Health Institute for Mother and Child in India, through which we have supported the training of nearly 25,000 accredited social health activists in GBV prevention and response. At the global level, we renewed our partnership with MAMA LLC, an expert on rehabilitative care including physiotherapy and pregnancy and postpartum rehabilitative care; we are working with them in Nigeria to integrate physical therapy into services for fistula patients and are planning to extend this collaboration to more countries in the coming year. We also partnered with the George Institute, a leading medical research institute, to co-design a digital health innovation for psychosocial support for frontline health workers during COVID-19, an innovation that we will pilot in India next year.

## Partnering for Meaningful Youth Participation

In FY22, we deepened our investment in meaningful youth participation by fostering youth-adult partnerships, engaging youth in program design, and identifying areas for shared decision-making power to ensure youth voices are heard. At the global level, we have partnered with [Coaches Across Continents](#) to advance SRHR and gender equality among young people through sports and play. At the regional level, in West and Central Africa, we partnered with nine YLOs to co-develop country-level action plans to promote SRHR and reduce GBV. Based on these action plans, the YLOs have initiated tailored advocacy and health systems strengthening activities. Our partnerships with the YLOs strengthened their capacity to implement these plans and to advocate for SRHR across the region. At the country level, we introduced our first youth advisory council in Ethiopia under the [Rights-Based Approach project](#) to amplify the voices of young change makers and highlight their roles in ending violence against women and girls. The 15 volunteers, ages 14 to 24, support youth access to SRHR services, ensure youth participation in projects, and contribute youth perspectives to addressing SRHR issues.

## 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 and we use our platform to model behaviors that reflect [our values](#). We actively demonstrate our commitment to advancing and sharing our knowledge through blogs, conference participation, journal articles, technical briefs, webinars, and more. EngenderHealth's use of evidence-based best practices that reflect lessons from our own work and those of others continually advance our work and contribute to our achievements.

## Global Commitments and Advocacy

- EngenderHealth updated our [Generation Equality Forum commitments](#) on SRHR and GBV and our [FP2030 goals](#), reaffirming our dedication to these global objectives. We also took the [We Trust Youth Challenge](#), establishing our own pledge to collectively improve how we meaningfully work with young people. We similarly made two commitments as part of the [2022 Global Disability Summit](#), pledging to integrate the perspectives and needs of PWD into our work on SRHR, GBV, and maternal and obstetric care and to foster an inclusive workplace. In support of all of this work, we renewed our commitment to the [United Nations Global Compact](#) and its 10 principles in the areas of human rights, labor, environment, and anti-corruption.
- EngenderHealth joined the [Call to Action for Protection from GBV in Emergencies](#) global group with other international leaders at its annual meeting in Copenhagen in June 2022. At the event, EngenderHealth contributed to sessions focused on identifying strategies for enhancing localization and fostering partnerships with local women-led organizations to address GBV in emergencies.

## Leading and Partnering in our Commitment to Diversity

In FY22, we took several steps to promote gender, equity, diversity, and inclusion in the larger SRHR, global health, and international development communities.

- EngenderHealth catalyzed and launched the [Transforming INGO Models for Equity \(TIME\) initiative](#) in June 2022 in collaboration with colleague organizations. TIME, which now includes hundreds of organizations, considers the roles of international nongovernmental organizations (INGOs) and how we can best partner on SRHR priorities in Africa. Through TIME, we are engaging in a meaningful co-creation process that will focus on transforming INGO operating models to increase equity.
- EngenderHealth was one of the first signatories of the [Coalition for Racial and Ethnic Equity in Development \(CREED\) in Action pledge](#), through which we asserted our commitment to making our organization more inclusive and equitable. We also co-authored the [CREED glossary](#), which serves as a foundational component to advancing racial and ethnic equity in the US-based international development community.

- [Global Health 50/50](#) recognized EngenderHealth as a consistently high performer in gender-related policies and practices.
- The Fair Share of Women's Leaders featured EngenderHealth in its "[Leading for Change: Case Studies from Committed Organisations](#)" as an example of an organization that has excelled in equitable hiring practices.
- We joined a new global advisory group called the [YIELD Collective Action Learning Hub](#), a cross-stakeholder community that bridges youth activism and global development practices and that is committed to improving and systematically integrating meaningful youth engagement and partnerships in SRHR at all levels.
- As of June 2022, our global senior leadership team consisted of 52% women, our executive team consisted of 75% women, and our board consisted of 69% women. We continuously strive for increasing the representation, participation, and voice of women in all levels of the organization.

### Learning from and Sharing Evidence

- To elevate the role of self-care in achieving universal health coverage, EngenderHealth moderated a [webinar](#) with several peer organizations in August 2021. The webinar addressed the connection between self-care, primary healthcare, and universal health coverage and explored opportunities and challenges for ensuring self-care initiatives implemented within universal health coverage are youth- and gender-transformative.
- At the national level, we presented at the Tanzania Health Summit in August 2021 and were recognized as Best Oral Presenter for our presentation on counseling and client satisfaction with FP services.
- EngenderHealth led six virtual poster presentations at the [World Congress on Adolescent Health](#) in November 2021. We presented on our diverse experience working with young people to expand access to contraceptive services in Ethiopia, increasing access to SRHR information in India, and supporting youth to improve SRHR in West and Central Africa.
- EngenderHealth was featured in a January 2022 episode of Knowledge SUCCESS' [Inside the FP Story podcast](#), showcasing our work in Tanzania integrating FP into HIV and tuberculosis screening days, immunization services, and HIV care and treatment services.
- In February 2022, we led two presentations at the International Conference on Gender Studies in Africa, where we shared results and lessons from the [Burundians Responding Against Violence and Inequality project](#) around changes in perceptions of GBV among community leaders and service providers.
- In May 2022 the MOMENTUM Safe Surgery in Family Planning and Obstetrics project hosted a [webinar to recognize the International Day to End Obstetric Fistula](#) and highlight a crucial aspect of holistic fistula care: rehabilitation and reintegration services. More than 160 people joined the live webinar.
- Our MOMENTUM Safe Surgery in Family Planning and Obstetrics project also participated in seven presentations at the MOMENTUM Share Fair in June 2022, including a presentation on "Understanding the Landscape of Long-Acting Reversible Contraceptives Among Youth in India" and a joint plenary session on "Measuring and Improving Quality of Care—Understanding MOMENTUM's Global Experiences." More than 400 participants from at least 40 countries attended various sessions of the Share Fair.
- To promote transparency and global access to our data and learning, we collated and uploaded reports and data from several of our projects to the [International Aid Transparency Initiative](#) and the [USAID Data Development Library](#).
- We published [16 journal articles](#) on critical SRHR topics, including child, early, and forced marriage; PAC client satisfaction; and provider factors associated with success in fistula care. Collectively, the articles garnered over 7,600 views and 19 citations.
- An internal working group identified ways to integrate our subject matter expertise into existing and proven digital health approaches, based on the current digital health landscape.

### Lessons from India: GYSI, Community Engagement, and Meaningful Youth Engagement

Following the release of our [GYSI Analysis Framework and Toolkit](#) in FY21, we implemented our first full GYSI project analysis to ensure integration of a robust GYSI lens into our TARUNYA project in India. The analysis examined the social determinants affecting health service utilization equity in the state of Bihar. The project held inclusive and participatory consultations with adolescents to better understand the challenges they face and how they want to engage in adolescent health initiatives in their communities. Key findings centered on barriers associated with adolescents' limited access to services, skewed expectations and divisions of responsibilities, pervasive social norms, and prevalence of early and forced marriage. The team published [several recommendations](#) for improving health and development outcomes for adolescents based on the analysis, which have contributed to project planning and adaptation.

### Organizational Effectiveness and Equity

As illustrated by our theory of change, organizational effectiveness and equity supports our activity implementation and underpins all associated strategic plan results. In FY22, 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](#) across projects, we created more resources to ensure we engage thoughtfully and inclusively with communities where we work. For instance, we continued to develop tools and guidance to promote technical excellence and accountability in our language use, including a [maternal and obstetric care language guide](#), a [GBV language guide](#), and two blogs centering on the importance of inclusive, respectful language: [Why Our Words Matter—And Five Approaches to Intentionally Employing Inclusive, Respectful Language](#) and [Language Matters: Reimagining Communications in Global Health](#). In FY22, we conducted our third internal [gender pay-gap analysis](#) with data from almost 200 staff and began to implement our [Gender, Equity, Diversity, and Inclusion policy](#), following its development in 2021.

In addition to continuing to ensure that we apply a [Do No Harm Framework](#) across all projects, we recently developed and updated key policies and guidelines for expanding our work in the humanitarian sector. EngenderHealth's [Accountability to Affected Populations Framework](#) will support us to be an accountable and inclusive organization while working in humanitarian and fragile settings. Our [Organizational Preparedness Framework](#) and our revised [Duty of Care Framework](#) establish standards for our operations in humanitarian settings. These policies guide us in ethically and safely reaching the most marginalized populations and help us in holding ourselves accountable to the communities as well as our staff and partners operating in humanitarian and fragile settings.

EngenderHealth launched a [redesigned website](#) in February 2022. We announced the new website on social media, including through amplifying a blog explaining how we are [Living Our Values Online](#) with the new site. The site features 23 policy, research, and technical briefs developed in FY22 alone, highlighting EngenderHealth's achievements and lessons in Ethiopia, India, and Tanzania. In FY22, the website received approximately 224,700 unique views, a 74% increase from FY21.

Finally, we made significant progress in updating and implementing several systems to improve organizational efficiencies. Systems updated include those working across donor information management, finance and accounting, human resources, and program implementation to increase efficiency and process integration at EngenderHealth. For example, we established our first carbon emissions tracking process for the Scaling Up Family Planning in Tanzania project to establish a baseline and set a target for reducing emissions in support of the goals of the Paris Agreement on climate.

## Looking Forward

The strategic plan achievements outlined in this report provide insights into our organizational progress. The data highlight how EngenderHealth is realizing our strategic plan and the extent to which our work advances gender equality and SRHR. For FY22, in addition to framing our progress in relation to our theory of change, we expanded our scope to present results in the context of our core impact areas and highlighted how multiple pathways to change facilitate outcomes in these areas. Looking forward, we will continue to prioritize our core impact areas and will explore ways to expand our reporting in a way that features country-owned progress and successes in localization.

This report includes examples from our work that demonstrate our sustained impact on the systems and communities with which we work. In the future, we will further explore and document how our work builds resiliency in these systems and communities. Our work will also be supported by expanded partnerships that honor local leadership. We will continue to show how these partnerships amplify our impact and will examine multi-sectoral approaches to partnerships and development, recognizing that all development sectors—from health to climate to education—are interlinked and that solutions must be collaborative.

