



EngenderHealth

ANNUAL REPORT 2023



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MESSAGE FROM TRACI L. BAIRD

ENGENDERHEALTH PRESIDENT & CEO

EngenderHealth's work has always been done with partners as diverse as ministries of health, international and local nongovernmental organizations, donors, United Nations agencies, communities, and universities. You'll see that this year's annual report reflects work we have done with partners. However, even these examples can't convey the whole story. I have long believed that how we do our work—and in this case, how we partner—is as important as what we do.

EngenderHealth sees partnerships as central to our work, our impact, and our identity. Across all partnerships, old and new, we aim for the benefits to be mutual, learning from our partners as we also contribute to their development. In fact, we define "partnership" as a relationship formed around a shared vision or mutual interest, characterized by reciprocal benefits, trust, and commitment. That reciprocity underscores our commitments to mutuality, collaboration, and joint accountability. And we pursue partnerships that allow the partners to be, together, more than the sum of our parts, achieving more collective impact through partnership than we would achieve alone or working in parallel.

Because we are an international organization working in a wide range of global settings, our meaningful collaboration with partners is also tightly linked to our commitment to local leadership. We are often in a supportive role to local lead partners, as we were in Burundi, described in this report. We also work to convene and amplify the work of youth- and feminist-led organizational partners, elevating their voices, supporting them through networks and connections, and learning with them.

Like most things worth pursuing, establishing strong, equitable, mutual, and purposeful partnerships is hard. It takes care and attention, the willingness to learn from our missteps, and the desire to always do better. As we celebrate and appreciate all the partners we worked with during our last program year, and pursue new, meaningful partnerships in the future, I thank you for your partnership, and your support of the work we do, the way we do it, and the partnerships that drive our collective impact forward.

With appreciation,



Traci L. Baird



ABOUT US

EngenderHealth is a global organization committed to advancing sexual and reproductive health and rights and gender equality.

OUR MISSION

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

OUR APPROACH

Equitable partnerships are a cornerstone of our commitment to locally led development and are critical to advancing sexual and reproductive health and rights (SRHR) in the world's most vulnerable and hard-to-reach populations.

EngenderHealth works with local, national, regional, and international partners and stakeholders to help build resilient, sustainable health systems that provide accessible, high-quality care for all. We collaborate with communities and civil society organizations to raise awareness of SRHR issues and related healthcare concerns, enhance community members' engagement with the health sector, and support policies that advance health, rights, and equity. By working with a broad range of partners and putting people at the center of our programming, we strive to support a more inclusive and gender-equitable world.

OUR VISION

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



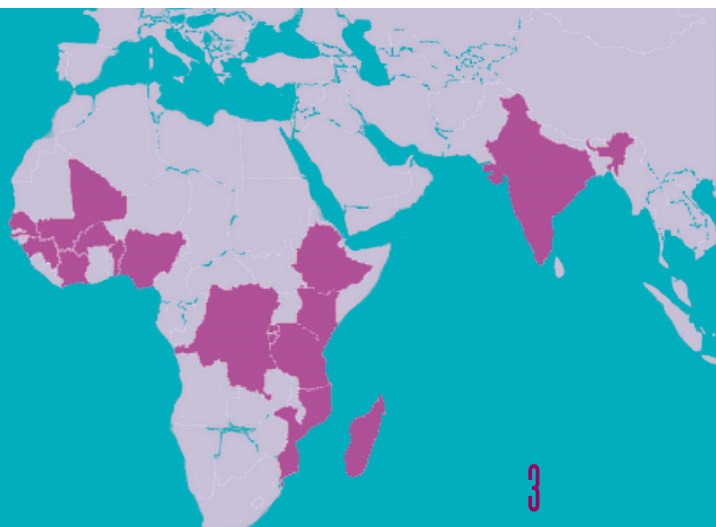
OUR IMPACT

Between July 2022 to June 2023, EngenderHealth implemented 23 projects across 16 countries. Of these, eight projects specifically supported the provision of high-quality contraceptive and abortion care as part of comprehensive sexual and reproductive health services (SRHR). Our projects:



16 COUNTRIES

Benin	Kenya
Burkina Faso	Madagascar
Burundi	Mali
Côte d'Ivoire	Mozambique
Democratic Republic of the Congo	Nigeria
Ethiopia	Rwanda
Guinea	Senegal
India	Tanzania



AMPLIFYING VOICES

Amplifying the voices of youth- and women-led organizations contributes to advancing SRHR and eliminating GBV across not just a village, city, or country, but a whole region.

Partnership is vital for locally led development and crucial in advancing SRHR across diverse populations worldwide.

One of our key approaches to partnership is to amplify local organizations' work by elevating their voices, strengthening their skills, fostering connections across communities and countries, and bringing together separate but related networks.

Through our [Partnering to Advance SRHR and Eliminate GBV in West and Central Africa](#) project, EngenderHealth supported a network of youth- and women-led organizations across multiple countries. Our work has continued through the [Strengthening Local Youth- and Women-Led Organizations to Become Key Actors in Promoting SRHR and Improving the Management and Prevention of GBV in West Africa](#) project, funded by the William and Flora Hewlett Foundation, which is active in Benin, Burkina Faso, Côte d'Ivoire, and Togo. Our role is to provide technical and financial support to ensure these organizations can effectively implement their advocacy goals and plans.

By teaming up with organizations already active in the area and consistently learning from these partnerships, we can stay adaptable to emerging needs and gather valuable insights for future programs. Emphasizing collaboration helps promote coordination and enhance cooperation among organizations in West Africa. These initiatives back grassroots and regional movements focused on SRHR and GBV, which used to function independently.

By boosting the influence of young feminist activists and fostering stronger collaboration among organizations, we can collectively improve advocacy for better laws, standards, guidelines, procedures, and services.



FATUMA'S STORY

In the sparsely populated Gewane *woreda* (district) in the Afar region of Ethiopia, Fatuma is just the second female leader out of the 24 in the district. Born and raised in a rural village by a single mother, Fatuma knows the challenges faced by girls and women in the region.

Early in her career as a public health leader, Fatuma was hired to lead a district health office, but as a young, unmarried female professional, she often found it challenging to work with her male colleagues to get their acceptance, and she often found her decisions questioned by both her supervisor and her team.

Part of the challenge is that patriarchal ideas are deeply embedded in Ethiopian society, preventing girls and women from fulfilling their economic, health, and social rights, particularly in pastoralist and agrarian communities. Fatuma was running up against the very thing she was working against for her clients. Further complicating her work were limited resources and multiple emergencies.

Gender discrimination and funds weren't her only concerns. The emergencies in Afar and Amhara have hampered the delivery of essential services, disrupted livelihoods, and exacerbated safety risks, disproportionately affecting women and girls.

This made Fatuma feel uncertain about her ability to do her job well, especially if confronted with other natural disasters in the future. But Fatuma was determined to challenge norms, motivate team members, and contribute to improving reproductive, maternal, newborn, child, and adolescent health services in her community.

Strengthening a skilled workforce begins by ensuring women are included at every level and is sustained by promoting gender equity, particularly at the leadership level.

EngenderHealth recognizes the critical role of community-based primary healthcare workers in improving the availability and quality of essential health services and is sensitive to the unique challenges of each program and location.

EngenderHealth has worked to provide the necessary technical assistance in meeting Fatuma's vision for the district health office. Because of her story and others like it, EngenderHealth is adapting and rolling out primary healthcare leadership development programs specific to pastoral regions and supporting learning platforms to facilitate experience sharing among successful and emerging leaders. To ensure programs in pastoralist regions like Fatuma's are successful, we provide technical assistance and training to zonal health offices to strengthen existing structures and systems to be more responsive to pastoral needs and adapt to frequent emergencies.

After participating in leadership training, Fatuma is now pursuing her Master of Public Health degree, focusing on GBV, at Samera University so she can continue to grow as a leader at both the regional and national levels.



Barriers to family planning integration identified by our research are the lack of supplies, lack of providers who feel sufficiently trained, and inadequate facilities.

IDENTIFYING BARRIERS

Measurement and reflection are crucial to improving our impact and understanding how to best strengthen the capacity of our partners.

Through our Family Planning (FP) Integration in Ethiopia's Primary Healthcare System project, funded by the Bill & Melinda Gates Foundation, we collaborated with the Ethiopian Ministry of Health to improve the integration of FP services across Ethiopia's primary healthcare system. To do this, we partnered with three universities—Addis Ababa University School of Public Health, Jigjiga University, and Wolayita Soddo University—to conduct implementation research studies to identify the barriers to integrating FP.

Unintended pregnancies remain a critical issue in Ethiopia. Access to high-quality family planning (FP) is a human right and a proven intervention for preventing unintended pregnancies and reducing maternal and child mortalities. The Ethiopian government's current Health Sector Transformation Plan goals are to increase the modern contraceptive prevalence rate from 41% to 50% and decrease the teenage pregnancy rate from 12.5% to 7% by 2025.

Through our partnerships with the universities, we generated evidence to guide national strategies on FP integration. By identifying barriers through the research studies, we can help to minimize missed opportunities and allow healthcare workers to simultaneously provide FP and reproductive, maternal, neonatal, child, and adolescent health and nutrition (RMNCAH-N) services.

This year, we implemented a desk review to document evidence on FP integration in Ethiopia. We published a brief to share the findings of the desk review, with a focus on current FP service integration challenges, gaps, successes, and opportunities. We asked: What is the extent of FP integration within RMNCAH-N services in Ethiopia? What factors affect FP integration within the primary healthcare system in Ethiopia? What lessons learned from other countries about the successful integration of FP into RMNCAH-N services can be adapted to the Ethiopian context? The lessons we learned demonstrate the effectiveness and opportunities for FP integration with primary healthcare and RMNCAH-N services.



HEROINES OF HEALTH

The World Health Organization estimates that women provide essential health services for around 5 billion people worldwide. In 2017, Women in Global Health established the Heroines of Health Awards to honor and “amplify the exceptional work done by women, who are the majority of the health workforce.” This year, the award recognized “exceptional women leaders in health driving change for safe maternity, safe abortion, and sexual and reproductive health and rights” with a “focus on inspirational women health workers from Africa.”

Two women from EngenderHealth were honored as Heroines of Health in 2023—Meskerem Demessie Setegne, project director for A Rights-Based Approach for Enhancing SRHR at EngenderHealth in Ethiopia, and Konlobé Yvette Ouedraogo, GBV regional advisor for West and Central Africa with EngenderHealth. Both women began their careers as midwives and have used their experiences to advance SRHR, prevent GBV, and promote gender equality.



LAUNCHING OUR PEOPLE WITH DISABILITIES LANGUAGE GUIDE

Approximately 15% of people worldwide, more than one billion individuals, live with some form of disability. At EngenderHealth, inclusion is a core value that guides our actions. We are dedicated to working thoughtfully, ensuring that our language intentionally and explicitly reflects and respects the agency and dignity of the diverse populations with which we collaborate. This commitment is rooted in our vision of fostering a gender-equal world where everyone can attain their SRHR.



Recognizing the evolving nature of language and the need to unlearn outdated rules, we understand that compassionate communication is a skill that requires practice. In line with this philosophy, we launched our new [People with Disabilities Language Guide](#) this year. This guide aims to enhance our communication practices and further support our mission of promoting inclusivity and equality.

LOCALLY LED DEVELOPMENT

Partnership is a cornerstone of our commitment to locally led development and is critical to advancing SRHR and GBV services in Burundi.

The GIR'ITEKA (“Be Respected”) project was built upon the work of the EngenderHealth-led Burundians Responding Against Violence and Inequality (BRAVI) project, both funded by USAID. Through our partnership model, SWAA-Burundi, the national branch of the Society for Women Against AIDS International, was originally a partner during BRAVI and then transitioned to leading GIR'ITEKA with technical assistance and training support from EngenderHealth.

This project reached
5,864
GBV survivors

Of those reached,
86%
were female

We trained more than
870
healthcare providers

Both projects worked to identify and address harmful gender norms and institutionalize high-quality care for GBV survivors. GIR'ITEKA focused on enhancing GBV services at the facility level, fostering a favorable enabling environment, and promoting awareness of available GBV services.

By developing a partnership with SWAA-Burundi we were able to support partner organizations responding to HIV to integrate GBV and FP services into their work with a focus on gender- and youth-sensitive care.

GIR'ITEKA demonstrated the potential of community-based organizations to address harmful attitudes, behaviors, and social norms meaningfully. By providing tailored capacity-strengthening assistance to partner organizations, the project created awareness among families and communities while supporting the organizations to achieve their long-term goals.

“The community trusts me now, and people often come to confide in me about cases of violence so that I can help them. I work closely with the local administration, and sometimes, we manage to find the perpetrators of GBV.”

**—Frédéric, Community Focal Point
Burundi**



GBV PREVENTION

This project sensitized
more than

81,000

frontline and facility
staff on GBV

We sensitized
more than

327,000

community members
on GBV

And trained
more than

8,000

youth and male
champions

Through partnerships, a group of singular voices comes together to create a collective voice that strengthens our ability to raise awareness about GBV.

GBV intensified during the COVID-19 pandemic. United Nations data suggests there was more than a two-fold increase in domestic violence and sexual assault in the first few weeks after the lockdown. Additionally, there was an increase in unwanted pregnancies and impaired psychological well-being, burdening the health system further.

The Government of India classified domestic violence shelters and support services as “essential”—an important step in the COVID-19 response. To meet the growing need for GBV services, EngenderHealth’s USAID-funded MOMENTUM Safe Surgery in Family Planning and Obstetrics project, through its Gender-integrated Response to Emerging COVID-19 Priorities in India activity, trained frontline workers on GBV prevention and response strategies.

This project worked to build individual, community, and health system capacity and resilience in communities that saw a surge of GBV during the pandemic.

The project was implemented with local technical partners to promote local ownership and context-appropriate activities. These partners included the MAMTA Institute for Mother and Child, Solidarity and Action Against the HIV Infection in India, the George Institute for Global Health, and SMART Radio.

In five activity-based sessions, the MOMENTUM training covered GBV as a concept, its forms and prevalence, the cycle of violence, and identifying survivors and perpetrators of violence. At the end of the training, frontline workers better understood how and when to refer those affected for support and care to the one stop centers—institutions set up by state governments that support women affected by violence.

“Whatever I learned today during the training about inequality and gender-based violence, I will communicate these in my community.”

**—Toshila, Community Health Worker
India**



MUSKAN'S STORY

Muskan, an 18-year-old from a village in the Bihar state of India, began working as a peer educator (PE) with the TARUNYA project in July 2019. Since joining the program, her growth has been remarkable.

Initially hesitant to discuss SRHR topics with her peers, Muskan's journey to confidence began with peer educator training. Through games, role play, and discussions, she gained a deeper understanding of bodily changes, societal gender norms, and other SRHR topics. Her development into a confident advocate was spurred by a six-day training session. Muskan went on to lead peer group meetings, support school events on adolescent health and wellness days, and eventually became a master trainer for newly recruited PEs.

In 2017, EngenderHealth launched the TARUNYA program in Bihar in partnership with the Government of India and with support from the David and Lucile Packard Foundation. In 2020, EngenderHealth expanded the scope of TARUNYA to support the government of Bihar in strengthening Rashtriya Kishor Swasthya Karyakram—an adolescent health program—in two additional districts.

The state of Bihar ranks low in many critical health areas and high on gender and social inequalities. TARUNYA emphasizes the role of PEs and community-level activities in improving awareness, demand, and uptake of SRH health services among adolescents, contributing to healthier adolescent behaviors.

Investing in young people across all aspects of programming encourages local ownership, and takes a positive lifecycle approach to sexuality.

As a PE, Muskan continued to grow as a leader and contribute to the health of her community. Not only did Muskan thrive after her training, but her peers were also more likely to thrive. TARUNYA surveys found a strong association between interaction with PEs and the knowledge level of adolescents and attendance at adolescent-friendly health clinics in areas with PEs.

Today, Muskan is an active member of EngenderHealth's India Youth Advisory Group, contributing her insights and experiences to shape impactful programs. She has gone on to be trained as a master trainer in the sports for development methodology. Her dedication, resilience, and evolution from a hesitant peer educator to a confident advocate and master trainer stand as a testament to the power of youth agency and its transformative impact on SRH awareness.



HOLISTIC FISTULA CARE

EngenderHealth has
supported over

48,000

fistula repairs since
2005

We trained more than

450

surgeons on fistula-
related topics

And trained more than

38,000

healthcare providers on
fistula-related topics

Equitable partnerships are a powerful tool for transformation—not only for the individual partners but for SRHR work and the communities we serve.

Each year, more than a quarter of a million women die in pregnancy and childbirth, and many more suffer long-term health problems. Genital fistula is one of the most devastating maternal injury.

Most commonly caused by several days of obstructed labor without timely medical intervention, such as cesarean section, fistula can also be caused by unsafe surgical procedures. Further, deliveries resulting in fistula often result in stillbirth or very early newborn mortality.

Women with fistula are often among the most impoverished and vulnerable members of society. Holistic fistula care is crucial in helping these women and expands beyond diagnosis and surgical repair to incorporate non-surgical prevention and treatment, including physiotherapy, FP, and GBV screening and services.

Together with the local Mozambican organization Focus Fistula and the Government of Mozambique, EngenderHealth's USAID-funded MOMENTUM Safe Surgery in Family Planning and Obstetrics project is increasing access to holistic fistula care for women in Mozambique. This includes linking girls and women with or at risk of fistula to knowledge and care, supporting fistula screening and referral in communities, preventing fistula through the provision of FP and safe cesarean deliveries when appropriate, and training clinicians to perform surgical fistula repairs.

To increase the number of clinicians able to provide routine fistula care closer to where women with this condition live, one main focus of the project is training surgical technicians in simple fistula repair. Our local partner, Focus Fistula, complements this by organizing concentrated repair efforts—an organized effort to provide fistula repairs to a group of women during a specific time period at a specific location, often involving additional support from experienced surgeons. This allows women with complex fistula to access repair services, and also provides training opportunities for surgical technicians.

In 2023, project-supported facilities in Mozambique carried out 152 fistula repairs. Among these were the first routine fistula repairs in the country—demonstrating important progress toward making fistula repair routinely available to women who need it, closer to where they live.



SUPPORTING MENSTRUAL HEALTH AND HYGIENE

Half of the world's population will spend half of their lives menstruating, yet 500 million women and girls around the world lack access to menstrual hygiene materials and safe, clean facilities. This "period poverty" is detrimental to their physical, mental, and emotional health.

EngenderHealth partners with several community organizations in Côte d'Ivoire that support menstrual health. The Collectif des Activistes contre les Violences Basées sur le Genre (The Collective of Activists Against Gender-Based Violence) released policy recommendations designed to decrease school absences due to menstruation. Mouvement Femme & Paroles (Women's Movement & Words) organizes a week dedicated to menstrual health awareness. Arc en Ciel du Bonheur's (Rainbow of Happiness) project "My Menses & Me" aims to increase girls' ability to stay in school, improve menstrual hygiene, and destigmatize menstrual health as a topic in schools. Jeunesse Feminine Active (Feminine Active Youth) has provided essential education on menstrual health management to more than 24,000 girls and 4,500 women across Côte d'Ivoire over the past eight years. Actuelles (Current) provides menstrual hygiene supplies to women in prisons in Abidjan. Soutien aux Mères et aux Enfants en Détresse de Côte d'Ivoire (Support for Mothers and Children in Distress in Côte d'Ivoire) distributes menstrual hygiene supplies and educates incarcerated women about menstruation to provide them with support they are often not given.

Building menstrual health content into education, supply programs, services, and advocacy interventions is critical to ensuring health and rights for all.

A YEAR IN PUBLICATIONS

Throughout the year our incredible staff and partners carried out in-depth research, reviewed and analyzed data, and developed a variety of publications to share our learnings, expertise, and experience with others. From project briefs, [GYSI](#) analyses, [articles](#) in peer-reviewed journals, new [language guides](#), and an [updated abortion strategy](#) to meet the current moment—our 2023 fiscal year has been one of reflection, learning, and growth. The breadth of knowledge covered in these publications is a testament to the work of our staff and partners.



A BRIGHT FUTURE

By improving access to SRH and nutrition services for adolescents—particularly girls and young women—and transforming gender norms, we can accelerate progress toward a gender-equitable society.

Every partner contributes unique resources and expertise, fostering innovation and nuanced problem-solving in delivering high-quality, respectful health services.

Tanzanian adolescents, particularly young adolescent girls, experience low socioeconomic status and lack of agency due to existing traditional gender- and age-based norms. Cultural practices often hinder adolescents' demand for health services and perpetuate gender disparities. The impact of this culture on pregnant adolescents and their children has far-reaching implications, not least when it comes to nutrition.

Many girls who become pregnant are still growing and have higher nutritional demands, particularly an increased need for iron. They often face social barriers to receiving adequate diets in settings like Tabora, where gender inequality is prevalent, and iron-rich foods are primarily reserved for men and boys.

This is why EngenderHealth is partnering with youth-led organizations, community-based organizations, and women's rights organizations across the Tabora region through our new [Building Rights for Improved Girl's Health in Tanzania \(BRIGHT\)](#) project, funded by Global Affairs Canada.

Through this program, launched in 2022, EngenderHealth is working alongside [Nutrition International](#) and the [Young and Alive Initiative](#) to increase their ability to exercise their right to SRH and receive adequate nutrition—focusing on young, in- and out-of-school, pregnant girls.

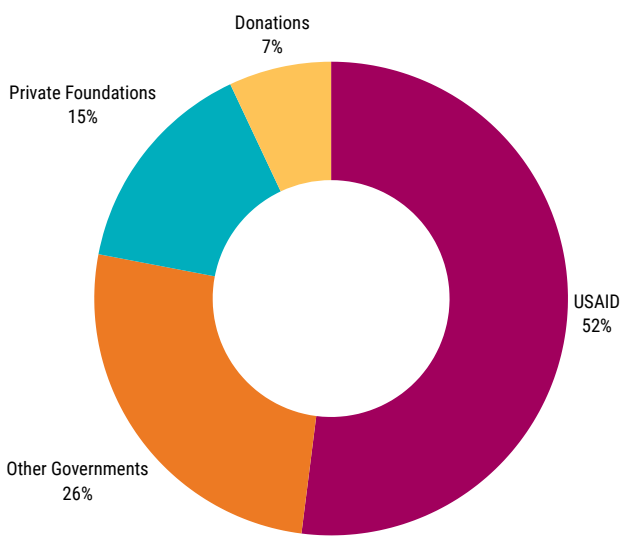
Currently, there is limited access to these services in this region. By breaking down barriers to access and increasing collaboration across services, we are ensuring *all* adolescents can realize their SRHR and nutritional care rights. We are excited to be working with partners in the region to make existing services more accessible, responsive, and effective to meet the needs of adolescents.



INSTITUTIONAL DONORS

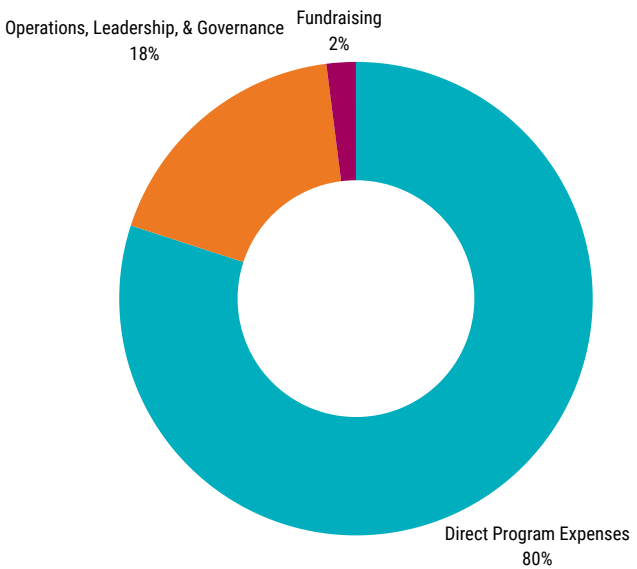


FINANCIAL INFORMATION



BREAKDOWN OF REVENUE

\$37,117,000



BREAKDOWN OF EXPENSES

\$34,828,000

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Your gift allows us to deliver high-quality, gender-equitable programs that advance SRHR. When you donate to EngenderHealth, you support our efforts to ensure that people's SRHR are upheld as human rights.

**TOGETHER WE
ARE CREATING A HEALTHIER FUTURE.
THANK YOU!**



Your support makes a difference.
Visit www.engenderhealth.org/donate to donate today!



EngenderHealth