



EngenderHealth
for a better life



All the **flowers** of
tomorrow are in the
seeds of yesterday.



**DR. ANA LANGER MEETS
WITH COMMUNITY
LEADERS IN MASASI,
TANZANIA**

NOTE FROM OUR PRESIDENT

DEAR FRIENDS,

In 2008, EngenderHealth celebrated its 65th year. As I traveled the world, I was frequently asked for the “secret” to our growth, longevity, and impact. How is it that we’ve managed to work in more than 100 countries and reach more than 100 million people? How do we ensure access to safe, effective family planning, as well as help prevent and treat HIV and improve maternal health?

I don’t think there is a secret, but I am certain that *the way* we carry out our work is what has enabled us to thrive: by building strong partnerships with governments, communities, and health care professionals, by responding to their needs, and by strengthening local capacity. This transfer of knowledge and skills means that we can, in effect, work with a community to plant a seed and nurture strong roots—strong enough to sustain independent growth for generations to come. We also look beyond the clinic walls to encourage

community participation and promote gender equality and new opportunities that can foster healthier attitudes and behaviors, and ultimately healthier families.

These accomplishments would not be possible without the hard work of dedicated local leaders from every walk of life. This Annual Report is a tribute to them—remarkable individuals who, in very different ways, are each tending their communities, caring for others, and planting seeds of hope for tomorrow. This report is also a tribute to you. With your generosity and continued commitment, together we can sow the promise of a better life.

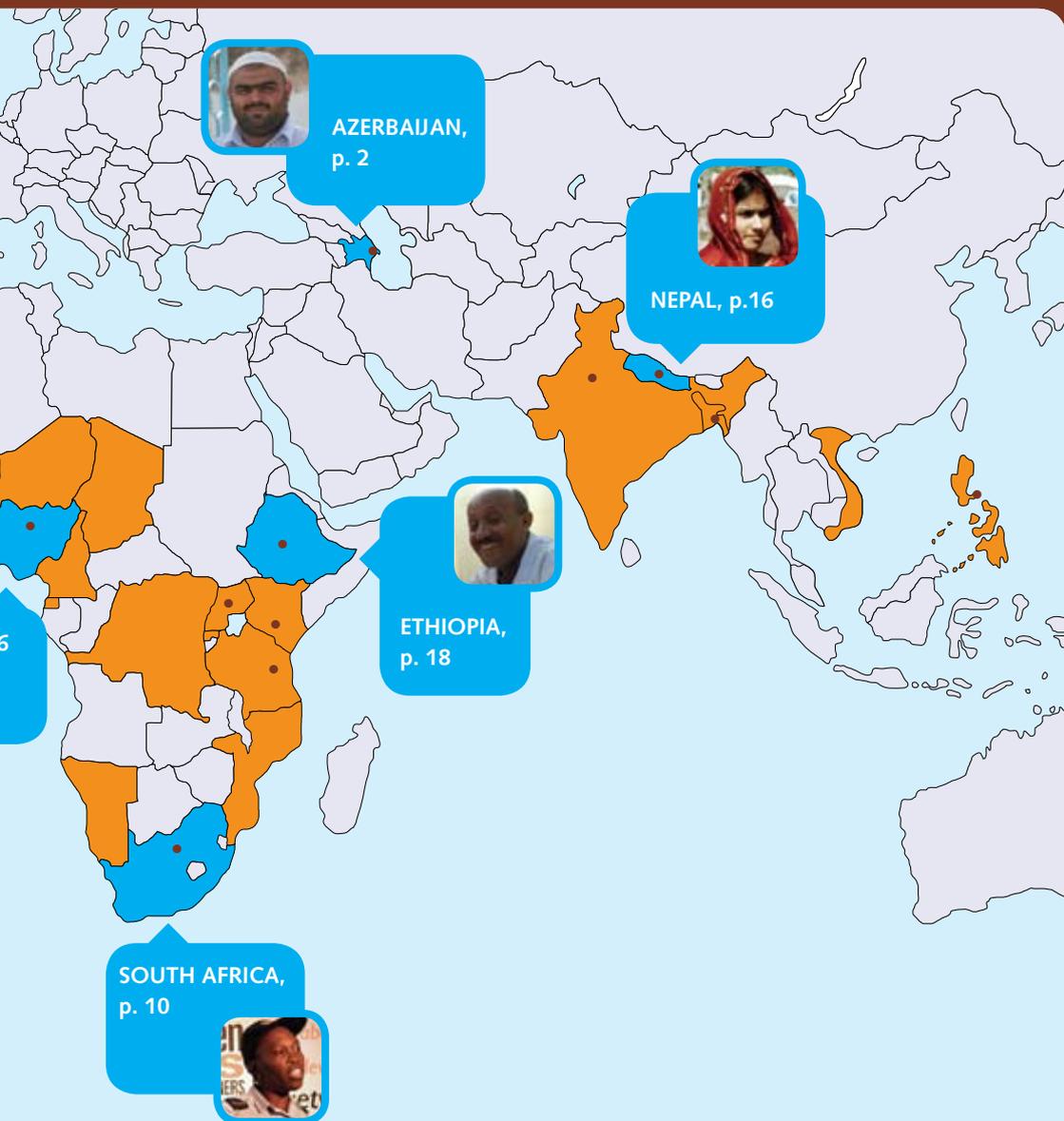
Warm regards,

Ana Langer, M.D.
President



GLOBAL REACH

- Azerbaijan
- Bangladesh
- Benin
- Bolivia
- Brazil
- Cameroon
- Cape Verde
- Chad
- Côte d'Ivoire
- Democratic Republic of the Congo
- Equatorial Guinea
- Ethiopia
- Gambia
- Ghana
- Guatemala
- Guinea
- Guinea-Bissau
- Honduras
- India
- Kenya



Mali
Mauritania
Mozambique
Namibia

- Nepal
- Niger
- Nigeria

- Philippines
- Rwanda
- Senegal
- São Tomé e Príncipe
- Sierra Leone
- South Africa
- Tanzania

Togo
• Uganda
• United States
Vietnam



THE POWER OF ONE MESSENGER

The mosque is full with men of all ages from Mahammedi and surrounding villages in eastern Azerbaijan. Farzeli Sherifov, a 33-year-old Muslim cleric, stands up after leading noon prayers, *zhuhr*, at his local mosque. But his congregation does not file out. Instead, they stay, and Farzeli engages them in a discussion about how to plan their families: “I educate people and explain how to use contraceptives, giving information about different methods and where to get them. I also advise the men to be safe and that it is their responsibility to prevent sexually transmitted infections. At the end, I distribute educational leaflets.” He does this regularly following *zhuhr*.

Farzeli is not only a revered religious leader, but also an advocate for the EngenderHealth-led ACQUIRE Project. An important strategy of the project is inspiring religious leaders like Farzeli to educate their communities about family planning and reproductive health.

Since graduating from university, Farzeli has worked as a Muslim cleric, but this has never been enough for him. From the beginning, he wanted to integrate his deeply held religious beliefs with his social conscience—to improve

the quality of life for his people. In February 2008, he found just such an opportunity when he heard about the ACQUIRE Project at his local village club and decided to become an advocate. Community members applauded his decision. Soon, Azerbaijanis nationwide embraced the project, which in addition to community outreach has involved an extensive public education campaign, working with private-sector pharmacies to meet rising demands for contraceptives, and training health care professionals to offer high-quality family planning services.

Today, Farzeli is one of 300 advocates (40% of whom are men) working in 67 communities; they have, in turn, reached more than 150,000 women and men with information about family planning options and have offered words of hope for their futures.

“I wish that my people, my country, our society will be healthy,” says Farzeli. “And that we, as healthy people, will serve our country.” Citing the words of Imam Jaffer Sadiq, spiritual successor to the Prophet of Islam, Farzeli adds, “Health is the greatest wealth.”

“I wish that my people,
my country, our society
will be healthy.”

— FARZELI SHERIFOV, MUSLIM
CLERIC IN EASTERN AZERBAIJAN,
ON HIS ROLE AS A FAMILY
PLANNING ADVOCATE
IN HIS COMMUNITY



AZERBAIJAN



**“A woman in labor
should not see the
sun rise twice.”**

— AFRICAN PROVERB







HEALING LIVES, RESTORING

TWO NIGERIAN WOMEN FROM VERY DIFFERENT WORLDS UNITE AROUND A COMMON CAUSE

For half of her 32 years, Joy Emmanuel's life was anything but joyful. Pregnant at age 16, she endured a 30-hour labor, attended only by a few elderly women from her village. As a result, she developed fistula, a devastating childbirth injury that causes chronic incontinence and severe social stigma. For Joy, it brought years of pain, shame, and despair.

"After the fistula, my husband left me. I could not work again, and I did not go back to school," Joy said. "I just stayed at home doing nothing. People used to call me names—saying that I was dead already. So I hid from people. I wanted to drink poison, because it was just too much. I thought there was no

way out; this is the kind of life I will live." In July 2008, while listening to Radio Nigeria's "Health Watch" program, Joy heard a woman share her own experience with fistula and with a newly available surgical treatment. Joy immediately called the station and was referred to Faridat Yakubu Fistula Hospital, in Zamfara state, a facility dedicated to restoring the lives of women with fistula.

Fistula repair is not just a surgical procedure. Since women with fistula are often abandoned by their husbands and families and may be socially isolated—some living like this for decades—caring for clients with fistula is not simply a matter of providing surgery. Healing requires emotional, social, and economic support to help women integrate back into society. And this is where the story of the First Lady of Nigeria's Zamfara State, Hajiya Saratu Mahmuda Aliyu Shinkafi, intersects with Joy's.



“I want to empower women...when they are empowered, they become self-aware.”

— FIRST LADY OF NIGERIA'S ZAMFARA STATE, HAJIYA SARATU MAHMUDA ALIYU SHINKAFI (IN BLACK), AT AN ENGENDERHEALTH-SUPPORTED FISTULA REPAIR SITE IN NIGERIA



DIGNITY

Before last year, Hajiya Saratu had never even heard of fistula. But during a visit to Faridat Yakubu Fistula Hospital, she met fistula survivors and was moved by their stories and the devastating impact of fistula on women in her country. Hajiya Saratu left the hospital that day knowing she had to help.

At the time, the EngenderHealth-led Fistula Care project was forging new partnerships with local government leaders and the corporation Syngenta Nigeria Limited to create a rehabilitation center for women at the Hospital. There, women could learn marketable skills that would help them rejoin the communities that had shunned them. Hajiya Saratu committed herself to the project—working through the government's office to make the rehabilitation center a reality and becoming a vocal advocate for fistula repair and prevention. “I want to

empower women in the state,” Hajiya Saratu commented. “When they are empowered, they become self-aware.”

In the year and a half since Hajiya Saratu's first visit to the Hospital, much has changed. Today, women can access a full spectrum of services—from counseling and surgical repair to social support and job training. The surgical theater and wards are fully equipped and upgraded, and staff are trained in counseling, family planning provision, infection prevention, surgical techniques, and pre- and postoperative care. Hajiya Saratu's dream has been realized: A new building now houses knitting and sewing machines, computers, and a full kitchen where women learn to cook. Hajiya Saratu has high hopes for what they have achieved: “I want the center to be the leader for the rest of the nation to follow.”



**“The majority of
violent, but they
We can be silent**

— DUMISANI REBOMBO,
SENIOR PROGRAM OFFICER,
ENGENERHEALTH SOUTH AFRICA

**men are not
are still silent.
no more."**





A FORCE FOR CHANGE

Growing up in Atteridgeville, a township on the outskirts of Pretoria, South Africa, 34-year-old Nthabiseng Latakgomo frequently tested the limits of her society, ignoring those who told her she could not do things because she was a woman. So it came as no surprise to her family and friends when she joined the South African Police Service. A trained social worker, Nthabiseng sensitizes officers to address violence against women as part of EngenderHealth's Men As Partners® (MAP) program.

South Africa faces twin, interrelated epidemics: HIV and gender-based violence. There, as in other parts of the world, masculinity is often associated with aggression, dominance over women, and multiple sexual partners. Historically, some men in the police force, though tasked with ensuring public safety, were themselves perpetrators of violence in both their personal and professional lives.

Recognizing the links between violence, gender inequality, and health—including risk

In South Africa, 34-year-old social worker Nthabiseng Latakgomo inspires police officers to take a stand against gender-based violence through EngenderHealth's Men As Partners® Program.



for HIV—the MAP program tackles these issues at their roots. In late 2006, aware that police were often unsympathetic to female victims of sexual violence—making women less likely to report cases, seek help, and leave violent relationships—MAP launched its “Police as Partners” initiative. Hundreds of police officers across the country, including Atteridgeville’s police force, have since participated in workshops and trainings in which they have confronted traditional ideas of what it means to be a man. They have changed their own attitudes and behavior related to gender, HIV, and violence.

Now, they are able to assist victims of abuse, as well as help prevent community violence in the first place. The initiative has reached more than 25,000 South Africans with messages of transformation.

Reflecting on when she first introduced MAP to the police, Nthabiseng recalls that many were resistant. “There was a prevailing attitude that they knew everything and were always right. I had to push my way

to get things done,” she said. “It is a male-dominated field, and talking to them about sex and gender issues is especially difficult.”

Today, the Atteridgeville police, along with their counterparts in four other provinces, are prepared for cases involving interpersonal violence. “Officers are now more aware, are more sensitive, and bring women in to file cases,” said Nthabiseng. “And it’s not just women [coming in], but also men. Before, men were afraid to come to the station to report cases, but now they come in more and more and say, ‘I have a problem.’ And we help them deal with it.”

Effects in the community are evident in other ways, too. The Atteridgeville police created a victims center, offering counseling and support to those traumatized by violence. “It’s no longer just about opening cases and then sending women home, we also deal with their feelings and their fears,” notes Nthabiseng, who so passionately believes in the difference the police are making that she hopes to become an officer herself one day.



“I give advice to girls so they don’t find themselves getting married or pregnant too early, before they are ready.”

— MARIEL PEREZ*, PEER COUNSELOR,
LOS PINOS, GUATEMALA



Mariel is one of more than 2,000 girls who have participated in Abriendo Oportunidades, an innovative program to support the health and well-being of indigenous girls in rural Guatemala. Now she is a counselor and a role model in her community, educating and empowering younger girls.

“Before Abriendo Oportunidades, I used to help my father in the fields. We would often wake up at four in the morning to plant beans and broccoli and wouldn’t finish until seven at night. I also helped with the cooking, cleaning, and washing at home.

I always wanted to study, but I didn’t always have my father’s support. He took me out of school the first time when I was 9 years

old to help him in the fields. I begged him to go back to school, and two years later I returned. But he took me out again later, and I cried for a year until I could go back.

At this time, I also started going to the girls’ club, and my life changed. I was always told that sex was immoral. Now, I am really happy that I have a better understanding of sexuality and reproduction—someday I want to get married, and now I know how to space my pregnancies and make my own decisions. I give advice to other girls so they don’t find themselves getting married or pregnant too early, before they are ready.

What I have most enjoyed is passing on the information I have learned to younger girls. I myself was very shy and afraid to speak in



A SAFE SPACE TO THRIVE

public when I started the program. Now, I can be a positive role model for younger girls.

We need to reach more girls and give them a place to come to make friends, learn new skills, and have fun. I have seen how the girls are already teaching each other the things I have taught them. They are becoming more confident and are assuming greater responsibilities in their families and in the community. It makes me very proud to see the younger girls I have worked with becoming leaders. Like me, they want to stay in school, have greater opportunities, and live a better, healthier life."

**Not her real name, changed per request*

Abriendo Oportunidades is a pioneering program for girls in rural Guatemala, where limited opportunities mean that they are likely to drop out of school, marry, and have children at very young ages. By establishing community girls' clubs, the program offers girls ages 8–18 the chance to connect with and learn from each other, develop new skills, and access health and social services. The program engages parents, too, who see the benefits of the program for their daughters. "We are sometimes sad that we don't see Mariel as much as we used to," said Mariel's parents. "But now we understand the importance of education for girls....We would love for all of our children to have these opportunities."

This project is implemented in partnership with the Population Council.

**“If you empower women...
it changes society, it changes
their role, it changes the future.”**

— DR. ALLAN ROSENFELD, 1934–2008,
LONGTIME ENGENDERHEALTH BOARD MEMBER







A LEADER UNVEILED

Named after the heroine of the great Hindu epic, the *Ramayana*, Sita Devi Shah lives near Janakpur in southern Nepal, the Hindu pilgrimage center where her namesake was born. But, until recently, Sita lived anything but a public life. Like so many Nepali women, she married young, at age 16, and had three children in quick succession. Her home was her world. On those rare occasions when she left her family compound, she was hidden behind a veil and was known only as “the shopkeeper woman,” a reference to her husband’s small shop that barely supported their growing family.

When the EngenderHealth-led ACQUIRE Project introduced a reproductive health initiative for married adolescent couples in her district, everything changed for Sita.

Against her husband’s wishes, but with the blessing of her mother-in-law, Sita sought training to become one of the project’s peer educators.

Sita immersed herself in the project and in the health issues affecting young Nepali couples, such as misperceptions of and a lack of knowledge about HIV and other sexually transmitted infections. She learned of the benefits of planning pregnancies and about how to speak openly and sensitively with her peers about family planning. Armed with this new information, Sita quite literally took to the streets. She knocked on doors, held information sessions in her own home, and advertised with posters—mobilizing the community to support young couples in seeking reproductive health services.



In Nepal, Sita Devi Shah transformed her life and has become a voice for change in her community.

Sita and her husband use family planning, and when counseling young couples, she cites her own example to inspire others. She has become a trusted and loyal confidante and advocate for young couples in the community. When several local young women were refused reproductive health care due to their low caste, she stood up for them at a public meeting and, ultimately, changed the behaviors of local health care providers.

After learning that the legal age of marriage in Nepal is 18 for girls and 20 for boys—and that this law is rarely enforced by officials—Sita intervened when she heard that a neighbor planned to marry off his 13-year-old daughter. Convincing the parents to postpone the marriage, Sita worked with them to try to find the resources to send the

daughter to school. Confident that education is the answer, Sita pressed for the right of all girls to go to school. What's more, at a district-wide conference on child marriage, she worked with others to develop a strategy for enforcing the minimum age of marriage law. And data show that the strategy is working: Girls' age at marriage has increased from 14 to 16 in the district.

Not surprisingly, Sita, now unveiled, is no longer referred to as “the shopkeeper woman,” but as “Sita Didi,” a term of respect that she holds dear as she strives to live up to the legacy of her namesake.

This project was implemented in partnership with CARE-Nepal.

“High-quality reproductive health care means that it is possible for women to receive comprehensive services in one place.”

— DR. EPHREM ASHAGRAE, TRAINER AND ADVOCATE,
ADDIS ABABA, ETHIOPIA, SHOWN HERE WITH ENGENDERHEALTH'S
PRESIDENT, DR. ANA LANGER



THE NEXUS FOR BETTER CARE

It's not easy keeping up with Dr. Ephrem Ashagrae. He moves with confidence and purpose through the corridors of Yekatit 12 Memorial, a hospital in Ethiopia's capital city, Addis Ababa, where he serves as Medical Director. He also teaches medical students and interns, responds to emergencies, and still finds time for his first love—direct patient care.

Since 2001, Dr. Ashagrae has collaborated with EngenderHealth to improve reproductive health and HIV services all across Ethiopia, by training health professionals in the fundamentals of client-focused, high-quality care. As a leader at a hospital that trains Ethiopia's future doctors, Dr. Ashagrae is well aware that tomorrow's changes start today. It's a lesson he learned when he was a

medical student, working in one of the most remote rural hospitals in Ethiopia, where there were few doctors. Like elsewhere in rural Africa, access to reproductive and maternal care was limited and often far from those who needed it. “Some mothers died en route to the hospital, and some died after reaching the hospital, because they didn't get immediate help,” Dr. Ashagrae recalls. “My interest in becoming an obstetrician-gynecologist started from this reality, which motivates and gives me energy to this day.”

Dr. Ashagrae knows that for many women, a visit to the hospital for maternity care is their first encounter with the health care system. The experience they have can make or break a decision about whether to ever return. As such, it presents a golden opportunity to start



a conversation about their overall health, to discuss their long-term goals for planning a family, and to offer HIV counseling and testing. Those who test positive for HIV can receive care and treatment, as well as assistance in preventing transmission of HIV to their infants.

“High-quality reproductive health care means that it is possible for women to receive comprehensive services in one place,” says Dr. Ashagrae. “Doctors across the country should offer this kind of care—that is respectful to women and shows them choices they didn’t know they had.”

This is precisely the strategy EngenderHealth and Dr. Ashagrae are using to support some 68 sites throughout Ethiopia, integrating

maternal care, family planning, and HIV prevention, treatment, and care. Dr. Ashagrae gives this example to illustrate what this means in practice: “A young, pregnant woman came to Yekatit 12 for prenatal care. She decided to be tested for HIV, and the results were positive. We explained how we could help her prevent HIV transmission to her baby and, months later, she delivered a healthy, HIV-negative child with us. Later, she and her husband came to us for family planning and were grateful for the options they had and the attentive care they received.”

Providing high-quality, comprehensive care and building trust are the hallmarks of Dr. Ashagrae’s leadership—doctors like him help ensure better health for generations to come.

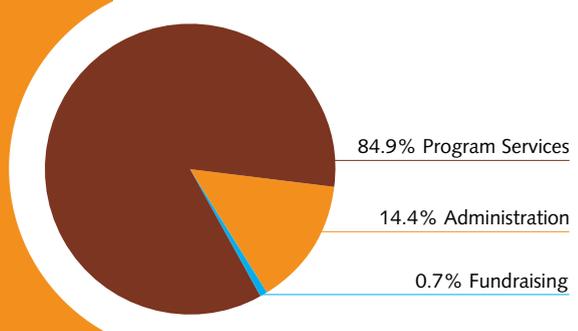


“Every woman should be able to deliver her child safely and with dignity—this is not a luxury, but a basic human right.”

— ANA LANGER, M.D., PRESIDENT, ENGENDERHEALTH



FINANCIAL STATEMENT



In 2008, EngenderHealth's total income was \$92.9 million, made possible through the generosity of thousands of caring individuals, foundations, corporations, the U.S. Agency for International Development, and other bilateral, multilateral, and technical agencies. We deeply appreciate this vital support.

EngenderHealth is committed to using donor contributions responsibly and effectively. During 2008, 85 cents of every dollar went directly to program services; less than one cent went to fundraising. This is well within the range required by the Better Business Bureau's Wise Giving Alliance Standards for Charity Accountability. This sound financial management earned us a three-star rating from Charity Navigator and an "A" rating from the American Institute of Philanthropy.



YOUNG WOMEN IN NEPAL TRAIN TO BE COMMUNITY REPRODUCTIVE HEALTH PEER EDUCATORS.

STATEMENT OF ACTIVITIES

Operating revenue

U.S. Agency for International Development	\$ 47,980,334
Individual and institutional contributions	42,895,993
Other (non-U.S.) government grants, contracts, and miscellaneous income	2,043,525
TOTAL OPERATING REVENUE	\$ 92,919,852

Operating expenses

Program services:

Capacity building and technical assistance	\$ 39,695,323
Global and emerging programs	8,383,232
Program support	413,208
Total program services	\$ 48,491,763

Support services:

Administration	\$ 8,210,203
Fundraising	384,305
Total support services	\$ 8,594,508
TOTAL OPERATING EXPENSES	\$ 57,086,271

Nonoperating revenue

Bequests	\$ 973,013
Investment return	(373,513)
Change in value of spilt-interest agreements	(124,135)
Miscellaneous income	59,519
Pension-related changes other than net periodic pension costs	(122,098)
TOTAL NONOPERATING REVENUE	\$ 412,786

Increase in net assets

Increase in net assets before nonoperating revenue	\$ 35,833,581
Total nonoperating revenue	412,786
TOTAL INCREASE IN NET ASSETS	\$ 36,246,367

Net assets, beginning of year	\$ 11,928,523
Net assets, end of year	\$ 48,174,890

Note: The above represents the audited financial information for the 12-month period that ended June 30, 2008. Complete audited financial statements are available upon request.



HONORING OUR

INDIVIDUALS

\$100,000+

Enid and Martin Gleich
Stasia A. Obremsky and
Daniel A. Carroll
Jesti

\$50,000–\$99,999

Thomas M. and JaMel S. Perkins
Rob and Lydia Petty

\$25,000–\$49,999

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Mr. F. S. Foote, Jr.*
Linda and Jon Gruber
Anne H. and John K. Howat

\$10,000–\$24,999

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Martha H. Beach
Ray and Betty Brendemuehl
Patricia and Sherman Carl
Mr. Mark Edwards and
Dr. Janet Rich Edwards
Ms. Rosemary Ellis and
Mr. Jim Anderson

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Mr. Russell Frehling
Don C. Gentry, D.D.S.
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Ms. Charlotte Iiams
Mr. Terrence W. Jezowski
Carla and Martin Kaatz
Ms. Margaret Keon
Ana Langer, M.D., and
Enrique Cifuentes, M.D.
Mrs. Mary W. Lunt
Mr. and Mrs. Leigh M. Miller
Mrs. Jan M. Montgomery

* Deceased



CAPTAIN FEZILE MALESA LEADS OFFICERS OF THE SOUTH AFRICAN POLICE SERVICE IN A PARADE CELEBRATING THE MEN AS PARTNERS® PROGRAM IN NALEDI, SOWETO.

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Al Agnew and Mary Wolk Agnew
Ms. Jane E. Worthen

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Lindsay and Mark Boyer
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Mr. and Mrs. Stanton A. Cook
Mr. Jonathan C. Coopersmith
Dr. Thomas M. Cordero and
Dr. Carmela Cordero
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Mr. and Mrs. Peter Dudan
Dr. Elizabeth A. Eccher
Mr. Keith A. Edwards and
Mr. Angus September
Mike and Rae Farley
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